

2015 FORT BEND COUNTY EMPLOYEE BENEFIT PREMIUM RATES

	ANNUAL	MONTHLY	24 PAYROLL DEDUCTIONS	DAILY	LOA ANNUAL	LOA MONTHLY	LOA DAILY	COBRA ANNUAL	COBRA MONTHLY	COBRA DAILY
MEDICAL COVERAGE										
<i>FBCEB Plan Option A</i>										
Employee Only	\$732.89	\$61.07	\$30.54	\$2.01	\$9,792.71	\$816.06	\$26.83	\$9,988.56	\$832.38	\$27.37
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$11,895.05	\$991.25	\$32.59
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$10,565.49	\$880.46	\$28.95
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$13,219.53	\$1,101.63	\$36.22
Employee & Child(ren)	\$2,031.40	\$169.28	\$84.64	\$5.57	\$11,091.22	\$924.27	\$30.39	\$11,313.04	\$942.75	\$30.99
Employee & Spouse	\$3,334.89	\$277.91	\$138.95	\$9.14	\$12,394.71	\$1,032.89	\$33.96	\$12,642.60	\$1,053.55	\$34.64
Employee & Family	\$4,633.40	\$386.12	\$193.06	\$12.69	\$13,693.22	\$1,141.10	\$37.52	\$13,967.08	\$1,163.92	\$38.27
<i>FBCEB Plan Option B</i>										
Employee Only	\$120.25	\$10.02	\$5.01	\$0.33	\$9,180.07	\$765.01	\$25.15	\$9,363.67	\$780.31	\$25.65
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$10,508.36	\$875.70	\$28.79
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$9,874.69	\$822.89	\$27.05
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$11,142.04	\$928.50	\$30.53
Employee & Child(ren)	\$741.50	\$61.79	\$30.90	\$2.03	\$9,801.32	\$816.78	\$26.85	\$9,997.34	\$833.11	\$27.39
Employee & Spouse	\$1,362.75	\$113.56	\$56.78	\$3.73	\$10,422.57	\$868.55	\$28.55	\$10,631.02	\$885.92	\$29.13
Employee & Family	\$1,984.00	\$165.33	\$82.67	\$5.44	\$11,043.82	\$920.32	\$30.26	\$11,264.69	\$938.72	\$30.86
DENTAL COVERAGE										
<i>FBCEB Dental Plan</i>										
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$957.47	\$79.79	\$2.62	\$976.62	\$81.38	\$2.68
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,249.85	\$104.15	\$3.42
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,415.60	\$117.97	\$3.88
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,688.84	\$140.74	\$4.63
Employee & Child(ren)	\$430.38	\$35.87	\$17.93	\$1.18	\$1,387.85	\$115.65	\$3.80	\$1,415.60	\$117.97	\$3.88
Employee & Spouse	\$267.88	\$22.32	\$11.16	\$0.73	\$1,225.35	\$102.11	\$3.36	\$1,249.85	\$104.15	\$3.42
Employee & Family	\$698.26	\$58.19	\$29.09	\$1.91	\$1,655.73	\$137.98	\$4.54	\$1,688.84	\$140.74	\$4.63
<i>CompBenefits CompDent (DHMO)</i>										
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$131.76	\$10.98	\$0.36	\$134.40	\$11.20	\$0.37
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$134.40	\$11.20	\$0.37
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$134.40	\$11.20	\$0.37
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$260.96	\$21.75	\$0.71
Employee & Child(ren)	\$255.84	\$21.32	\$10.66	\$0.70	\$255.84	\$21.32	\$0.70	\$260.96	\$21.75	\$0.71
Employee & Spouse	\$240.00	\$20.00	\$10.00	\$0.66	\$240.00	\$20.00	\$0.66	\$244.80	\$20.40	\$0.67
Employee & Family	\$358.08	\$29.84	\$14.92	\$0.98	\$358.08	\$29.84	\$0.98	\$365.24	\$30.44	\$1.00
VISION COVERAGE										
<i>CompBenefits VisionCare</i>										
Employee Only	\$83.04	\$6.92	\$3.46	\$0.23	\$83.04	\$6.92	\$0.23	\$84.70	\$7.06	\$0.23
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$84.70	\$7.06	\$0.23
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$84.70	\$7.06	\$0.23
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$160.34	\$13.36	\$0.44
Employee & Child(ren)	\$157.20	\$13.10	\$6.55	\$0.43	\$157.20	\$13.10	\$0.43	\$160.34	\$13.36	\$0.44
Employee & Spouse	\$165.60	\$13.80	\$6.90	\$0.45	\$165.60	\$13.80	\$0.45	\$168.91	\$14.08	\$0.46
Employee & Family	\$278.16	\$23.18	\$11.59	\$0.76	\$278.16	\$23.18	\$0.76	\$283.72	\$23.64	\$0.78