

**2015 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN AND COUNTY CHOICE SILVER RETIREE PREMIUMS**

<b>PREMIUM RATES</b>	<b>SUBSIDIZED ANNUAL</b>	<b>SUBSIDIZED MONTHLY</b>	<b>SUBSIDIZED DAILY</b>	<b>NON-SUBSIDIZED ANNUAL *</b>	<b>NON-SUBSIDIZED MONTHLY *</b>	<b>NON-SUBSIDIZED DAILY *</b>
<b>MEDICAL COVERAGE - AGE 64 AND UNDER</b>						
<b>FBCEB Plan Option A</b>						
Retiree Only	\$732.89	\$61.07	\$2.01	\$9,988.56	\$832.38	\$27.37
Retiree's Spouse Only	\$2,602.00	\$216.83	\$7.13	\$11,895.05	\$991.25	\$32.59
Retiree's Child(ren) Only	\$1,298.51	\$108.21	\$3.56	\$10,565.49	\$880.46	\$28.95
Retiree's Spouse & Child(ren) Only	\$3,900.51	\$325.04	\$10.69	\$13,219.53	\$1,101.63	\$36.22
Retiree & Child(ren)	\$2,031.40	\$169.28	\$5.57	\$11,313.04	\$942.75	\$30.99
Retiree & Spouse	\$3,334.89	\$277.91	\$9.14	\$12,642.60	\$1,053.55	\$34.64
Retiree & Family	\$4,633.40	\$386.12	\$12.69	\$13,967.08	\$1,163.92	\$38.27
<b>FBCEB Plan Option B</b>						
Retiree Only	\$120.25	\$10.02	\$0.33	\$9,363.67	\$780.31	\$25.65
Retiree's Spouse Only	\$1,242.50	\$103.54	\$3.40	\$10,508.36	\$875.70	\$28.79
Retiree's Child(ren) Only	\$621.25	\$51.77	\$1.70	\$9,874.69	\$822.89	\$27.05
Retiree's Spouse & Child(ren) Only	\$1,863.75	\$155.31	\$5.11	\$11,142.04	\$928.50	\$30.53
Retiree & Child(ren)	\$741.50	\$61.79	\$2.03	\$9,997.34	\$833.11	\$27.39
Retiree & Spouse	\$1,362.75	\$113.56	\$3.73	\$10,631.02	\$885.92	\$29.13
Retiree & Family	\$1,984.00	\$165.33	\$5.44	\$11,264.69	\$938.72	\$30.86
<b>DENTAL COVERAGE - ELIGIBLE RETIREE ONLY</b>						
<b>FBCEB Dental Plan</b>						
Retiree Only	\$141.48	\$11.79	\$0.39	N/A	N/A	N/A
Retiree & Child(ren)	\$547.92	\$45.66	\$1.50	N/A	N/A	N/A
Retiree & Spouse	\$385.44	\$32.12	\$1.06	N/A	N/A	N/A
Retiree & Family	\$791.88	\$65.99	\$2.17	N/A	N/A	N/A

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<b>PREMIUM RATES</b>	<b>SUBSIDIZED ANNUAL</b>	<b>SUBSIDIZED MONTHLY</b>	<b>SUBSIDIZED DAILY</b>	<b>NON-SUBSIDIZED ANNUAL *</b>	<b>NON-SUBSIDIZED MONTHLY *</b>	<b>NON-SUBSIDIZED DAILY *</b>
<b>MEDICAL COVERAGE - AGE 65 AND OVER</b>						
<b>County Choice Silver (Medicare Supplement) **</b>	<b>(Medicare Parts A &amp; B Required)</b>			<b>(Medicare Parts A, B &amp; D Required)</b>		
Retiree Only 65-69	\$291.24	\$24.27	\$0.80	\$2,284.72	\$190.39	\$6.26
Retiree Only 70-74	\$349.08	\$29.09	\$0.96	\$2,738.58	\$228.21	\$7.50
Retiree Only 75-79	\$478.68	\$39.89	\$1.31	\$3,755.84	\$312.99	\$10.29
Retiree Only 80+	\$514.56	\$42.88	\$1.41	\$4,037.61	\$336.47	\$11.06
Retiree's Spouse Only 65-69	\$1,554.60	\$129.55	\$4.26	\$2,284.72	\$190.39	\$6.26
Retiree's Spouse Only 70-74	\$1,612.32	\$134.36	\$4.42	\$2,738.58	\$228.21	\$7.50
Retiree's Spouse Only 75-79	\$1,741.80	\$145.15	\$4.77	\$3,755.84	\$312.99	\$10.29
Retiree's Spouse Only 80+	\$1,777.80	\$148.15	\$4.87	\$4,037.61	\$336.47	\$11.06
Widow(er) 65-69	N/A	N/A	N/A	\$2,284.72	\$190.39	\$6.26
Widow(er) 70-74	N/A	N/A	N/A	\$2,738.58	\$228.21	\$7.50
Widow(er) 75-79	N/A	N/A	N/A	\$3,755.84	\$312.99	\$10.29
Widow(er) 80+	N/A	N/A	N/A	\$4,037.61	\$336.47	\$11.06
* Non-Subsidized includes 2% Administration Fee						
** 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.)						
<b>NOTE: If a retiree and their spouse or child(ren) are on different medical plans, you must add together the premiums for each plan. If the Retiree and Spouse both have CCS coverage, add together appropriate rate for each participant's age level from "Retiree Only" and "Retiree's Spouse Only".</b>						