

## 2022 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	COBRA ANNUAL	COBRA MONTHLY
<b>FANN - NO HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant    **DEFAULT MEDICAL PLAN A**</b>									
Employee Only	\$1,560.60	\$130.05	\$65.03	\$4.28	\$15,715.19	\$1,309.60	\$43.06	\$16,029.49	\$1,335.79
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18,426.45	\$1,535.54
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16,418.60	\$1,368.22
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$20,407.37	\$1,700.61
Employee & Child(ren)	\$3,502.68	\$291.89	\$145.95	\$9.60	\$17,657.27	\$1,471.44	\$48.38	\$18,010.42	\$1,500.87
Employee & Spouse	\$5,471.16	\$455.93	\$227.97	\$14.99	\$19,625.75	\$1,635.48	\$53.77	\$20,018.27	\$1,668.19
Employee & Family	\$7,413.24	\$617.77	\$308.89	\$20.31	\$21,567.83	\$1,797.32	\$59.09	\$21,999.19	\$1,833.27
<b>FANY - NO HRA/Biometric Screening &amp; Nicotine User</b>									
Employee Only	\$3,132.12	\$261.01	\$130.51	\$8.58	\$17,286.71	\$1,440.56	\$47.36	N/A	N/A
Employee's Spouse Only	N/A	N/A	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	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$5,074.20	\$422.85	\$211.43	\$13.90	\$19,228.79	\$1,602.40	\$52.68	N/A	N/A
Employee & Spouse	\$7,042.68	\$586.89	\$293.45	\$19.30	\$21,197.27	\$1,766.44	\$58.07	N/A	N/A
Employee & Family	\$8,984.76	\$748.73	\$374.37	\$24.62	\$23,139.35	\$1,928.28	\$63.40	N/A	N/A
<b>FAHN - HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant</b>									
Employee Only	\$1,440.60	\$120.05	\$60.03	\$3.95	\$15,595.19	\$1,299.60	\$42.73	N/A	N/A
Employee's Spouse Only	N/A	N/A	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	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$3,382.68	\$281.89	\$140.95	\$9.27	\$17,537.27	\$1,461.44	\$48.05	N/A	N/A
Employee & Spouse	\$5,351.16	\$445.93	\$222.97	\$14.66	\$19,505.75	\$1,625.48	\$53.44	N/A	N/A
Employee & Family	\$7,293.24	\$607.77	\$303.89	\$19.98	\$21,447.83	\$1,787.32	\$58.76	N/A	N/A
<b>FAHY - HRA/Biometric Screening &amp; Nicotine User</b>									
Employee Only	\$3,012.12	\$251.01	\$125.51	\$8.25	\$17,166.71	\$1,430.56	\$47.03	N/A	N/A
Employee's Spouse Only	N/A	N/A	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	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$4,954.20	\$412.85	\$206.43	\$13.57	\$19,108.79	\$1,592.40	\$52.35	N/A	N/A
Employee & Spouse	\$6,922.68	\$576.89	\$288.45	\$18.97	\$21,077.27	\$1,756.44	\$57.75	N/A	N/A
Employee & Family	\$8,864.76	\$738.73	\$369.37	\$24.29	\$23,019.35	\$1,918.28	\$63.07	N/A	N/A

## 2022 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	COBRA ANNUAL	COBRA MONTHLY
<b>FBNN - NO HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant      **DEFAULT MEDICAL PLAN B**</b>									
Employee Only	\$651.24	\$54.27	\$27.14	\$1.78	\$14,805.83	\$1,233.82	\$40.56	\$15,101.95	\$1,258.50
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16,323.50	\$1,360.29
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$15,377.96	\$1,281.50
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17,263.78	\$1,438.65
Employee & Child(ren)	\$1,573.08	\$131.09	\$65.55	\$4.31	\$15,727.67	\$1,310.64	\$43.09	\$16,042.22	\$1,336.85
Employee & Spouse	\$2,500.08	\$208.34	\$104.17	\$6.85	\$16,654.67	\$1,387.89	\$45.63	\$16,987.76	\$1,415.65
Employee & Family	\$3,421.92	\$285.16	\$142.58	\$9.38	\$17,576.51	\$1,464.71	\$48.15	\$17,928.04	\$1,494.00
<b>FBNY - NO HRA/Biometric Screening &amp; Nicotine User</b>									
Employee Only	\$2,131.92	\$177.66	\$88.83	\$5.84	\$16,286.51	\$1,357.21	\$44.62	N/A	N/A
Employee's Spouse Only	N/A	N/A	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	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$3,053.64	\$254.47	\$127.24	\$8.37	\$17,208.23	\$1,434.02	\$47.15	N/A	N/A
Employee & Spouse	\$3,980.64	\$331.72	\$165.86	\$10.91	\$18,135.23	\$1,511.27	\$49.69	N/A	N/A
Employee & Family	\$4,902.48	\$408.54	\$204.27	\$13.43	\$19,057.07	\$1,588.09	\$52.21	N/A	N/A
<b>FBHN - HRA/Biometric Screening &amp; Non-Nicotine User/Nicotine Cessation Participant</b>									
Employee Only	\$531.24	\$44.27	\$22.14	\$1.46	\$14,685.83	\$1,223.82	\$40.24	N/A	N/A
Employee's Spouse Only	N/A	N/A	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	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$1,453.08	\$121.09	\$60.55	\$3.98	\$15,607.67	\$1,300.64	\$42.76	N/A	N/A
Employee & Spouse	\$2,380.08	\$198.34	\$99.17	\$6.52	\$16,534.67	\$1,377.89	\$45.30	N/A	N/A
Employee & Family	\$3,301.92	\$275.16	\$137.58	\$9.05	\$17,456.51	\$1,454.71	\$47.83	N/A	N/A
<b>FBHY - HRA/Biometric Screening &amp; Nicotine User</b>									
Employee Only	\$2,011.92	\$167.66	\$83.83	\$5.51	\$16,166.51	\$1,347.21	\$44.29	N/A	N/A
Employee's Spouse Only	N/A	N/A	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	N/A	N/A
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee & Child(ren)	\$2,933.64	\$244.47	\$122.24	\$8.04	\$17,088.23	\$1,424.02	\$46.82	N/A	N/A
Employee & Spouse	\$3,860.64	\$321.72	\$160.86	\$10.58	\$18,015.23	\$1,501.27	\$49.36	N/A	N/A
Employee & Family	\$4,782.48	\$398.54	\$199.27	\$13.10	\$18,937.07	\$1,578.09	\$51.88	N/A	N/A

## 2022 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

<b>DENTAL COVERAGE FORT BEND COUNTY</b>	<b>ACTIVE ANNUAL</b>	<b>ACTIVE MONTHLY</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>ACTIVE DAILY</b>	<b>LOA ANNUAL</b>	<b>LOA MONTHLY</b>	<b>LOA DAILY</b>	<b>COBRA ANNUAL</b>	<b>COBRA MONTHLY</b>
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$1,495.90	\$124.66	\$4.10	\$1,525.82	\$127.15
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,799.06	\$149.92
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,964.81	\$163.73
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$2,238.04	\$186.50
Employee & Child(ren)	\$430.38	\$35.87	\$17.93	\$1.18	\$1,926.28	\$160.52	\$5.28	\$1,964.81	\$163.73
Employee & Spouse	\$267.88	\$22.32	\$11.16	\$0.73	\$1,763.78	\$146.98	\$4.83	\$1,799.06	\$149.92
Employee & Family	\$698.26	\$58.19	\$29.09	\$1.91	\$2,194.16	\$182.85	\$6.01	\$2,238.04	\$186.50

<b>DENTAL COVERAGE HUMANA</b>	<b>ACTIVE ANNUAL</b>	<b>ACTIVE MONTHLY</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>ACTIVE DAILY</b>	<b>LOA ANNUAL</b>	<b>LOA MONTHLY</b>	<b>LOA DAILY</b>	<b>COBRA ANNUAL</b>	<b>COBRA MONTHLY</b>
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$131.76	\$10.98	\$0.36	\$134.40	\$11.20
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$134.40	\$11.20
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$134.40	\$11.20
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$260.96	\$21.75
Employee & Child(ren)	\$255.84	\$21.32	\$10.66	\$0.70	\$255.84	\$21.32	\$0.70	\$260.96	\$21.75
Employee & Spouse	\$240.00	\$20.00	\$10.00	\$0.66	\$240.00	\$20.00	\$0.66	\$244.80	\$20.40
Employee & Family	\$358.08	\$29.84	\$14.92	\$0.98	\$358.08	\$29.84	\$0.98	\$365.24	\$30.44

<b>VISION COVERAGE HUMANA</b>	<b>ACTIVE ANNUAL</b>	<b>ACTIVE MONTHLY</b>	<b>ACTIVE 24 PAYROLL DEDUCTIONS</b>	<b>ACTIVE DAILY</b>	<b>LOA ANNUAL</b>	<b>LOA MONTHLY</b>	<b>LOA DAILY</b>	<b>COBRA ANNUAL</b>	<b>COBRA MONTHLY</b>
Employee Only	\$87.24	\$7.27	\$3.64	\$0.24	\$87.24	\$7.27	\$0.24	\$88.98	\$7.42
Employee's Spouse Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$88.98	\$7.42
Employee's Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$88.98	\$7.42
Employee's Spouse & Child(ren) Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$168.42	\$14.04
Employee & Child(ren)	\$165.12	\$13.76	\$6.88	\$0.45	\$165.12	\$13.76	\$0.45	\$168.42	\$14.04
Employee & Spouse	\$173.88	\$14.49	\$7.25	\$0.48	\$173.88	\$14.49	\$0.48	\$177.36	\$14.78
Employee & Family	\$292.08	\$24.34	\$12.17	\$0.80	\$292.08	\$24.34	\$0.80	\$297.92	\$24.83