

2022 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan A	RETIREE MONTHLY	COBRA MONTHLY
FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$130.05	\$1,335.79
Retiree's Spouse Only	N/A	\$1,535.54
Retiree's Child(ren) Only	N/A	\$1,368.22
Retiree's Spouse & Child(ren) Only	N/A	\$1,700.61
Retiree & Child(ren)	\$291.89	\$1,500.87
Retiree & Spouse	\$455.93	\$1,668.19
Retiree & Family	\$617.77	\$1,833.27
FANY - NO HRA/Biometric Screening & Nicotine User		
Retiree Only	\$261.01	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$422.85	N/A
Retiree & Spouse	\$586.89	N/A
Retiree & Family	\$748.73	N/A
FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$120.05	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$281.89	N/A
Retiree & Spouse	\$445.93	N/A
Retiree & Family	\$607.77	N/A
FAHY - HRA/Biometric Screening & Nicotine User		
Retiree Only	\$251.01	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$412.85	N/A
Retiree & Spouse	\$576.89	N/A
Retiree & Family	\$738.73	N/A

2022 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

Medical Coverage Plan B	RETIREE MONTHLY	COBRA MONTHLY
FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$54.27	\$1,258.50
Retiree's Spouse Only	N/A	\$1,360.29
Retiree's Child(ren) Only	N/A	\$1,281.50
Retiree's Spouse & Child(ren) Only	N/A	\$1,438.65
Retiree & Child(ren)	\$131.09	\$1,336.85
Retiree & Spouse	\$208.34	\$1,415.65
Retiree & Family	\$285.16	\$1,494.00
FBNY - NO HRA/Biometric Screening & Nicotine User		
Retiree Only	\$177.66	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$254.47	N/A
Retiree & Spouse	\$331.72	N/A
Retiree & Family	\$408.54	N/A
FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant		
Retiree Only	\$44.27	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$121.09	N/A
Retiree & Spouse	\$198.34	N/A
Retiree & Family	\$275.16	N/A
FBHY - HRA/Biometric Screening & Nicotine User		
Retiree Only	\$167.66	N/A
Retiree's Spouse Only	N/A	N/A
Retiree's Child(ren) Only	N/A	N/A
Retiree's Spouse & Child(ren) Only	N/A	N/A
Retiree & Child(ren)	\$244.47	N/A
Retiree & Spouse	\$321.72	N/A
Retiree & Family	\$398.54	N/A

2022 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

DENTAL COVERAGE FORT BEND COUNTY	RETIREE MONTHLY	COBRA MONTHLY
Retiree Only	\$11.79	\$127.15
Retiree's Spouse Only	N/A	\$149.92
Retiree's Child(ren) Only	N/A	\$163.73
Retiree's Spouse & Child(ren) Only	N/A	\$186.50
Retiree & Child(ren)	\$45.66	\$163.73
Retiree & Spouse	\$32.12	\$149.92
Retiree & Family	\$65.99	\$186.50

DENTAL COVERAGE HUMANA	RETIREE MONTHLY	COBRA MONTHLY
Retiree Only	N/A	\$11.20
Retiree's Spouse Only	N/A	\$11.20
Retiree's Child(ren) Only	N/A	\$11.20
Retiree's Spouse & Child(ren) Only	N/A	\$21.75
Retiree & Child(ren)	N/A	\$21.75
Retiree & Spouse	N/A	\$20.40
Retiree & Family	N/A	\$30.44

VISION COVERAGE HUMANA	RETIREE MONTHLY	COBRA MONTHLY
Retiree Only	N/A	\$7.42
Retiree's Spouse Only	N/A	\$7.42
Retiree's Child(ren) Only	N/A	\$7.42
Retiree's Spouse & Child(ren) Only	N/A	\$14.04
Retiree & Child(ren)	N/A	\$14.04
Retiree & Spouse	N/A	\$14.78
Retiree & Family	N/A	\$24.83