

2023 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 |
|--|---------------|----------------|------------------------------|--------------|-------------|-------------|-----------|
| FANN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN A** | | | | | | | |
| Employee Only | \$1,714.32 | \$142.86 | \$71.43 | \$4.70 | \$16,088.70 | \$1,340.73 | \$44.08 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$3,829.20 | \$319.10 | \$159.55 | \$10.49 | \$18,203.58 | \$1,516.97 | \$49.87 |
| Employee & Spouse | \$5,974.80 | \$497.90 | \$248.95 | \$16.37 | \$20,349.18 | \$1,695.77 | \$55.75 |
| Employee & Family | \$8,089.68 | \$674.14 | \$337.07 | \$22.16 | \$22,464.06 | \$1,872.01 | \$61.55 |
| FANY - NO HRA/Biometric Screening & Nicotine User | | | | | | | |
| Employee Only | \$3,323.16 | \$276.93 | \$138.47 | \$9.10 | \$17,697.54 | \$1,474.80 | \$48.49 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$5,438.04 | \$453.17 | \$226.59 | \$14.90 | \$19,812.42 | \$1,651.04 | \$54.28 |
| Employee & Spouse | \$7,583.64 | \$631.97 | \$315.99 | \$20.78 | \$21,958.02 | \$1,829.84 | \$60.16 |
| Employee & Family | \$9,698.64 | \$808.22 | \$404.11 | \$26.57 | \$24,073.02 | \$2,006.09 | \$65.95 |
| FAHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant | | | | | | | |
| Employee Only | \$1,594.32 | \$132.86 | \$66.43 | \$4.37 | \$15,968.70 | \$1,330.73 | \$43.75 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$3,709.20 | \$309.10 | \$154.55 | \$10.16 | \$18,083.58 | \$1,506.97 | \$49.54 |
| Employee & Spouse | \$5,854.80 | \$487.90 | \$243.95 | \$16.04 | \$20,229.18 | \$1,685.77 | \$55.42 |
| Employee & Family | \$7,969.68 | \$664.14 | \$332.07 | \$21.83 | \$22,344.06 | \$1,862.01 | \$61.22 |
| FAHY - HRA/Biometric Screening & Nicotine User | | | | | | | |
| Employee Only | \$3,203.16 | \$266.93 | \$133.47 | \$8.78 | \$17,577.54 | \$1,464.80 | \$48.16 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$5,318.04 | \$443.17 | \$221.59 | \$14.57 | \$19,692.42 | \$1,641.04 | \$53.95 |
| Employee & Spouse | \$7,463.64 | \$621.97 | \$310.99 | \$20.45 | \$21,838.02 | \$1,819.84 | \$59.83 |
| Employee & Family | \$9,578.64 | \$798.22 | \$399.11 | \$26.24 | \$23,953.02 | \$1,996.09 | \$65.62 |

| MEDICAL PLAN A COBRA | | |
|-------------------------------------|-------------|------------|
| | ANNUAL | MONTHLY |
| Employee Only | \$16,410.47 | \$1,367.54 |
| Employee's Spouse Only | \$19,007.56 | \$1,583.96 |
| Employee's Child(ren) Only | \$16,819.05 | \$1,401.59 |
| Employee's Spouse & Child(ren) Only | \$21,164.73 | \$1,763.73 |
| Employee & Child(ren) | \$18,567.65 | \$1,547.30 |
| Employee & Spouse | \$20,756.16 | \$1,729.68 |
| Employee & Family | \$22,913.34 | \$1,909.45 |

2023 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 |
|--|---------------|----------------|------------------------------|--------------|-------------|-------------|-----------|
| FBNN - NO HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant **DEFAULT MEDICAL PLAN B** | | | | | | | |
| Employee Only | \$724.56 | \$60.38 | \$30.19 | \$1.99 | \$15,098.94 | \$1,258.25 | \$41.37 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$1,728.36 | \$144.03 | \$72.02 | \$4.74 | \$16,102.74 | \$1,341.90 | \$44.12 |
| Employee & Spouse | \$2,737.32 | \$228.11 | \$114.06 | \$7.50 | \$17,111.70 | \$1,425.98 | \$46.88 |
| Employee & Family | \$3,741.12 | \$311.76 | \$155.88 | \$10.25 | \$18,115.50 | \$1,509.63 | \$49.63 |
| FBNY - NO HRA/Biometric Screening & Nicotine User | | | | | | | |
| Employee Only | \$2,234.40 | \$186.20 | \$93.10 | \$6.12 | \$16,608.78 | \$1,384.07 | \$45.50 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$3,238.32 | \$269.86 | \$134.93 | \$8.87 | \$17,612.70 | \$1,467.73 | \$48.25 |
| Employee & Spouse | \$4,247.16 | \$353.93 | \$176.97 | \$11.64 | \$18,621.54 | \$1,551.80 | \$51.02 |
| Employee & Family | \$5,250.96 | \$437.58 | \$218.79 | \$14.39 | \$19,625.34 | \$1,635.45 | \$53.77 |
| FBHN - HRA/Biometric Screening & Non-Nicotine User/Nicotine Cessation Participant | | | | | | | |
| Employee Only | \$604.56 | \$50.38 | \$25.19 | \$1.66 | \$14,978.94 | \$1,248.25 | \$41.04 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$1,608.36 | \$134.03 | \$67.02 | \$4.41 | \$15,982.74 | \$1,331.90 | \$43.79 |
| Employee & Spouse | \$2,617.32 | \$218.11 | \$109.06 | \$7.17 | \$16,991.70 | \$1,415.98 | \$46.55 |
| Employee & Family | \$3,621.12 | \$301.76 | \$150.88 | \$9.92 | \$17,995.50 | \$1,499.63 | \$49.30 |
| FBHY - HRA/Biometric Screening & Nicotine User | | | | | | | |
| Employee Only | \$2,114.40 | \$176.20 | \$88.10 | \$5.79 | \$16,488.78 | \$1,374.07 | \$45.17 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$3,118.32 | \$259.86 | \$129.93 | \$8.54 | \$17,492.70 | \$1,457.73 | \$47.93 |
| Employee & Spouse | \$4,127.16 | \$343.93 | \$171.97 | \$11.31 | \$18,501.54 | \$1,541.80 | \$50.69 |
| Employee & Family | \$5,130.96 | \$427.58 | \$213.79 | \$14.06 | \$19,505.34 | \$1,625.45 | \$53.44 |

| MEDICAL PLAN B COBRA | | |
|-------------------------------------|-------------|------------|
| | ANNUAL | MONTHLY |
| Employee Only | \$15,400.92 | \$1,283.41 |
| Employee's Spouse Only | \$16,714.88 | \$1,392.91 |
| Employee's Child(ren) Only | \$15,685.74 | \$1,307.15 |
| Employee's Spouse & Child(ren) Only | \$17,738.76 | \$1,478.23 |
| Employee & Child(ren) | \$16,424.79 | \$1,368.73 |
| Employee & Spouse | \$17,453.93 | \$1,454.49 |
| Employee & Family | \$18,477.81 | \$1,539.82 |

2023 FORT BEND COUNTY EMPLOYEE BENEFIT PLAN RATES

| DENTAL COVERAGE FORT BEND COUNTY | ACTIVE ANNUAL | ACTIVE MONTHLY | ACTIVE 24 PAYROLL DEDUCTIONS | ACTIVE DAILY | LOA ANNUAL | LOA MONTHLY | LOA DAILY |
|---|--------------------------|---------------------------|---|-------------------------|-----------------------|--------------------|----------------------|
| Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,519.13 | \$126.59 | \$4.16 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$430.38 | \$35.87 | \$17.93 | \$1.18 | \$1,949.51 | \$162.46 | \$5.34 |
| Employee & Spouse | \$267.88 | \$22.32 | \$11.16 | \$0.73 | \$1,787.01 | \$148.92 | \$4.90 |
| Employee & Family | \$698.26 | \$58.19 | \$29.09 | \$1.91 | \$2,217.39 | \$184.78 | \$6.08 |

| FBC DENTAL COBRA | | |
|-------------------------------------|---------------|----------------|
| | ANNUAL | MONTHLY |
| Employee Only | \$1,549.51 | \$129.13 |
| Employee's Spouse Only | \$1,822.75 | \$151.90 |
| Employee's Child(ren) Only | \$1,988.50 | \$165.71 |
| Employee's Spouse & Child(ren) Only | \$2,261.74 | \$188.48 |
| Employee & Child(ren) | \$1,988.50 | \$165.71 |
| Employee & Spouse | \$1,822.75 | \$151.90 |
| Employee & Family | \$2,261.74 | \$188.48 |

| DENTAL COVERAGE HUMANA | ACTIVE ANNUAL | ACTIVE MONTHLY | ACTIVE 24 PAYROLL DEDUCTIONS | ACTIVE DAILY | LOA ANNUAL | LOA MONTHLY | LOA DAILY |
|-------------------------------------|--------------------------|---------------------------|---|-------------------------|-----------------------|--------------------|----------------------|
| Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$131.76 | \$10.98 | \$0.36 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$255.84 | \$21.32 | \$10.66 | \$0.70 | \$255.84 | \$21.32 | \$0.70 |
| Employee & Spouse | \$240.00 | \$20.00 | \$10.00 | \$0.66 | \$240.00 | \$20.00 | \$0.66 |
| Employee & Family | \$358.08 | \$29.84 | \$14.92 | \$0.98 | \$358.08 | \$29.84 | \$0.98 |

| HUMANA DENTAL COBRA | | |
|-------------------------------------|---------------|----------------|
| | ANNUAL | MONTHLY |
| Employee Only | \$134.40 | \$11.20 |
| Employee's Spouse Only | \$134.40 | \$11.20 |
| Employee's Child(ren) Only | \$134.40 | \$11.20 |
| Employee's Spouse & Child(ren) Only | \$260.96 | \$21.75 |
| Employee & Child(ren) | \$260.96 | \$21.75 |
| Employee & Spouse | \$244.80 | \$20.40 |
| Employee & Family | \$365.24 | \$30.44 |

| VISION COVERAGE HUMANA | ACTIVE ANNUAL | ACTIVE MONTHLY | ACTIVE 24 PAYROLL DEDUCTIONS | ACTIVE DAILY | LOA ANNUAL | LOA MONTHLY | LOA DAILY |
|-------------------------------------|--------------------------|---------------------------|---|-------------------------|-----------------------|--------------------|----------------------|
| Employee Only | \$87.24 | \$7.27 | \$3.64 | \$0.24 | \$87.24 | \$7.27 | \$0.24 |
| Employee's Spouse Only | 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 |
| Employee's Spouse & Child(ren) Only | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Employee & Child(ren) | \$165.12 | \$13.76 | \$6.88 | \$0.45 | \$165.12 | \$13.76 | \$0.45 |
| Employee & Spouse | \$173.88 | \$14.49 | \$7.25 | \$0.48 | \$173.88 | \$14.49 | \$0.48 |
| Employee & Family | \$292.08 | \$24.34 | \$12.17 | \$0.80 | \$292.08 | \$24.34 | \$0.80 |

| HUMANA VISION COBRA | | |
|-------------------------------------|---------------|----------------|
| | ANNUAL | MONTHLY |
| Employee Only | \$88.98 | \$7.42 |
| Employee's Spouse Only | \$88.98 | \$7.42 |
| Employee's Child(ren) Only | \$88.98 | \$7.42 |
| Employee's Spouse & Child(ren) Only | \$168.42 | \$14.04 |
| Employee & Child(ren) | \$168.42 | \$14.04 |
| Employee & Spouse | \$177.36 | \$14.78 |
| Employee & Family | \$297.92 | \$24.83 |