

PLAN YEAR 2019 RATES

EMPLOYEES, RETIREES NOT ELIGIBLE FOR MEDICARE, SURVIVING DEPENDENTS AND COBRA

September 1, 2018 - August 31, 2019

NOTE: Rates for HealthSelectSM Medicare Advantage and KelseyCare Advantage HMO also may change, but any rate changes for those plans would be effective January 1, 2019. Information on possible rate changes for those plans will be available in the fall.

Full-time Employees and Retirees Not Eligible for Medicare

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,340.82	982.82	358.00
You + Children	1,104.22	864.52	239.70
You + Family	1,820.22	1,222.52	597.70
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,305.02	982.82	322.20
You + Children	1,080.24	864.52	215.72
You + Family	1,760.44	1,222.52	537.92
Community First Health Plans			
You Only	\$ 549.62	\$ 549.62	\$ 0.00
You + Spouse	1,179.14	864.38	314.76
You + Children	971.10	760.36	210.74
You + Family	1,600.62	1,075.12	525.50
KelseyCare powered by Community Health Choice			
You Only	\$ 487.86	\$ 487.86	\$ 0.00
You + Spouse	1,046.34	767.10	279.24
You + Children	861.82	674.84	186.98
You + Family	1,420.30	954.08	466.22
Scott & White Health Plan			
You Only	\$ 643.14	\$ 643.14	\$ 0.00
You + Spouse	1,380.18	1,011.66	368.52
You + Children	1,136.66	889.90	246.76
You + Family	1,873.70	1,258.42	615.28

*Includes premium for Basic Term Life Insurance

**The "State Pays" amount includes a monthly contribution to the member's Optum Bank health savings account (HSA). Please see the Consumer Directed HealthSelect HSA Contribution table on the next page.

Part-time Employees, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty[†]

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,340.82	491.41	849.41
You + Children	1,104.22	432.26	671.96
You + Family	1,820.22	611.26	1,208.96
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,305.02	491.41	813.61
You + Children	1,080.24	432.26	647.98
You + Family	1,760.44	611.26	1,149.18
Community First Health Plans			
You Only	\$ 549.62	\$ 274.81	\$ 274.81
You + Spouse	1,179.14	432.19	746.95
You + Children	971.10	380.18	590.92
You + Family	1,600.62	537.56	1,063.06
KelseyCare powered by Community Health Choice			
You Only	\$ 487.86	\$ 243.93	\$ 243.93
You + Spouse	1,046.34	383.55	662.79
You + Children	861.82	337.42	524.40
You + Family	1,420.30	477.04	943.26
Scott & White Health Plan			
You Only	\$ 643.14	\$ 321.57	\$ 321.57
You + Spouse	1,380.18	505.83	874.35
You + Children	1,136.66	444.95	691.71
You + Family	1,873.70	629.21	1,244.49

*Includes premium for Basic Term Life Insurance

**The "State Pays" amount includes a monthly contribution to the member's Optum Bank health savings account (HSA). Please see the Consumer Directed HealthSelect HSA Contribution table on the next page.

[†]The state does not contribute to the cost of health insurance for adjunct faculty.

Consumer Directed HealthSelect Health Savings Account (HSA) Contribution

	State Pays	An HSA is a tax-free savings account for qualified health expenses. You can receive the "State Pays" HSA contribution if you are: <ul style="list-style-type: none"> enrolled in Consumer Directed HealthSelect, eligible for a portion of your health premium to be paid by the state and not enrolled in Medicare.
You Only	\$ 45 monthly (\$540 annually)	
You + Spouse	90 monthly (\$1,080 annually)	
You + Children	90 monthly (\$1,080 annually)	
You + Family	90 monthly (\$1,080 annually)	

Medicare-eligible Dependents of Full-time Retirees Not Eligible for Medicare

	Premium	State Pays	You Pay
Through December 31, 2018			
HealthSelectSM Medicare Advantage			
Spouse Only	\$ 518.56	\$ 358.00	\$ 160.56
Children Only	400.26	239.70	160.56
Spouse + Children	918.82	597.70	321.12
KelseyCare Advantage			
Spouse Only	\$ 272.20	\$ 136.10	\$ 136.10
Children Only	272.20	136.10	136.10
Spouse + Children	544.40	272.20	272.20

Medicare-eligible Dependents of Part-time Retirees Not Eligible for Medicare

	Premium	State Pays	You Pay
Through December 31, 2018			
HealthSelectSM Medicare Advantage			
Spouse Only	\$ 419.84	\$ 179.00	\$ 240.84
Children Only	360.69	119.85	240.84
Spouse + Children	780.53	298.85	481.68
KelseyCare Advantage			
Spouse Only	\$ 272.20	\$ 68.05	\$ 204.15
Children Only	272.20	68.05	204.15
Spouse + Children	544.40	136.10	408.30

Surviving Dependents

	HealthSelect SM of Texas	Consumer Directed HealthSelect SM	Community First Health Plans	KelseyCare powered by Community Health Choice	Scott & White Health Plan
Spouse Only	\$ 716.00	\$ 680.20	\$ 629.52	\$ 558.48	\$ 737.04
Children Only	479.40	455.42	421.48	373.96	493.52
Spouse + Children	1,195.40	1,135.62	1,051.00	932.44	1,230.56

COBRA

	HealthSelect SM of Texas	Consumer Directed HealthSelect SM	Community First Health Plans	KelseyCare powered by Community Health Choice	Scott & White Health Plan
You Only	\$ 635.05	\$ 589.15	\$ 558.35	\$ 495.35	\$ 653.74
You + Spouse	1,365.37	1,237.06	1,200.46	1,065.00	1,405.52
You + Children	1,124.04	1,007.78	988.26	876.79	1,157.13
You + Family	1,854.36	1,701.58	1,630.37	1,446.44	1,908.91

COBRA Disability

	HealthSelect SM of Texas	Consumer Directed HealthSelect SM	Community First Health Plans	KelseyCare powered by Community Health Choice	Scott & White Health Plan
You Only	\$ 933.90	\$ 866.40	\$ 821.10	\$ 728.46	\$ 961.38
You + Spouse	2,007.90	1,819.20	1,765.38	1,566.18	2,066.94
You + Children	1,653.00	1,482.03	1,453.32	1,289.40	1,701.66
You + Family	2,727.00	2,502.33	2,397.60	2,127.12	2,807.22

Dental Insurance

HumanaDental DHMO	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 9.59	\$ 9.78	\$ 14.39	Spouse Only	\$ 9.59
You + Spouse	19.17	19.55	28.76	Spouse + Children	23.01
You + Children	23.01	23.47	34.52	Children Only	13.42
You + Family	32.59	33.24	48.89		

State of Texas Dental Choice Plan SM	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 28.64	\$ 29.21	\$ 42.96	Spouse Only	\$ 28.64
You + Spouse	57.28	58.43	85.92	Spouse + Children	68.74
You + Children	68.74	70.11	103.11	Children Only	40.10
You + Family	97.38	99.33	146.07		

State of Texas Dental Discount PlanSM (no change from PY18)

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 2.25	\$ 2.30	\$ 3.38	Spouse Only	\$ 2.25
You + Spouse	4.50	4.59	6.75	Spouse + Children	5.40
You + Children	5.40	5.51	8.10	Children Only	3.15
You + Family	7.65	7.80	11.48		

State of Texas Vision

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 6.02	\$ 6.14	\$ 9.03	Spouse Only	\$ 6.02
You + Spouse	12.04	12.28	18.06	Spouse + Children	12.94
You + Children	12.94	13.20	19.41	Children Only	6.92
You + Family	18.96	19.34	28.44		

Tobacco-user Premium

If you and/or a family member enrolled in medical insurance is certified as a tobacco-user or has not certified as a non-user, you will pay an additional tobacco-user premium of \$30, \$60 or \$90 each month, depending on how many tobacco-users or non-certified family members you cover.

Tobacco-users of Any Age and Adults Who Fail to Certify	Monthly Tobacco-user Premium
Member <u>or</u> Spouse <u>or</u> Children* Only	\$30
Member + Spouse <u>or</u> Member + Children* <u>or</u> Spouse + Children*	\$60
Family (Member + Spouse + Children*)	\$90

*The charge for a child is the same regardless of how many children in the household use tobacco or how many covered children 18 or over are not certified.

If you are a tobacco-user, you may be able to participate in an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations.

Please visit www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification for more information.

The plans on this page are not available to surviving dependents, or those enrolled through COBRA and COBRA Disability.

Optional Term Life Insurance (no change from PY18)

Optional Term Life Insurance					
<p>After the first 31 days of employment, Elections 1 and 2 require approval through evidence of insurability (EOI). Elections 3 and 4 always require EOI approval. Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary as follows:</p> <p>Age 70-74 65% Age 75-79 40% Age 80-84 25% Age 85-89 15% Age 90+ 10%</p>	Monthly Rate per \$1,000 of Annual Salary				
	Age	Election 1 Annual Salary x 1	Election 2 Annual Salary x 2	Election 3* Annual Salary x 3	Election 4** Annual Salary x 4
	Under 25	\$ 0.05	\$ 0.10	\$ 0.15	\$ 0.20
	25 - 29	0.05	0.10	0.15	0.20
	30 - 34	0.06	0.12	0.18	0.24
	35 - 39	0.06	0.12	0.18	0.24
	40 - 44	0.08	0.16	0.24	0.32
	45 - 49	0.12	0.24	0.36	0.48
	50 - 54	0.19	0.38	0.57	0.76
	55 - 59	0.33	0.66	0.99	1.32
	60 - 64	0.57	1.14	1.71	2.28
	65 - 69	0.93	1.86	2.79	3.72
	70 - 74	1.48	2.96	4.44	5.92
	75 - 79	2.41	4.82	7.23	9.64
	80 - 84	3.92	7.84	11.76	15.68
85 - 89	6.79	13.58	20.37	27.16	
90+	10.57	21.14	31.71	42.28	
Retiree Fixed Optional Life Insurance (\$10,000 policy)					
\$23.40 per month for \$10,000					
Dependent Term Life Insurance					
Employee: \$1.38 per month for \$5,000 (includes \$5,000 AD&D coverage)			Retiree: \$3.05 per month for \$2,500		

Voluntary Accidental Death and Dismemberment Insurance (AD&D)* (no change from PY18)

You may enroll in AD&D coverage according to the following table:				
Age	Minimum Coverage	Maximum Coverage	Minimum Increments	
Under 70	\$ 10,000	\$ 200,000	\$ 5,000	You Only \$0.02 per \$1,000 of coverage
70-74	6,500	130,000	3,250	
75-79	4,000	80,000	2,000	You + Family \$0.04 per \$1,000 of coverage
80-84	2,500	50,000	1,250	
85-89	1,500	30,000	750	
90+	1,000	20,000	500	

Texas Income Protection PlanSM (TIPP)* (no change from PY18)

Short-term disability	\$0.26 per \$100 of monthly salary
Long-term disability	\$0.63 per \$100 of monthly salary

*Optional Term Life Insurance at Elections 3 and 4, AD&D, and short-term and long-term disability insurance are not available to retirees.

†Optional Term Life Insurance is limited to a maximum of \$400,000 or four times your annual salary, whichever is less.