

# PLAN YEAR 2017 RATES

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

**September 1, 2016 - August 31, 2017**

**Please note:** The health insurance rates listed below are ERS' best estimates based on information available at the time of printing. Rates could change between now and September 1, depending on possible decisions by state lawmakers. However, the final rates for Plan Year 2017 will not exceed those listed below. ERS will notify you as soon as possible if any rates change.

**Rates for HealthSelect<sup>SM</sup> Medicare Advantage and KelseyCare Advantage HMO also may change, but any rate changes for those plans would be effective January 1, 2017. 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 |
|--|-----------|------------|---------|
| <b>HealthSelect<sup>SM</sup> of Texas</b>            |           |            |         |
| You Only   | \$ 617.30 | \$ 617.30  | \$ 0.00 |
| You + Spouse   | 1,324.66  | 970.98     | 353.68  |
| You + Children                                       | 1,090.90  | 854.10     | 236.80  |
| You + Family   | 1,798.26  | 1,207.78   | 590.48  |
| <b>Consumer Directed HealthSelect<sup>SM**</sup></b> |           |            |         |
| You Only   | \$ 617.30 | \$ 617.30  | \$ 0.00 |
| You + Spouse   | 1,289.30  | 970.98     | 318.32  |
| You + Children                                       | 1,067.22  | 854.10     | 213.12  |
| You + Family   | 1,739.22  | 1,207.78   | 531.44  |
| <b>Community First Health Plans</b>                  |           |            |         |
| You Only   | \$ 511.50 | \$ 511.50  | \$ 0.00 |
| You + Spouse   | 1,097.18  | 804.34     | 292.84  |
| You + Children                                       | 903.66    | 707.58     | 196.08  |
| You + Family   | 1,489.34  | 1,000.42   | 488.92  |
| <b>KelseyCare powered by Community Health Choice</b> |           |            |         |
| You Only   | \$ 483.98 | \$ 483.98  | \$ 0.00 |
| You + Spouse   | 1,038.02  | 761.00     | 277.02  |
| You + Children                                       | 854.94    | 669.46     | 185.48  |
| You + Family   | 1,408.98  | 946.48     | 462.50  |
| <b>Scott &amp; White Health Plan</b>                 |           |            |         |
| You Only   | \$ 610.18 | \$ 610.18  | \$ 0.00 |
| You + Spouse   | 1,309.34  | 959.76     | 349.58  |
| You + Children                                       | 1,078.30  | 844.24     | 234.06  |
| You + Family   | 1,777.46  | 1,193.82   | 583.64  |

\*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 HSA Contribution table on the next page.

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

|  | Premium*  | State Pays | You Pay   |
|--|-----------|------------|-----------|
| <b>HealthSelect<sup>SM</sup> of Texas</b>            |           |            |           |
| You Only   | \$ 617.30 | \$ 308.65  | \$ 308.65 |
| You + Spouse   | 1,324.66  | 485.49     | 839.17    |
| You + Children                                       | 1,090.90  | 427.05     | 663.85    |
| You + Family   | 1,798.26  | 603.89     | 1,194.37  |
| <b>Consumer Directed HealthSelect<sup>SM**</sup></b> |           |            |           |
| You Only   | \$ 617.30 | \$ 308.65  | \$ 308.65 |
| You + Spouse   | 1,289.30  | 485.49     | 803.81    |
| You + Children                                       | 1,067.22  | 427.05     | 640.17    |
| You + Family   | 1,739.22  | 603.89     | 1,135.33  |
| <b>Community First Health Plans</b>                  |           |            |           |
| You Only   | \$ 511.50 | \$ 255.75  | \$ 255.75 |
| You + Spouse   | 1,097.18  | 402.17     | 695.01    |
| You + Children                                       | 903.66    | 353.79     | 549.87    |
| You + Family   | 1,489.34  | 500.21     | 989.13    |
| <b>KelseyCare powered by Community Health Choice</b> |           |            |           |
| You Only   | \$ 483.98 | \$ 241.99  | \$ 241.99 |
| You + Spouse   | 1,038.02  | 380.50     | 657.52    |
| You + Children                                       | 854.94    | 334.73     | 520.21    |
| You + Family   | 1,408.98  | 473.24     | 935.74    |
| <b>Scott &amp; White Health Plan</b>                 |           |            |           |
| You Only   | \$ 610.18 | \$ 305.09  | \$ 305.09 |
| You + Spouse   | 1,309.34  | 479.88     | 829.46    |
| You + Children                                       | 1,078.30  | 422.12     | 656.18    |
| You + Family   | 1,777.46  | 596.91     | 1,180.55  |

\*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 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)

|                | 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"> <li>enrolled in Consumer Directed HealthSelect,</li> <li>eligible for a portion of your health premium to be paid by the state and</li> <li>not eligible for Medicare.</li> </ul> |
|----------------|-------------------------------|--|
| 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, 2016                     |           |            |           |
| HealthSelect <sup>SM</sup> Medicare Advantage |           |            |           |
| Spouse Only                                   | \$ 510.76 | \$ 353.68  | \$ 157.08 |
| Children Only                                 | 393.88    | 236.80     | 157.08    |
| Spouse + Children                             | 904.64    | 590.48     | 314.16    |
| KelseyCare Advantage                          |           |            |           |
| Spouse Only                                   | \$ 300.44 | \$ 150.22  | \$ 150.22 |
| Children Only                                 | 300.44    | 150.22     | 150.22    |
| Spouse + Children                             | 600.88    | 300.44     | 300.44    |

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

|   | Premium   | State Pays | You Pay   |
|---|-----------|------------|-----------|
| Through December 31, 2016                     |           |            |           |
| HealthSelect <sup>SM</sup> Medicare Advantage |           |            |           |
| Spouse Only                                   | \$ 412.46 | \$ 176.84  | \$ 235.62 |
| Children Only                                 | 354.02    | 118.40     | 235.62    |
| Spouse + Children                             | 766.48    | 295.24     | 471.24    |
| KelseyCare Advantage                          |           |            |           |
| Spouse Only                                   | \$ 300.44 | \$ 75.11   | \$ 225.33 |
| Children Only                                 | 300.44    | 75.11      | 225.33    |
| Spouse + Children                             | 600.88    | 150.22     | 450.66    |

### Surviving Dependents

|                   | HealthSelect <sup>SM</sup> of Texas | Consumer Directed HealthSelect <sup>SM</sup> | Community First Health Plans | KelseyCare powered by Community Health Choice | Scott & White Health Plan |
|-------------------|-------------------------------------|--|------------------------------|---|---------------------------|
| Spouse Only       | \$ 707.36                           | \$ 672.00                                    | \$ 585.68                    | \$ 554.04                                     | \$ 699.16                 |
| Children Only     | 473.60                              | 449.92                                       | 392.16                       | 370.96  | 468.12                    |
| Spouse + Children | 1,180.96                            | 1,121.92                                     | 977.84                       | 925.00  | 1,167.28                  |

### COBRA

|                | HealthSelect <sup>SM</sup> of Texas | Consumer Directed HealthSelect <sup>SM</sup> | Community First Health Plans | KelseyCare powered by Community Health Choice | Scott & White Health Plan |
|----------------|-------------------------------------|--|------------------------------|---|---------------------------|
| You Only       | \$ 627.38                           | \$ 581.48                                    | \$ 519.47                    | \$ 491.40                                     | \$ 620.12                 |
| You + Spouse   | 1,348.89                            | 1,221.02                                     | 1,116.86                     | 1,056.52                                      | 1,333.26                  |
| You + Children | 1,110.45                            | 994.50                                       | 919.47                       | 869.77  | 1,097.60                  |
| You + Family   | 1,831.96                            | 1,679.94                                     | 1,516.86                     | 1,434.90                                      | 1,810.74                  |

### COBRA Disability

|                | HealthSelect <sup>SM</sup> of Texas | Consumer Directed HealthSelect <sup>SM</sup> | Community First Health Plans | KelseyCare powered by Community Health Choice | Scott & White Health Plan |
|----------------|-------------------------------------|--|------------------------------|---|---------------------------|
| You Only       | \$ 922.62                           | \$ 855.12                                    | \$ 763.92                    | \$ 722.64                                     | \$ 911.94                 |
| You + Spouse   | 1,983.66                            | 1,795.62                                     | 1,642.44                     | 1,553.70                                      | 1,960.68                  |
| You + Children | 1,633.02                            | 1,462.50                                     | 1,352.16                     | 1,279.08                                      | 1,614.12                  |
| You + Family   | 2,694.06                            | 2,470.50                                     | 2,230.68                     | 2,110.14                                      | 2,662.86                  |

## Dental Insurance

| HumanaDental DHMO | Employee/<br>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 <sup>SM</sup> | Employee/<br>Retiree | COBRA    | COBRA Disability | Surviving Dependents |          |
|---|----------------------|----------|------------------|----------------------|----------|
| You Only  | \$ 26.61             | \$ 27.14 | \$ 39.92         | Spouse Only          | \$ 26.61 |
| You + Spouse                                    | 53.22                | 54.28    | 79.83            | Spouse + Children    | 63.86    |
| You + Children                                  | 63.86                | 65.14    | 95.79            | Children Only        | 37.25    |
| You + Family                                    | 90.47                | 92.28    | 135.71           |                      |          |

## State of Texas Dental Discount Plan<sup>SM</sup> (no change from PY16)

| Membership Level | Employee/<br>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 Plan

| Membership Level | Employee/<br>Retiree | COBRA   | COBRA Disability | Surviving Dependents |         |
|------------------|----------------------|---------|------------------|----------------------|---------|
| You Only         | \$ 6.69              | \$ 6.82 | \$ 10.04         | Spouse Only          | \$ 6.69 |
| You + Spouse     | 13.38                | 13.65   | 20.07            | Spouse + Children    | 14.38   |
| You + Children   | 14.38                | 14.67   | 21.57            | Children Only        | 7.69    |
| You + Family     | 21.07                | 21.49   | 31.61            |                      |         |

## 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.state.tx.us/Employees/Health/Tobacco\\_Policy](http://www.ers.state.tx.us/Employees/Health/Tobacco_Policy) for more information.

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

## Optional Term Life Insurance and Voluntary Accidental Death and Dismemberment Insurance (AD&D) (no change from PY16)

| 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.</p> <p>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%<br/>                     Age 75-79      40%<br/>                     Age 80-84      25%<br/>                     Age 85-89      15%<br/>                     Age 90+        10%</p> | Monthly Rate per \$1,000 of Annual Salary |                                    |                                       |                                     |  |
|  | Age                                       | Election 1<br>Annual Salary<br>x 1 | Election 2<br>Annual Salary<br>x 2    | Election 3*<br>Annual Salary<br>x 3 | Election 4**<br>Annual Salary<br>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<br>(includes \$5,000 AD&D coverage)   |   |                                    | Retiree: \$3.05 per month for \$2,500 |                                     |  |
| AD&D*  |   |                                    |                                       |                                     |  |
| You may apply for AD&D coverage according to the following table:  |   |                                    |                                       |                                     | You Only<br>\$0.02 per \$1,000 of coverage<br><br>You + Family<br>\$0.04 per \$1,000 of coverage |
| Age  | Minimum Coverage                          | Maximum Coverage                   | Minimum Increments                    |                                     |  |
| Under 70   | \$ 10,000                                 | \$ 200,000                         | \$ 5,000                              |                                     |  |
| 70-74  | 6,500                                     | 130,000                            | 3,250                                 |                                     |  |
| 75-79  | 4,000                                     | 80,000                             | 2,000                                 |                                     |  |
| 80-84  | 2,500                                     | 50,000                             | 1,250                                 |                                     |  |
| 85-89  | 1,500                                     | 30,000                             | 750                                   |                                     |  |
| 90+  | 1,000                                     | 20,000                             | 500                                   |                                     |  |

## Texas Income Protection Plan<sup>SM</sup> (TIPP)\* (no change from PY16)

|                       |                                    |
|-----------------------|------------------------------------|
| Short-term disability | \$0.30 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.