

# PLAN YEAR 2021 RATES

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

**September 1, 2020 - August 31, 2021**

**NOTE:** Rates for HealthSelect<sup>SM</sup> Medicare Advantage and KelseyCare Advantage Medicare health maintenance organization (MA HMO) also may change, but any rate changes for those plans would be effective January 1, 2021. Information on possible rate changes for those plans will be available in the fall.

### Full-time Employees and Retirees Not Eligible for Medicare

Health plan premiums are the same as or lower than in PY20.

	Premium*	State Pays	You Pay
<b>HealthSelect of Texas<sup>®</sup></b>			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,339.90	982.36	357.54
You + Children	1,103.58	864.20	239.38
You + Family	1,818.66	1,221.74	596.92
<b>Consumer Directed HealthSelect<sup>SM**</sup></b>			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,304.16	982.36	321.80
You + Children	1,079.64	864.20	215.44
You + Family	1,758.98	1,221.74	537.24
<b>Community First Health Plans</b>			
You Only	\$ 549.62	\$ 549.62	\$ 0.00
You + Spouse	1,178.30	863.96	314.34
You + Children	970.54	760.08	210.46
You + Family	1,599.22	1,074.42	524.80
<b>Scott and White Health Plan</b>			
You Only	\$ 621.98	\$ 621.98	\$ 0.00
You + Spouse	1,333.78	977.88	355.90
You + Children	1098.54	860.26	238.28
You + Family	1,810.34	1,216.16	594.18

\*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<sup>†</sup>

Health plan premiums are the same as or lower than in PY20.

	Premium*	State Pays	You Pay
<b>HealthSelect of Texas<sup>®</sup></b>			
You Only	\$ 624.41	\$ 312.41	\$ 312.00
You + Spouse	1,339.49	491.18	848.31
You + Children	1,103.17	432.10	671.07
You + Family	1,818.25	610.87	1,207.38
<b>Consumer Directed HealthSelect<sup>SM**</sup></b>			
You Only	\$ 624.41	\$ 312.41	\$ 312.00
You + Spouse	1,303.75	491.18	812.57
You + Children	1,079.23	432.10	647.13
You + Family	1,758.57	610.87	1,147.70
<b>Community First Health Plans</b>			
You Only	\$ 549.26	\$ 274.81	\$ 274.45
You + Spouse	1,177.94	431.98	745.96
You + Children	970.18	380.04	590.14
You + Family	1,598.86	537.21	1,061.65
<b>Scott and White Health Plan</b>			
You Only	\$ 621.57	\$ 310.99	\$ 310.58
You + Spouse	1,333.37	488.94	844.43
You + Children	1,098.13	430.13	668.00
You + Family	1,809.93	608.08	1,201.85

\*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
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)

An HSA is a tax-free savings account for qualified health expenses. You can receive the "State Pays" HSA contribution if you are:

- enrolled in Consumer Directed HealthSelect,
- eligible for a portion of your health premium to be paid by the state and
- not eligible for Medicare.

## Medicare-enrolled Dependents of Retirees Not Eligible for Medicare

### Full-time Benefits

Through December 31, 2020

	Premium	State Pays	You Pay
<b>HealthSelect<sup>SM</sup> Medicare Advantage</b>			
Spouse Only	\$ 509.70	\$ 358.00	\$ 151.70
Children Only	391.40	239.70	151.70
Spouse + Children	901.10	597.70	303.40
<b>KelseyCare Advantage MA HMO</b>			
Spouse Only	\$ 254.24	\$ 127.12	\$ 127.12
Children Only	254.24	127.12	127.12
Spouse + Children	508.48	254.24	254.24

### Part-time Benefits

Through December 31, 2020

	Premium	State Pays	You Pay
<b>HealthSelect<sup>SM</sup> Medicare Advantage</b>			
Spouse Only	\$ 406.55	\$ 179.00	\$ 227.55
Children Only	347.40	119.85	227.55
Spouse + Children	753.95	298.85	455.10
<b>KelseyCare Advantage MA HMO</b>			
Spouse Only	\$ 254.24	\$ 63.56	\$ 190.68
Children Only	254.24	63.56	190.68
Spouse + Children	508.48	127.12	381.36

## Surviving Dependents

	HealthSelect of Texas <sup>®</sup>	Consumer Directed HealthSelect <sup>SM</sup>	Community First Health Plans	Scott and White Health Plan
Spouse Only	\$ 715.08	\$ 679.34	\$ 628.68	\$ 711.80
Children Only	478.76	454.82	420.92	476.56
Spouse + Children	1,193.84	1,134.16	1,049.60	1,188.36

## COBRA

	HealthSelect of Texas <sup>®</sup>	Consumer Directed HealthSelect <sup>SM</sup>	Community First Health Plans	Scott and White Health Plan
You Only	\$ 634.22	\$ 588.32	\$ 557.61	\$ 631.32
You + Spouse	1,363.60	1,235.34	1,198.87	1,357.35
You + Children	1,222.55	1,006.33	986.95	1,117.41
You + Family	1,851.93	1,699.26	1,628.21	1,843.44

## COBRA Disability

	HealthSelect of Texas <sup>®</sup>	Consumer Directed HealthSelect <sup>SM</sup>	Community First Health Plans	Scott and White Health Plan
You Only	\$ 932.68	\$ 865.18	\$ 820.01	\$ 928.41
You + Spouse	2,005.29	1,816.68	1,763.04	1,996.10
You + Children	1,650.81	1,479.90	1,451.40	1,643.25
You + Family	2,723.43	2,498.91	2,394.43	2,710.94

## Dental Insurance (no change from PY20)

DeltaCare USA DHMO	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 9.59	\$ 9.78	\$ 14.39	Spouse Only	\$ 9.59
You + Spouse	19.18	19.56	28.77	Spouse + Children	23.02
You + Children	23.02	23.48	34.53	Children Only	13.43
You + Family	32.59	33.24	48.89		

State of Texas Dental Choice Plan <sup>SM</sup>	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 27.21	\$ 27.75	\$ 40.82	Spouse Only	\$ 27.21
You + Spouse	54.42	55.51	81.63	Spouse + Children	65.30
You + Children	65.30	66.61	97.95	Children Only	38.09
You + Family	92.51	94.36	138.77		

## State of Texas Vision (no change from PY20)

	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 5.12	\$ 5.22	\$ 7.68	Spouse Only	\$ 5.12
You + Spouse	10.24	10.44	15.36	Spouse + Children	11.01
You + Children	11.01	11.23	16.52	Children Only	5.89
You + Family	16.13	16.45	24.20		

## 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 or Spouse or Children* Only	\$30
Member + Spouse or Member + Children* or 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 age 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](http://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification) for more information.

## Optional Term Life Insurance (no change from PY20)

Optional Term Life Insurance				
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
Monthly Rate per \$1,000 of Annual Salary				
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

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:

Age 70-74	65%
Age 75-79	40%
Age 80-84	25%
Age 85-89	15%
Age 90+	10%

Retiree Fixed Optional Life Insurance (\$10,000 policy)	
\$23.40 per month for \$10,000	

Dependent Term Life Insurance	
<b>Employee:</b> \$1.38 per month for \$5,000 (includes \$5,000 AD&D coverage)	<b>Retiree:</b> \$3.05 per month for \$2,500

## Voluntary Accidental Death & Dismemberment Insurance (AD&D)\* (no change from PY20)

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
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

**You Only**  
\$0.02 per \$1,000 of coverage

**You + Family**  
\$0.04 per \$1,000 of coverage

## Texas Income Protection Plan<sup>SM</sup> (TIPP)\* (no change from PY20)

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