



# PLAN YEAR 2016 RATES

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

**September 1, 2015 - August 31, 2016**

**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 2016 will not exceed those listed below. ERS will notify you as soon as possible if any rates change.

**Rates for HealthSelect Medicare Advantage PPO and KelseyCare Advantage HMO also may change, but any rate changes for those plans would be effective January 1, 2016. You will receive information on possible rate changes for those plans 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	\$ 576.54	\$ 576.54	\$ 0.00
You + Spouse	1,237.02	906.78	330.24
You + Children	1,018.78	797.66	221.12
You + Family	1,679.26	1,127.90	551.36
<b>Community First Health Plans</b>			
You Only	\$ 496.46	\$ 496.46	\$ 0.00
You + Spouse	1,064.82	780.64	284.18
You + Children	877.02	686.74	190.28
You + Family	1,445.38	970.92	474.46
<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	\$ 572.58	\$ 572.58	\$ 0.00
You + Spouse	1,228.50	900.54	327.96
You + Children	1,011.74	792.16	219.58
You + Family	1,667.66	1,120.12	547.54

\*Includes premium for Basic Term Life Insurance

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

	Premium*	State Pays	You Pay
<b>HealthSelect of Texas</b>			
You Only	\$ 576.54	\$ 288.27	\$ 288.27
You + Spouse	1,237.02	453.39	783.63
You + Children	1,018.78	398.83	619.95
You + Family	1,679.26	563.95	1,115.31
<b>Community First Health Plans</b>			
You Only	\$ 496.46	\$ 248.23	\$ 248.23
You + Spouse	1,064.82	390.32	674.50
You + Children	877.02	343.37	533.65
You + Family	1,445.38	485.46	959.92
<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	\$ 572.58	\$ 286.29	\$ 286.29
You + Spouse	1,228.50	450.27	778.23
You + Children	1,011.74	396.08	615.66
You + Family	1,667.66	560.06	1,107.60

\*Includes premium for Basic Term Life Insurance

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

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

	Premium	State Pays	You Pay
Through August 31, 2016			
<b>HealthSelect MA PPO</b>			
Spouse Only	\$ 489.84	\$ 330.24	\$ 159.60
Children Only	380.72	221.12	159.60
Spouse + Children	870.56	551.36	319.20
<b>KelseyCare Advantage</b>			
Spouse Only	\$ 301.68	\$ 150.84	\$ 150.84
Children Only	301.68	150.84	150.84
Spouse + Children	603.36	301.68	301.68

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

	Premium	State Pays	You Pay
Through August 31, 2016			
<b>HealthSelect MA PPO</b>			
Spouse Only	\$ 404.52	\$ 165.12	\$ 239.40
Children Only	349.96	110.56	239.40
Spouse + Children	754.48	275.68	478.80
<b>KelseyCare Advantage</b>			
Spouse Only	\$ 301.68	\$ 75.42	\$ 226.26
Children Only	301.68	75.42	226.26
Spouse + Children	603.36	150.84	452.52

## Surviving Dependents

	HealthSelect of Texas	Community First Health Plans	KelseyCare powered by Community Health Choice	Scott & White Health Plan
Spouse Only	\$ 660.48	\$ 568.36	\$ 554.04	\$ 655.92
Children Only	442.24	380.56	370.96	439.16
Spouse + Children	1,102.72	948.92	925.00	1,095.08

## COBRA

	HealthSelect of Texas	Community First Health Plans	KelseyCare powered by Community Health Choice	Scott & White Health Plan
You Only	\$ 585.81	\$ 504.12	\$ 491.40	\$ 581.77
You + Spouse	1,259.50	1,083.85	1,056.52	1,250.81
You + Children	1,036.89	892.30	869.77	1,029.71
You + Family	1,710.58	1,472.02	1,434.90	1,698.75

## COBRA Disability

	HealthSelect of Texas	Community First Health Plans	KelseyCare powered by Community Health Choice	Scott & White Health Plan
You Only	\$ 861.48	\$ 741.36	\$ 722.64	\$ 855.54
You + Spouse	1,852.20	1,593.90	1,553.70	1,839.42
You + Children	1,524.84	1,312.20	1,279.08	1,514.28
You + Family	2,515.56	2,164.74	2,110.14	2,498.16

## 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 <sup>SM</sup>	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 24.28	\$ 24.77	\$ 36.42	Spouse Only	\$ 24.28
You + Spouse	48.56	49.53	72.84	Spouse + Children	58.28
You + Children	58.28	59.45	87.42	Children Only	34.00
You + Family	82.56	84.21	123.84		

## State of Texas Dental Discount Plan<sup>SM</sup> (no change from PY15)

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		

## 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 PY15)

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%                      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		
AD&D*					
You may apply for AD&D coverage according to the following table:					You Only \$0.02 per \$1,000 of coverage  You + Family \$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 (TIPP)\* (no change from PY15)

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.