

PLAN YEAR 2017 RATES RETIREES AND SURVIVING DEPENDENTS

January 1, 2017 - December 31, 2017

PLAN YEAR 2017 MEDICARE ADVANTAGE PLANS PREMIUMS

Participants must be enrolled in Medicare Parts A and B.

Full-time Retirees Eligible for Medicare

	Premium*	State Pays	You Pay
Through December 31, 2017			
HealthSelect Medicare Advantage			
You Only	\$ 617.30	\$ 617.30	\$ 0.00
You + Spouse	1,128.06	970.98	157.08
You + Children	1,011.18	854.10	157.08
You + Family	1,521.94	1,207.78	314.16
KelseyCare Advantage HMO			
You Only	\$ 265.90	\$ 265.90	\$ 0.00
You + Spouse	529.58	397.74	131.84
You + Children	529.58	397.74	131.84
You + Family	793.26	529.58	263.68

*Includes premium for Basic Term Life Insurance

Part-time Retirees Eligible for Medicare

	Premium*	State Pays	You Pay
Through December 31, 2017			
HealthSelect Medicare Advantage			
You Only	\$ 466.84	\$ 308.65	\$ 158.19
You + Spouse	879.30	485.49	393.81
You + Children	820.86	427.05	393.81
You + Family	1,233.32	603.89	629.43
KelseyCare Advantage HMO			
You Only	\$ 265.90	\$ 132.95	\$ 132.95
You + Spouse	529.58	198.87	330.71
You + Children	529.58	198.87	330.71
You + Family	793.26	264.79	528.47

*Includes premium for Basic Term Life Insurance

Surviving Dependents Eligible for Medicare

	HealthSelect Medicare Advantage	KelseyCare Advantage HMO
Through December 31, 2017		
Spouse Only	\$ 314.16	\$ 263.68
Children Only	314.16	263.68
Spouse + Children	628.32	527.36

Dental Insurance

	Humana Dental DHMO	State of Texas Dental Choice Plan SM
All Retirees		
You Only	\$ 9.59	\$ 26.61
You + Spouse	19.17	53.22
You + Children	23.01	63.86
You + Family	32.59	90.47
All Surviving Dependents		
Spouse Only	\$ 9.59	\$ 26.61
Children Only	13.42	37.25
Spouse + Children	23.01	63.86

State of Texas Dental Discount PlanSM (no change from PY16)

Membership Level	Plan Rate Per Month
Member Only	\$ 2.25
Member + Spouse	4.50
Member + Child(ren)	5.40
Member + Family	7.65
Surviving Spouse Only	2.25
Surviving Child(ren) Only	3.15
Surviving Spouse + Child(ren)	5.40

State of Texas Vision

	Plan Rate Per Month
All Retirees	
You Only	\$ 6.69
You + Spouse	13.38
You + Children	14.38
You + Family	21.07
All Surviving Dependents	
Spouse Only	\$ 6.69
Children Only	7.69
Spouse + Children	14.38

Tobacco-user Premium for All Members

For every person in your household enrolled in health insurance—member or dependent—who 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 User(s) of Any Age and Adult(s) 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 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 for more information.

NON-MEDICARE ADVANTAGE PLANS PREMIUMS

Full-time Retirees

	Premium*	State Pays	You Pay
Through December 31, 2017			
HealthSelectSM of Texas			
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
Community First Health Plans			
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
KelseyCare powered by Community Health Choice			
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
Scott & White Health Plan			
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

Part-time Retirees

	Premium*	State Pays†	You Pay
Through December 31, 2017			
HealthSelect of Texas			
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
Community First Health Plans			
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
KelseyCare powered by Community Health Choice			
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
Scott & White Health Plan			
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 does not contribute to the cost of health insurance for adjunct faculty.

Surviving Dependents Not Eligible for Medicare

	Spouse Only	Children Only	Spouse + Children
HealthSelectSM of Texas	\$ 707.36	\$ 473.60	\$ 1,180.96
Community First Health Plans	585.68	392.16	977.84
KelseyCare powered by Community Health Choice	554.04	370.96	925.00
Scott & White Health Plan	699.16	468.12	1,167.28

Optional Term Life Insurance (no change from PY16)

Optional Term Life Insurance*			
<p>If you did not have Optional Term Life coverage at the time you retired, you cannot enroll in this benefit. You can apply for a Fixed Optional Life policy (see below) through EOI within the first 31 days of retirement, during annual enrollment, or if you have a qualifying life event.</p> <p>Retirees can reduce their Optional Term Life Insurance (from Election 1 or 2 to Fixed Optional Life or from Election 2 to Election 1), but cannot increase coverage at any time.</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%</p> <p>Age 75-79 40%</p> <p>Age 80-84 25%</p> <p>Age 85-89 15%</p> <p>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
	Under 25	\$ 0.05	\$ 0.10
	25 - 29	0.05	0.10
	30 - 34	0.06	0.12
	35 - 39	0.06	0.12
	40 - 44	0.08	0.16
	45 - 49	0.12	0.24
	50 - 54	0.19	0.38
	55 - 59	0.33	0.66
	60 - 64	0.57	1.14
	65 - 69	0.93	1.86
	70 - 74	1.48	2.96
	75 - 79	2.41	4.82
	80 - 84	3.92	7.84
85 - 89	6.79	13.58	
90+	10.57	21.14	
Retiree Fixed Optional Life Insurance		Dependent Term Life Insurance	
\$23.40 per month for \$10,000		\$3.05 per month for \$2,500	

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