

# PLAN YEAR 2021 RATES RETIREES AND SURVIVING DEPENDENTS

January 1, – December 31, 2021

## PLAN YEAR 2021 MEDICARE ADVANTAGE PLAN PREMIUMS Participants must be enrolled in Medicare Parts A and B.

NOTE: The "State Pays" and "You Pay" rates for health plans apply only to retirees who do not have tiered premium contributions for health insurance. For tiered premium contribution rates, please see <https://ers.texas.gov/PDFs/RateSheet-PY21-Tiered.pdf>.

### Full-time Retirees Enrolled in Medicare (lower than PY20)

	Premium*	State Pays	You Pay
	Through December 31, 2021		
<b>HealthSelect<sup>SM</sup> Medicare Advantage Plan, a preferred provider organization (HealthSelect MA PPO)</b>			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,071.88	982.36	89.52
You + Children	953.72	864.20	89.52
You + Family	1,400.78	1,221.74	179.04

\*Includes premium for Basic Term Life Insurance

### Part-time Retirees Enrolled in Medicare (lower than PY20)

	Premium*	State Pays	You Pay
	Through December 31, 2021		
<b>HealthSelect MA PPO</b>			
You Only	\$ 403.04	\$ 312.41	\$ 90.63
You + Spouse	716.09	491.18	224.91
You + Children	657.01	432.10	224.91
You + Family	970.06	610.87	359.19

\*Includes premium for Basic Term Life Insurance

### Surviving Dependents Enrolled in Medicare

	HealthSelect MA PPO
	Through December 31, 2021
Spouse Only	\$ 179.04
Children Only	179.04
Spouse + Children	358.08

## Dental Insurance (no change from PY20)

	DeltaCare® USA DHMO	State of Texas Dental Choice Plan <sup>SM</sup>
<b>All Retirees</b>		
You Only	\$ 9.59	\$ 27.21
You + Spouse	19.18	54.42
You + Children	23.02	65.30
You + Family	32.59	92.51
<b>All Surviving Dependents</b>		
Spouse Only	\$ 9.59	\$ 27.21
Children Only	13.43	38.09
Spouse + Children	23.02	65.30

## State of Texas Vision<sup>SM</sup> (no change from PY20)

	Plan Rate Per Month
<b>All Retirees</b>	
You Only	\$ 5.12
You + Spouse	10.24
You + Children	11.01
You + Family	16.13
<b>All Surviving Dependents</b>	
Spouse Only	\$ 5.12
Children Only	5.89
Spouse + Children	11.01

## 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 <https://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification> for more information.

# NON-MEDICARE ADVANTAGE PLAN PREMIUMS

NOTE: The "State Pays" and "You Pay" rates for health plans apply only to retirees who do not have tiered premium contributions for health insurance. For tiered premium contribution rates, please see <https://ers.texas.gov/PDFs/RateSheet-PY21-Tiered.pdf>.

## Full-time Retirees

	Premium*	State Pays	You Pay
Through August 31, 2021			
<b>HealthSelect of Texas®</b> Premiums are the same as or lower than in PY20			
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>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	1,098.54	860.26	238.28
You + Family	1,810.34	1,216.16	594.18

\*Includes premium for Basic Term Life Insurance

## Part-time Retirees

	Premium*	State Pays†	You Pay
Through August 31, 2021			
<b>HealthSelect of Texas</b> Premiums are the same as or lower than in PY20			
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>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 does not contribute to the cost of health insurance for adjunct faculty.

## Surviving Dependents Not Eligible for Medicare

	Spouse Only	Children Only	Spouse + Children
<b>HealthSelect of Texas</b>	\$ 715.08	\$ 478.76	\$ 1,193.84
<b>Community First Health Plans</b>	628.68	420.92	1,049.60
<b>Scott and White Health Plan</b>	711.80	476.56	1,188.36

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

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.