

PLAN YEAR 2021 HEALTH INSURANCE RATES FULL-TIME RETIREES

September 1, 2020 - August 31, 2021 for Retirees Not Eligible for Medicare
January 1 - December 31, 2021 for Retirees Enrolled in Medicare

Under current state law, if you are eligible for Texas Employees Group Benefits Program (GBP) health insurance in retirement, the State of Texas pays some or all of your health insurance premium. The amount the state pays toward that premium depends on three things: 1) whether you were full-time or part-time in your last three months of state employment, 2) whether you had at least five years of GBP eligibility at a State of Texas agency or higher education institution on September 1, 2014 and 3) how many years you worked for the State of Texas. For more information about how your retiree insurance premium is calculated, please see www.ers.texas.gov/Retirees/Retirement/Tiered-Retiree-Insurance.

The tobacco-user premium and rates for dental, vision and optional life coverage can be found in the following links at www.ers.texas.gov/Retirees/Rates-for-retirees: "Plan Year 2021 Rates" for retirees not enrolled in Medicare and "Plan Year 2021 Rates" for retirees enrolled in Medicare.

| | Full-time tier 1: State pays 100% of the retiree's premium | | | Full-time tier 2: State pays 75% of the retiree's premium | | | Full-time tier 3: State pays 50% of the retiree's premium | | |
|--|--|------------|---------|---|------------|-----------|---|------------|-----------|
| | Premium* | State Pays | You Pay | Premium* | State Pays | You Pay | Premium* | State Pays | You Pay |
| HealthSelect of Texas[®] | | | | | | | | | |
| Member Only | \$ 624.82 | \$ 624.82 | \$0.00 | \$ 624.62 | \$ 468.62 | \$ 156.00 | \$ 624.41 | \$ 312.41 | \$ 312.00 |
| Member and Spouse | 1,339.90 | 982.36 | 357.54 | 1,339.71 | 736.78 | 602.93 | 1,339.49 | 491.18 | 848.31 |
| Member and Child(ren) | 1,103.58 | 864.20 | 239.38 | 1,103.39 | 648.16 | 455.23 | 1,103.17 | 432.10 | 671.07 |
| Member and Family | 1,818.66 | 1,221.74 | 596.92 | 1,818.47 | 916.31 | 902.16 | 1,818.25 | 610.87 | 1,207.38 |
| Spouse Only | 715.08 | 357.54 | 357.54 | 715.08 | 268.16 | 446.92 | 715.08 | 178.77 | 536.31 |
| Child(ren) Only | 478.76 | 239.38 | 239.38 | 478.76 | 179.54 | 299.22 | 478.76 | 119.69 | 359.07 |
| Spouse and Child(ren) | 1,193.84 | 596.92 | 596.92 | 1,193.84 | 447.69 | 746.15 | 1,193.84 | 298.46 | 895.38 |
| Consumer Directed HealthSelect^{SM**} (not available to retirees eligible for Medicare) | | | | | | | | | |
| Member Only | \$ 624.82 | \$ 624.82 | \$ 0.00 | \$ 624.62 | \$ 468.62 | \$ 156.00 | \$ 624.41 | \$ 312.41 | \$ 312.00 |
| Member and Spouse | 1,304.16 | 982.36 | 321.80 | 1,303.96 | 736.78 | 567.18 | 1,303.75 | 491.18 | 812.57 |
| Member and Child(ren) | 1,079.64 | 864.20 | 215.44 | 1,079.44 | 648.16 | 431.28 | 1,079.23 | 432.10 | 647.13 |
| Member and Family | 1,758.98 | 1,221.74 | 537.24 | 1,758.78 | 916.32 | 842.46 | 1,758.57 | 610.87 | 1,147.70 |
| Community First Health Plans | | | | | | | | | |
| Member Only | \$ 549.62 | \$ 549.62 | \$ 0.00 | \$ 549.44 | \$ 412.22 | \$ 137.22 | \$ 549.26 | \$ 274.81 | \$ 274.45 |
| Member and Spouse | 1,178.30 | 863.96 | 314.34 | 1,178.13 | 647.98 | 530.15 | 1,177.94 | 431.98 | 745.96 |
| Member and Child(ren) | 970.54 | 760.08 | 210.46 | 970.37 | 570.07 | 400.30 | 970.18 | 380.04 | 590.14 |
| Member and Family | 1,599.22 | 1,074.42 | 524.80 | 1,599.05 | 805.82 | 793.23 | 1,598.86 | 537.21 | 1,061.65 |
| Spouse Only | 628.68 | 314.34 | 314.34 | 628.68 | 235.76 | 392.92 | 628.68 | 157.17 | 471.51 |
| Child(ren) Only | 420.92 | 210.46 | 210.46 | 420.92 | 157.85 | 263.07 | 420.92 | 105.23 | 315.69 |
| Spouse and Child(ren) | 1,049.60 | 524.80 | 524.80 | 1,049.60 | 393.60 | 656.00 | 1,049.60 | 262.40 | 787.20 |
| Scott and White Health Plan | | | | | | | | | |
| Member Only | \$ 621.98 | \$ 621.98 | \$ 0.00 | \$ 621.78 | \$ 466.49 | \$ 155.29 | \$ 621.57 | \$ 310.99 | \$ 310.58 |
| Member and Spouse | 1,333.78 | 977.88 | 355.90 | 1,333.59 | 733.42 | 600.17 | 1,333.37 | 488.94 | 844.43 |
| Member and Child(ren) | 1,098.54 | 860.26 | 238.28 | 1,098.35 | 645.20 | 453.15 | 1,098.13 | 430.13 | 668.00 |
| Member and Family | 1,810.34 | 1,216.16 | 594.18 | 1,810.16 | 912.13 | 898.03 | 1,809.93 | 608.08 | 1,201.85 |
| Spouse Only | 711.80 | 355.90 | 355.90 | 711.80 | 266.93 | 444.87 | 711.80 | 177.95 | 533.85 |
| Child(ren) Only | 476.56 | 238.28 | 238.28 | 476.56 | 178.71 | 297.85 | 476.56 | 119.14 | 357.42 |
| Spouse and Child(ren) | 1,188.36 | 594.18 | 594.18 | 1,188.36 | 445.64 | 742.72 | 1,188.36 | 297.09 | 891.27 |
| HealthSelectSM Medicare Advantage (available only to retirees enrolled in Medicare) | | | | | | | | | |
| Member Only | \$ 624.82 | \$ 624.82 | \$ 0.00 | \$ 513.93 | \$ 468.62 | \$ 45.31 | \$ 403.04 | \$ 312.41 | \$ 90.63 |
| Member and Spouse | 1,071.88 | 982.36 | 89.52 | 893.99 | 736.78 | 157.21 | 716.09 | 491.18 | 224.91 |
| Member and Child(ren) | 953.72 | 864.20 | 89.52 | 805.37 | 648.16 | 157.21 | 657.01 | 432.10 | 224.91 |
| Member and Family | 1,400.78 | 1,221.74 | 179.04 | 1,185.42 | 916.31 | 269.11 | 970.06 | 610.87 | 359.19 |
| Spouse Only | 447.06 | 357.54 | 89.52 | 380.06 | 268.16 | 111.90 | 313.05 | 178.77 | 134.28 |
| Child(ren) Only | 328.90 | 239.38 | 89.52 | 291.44 | 179.54 | 111.90 | 253.97 | 119.69 | 134.28 |
| Spouse and Child(ren) | 775.96 | 596.92 | 179.04 | 671.49 | 447.69 | 223.80 | 567.02 | 298.46 | 268.56 |

*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 in the [Plan Year 2021 Rates \(Not eligible for Medicare\)](#) sheet.

PLAN YEAR 2021 HEALTH INSURANCE RATES PART-TIME RETIREES

September 1, 2020 - August 31, 2021 for Retirees Not Eligible for Medicare
January 1 - December 31, 2021 for Retirees Enrolled in Medicare

Under current state law, if you are eligible for Texas Employees Group Benefits Program (GBP) health insurance in retirement, the State of Texas pays some of your health insurance premium. The amount the state pays toward that premium depends on three things: 1) whether you were full-time or part-time in your last three months of state employment, 2) whether you had at least five years of GBP eligibility at a State of Texas agency or higher education institution on September 1, 2014 and 3) how many years you worked for the State of Texas. For more information about how your retiree insurance premium is calculated, please see www.ers.texas.gov/Retirees/Retirement/Tiered-Retiree-Insurance.

The tobacco-user premium and rates for dental, vision and optional life coverage can be found in the following links at www.ers.texas.gov/Retirees/Rates-for-retirees: "Plan Year 2021 Rates" for retirees not enrolled in Medicare and "Plan Year 2021 Rates" for retirees enrolled in Medicare.

| | Part-time tier 1: State pays 50% of the retiree's premium | | | Part-time tier 2: State pays 37.5% of the retiree's premium | | | Part-time tier 3: State pays 25% of the retiree's premium | | |
|---|---|------------|-----------|---|------------|-----------|---|------------|-----------|
| | Premium* | State Pays | You Pay | Premium* | State Pays | You Pay | Premium* | State Pays | You Pay |
| HealthSelect of Texas® | | | | | | | | | |
| Member Only | \$ 624.41 | \$ 312.41 | \$ 312.00 | \$ 624.06 | \$ 234.31 | \$ 389.75 | \$ 623.90 | \$ 156.21 | \$ 467.69 |
| Member and Spouse | 1,339.49 | 491.18 | 848.31 | 1,339.13 | 368.38 | 970.75 | 1,338.99 | 245.60 | 1,093.39 |
| Member and Child(ren) | 1,103.17 | 432.10 | 671.07 | 1,102.81 | 324.07 | 778.74 | 1,102.67 | 216.06 | 886.61 |
| Member and Family | 1,818.25 | 610.87 | 1,207.38 | 1,817.89 | 458.15 | 1,359.74 | 1,817.75 | 305.44 | 1,512.31 |
| Spouse Only | 715.08 | 178.77 | 536.31 | 715.08 | 134.08 | 581.00 | 715.08 | 89.39 | 625.69 |
| Child(ren) Only | 478.76 | 119.69 | 359.07 | 478.76 | 89.77 | 388.99 | 478.76 | 59.85 | 418.91 |
| Spouse and Child(ren) | 1,193.84 | 298.46 | 895.38 | 1,193.84 | 223.85 | 969.99 | 1,193.84 | 149.23 | 1,044.61 |
| Consumer Directed HealthSelect^{SM**} (not available to retirees enrolled in Medicare) | | | | | | | | | |
| Member Only | \$ 624.41 | \$ 312.41 | \$ 312.00 | \$ 624.06 | \$ 234.31 | \$ 389.75 | \$ 623.90 | \$ 156.21 | \$ 467.69 |
| Member and Spouse | 1,303.75 | 491.18 | 812.57 | 1,303.40 | 368.38 | 935.02 | 1,303.24 | 245.60 | 1,057.64 |
| Member and Child(ren) | 1,079.23 | 432.10 | 647.13 | 1,078.88 | 324.07 | 754.81 | 1,078.72 | 216.06 | 862.66 |
| Member and Family | 1,758.57 | 610.87 | 1,147.70 | 1,758.22 | 458.15 | 1,300.07 | 1,758.06 | 305.44 | 1,452.62 |
| Community First Health Plans | | | | | | | | | |
| Member Only | \$ 549.26 | \$ 274.81 | \$ 274.45 | \$ 548.95 | \$ 206.11 | \$ 342.84 | \$ 548.81 | \$ 137.41 | \$ 411.40 |
| Member and Spouse | 1,177.94 | 431.98 | 745.96 | 1,177.62 | 323.98 | 853.64 | 1,177.50 | 216.00 | 961.50 |
| Member and Child(ren) | 970.18 | 380.04 | 590.14 | 969.87 | 285.03 | 684.84 | 969.74 | 190.03 | 779.71 |
| Member and Family | 1,598.86 | 537.21 | 1,061.65 | 1,598.55 | 402.91 | 1,195.64 | 1,598.42 | 268.61 | 1,329.81 |
| Spouse Only | 628.68 | 157.17 | 471.51 | 628.68 | 117.88 | 510.80 | 628.68 | 78.59 | 550.09 |
| Child(ren) Only | 420.92 | 105.23 | 315.69 | 420.92 | 78.92 | 342.00 | 420.92 | 52.62 | 368.30 |
| Spouse and Child(ren) | 1,049.60 | 262.40 | 787.20 | 1,049.60 | 196.80 | 852.80 | 1,049.60 | 131.20 | 918.40 |
| Scott and White Health Plan | | | | | | | | | |
| Member Only | \$ 621.57 | \$ 310.99 | \$ 310.58 | \$ 621.22 | \$ 233.24 | \$ 387.98 | \$ 621.06 | \$ 155.50 | \$ 465.56 |
| Member and Spouse | 1,333.37 | 488.94 | 844.43 | 1,333.02 | 366.70 | 966.32 | 1,332.87 | 244.48 | 1,088.39 |
| Member and Child(ren) | 1,098.13 | 430.13 | 668.00 | 1,097.79 | 322.60 | 775.19 | 1,097.63 | 215.07 | 882.56 |
| Member and Family | 1,809.93 | 608.08 | 1,201.85 | 1,809.59 | 456.06 | 1,353.53 | 1,809.44 | 304.05 | 1,505.39 |
| Spouse Only | 711.80 | 177.95 | 533.85 | 711.80 | 133.46 | 578.34 | 711.80 | 88.98 | 622.82 |
| Child(ren) Only | 476.56 | 119.14 | 357.42 | 476.56 | 89.36 | 387.20 | 476.56 | 59.57 | 416.99 |
| Spouse and Child(ren) | 1,188.36 | 297.09 | 891.27 | 1,188.36 | 222.82 | 965.54 | 1,188.36 | 148.55 | 1,039.81 |
| HealthSelect Medicare Advantage (available only to retirees enrolled in Medicare) | | | | | | | | | |
| Member Only | \$ 403.04 | \$ 312.41 | \$ 90.63 | \$ 347.60 | \$ 234.31 | \$ 113.29 | \$ 292.15 | \$ 156.21 | \$ 135.94 |
| Member and Spouse | 716.09 | 491.18 | 224.91 | 627.14 | 368.38 | 258.76 | 538.20 | 245.60 | 292.60 |
| Member and Child(ren) | 657.01 | 432.10 | 224.91 | 582.83 | 324.07 | 258.76 | 508.66 | 216.06 | 292.60 |
| Member and Family | 970.06 | 610.87 | 359.19 | 862.38 | 458.15 | 404.23 | 754.70 | 305.44 | 449.26 |
| Spouse Only | 313.05 | 178.77 | 134.28 | 279.54 | 134.07 | 145.47 | 246.05 | 89.39 | 156.66 |
| Child(ren) Only | 253.97 | 119.69 | 134.28 | 235.23 | 89.76 | 145.47 | 216.51 | 59.85 | 156.66 |
| Spouse and Child(ren) | 567.02 | 298.46 | 268.56 | 514.77 | 223.83 | 290.94 | 462.56 | 149.24 | 313.32 |

*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 in the Plan Year 2021 Rates (Not eligible for Medicare) sheet.