

PLAN YEAR 2017 RATES

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

September 1, 2016 - August 31, 2017

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 2017 will not exceed those listed below. ERS will notify you as soon as possible if any rates change.

Rates for HealthSelectSM Medicare Advantage and KelseyCare Advantage HMO also may change, but any rate changes for those plans would be effective January 1, 2017. Information on possible rate changes for those plans will be available in the fall.

Full-time Employees and Retirees Not Eligible for Medicare

	Premium*		State Pays		You Pay		
HealthSelect sM 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	
Consumer Directed	He	althSelec	t ^{SM;}	**			
You Only	\$	617.30	\$	617.30	\$	0.00	
You + Spouse		1,289.30		970.98		318.32	
You + Children		1,067.22		854.10		213.12	
You + Family		1,739.22		1,207.78		531.44	

^{*}Includes premium for Basic Term Life Insurance

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

	Premium*		State Pays		You Pay		
HealthSelect sM 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	
Consumer Directed	d H	ealthSele	ct ^{sm;}	**			
You Only	\$	617.30	\$	308.65	\$	308.65	
You + Spouse		1,289.30		485.49		803.81	
You + Children		1,067.22		427.05		640.17	
You + Family		1,739.22		603.89		1,135.33	

^{*}Includes premium for Basic Term Life Insurance

Consumer Directed HealthSelect Health Savings Account (HSA)

	State Pays	An HSA is a tax-free savings account for qualified health expenses.
You Only	\$45 monthly (\$540 annually)	You can receive the "State Pays" HSA contribution if you are:
You + Spouse	90 monthly (\$1,080 annually)	enrolled in Consumer Directed HealthSelect
You + Children	90 monthly (\$1,080 annually)	eligible for a portion of your health premium to be paid by the state an
You + Family	90 monthly (\$1,080 annually)	not eligible for Medicare

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 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 for more information.

^{**}The "State Pays" amount includes a monthly contribution to the member's Optum Bank health savings account (HSA). Please see the HSA Contribution table on the next page.

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[†]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

	Pı	remium	St	ate Pays	Y	ou Pay
	Through December 31, 2016					
HealthSelect ^{s™} Medicare Advantage						
Spouse Only	\$	510.76	\$	353.68	\$	157.08
Children Only		393.88		236.80		157.08
Spouse + Children		904.64		590.48		314.16

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

	Pi	remium	St	ate Pays	You Pay	
	Through December 31, 2016					
HealthSelect ^{sм} Medicare Advantage						
Spouse Only	\$	412.46	\$	176.84	\$ 235.62	
Children Only		354.02		118.40	235.62	
Spouse + Children		766.48		295.24	471.24	

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 sm	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 26.61	\$ 27.14	\$ 39.92	Spouse Only	\$ 26.61
You + Spouse	53.22	54.28	79.83	Spouse + Children	63.86
You + Children	63.86	65.14	95.79	Children Only	37.25
You + Family	90.47	92.28	135.71		

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

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Depe	ndents
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		

State of Texas Vision Plan

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents		
You Only	\$ 6.69	\$ 6.82	\$ 10.04	Spouse Only	\$ 6.69	
You + Spouse	13.38	13.65	20.07	Spouse + Children	14.38	
You + Children	14.38	14.67	21.57	Children Only	7.69	
You + Family	21.07	21.49	31.61			

Optional Term Life Insurance and Voluntary Accidental Death and Dismemberment Insurance (AD&D) (no change from PY16)

		Optional '	Term	Life Insura	ance			
Monthly Rate per \$1,000 of Annual Salary								
AG 11 5 104		Age		ection 1 ual Salary x 1	Election Annual S x 2	Salary	Election 3* Annual Salary x 3	Election 4*† Annual Salary x 4
	days of employment, 2 require approval	Under 25	\$	0.05	\$	0.10	\$ 0.15	\$ 0.20
	e of insurability (EOI).	25 - 29		0.05		0.10	0.15	0.20
•	4 always require EOI	30 - 34		0.06		0.12	0.18	0.24
approval.	. aayo .oqao =o.	35 - 39		0.06		0.12	0.18	0.24
Beginning at age	e 70, Optional	40 - 44		0.08		0.16	0.24	0.32
	ge is reduced to a	45 - 49		0.12		0.24	0.36	0.48
	our annual salary as	50 - 54		0.19		0.38	0.57	0.76
follows:	0.50/	55 - 59		0.33		0.66	0.99	1.32
•	65% 40%	60 - 64		0.57		1.14	1.71	2.28
	25%	65 - 69		0.93		1.86	2.79	3.72
Age 85-89	15%	70 - 74		1.48		2.96	4.44	5.92
Age 90+	10%	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
	Retire	e Fixed Optiona	al Life	Insurance	\$ (\$10,000) policy)	
		\$23.40 pe	er moi	nth for \$10,	000			
		Dependent	t Tern	ո Life Insui	rance			
	oyee: \$1.38 per month ludes \$5,000 AD&D co				Retiree:	\$3.05	per month for \$2	,500
			AD	&D*				
You may a	apply for AD&D covera	ige according to	the fo	llowing tab	le:			
Age	Minimum Coverage	Maximum Coverage		Minim Increm		You Only		
Under 70	\$ 10,000	\$ 200,000		\$ 5,000		T		verage
70-74	6,500	130,	,000		3,250	You + Family		
75-79	4,000	80,	,000		2,000		per \$1,000 of co	verage
80-84	2,500	50,	,000		1,250	\$0.01	, , , , , , , , , , , , , , , , , , ,	
85-89	1,500	30,	,000		750			
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Texas Income Protection PlanSM (TIPP)* (no change from PY16)

20,000

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Short-term disability	\$0.30 per \$100 of monthly salary
Long-term disability	\$0.63 per \$100 of monthly salary

500

1,000

90+

^{*}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.