



# PLAN YEAR 2022 RATES

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

**September 1, 2021 – August 31, 2022**

View <https://ers.texas.gov/pdfs/ratesheet-py21-22-tiered-final-pdf> to see rates for retirees who don't get a 100% premium contribution from the state.

### Full-time Employees and Retirees Not Eligible for Medicare (Same as Plan Year 2021)

|  | Premium*  | State Pays | You Pay |
|--|-----------|------------|---------|
| <b>HealthSelect of Texas®</b>                        |           |            |         |
| 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>Consumer Directed HealthSelect<sup>SM**</sup></b> |           |            |         |
| You Only   | \$ 624.82 | \$ 624.82  | \$ 0.00 |
| You + Spouse   | 1,304.16  | 982.36     | 321.80  |
| You + Children                                       | 1,079.64  | 864.20     | 215.44  |
| You + Family   | 1,758.98  | 1,221.74   | 537.24  |

\*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 on the next page.

### Part-time Employees and Retirees Not Eligible for Medicare, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty† (Same as Plan Year 2021)

|  | Premium*  | State Pays | You Pay   |
|--|-----------|------------|-----------|
| <b>HealthSelect of Texas®</b>                        |           |            |           |
| 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>Consumer Directed HealthSelect<sup>SM**</sup></b> |           |            |           |
| You Only   | \$ 624.41 | \$ 312.41  | \$ 312.00 |
| You + Spouse   | 1,303.75  | 491.18     | 812.57    |
| You + Children                                       | 1,079.23  | 432.10     | 647.13    |
| You + Family   | 1,758.57  | 610.87     | 1,147.70  |

\*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 on the next page.

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

## Consumer Directed HealthSelect<sup>SM</sup> Health Savings Account (HSA) Contribution

|                | State Pays                     |
|----------------|--------------------------------|
| You Only       | \$ 45 monthly (\$540 annually) |
| You + Spouse   | 90 monthly (\$1,080 annually)  |
| You + Children | 90 monthly (\$1,080 annually)  |
| You + Family   | 90 monthly (\$1,080 annually)  |

An HSA is a tax-free savings account for qualified health expenses. You can receive the “State Pays” HSA contribution if you are:

- enrolled in Consumer Directed HealthSelect,
- eligible for a portion of your health premium to be paid by the state and
- not eligible for Medicare.

## Medicare-enrolled Dependents of Retirees Not Eligible for Medicare

### Retirees from full-time employment

Through December 31, 2021

|   | Premium   | State Pays | You Pay  |
|---|-----------|------------|----------|
| <b>HealthSelect<sup>SM</sup> Medicare Advantage</b> |           |            |          |
| Spouse Only   | \$ 447.06 | \$ 357.54  | \$ 89.52 |
| Children Only                                       | 328.90    | 239.38     | 89.52    |
| Spouse + Children                                   | 775.96    | 596.92     | 179.04   |

### Retirees from part-time employment

Through December 31, 2021

|   | Premium   | State Pays | You Pay   |
|---|-----------|------------|-----------|
| <b>HealthSelect<sup>SM</sup> Medicare Advantage</b> |           |            |           |
| Spouse Only   | \$ 313.05 | \$ 178.77  | \$ 134.28 |
| Children Only                                       | 253.97    | 119.69     | 134.28    |
| Spouse + Children                                   | 567.02    | 298.46     | 268.56    |

**NOTE:** HealthSelect Medicare Advantage rates may change for Plan Year 2022. Any rate changes would be effective January 1, 2022. Information on any change will be available in the fall. View all rates for participants eligible for Medicare and not eligible for Medicare at <https://ers.texas.gov/Retirees/Rates-for-retirees>.

## Surviving Dependents

|                   | HealthSelect of Texas <sup>®</sup> | Consumer Directed HealthSelect <sup>SM</sup> | HealthSelect <sup>SM</sup> Medicare Advantage<br>(Through December 31, 2021) |
|-------------------|------------------------------------|--|--|
| Spouse Only       | \$ 715.08                          | \$ 679.34                                    | \$ 179.04  |
| Children Only     | 478.76                             | 454.82                                       | 179.04   |
| Spouse + Children | 1,193.84                           | 1,134.16                                     | 358.08   |

## COBRA

|                | HealthSelect of Texas <sup>®</sup> | Consumer Directed HealthSelect <sup>SM</sup> |
|----------------|------------------------------------|--|
| You Only       | \$ 634.22                          | \$ 588.32                                    |
| You + Spouse   | 1,363.60                           | 1,235.34                                     |
| You + Children | 1,122.55                           | 1,006.33                                     |
| You + Family   | 1,851.93                           | 1,699.26                                     |

## COBRA Disability

|                | HealthSelect of Texas <sup>®</sup> | Consumer Directed HealthSelect <sup>SM</sup> |
|----------------|------------------------------------|--|
| You Only       | \$ 932.68                          | \$ 865.18                                    |
| You + Spouse   | 2,005.29                           | 1,816.68                                     |
| You + Children | 1,650.81                           | 1,479.90                                     |
| You + Family   | 2,723.43                           | 2,498.91                                     |

## Dental Insurance

| DeltaCare® USA DHMO<br>(Same as Plan Year 2021) | Employee/<br>Retiree | COBRA   | COBRA<br>Disability | Surviving Dependents |         |
|---|----------------------|---------|---------------------|----------------------|---------|
| You Only  | \$ 9.59              | \$ 9.78 | \$ 14.39            | Spouse Only          | \$ 9.59 |
| You + Spouse                                    | 19.18                | 19.56   | 28.77               | Spouse + Children    | 23.02   |
| You + Children                                  | 23.02                | 23.48   | 34.53               | Children Only        | 13.43   |
| You + Family                                    | 32.59                | 33.24   | 48.89               |                      |         |

| State of Texas Dental Choice Plan <sup>SM</sup> | Employee/<br>Retiree | COBRA    | COBRA<br>Disability | Surviving Dependents |          |
|---|----------------------|----------|---------------------|----------------------|----------|
| You Only  | \$ 28.03             | \$ 28.59 | \$ 42.05            | Spouse Only          | \$ 28.03 |
| You + Spouse                                    | 56.06                | 57.18    | 84.09               | Spouse + Children    | 67.27    |
| You + Children                                  | 67.27                | 68.62    | 100.91              | Children Only        | 39.24    |
| You + Family                                    | 95.30                | 97.21    | 142.95              |                      |          |

## Vision Insurance

(Lower than Plan Year 2021)

| State of Texas Vision <sup>SM</sup> | Employee/<br>Retiree | COBRA   | COBRA<br>Disability | Surviving Dependents |         |
|-------------------------------------|----------------------|---------|---------------------|----------------------|---------|
| You Only                            | \$ 4.61              | \$ 4.70 | \$ 6.92             | Spouse Only          | \$ 4.61 |
| You + Spouse                        | 9.22                 | 9.40    | 13.83               | Spouse + Children    | 9.91    |
| You + Children                      | 9.91                 | 10.11   | 14.87               | Children Only        | 5.30    |
| You + Family                        | 14.52                | 14.81   | 21.78               |                      |         |

## Tobacco-user Premium

If you and/or a family member enrolled in medical insurance is certified as a tobacco-user, you will pay an additional tobacco-user premium of \$30, \$60 or \$90 each month, depending on how many tobacco-users or uncertified family members you cover.

| Tobacco-users of Any Age and Adults age 18 and over<br>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 age 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.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification](http://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification) for more information.

## Optional Term Life Insurance

(Same as Plan Year 2021)

| Optional Term Life Insurance              |                                 |                                 |                                  |                                   |
|---|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| Age                                       | Election 1<br>Annual Salary x 1 | Election 2<br>Annual Salary x 2 | Election 3*<br>Annual Salary x 3 | Election 4**<br>Annual Salary x 4 |
| Monthly Rate per \$1,000 of Annual Salary |                                 |                                 |                                  |                                   |
| 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                             |

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.

Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary as follows:

|           |     |
|-----------|-----|
| Age 70-74 | 65% |
| Age 75-79 | 40% |
| Age 80-84 | 25% |
| Age 85-89 | 15% |
| Age 90+   | 10% |

| Retiree Fixed Optional Life Insurance (\$10,000 policy)                           |  |
|---|--|
| \$23.40 per month for \$10,000  |  |
| Dependent Term Life Insurance   |  |
| <b>Employee:</b> \$1.38 per month for \$5,000<br>(includes \$5,000 AD&D coverage) | <b>Retiree:</b> \$3.05 per month for \$2,500 |

## Voluntary Accidental Death & Dismemberment Insurance (AD&D)\*

(Same as Plan Year 2021)

You may enroll in AD&D coverage according to the following table:

| 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                |

### You Only

\$0.02 per \$1,000 of coverage

### You + Family

\$0.04 per \$1,000 of coverage

## Texas Income Protection Plan<sup>SM</sup> (TIPP)\*

| Short-term disability              | Long-term disability               |
|------------------------------------|------------------------------------|
| \$0.26 per \$100 of monthly salary | \$0.68 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.