



PLAN YEAR 2015 PREMIUM RATES

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

September 1, 2014 - August 31, 2015

Please note: The medical 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 2015 will not exceed those listed below. ERS will notify you as soon as possible if any rates change.

Rates for HealthSelect Medicare Advantage and KelseyCare Advantage also may change, but any rate changes for those plans would be effective January 1, 2015. You will receive information on possible rate changes for those plans in the fall.

Full-time Employees and Retirees Not Eligible for Medicare

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 537.66	\$ 537.66	\$ 0.00
You + Spouse	1,153.42	845.54	307.88
You + Children	949.94	743.80	206.14
You + Family	1,565.70	1,051.68	514.02
Community First Health Plans			
You Only	\$ 471.78	\$ 471.78	\$ 0.00
You + Spouse	1,011.78	741.78	270.00
You + Children	833.34	652.56	180.78
You + Family	1,373.34	922.56	450.78
Scott & White Health Plan			
You Only	\$ 541.70	\$ 541.70	\$ 0.00
You + Spouse	1,162.10	851.90	310.20
You + Children	957.10	749.40	207.70
You + Family	1,577.50	1,059.60	517.90

*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 of Texas			
You Only	\$ 537.66	\$ 268.83	\$ 268.83
You + Spouse	1,153.42	422.77	730.65
You + Children	949.94	371.90	578.04
You + Family	1,565.70	525.84	1,039.86
Community First Health Plans			
You Only	\$ 471.78	\$ 235.89	\$ 235.89
You + Spouse	1,011.78	370.89	640.89
You + Children	833.34	326.28	507.06
You + Family	1,373.34	461.28	912.06
Scott & White Health Plan			
You Only	\$ 541.70	\$ 270.85	\$ 270.85
You + Spouse	1,162.10	425.95	736.15
You + Children	957.10	374.70	582.40
You + Family	1,577.50	529.80	1,047.70

*Includes premium for Basic Term Life Insurance

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

Medicare-eligible Dependents of Non-Medicare eligible, Full-time Retirees

	Premium	State Pays	You Pay
Through December 31, 2014			
HealthSelect Medicare Advantage			
Spouse Only	\$ 423.86	\$ 288.02	\$ 135.84
Children Only	328.70	192.86	128.00
Spouse + Children	752.56	480.88	271.68
KelseyCare Advantage HMO			
Spouse Only	\$ 283.20	\$ 141.60	\$ 141.60
Children Only	283.20	141.60	141.60
Spouse + Children	566.40	283.20	283.20

Medicare-eligible Dependents of Non-Medicare eligible, Part-time Retirees

	Premium	State Pays	You Pay
Through December 31, 2014			
HealthSelect Medicare Advantage			
Spouse Only	\$ 347.77	\$ 144.01	\$ 203.76
Children Only	300.19	96.43	203.76
Spouse + Children	647.96	240.44	407.52
KelseyCare Advantage HMO			
Spouse Only	\$ 283.20	\$ 70.80	\$ 212.40
Children Only	283.20	70.80	212.40
Spouse + Children	566.40	141.60	424.80

Surviving Dependents

	HealthSelect of Texas	Community First Health Plans	Scott & White Health Plan
Spouse Only	\$ 615.76	\$ 540.00	\$ 620.40
Children Only	412.28	361.56	415.40
Spouse + Children	1,028.04	901.56	1,035.80

COBRA

	HealthSelect of Texas	Community First Health Plans	Scott & White Health Plan
You Only	\$ 546.15	\$ 478.95	\$ 550.27
You + Spouse	1,174.22	1,029.75	1,183.08
You + Children	966.67	847.74	973.98
You + Family	1,594.74	1,398.54	1,606.79

COBRA Disability

	HealthSelect of Texas	Community First Health Plans	Scott & White Health Plan
You Only	\$ 803.16	\$ 704.34	\$ 809.22
You + Spouse	1,726.80	1,514.34	1,739.82
You + Children	1,421.58	1,246.68	1,432.32
You + Family	2,345.22	2,056.68	2,362.92

Dental

HumanaDental DHMO	Employees	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 9.96	\$ 10.16	\$ 14.94	Spouse Only	\$ 9.96
You + Spouse	19.93	20.33	29.90	Children Only	13.95
You + Children	23.91	24.39	35.87	Spouse + Children	23.91
You + Family	33.88	34.56	50.82		

State of Texas Dental Choice Plan SM (no change from PY14)	Employees	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 23.58	\$ 24.05	\$ 35.37	Spouse Only	\$ 23.58
You + Spouse	47.16	48.10	70.74	Children Only	33.02
You + Children	56.60	57.73	84.90	Spouse + Children	56.60
You + Family	80.18	81.78	120.27		

Dental Discount Plan

Membership Level	Plan Rate Per Month*	COBRA	COBRA Disability
Member Only	\$ 2.25	\$ 2.30	\$ 3.38
Member + Spouse	4.50	4.59	6.75
Member + Child(ren)	5.40	5.51	8.10
Member + Family	7.65	7.80	11.48
Surviving Spouse Only	2.25		
Surviving Child(ren) Only	3.15		
Surviving Spouse + Child(ren)	5.40		

*Rates may decrease based on the number of participants enrolled in the program, but they will not go up.

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 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 18 or over are not certified.

Optional Life and Voluntary Accidental Death and Dismemberment (AD&D)* – (no change from PY14)

Optional Term Life**					
After the first 31 days of employment, Elections 1 and 2 require approval through evidence of insurability (EOI, also called proof of good health). Elections 3 and 4 always require approval through EOI. 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%	Monthly Rate per \$1,000 of Annual Salary				
	Age	Election 1 Annual Salary x 1	Election 2 Annual Salary x 2	Election 3** Annual Salary x 3	Election 4** Annual Salary x 4
	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	
Dependent Term Life					
\$1.38 per month for \$5,000†					
AD&D					
You may apply for Voluntary AD&D coverage according to the following table:					You Only \$0.02 per \$1,000 of coverage You + Family \$0.04 per \$1,000 of coverage
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		

Texas Income Protection Plan*

Short-term Disability	\$0.30 per \$100 of monthly salary
Long-term Disability (no change from PY14)	\$0.63 per \$100 of monthly salary

*Surviving dependents and people enrolled through COBRA and COBRA Disability are not eligible for these plans.

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

†Dependent Term Life Insurance includes \$5,000 AD&D coverage per dependent.



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