

PLAN YEAR 2018 RATES

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

September 1, 2017 - August 31, 2018

NOTE: Health insurance rates are dependent on final approval of the state budget by the Governor. However, the final rates for Plan Year 2018 will not be higher than 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, 2018. 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 |
|--|-----------|------------|---------|
| HealthSelectSM of Texas | | | |
| You Only | \$ 621.90 | \$ 621.90 | \$ 0.00 |
| You + Spouse | 1,334.54 | 978.22 | 356.32 |
| You + Children | 1,099.06 | 860.48 | 238.58 |
| You + Family | 1,811.70 | 1,216.80 | 594.90 |
| Consumer Directed HealthSelect^{SM**} | | | |
| You Only | \$ 621.90 | \$ 621.90 | \$ 0.00 |
| You + Spouse | 1,298.90 | 978.22 | 320.68 |
| You + Children | 1,075.20 | 860.48 | 214.72 |
| You + Family | 1,752.20 | 1,216.80 | 535.40 |
| Community First Health Plans | | | |
| You Only | \$ 511.50 | \$ 511.50 | \$ 0.00 |
| You + Spouse | 1,097.18 | 804.34 | 292.84 |
| You + Children | 903.66 | 707.58 | 196.08 |
| You + Family | 1,489.34 | 1,000.42 | 488.92 |
| KelseyCare powered by Community Health Choice | | | |
| You Only | \$ 483.98 | \$ 483.98 | \$ 0.00 |
| You + Spouse | 1,038.02 | 761.00 | 277.02 |
| You + Children | 854.94 | 669.46 | 185.48 |
| You + Family | 1,408.98 | 946.48 | 462.50 |
| Scott & White Health Plan | | | |
| You Only | \$ 610.18 | \$ 610.18 | \$ 0.00 |
| You + Spouse | 1,309.34 | 959.76 | 349.58 |
| You + Children | 1,078.30 | 844.24 | 234.06 |
| You + Family | 1,777.46 | 1,193.82 | 583.64 |

*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, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty†

| | Premium* | State Pays | You Pay |
|--|-----------|------------|-----------|
| HealthSelectSM of Texas | | | |
| You Only | \$ 621.90 | \$ 310.95 | \$ 310.95 |
| You + Spouse | 1,334.54 | 489.11 | 845.43 |
| You + Children | 1,099.06 | 430.24 | 668.82 |
| You + Family | 1,811.70 | 608.40 | 1,203.30 |
| Consumer Directed HealthSelect^{SM**} | | | |
| You Only | \$ 621.90 | \$ 310.95 | \$ 310.95 |
| You + Spouse | 1,298.90 | 489.11 | 809.79 |
| You + Children | 1,075.20 | 430.24 | 644.96 |
| You + Family | 1,752.20 | 608.40 | 1,143.80 |
| Community First Health Plans | | | |
| You Only | \$ 511.50 | \$ 255.75 | \$ 255.75 |
| You + Spouse | 1,097.18 | 402.17 | 695.01 |
| You + Children | 903.66 | 353.79 | 549.87 |
| You + Family | 1,489.34 | 500.21 | 989.13 |
| KelseyCare powered by Community Health Choice | | | |
| You Only | \$ 483.98 | \$ 241.99 | \$ 241.99 |
| You + Spouse | 1,038.02 | 380.50 | 657.52 |
| You + Children | 854.94 | 334.73 | 520.21 |
| You + Family | 1,408.98 | 473.24 | 935.74 |
| Scott & White Health Plan | | | |
| You Only | \$ 610.18 | \$ 305.09 | \$ 305.09 |
| You + Spouse | 1,309.34 | 479.88 | 829.46 |
| You + Children | 1,078.30 | 422.12 | 656.18 |
| You + Family | 1,777.46 | 596.91 | 1,180.55 |

*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 Health Savings Account (HSA) Contribution

| | State Pays | An HSA is a tax-free savings account for qualified health expenses. You can receive the "State Pays" HSA contribution if you are: <ul style="list-style-type: none"> • enrolled in Consumer Directed HealthSelect, • eligible for a portion of your health premium to be paid by the state and • not enrolled in Medicare. |
|----------------|--------------------------------|---|
| 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) | |

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

| | Premium | State Pays | You Pay |
|---|-----------|------------|-----------|
| Through December 31, 2017 | | | |
| HealthSelectSM 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 |
| KelseyCare Advantage | | | |
| Spouse Only | \$ 263.68 | \$ 131.84 | \$ 131.84 |
| Children Only | 263.68 | 131.84 | 131.84 |
| Spouse + Children | 527.36 | 263.68 | 263.68 |

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

| | Premium | State Pays | You Pay |
|---|-----------|------------|-----------|
| Through December 31, 2017 | | | |
| HealthSelectSM 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 |
| KelseyCare Advantage | | | |
| Spouse Only | \$ 263.68 | \$ 65.92 | \$ 197.76 |
| Children Only | 263.68 | 65.92 | 197.76 |
| Spouse + Children | 527.36 | 131.84 | 395.52 |

Surviving Dependents

| | HealthSelect SM of Texas | Consumer Directed HealthSelect SM | Community First Health Plans | KelseyCare powered by Community Health Choice | Scott & White Health Plan |
|-------------------|-------------------------------------|--|------------------------------|---|---------------------------|
| Spouse Only | \$ 712.64 | \$ 677.00 | \$ 585.68 | \$ 554.04 | \$ 699.16 |
| Children Only | 477.16 | 453.30 | 392.16 | 370.96 | 468.12 |
| Spouse + Children | 1,189.80 | 1,130.30 | 977.84 | 925.00 | 1,167.28 |

COBRA

| | HealthSelect SM of Texas | Consumer Directed HealthSelect SM | Community First Health Plans | KelseyCare powered by Community Health Choice | Scott & White Health Plan |
|----------------|-------------------------------------|--|------------------------------|---|---------------------------|
| You Only | \$ 632.07 | \$ 586.17 | \$ 519.47 | \$ 491.40 | \$ 620.12 |
| You + Spouse | 1,358.97 | 1,230.81 | 1,116.86 | 1,056.52 | 1,333.26 |
| You + Children | 1,118.78 | 1,002.64 | 919.47 | 869.77 | 1,097.60 |
| You + Family | 1,845.67 | 1,693.18 | 1,516.86 | 1,434.90 | 1,810.74 |

COBRA Disability

| | HealthSelect SM of Texas | Consumer Directed HealthSelect SM | Community First Health Plans | KelseyCare powered by Community Health Choice | Scott & White Health Plan |
|----------------|-------------------------------------|--|------------------------------|---|---------------------------|
| You Only | \$ 929.52 | \$ 862.02 | \$ 763.92 | \$ 722.64 | \$ 911.94 |
| You + Spouse | 1,998.48 | 1,810.02 | 1,642.44 | 1,553.70 | 1,960.68 |
| You + Children | 1,645.26 | 1,474.47 | 1,352.16 | 1,279.08 | 1,614.12 |
| You + Family | 2,714.22 | 2,489.97 | 2,230.68 | 2,110.14 | 2,662.86 |

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 | \$ 27.41 | \$ 27.96 | \$ 41.12 | Spouse Only | \$ 27.41 |
| You + Spouse | 54.82 | 55.92 | 82.23 | Spouse + Children | 65.78 |
| You + Children | 65.78 | 67.10 | 98.67 | Children Only | 38.37 |
| You + Family | 93.19 | 95.05 | 139.79 | | |

State of Texas Dental Discount PlanSM (no change from PY17)

| Membership Level | Employee/ Retiree | COBRA | COBRA Disability | Surviving Dependents | |
|------------------|----------------------|---------|------------------|----------------------|---------|
| 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

| 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 | | |

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 <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.

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 plans on this page are not available to surviving dependents, or those enrolled through COBRA and COBRA Disability.

Optional Term Life Insurance (no change from PY17)

| Optional Term Life Insurance | | | | | |
|---|---|---------------------------------|---------------------------------------|----------------------------------|-----------------------------------|
| <p>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:</p> <p>Age 70-74 65% Age 75-79 40% Age 80-84 25% Age 85-89 15% 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 | 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 | |
| Retiree Fixed Optional Life Insurance (\$10,000 policy) | | | | | |
| \$23.40 per month for \$10,000 | | | | | |
| Dependent Term Life Insurance | | | | | |
| Employee: \$1.38 per month for \$5,000 (includes \$5,000 AD&D coverage) | | | Retiree: \$3.05 per month for \$2,500 | | |

Voluntary Accidental Death and Dismemberment Insurance (AD&D)* (no change from PY17)

| 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 | You Only \$0.02 per \$1,000 of coverage |
| 70-74 | 6,500 | 130,000 | 3,250 | |
| 75-79 | 4,000 | 80,000 | 2,000 | You + Family \$0.04 per \$1,000 of coverage |
| 80-84 | 2,500 | 50,000 | 1,250 | |
| 85-89 | 1,500 | 30,000 | 750 | |
| 90+ | 1,000 | 20,000 | 500 | |

Texas Income Protection PlanSM (TIPP)*

(lower premium for short-term disability, no change for long-term disability)

| | |
|-----------------------|------------------------------------|
| Short-term disability | \$0.26 per \$100 of monthly salary |
| Long-term disability | \$0.63 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.