

# PLAN YEAR 2020 HEALTH INSURANCE RATES FULL-TIME RETIREES

**September 1, 2019 - August 31, 2020 for Retirees Not Enrolled in Medicare**  
**January 1 - December 31, 2020 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](http://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](http://www.ers.texas.gov/Retirees/Rates-for-retirees): "Plan Year 2020 Rates" for retirees not enrolled in Medicare and "Plan Year 2020 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
<b>HealthSelect of Texas®</b>									
Member Only	\$ 624.82	\$ 624.82	\$0.00	\$ 624.82	\$ 468.62	\$ 156.20	\$ 624.82	\$ 312.41	\$ 312.41
Member and Spouse	1,340.82	982.82	358.00	1,340.82	737.12	603.70	1,340.82	491.41	849.41
Member and Child(ren)	1,104.22	864.52	239.70	1,104.22	648.40	455.82	1,104.22	432.26	671.96
Member and Family	1,820.22	1,222.52	597.70	1,820.22	916.90	903.32	1,820.22	611.26	1,208.96
Spouse Only	716.00	358.00	358.00	716.00	268.50	447.50	716.00	179.00	537.00
Child(ren) Only	479.40	239.70	239.70	479.40	179.78	299.62	479.40	119.85	359.55
Spouse and Child(ren)	1,195.40	597.70	597.70	1,195.40	448.28	747.12	1,195.40	298.85	896.55
<b>Consumer Directed HealthSelect** (not available to retirees enrolled in Medicare)</b>									
Member Only	\$ 624.82	\$ 624.82	\$ 0.00	\$ 624.82	\$ 468.62	\$ 156.20	\$ 624.82	\$ 312.41	\$ 312.41
Member and Spouse	1,305.02	982.82	322.20	1,305.02	737.12	567.90	1,305.02	491.41	813.61
Member and Child(ren)	1,080.24	864.52	215.72	1,080.24	648.40	431.84	1,080.24	432.26	647.98
Member and Family	1,760.44	1,222.52	537.92	1,760.44	916.90	843.54	1,760.44	611.26	1,149.18
<b>Community First Health Plans</b>									
Member Only	\$ 549.62	\$ 549.62	\$ 0.00	\$ 549.62	\$ 412.22	\$ 137.40	\$ 549.62	\$ 274.81	\$ 274.81
Member and Spouse	1,179.14	864.38	314.76	1,179.14	648.29	530.85	1,179.14	432.19	746.95
Member and Child(ren)	971.10	760.36	210.74	971.10	570.28	400.82	971.10	380.18	590.92
Member and Family	1,600.62	1,075.12	525.50	1,600.62	806.35	794.27	1,600.62	537.56	1,063.06
Spouse Only	629.52	314.76	314.76	629.52	236.07	393.45	629.52	157.38	472.14
Child(ren) Only	421.48	210.74	210.74	421.48	158.06	263.42	421.48	105.37	316.11
Spouse and Child(ren)	1,051.00	525.50	525.50	1,051.00	394.13	656.87	1,051.00	262.75	788.25
<b>Scott and White Health Plan</b>									
Member Only	\$ 621.98	\$ 621.98	\$ 0.00	\$ 621.98	\$ 466.49	\$ 155.49	\$ 621.98	\$ 310.99	\$ 310.99
Member and Spouse	1,334.70	978.34	356.36	1,334.70	733.76	600.94	1,334.70	489.17	845.53
Member and Child(ren)	1,099.18	860.58	238.60	1,099.18	645.44	453.74	1,099.18	430.29	668.89
Member and Family	1,811.90	1,216.94	594.96	1,811.90	912.71	899.19	1,811.90	608.47	1,203.43
Spouse Only	712.72	356.36	356.36	712.72	267.27	445.45	712.72	178.18	534.54
Child(ren) Only	477.20	238.60	238.60	477.20	178.95	298.25	477.20	119.30	357.90
Spouse and Child(ren)	1,189.92	594.96	594.96	1,189.92	446.22	743.70	1,189.92	297.48	892.44
<b>HealthSelect<sup>SM</sup> Medicare Advantage (available only to retirees enrolled in Medicare)</b>									
Member Only	\$ 624.82	\$ 624.82	\$ 0.00	\$ 545.02	\$ 468.62	\$ 76.40	\$ 465.22	\$ 312.41	\$ 152.81
Member and Spouse	1,134.52	982.82	151.70	1,003.15	737.12	266.03	871.77	491.41	380.36
Member and Child(ren)	1,016.22	864.52	151.70	914.43	648.40	266.03	812.62	432.26	380.36
Member and Family	1,525.92	1,222.52	303.40	1,372.55	916.90	455.65	1,219.17	611.26	607.91
Spouse Only	509.70	358.00	151.70	458.13	268.50	189.63	406.55	179.00	227.55
Child(ren) Only	391.40	239.70	151.70	369.41	179.78	189.63	347.40	119.85	227.55
Spouse and Child(ren)	901.10	597.70	303.40	827.53	448.28	379.25	753.95	298.85	455.10
<b>KelseyCare Advantage MA HMO (available only to retirees enrolled in Medicare and living in the service area)</b>									
Member Only	\$ 256.46	\$ 256.46	\$ 0.00	\$ 256.46	\$ 192.35	\$ 64.11	\$ 256.46	\$ 128.23	\$ 128.23
Member and Spouse	510.70	383.58	127.12	510.70	287.69	223.01	510.70	191.79	318.91
Member and Child(ren)	510.70	383.58	127.12	510.70	287.69	223.01	510.70	191.79	318.91
Member and Family	764.94	510.70	254.24	764.94	383.03	381.91	764.94	255.35	509.59
Spouse Only	254.24	127.12	127.12	254.24	95.34	158.90	254.24	63.56	190.68
Child(ren) Only	254.24	127.12	127.12	254.24	95.34	158.90	254.24	63.56	190.68
Spouse and Child(ren)	508.48	254.24	254.24	508.48	190.68	317.80	508.48	127.12	381.36

\*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 2020 Rates (Not eligible for Medicare) sheet.

# PLAN YEAR 2020 HEALTH INSURANCE RATES PART-TIME RETIREES

**September 1, 2019 - August 31, 2020 for Retirees Not Enrolled in Medicare**  
**January 1 - December 31, 2020 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](http://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](http://www.ers.texas.gov/Retirees/Rates-for-retirees): "Plan Year 2020 Rates" for retirees not enrolled in Medicare and "Plan Year 2020 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
<b>HealthSelect of Texas®</b>									
Member Only	\$ 624.82	\$ 312.41	\$ 312.41	\$ 624.82	\$ 234.31	\$ 390.51	\$ 624.82	\$ 156.21	\$ 468.61
Member and Spouse	1,340.82	491.41	849.41	1,340.82	368.56	972.26	1,340.82	245.71	1,095.11
Member and Child(ren)	1,104.22	432.26	671.96	1,104.22	324.19	780.03	1,104.22	216.14	888.08
Member and Family	1,820.22	611.26	1,208.96	1,820.22	458.44	1,361.78	1,820.22	305.64	1,514.58
Spouse Only	716.00	179.00	537.00	716.00	134.25	581.75	716.00	89.50	626.50
Child(ren) Only	479.40	119.85	359.55	479.40	89.89	389.51	479.40	59.93	419.47
Spouse and Child(ren)	1,195.40	298.85	896.55	1,195.40	224.14	971.26	1,195.40	149.43	1,045.97
<b>Consumer Directed HealthSelect** (not available to retirees enrolled in Medicare)</b>									
Member Only	\$ 624.82	\$ 312.41	\$ 312.41	\$ 624.82	\$ 234.31	\$ 390.51	\$ 624.82	\$ 156.21	\$ 468.61
Member and Spouse	1,305.02	491.41	813.61	1,305.02	368.56	936.46	1,305.02	245.71	1,059.31
Member and Child(ren)	1,080.24	432.26	647.98	1,080.24	324.19	756.05	1,080.24	216.14	864.10
Member and Family	1,760.44	611.26	1,149.18	1,760.44	458.44	1,302.00	1,760.44	305.64	1,454.80
<b>Community First Health Plans</b>									
Member Only	\$ 549.62	\$ 274.81	\$ 274.81	\$ 549.62	\$ 206.11	\$ 343.51	\$ 549.62	\$ 137.41	\$ 412.21
Member and Spouse	1,179.14	432.19	746.95	1,179.14	324.14	855.00	1,179.14	216.10	963.04
Member and Child(ren)	971.10	380.18	590.92	971.10	285.13	685.97	971.10	190.10	781.00
Member and Family	1,600.62	537.56	1,063.06	1,600.62	403.17	1,197.45	1,600.62	268.79	1,331.83
Spouse Only	629.52	157.38	472.14	629.52	118.04	511.48	629.52	78.69	550.83
Child(ren) Only	421.48	105.37	316.11	421.48	79.03	342.45	421.48	52.69	368.79
Spouse and Child(ren)	1,051.00	262.75	788.25	1,051.00	197.06	853.94	1,051.00	131.38	919.62
<b>Scott and White Health Plan</b>									
Member Only	\$ 621.98	\$ 310.99	\$ 310.99	\$ 621.98	\$ 233.24	\$ 388.74	\$ 621.98	\$ 155.50	\$ 466.48
Member and Spouse	1,334.70	489.17	845.53	1,334.70	366.88	967.82	1,334.70	244.59	1,090.11
Member and Child(ren)	1,099.18	430.29	668.89	1,099.18	322.72	776.46	1,099.18	215.15	884.03
Member and Family	1,811.90	608.47	1,203.43	1,811.90	456.35	1,355.55	1,811.90	304.24	1,507.66
Spouse Only	712.72	178.18	534.54	712.72	133.64	579.08	712.72	89.09	623.63
Child(ren) Only	477.20	119.30	357.90	477.20	89.48	387.72	477.20	59.65	417.55
Spouse and Child(ren)	1,189.92	297.48	892.44	1,189.92	223.11	966.81	1,189.92	148.74	1,041.18
<b>HealthSelect Medicare Advantage (available only to retirees enrolled in Medicare)</b>									
Member Only	\$ 465.22	\$ 312.41	\$ 152.81	\$ 425.33	\$ 234.31	\$ 191.01	\$ 385.42	\$ 156.21	\$ 229.21
Member and Spouse	871.77	491.41	380.36	806.09	368.56	437.53	740.40	245.71	494.69
Member and Child(ren)	812.62	432.26	380.36	761.72	324.19	437.53	710.83	216.14	494.69
Member and Family	1,219.17	611.26	607.91	1,142.48	458.44	684.04	1,065.80	305.64	760.16
Spouse Only	406.55	179.00	227.55	380.76	134.25	246.51	354.98	89.50	265.48
Child(ren) Only	347.40	119.85	227.55	336.40	89.89	246.51	325.41	59.93	265.48
Spouse and Child(ren)	753.95	298.85	455.10	717.17	224.14	493.03	680.38	149.43	530.95
<b>KelseyCare Advantage MA HMO (available only to retirees enrolled in Medicare and living in the service area)</b>									
Member Only	\$ 256.46	\$ 128.23	\$ 128.23	\$ 256.46	\$ 96.17	\$ 160.29	\$ 256.46	\$ 64.12	\$ 192.34
Member and Spouse	510.70	191.79	318.91	510.70	143.84	366.86	510.70	95.90	414.80
Member and Child(ren)	510.70	191.79	318.91	510.70	143.84	366.86	510.70	95.90	414.80
Member and Family	764.94	255.35	509.59	764.94	191.51	573.43	764.94	127.68	637.26
Spouse Only	254.24	63.56	190.68	254.24	47.67	206.57	254.24	31.78	222.46
Child(ren) Only	254.24	63.56	190.68	254.24	47.67	206.57	254.24	31.78	222.46
Spouse and Child(ren)	508.48	127.12	381.36	508.48	95.34	413.14	508.48	63.56	444.92

\*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 2020 Rates (Not eligible for Medicare) sheet.