

# PLAN YEAR 2019 RATES RETIREES AND SURVIVING DEPENDENTS

January 1, 2019 - December 31, 2019

## PLAN YEAR 2019 MEDICARE ADVANTAGE PLANS PREMIUMS

Participants must be enrolled in Medicare Parts A and B.

### Full-time Retirees Eligible for Medicare

	Premium*	State Pays	You Pay
Through December 31, 2019			
<b>HealthSelect Medicare Advantage Plan, a preferred provider organization (HealthSelect MA PPO)</b>			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,123.74	982.82	140.92
You + Children	1,005.44	864.52	140.92
You + Family	1,504.36	1,222.52	281.84
<b>KelseyCare Advantage Medicare health maintenance organization (KelseyCare Advantage MA HMO)</b>			
You Only	\$ 246.98	\$ 246.98	\$ 0.00
You + Spouse	491.74	369.36	122.38
You + Children	491.74	369.36	122.38
You + Family	736.50	491.74	244.76

\*Includes premium for Basic Term Life Insurance

### Part-time Retirees Eligible for Medicare

	Premium*	State Pays	You Pay
Through December 31, 2019			
<b>HealthSelect MA PPO</b>			
You Only	\$ 454.44	\$ 312.41	\$ 142.03
You + Spouse	844.82	491.41	353.41
You + Children	785.67	432.26	353.41
You + Family	1,176.05	611.26	564.79
<b>KelseyCare Advantage MA HMO</b>			
You Only	\$ 246.98	\$ 123.49	\$ 123.49
You + Spouse	491.74	184.68	307.06
You + Children	491.74	184.68	307.06
You + Family	736.50	245.87	490.63

\*Includes premium for Basic Term Life Insurance

### Surviving Dependents Eligible for Medicare

	HealthSelect MA PPO	KelseyCare Advantage MA HMO
Through December 31, 2019		
Spouse Only	\$ 281.84	\$ 244.76
Children Only	281.84	244.76
Spouse + Children	563.68	489.52

## Dental Insurance

	Humana Dental DHMO	State of Texas Dental Choice Plan <sup>SM</sup>
<b>All Retirees</b>		
You Only	\$ 9.59	\$ 28.64
You + Spouse	19.17	57.28
You + Children	23.01	68.74
You + Family	32.59	97.38
<b>All Surviving Dependents</b>		
Spouse Only	\$ 9.59	\$ 28.64
Children Only	13.42	40.10
Spouse + Children	23.01	68.74

## State of Texas Dental Discount Plan<sup>SM</sup> (no change from PY18)

NOTE: This plan will not be available after August 31, 2019. If you enroll in this plan before August 31, 2019 and want dental coverage through the Texas Employees Group Benefits Program on or after September 1, 2019, you will have to enroll in one of the dental insurance plans above by October 1, 2019. If you'd like to enroll in another dental discount plan, starting September 1, 2019, you can look for plans in the Discount Purchase Program at [beneplace.com/discountprogramers](http://beneplace.com/discountprogramers). ERS has no oversight of dental discount plans available through the Discount Purchase Program.

Membership Level	Plan Rate Per Month
Member Only	\$ 2.25
Member + Spouse	4.50
Member + Child(ren)	5.40
Member + Family	7.65
Surviving Spouse Only	2.25
Surviving Child(ren) Only	3.15
Surviving Spouse + Child(ren)	5.40

## State of Texas Vision

	Plan Rate Per Month
<b>All Retirees</b>	
You Only	\$ 6.02
You + Spouse	12.04
You + Children	12.94
You + Family	18.96
<b>All Surviving Dependents</b>	
Spouse Only	\$ 6.02
Children Only	6.92
Spouse + Children	12.94

## Tobacco-user Premium for All Members

For every person in your household enrolled in health insurance—member or dependent—who 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 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 <https://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification> for more information.

## NON-MEDICARE ADVANTAGE PLANS PREMIUMS

### Full-time Retirees

	Premium*	State Pays	You Pay
Through December 31, 2019			
<b>HealthSelect<sup>SM</sup> of Texas</b>			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,340.82	982.82	358.00
You + Children	1,104.22	864.52	239.70
You + Family	1,820.22	1,222.52	597.70
<b>Community First Health Plans</b>			
You Only	\$ 549.62	\$ 549.62	\$ 0.00
You + Spouse	1,179.14	864.38	314.76
You + Children	971.10	760.36	210.74
You + Family	1,600.62	1,075.12	525.50
<b>KelseyCare powered by Community Health Choice</b>			
You Only	\$ 487.86	\$ 487.86	\$ 0.00
You + Spouse	1,046.34	767.10	279.24
You + Children	861.82	674.84	186.98
You + Family	1,420.30	954.08	466.22
<b>Scott &amp; White Health Plan</b>			
You Only	\$ 643.14	\$ 643.14	\$ 0.00
You + Spouse	1,380.18	1,011.66	368.52
You + Children	1,136.66	889.90	246.76
You + Family	1,873.70	1,258.42	615.28

\*Includes premium for Basic Term Life Insurance

### Part-time Retirees

	Premium*	State Pays <sup>†</sup>	You Pay
Through December 31, 2019			
<b>HealthSelect of Texas</b>			
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,340.82	491.41	849.41
You + Children	1,104.22	432.26	671.96
You + Family	1,820.22	611.26	1,208.96
<b>Community First Health Plans</b>			
You Only	\$ 549.62	\$ 274.81	\$ 274.81
You + Spouse	1,179.14	432.19	746.95
You + Children	971.10	380.18	590.92
You + Family	1,600.62	537.56	1,063.06
<b>KelseyCare powered by Community Health Choice</b>			
You Only	\$ 487.86	\$ 243.93	\$ 243.93
You + Spouse	1,046.34	383.55	662.79
You + Children	861.82	337.42	524.40
You + Family	1,420.30	477.04	943.26
<b>Scott &amp; White Health Plan</b>			
You Only	\$ 643.14	\$ 321.57	\$ 321.57
You + Spouse	1,380.18	505.83	874.35
You + Children	1,136.66	444.95	691.71
You + Family	1,873.70	629.21	1,244.49

\*Includes premium for Basic Term Life Insurance

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

## Surviving Dependents Not Eligible for Medicare

	Spouse Only	Children Only	Spouse + Children
<b>HealthSelect<sup>SM</sup> of Texas</b>	\$ 716.00	\$ 479.40	\$ 1,195.40
<b>Community First Health Plans</b>	629.52	421.48	1,051.00
<b>KelseyCare powered by Community Health Choice</b>	558.48	373.96	932.44
<b>Scott &amp; White Health Plan</b>	737.04	493.52	1,230.56

# Optional Term Life Insurance (no change from PY18)

Optional Term Life Insurance*			
<p>If you did not have Optional Term Life coverage at the time you retired, you cannot enroll in this benefit. You can apply for a Fixed Optional Life policy (see below) through EOI within the first 31 days of retirement, during annual enrollment, or if you have a qualifying life event.</p> <p>Retirees can reduce their Optional Term Life Insurance (from Election 1 or 2 to Fixed Optional Life or from Election 2 to Election 1), but cannot increase coverage at any time.</p> <p>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%</p> <p>Age 75-79      40%</p> <p>Age 80-84      25%</p> <p>Age 85-89      15%</p> <p>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
	Under 25	\$ 0.05	\$ 0.10
	25 - 29	0.05	0.10
	30 - 34	0.06	0.12
	35 - 39	0.06	0.12
	40 - 44	0.08	0.16
	45 - 49	0.12	0.24
	50 - 54	0.19	0.38
	55 - 59	0.33	0.66
	60 - 64	0.57	1.14
	65 - 69	0.93	1.86
	70 - 74	1.48	2.96
	75 - 79	2.41	4.82
	80 - 84	3.92	7.84
85 - 89	6.79	13.58	
90+	10.57	21.14	
Retiree Fixed Optional Life Insurance		Dependent Term Life Insurance	
\$23.40 per month for \$10,000		\$3.05 per month for \$2,500	

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