

PLAN YEAR 2024 RATES

MEDICARE-ENROLLED RETIREES AND SURVIVING DEPENDENTS

HealthSelectSM Medicare Advantage Plan, a preferred provider organization (MA PPO)

Rates effective Jan. 1 – Dec. 31, 2024

See rates for HealthSelectSM Secondary (non-Medicare Advantage plan) on the next page.

HealthSelect MA PPO participants must be enrolled in Medicare Parts A and B and pay federal Part B premiums.

The "State Pays" and "You Pay" rates apply only to retirees who do not have tiered premium contributions for health insurance. For tiered premium contribution rates, see www.ers.texas.gov/Retirees/Rates-for-retirees.

Retirees from full-time employment

	Monthly Premium*	State Pays	You Pay
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,096.44	982.82	113.62
You + Children	978.14	864.52	113.62
You + Family	1,449.76	1,222.52	227.24

*Includes applicable premium for Basic Term Life Insurance.

Retirees from part-time employment

	Monthly Premium*	State Pays	You Pay
You Only	\$ 427.14	\$ 312.41	\$ 114.73
You + Spouse	776.57	491.41	285.16
You + Children	717.42	432.26	285.16
You + Family	1,066.85	611.26	455.59

*Includes applicable premium for Basic Term Life Insurance.

Dependents not eligible for Medicare (split households)

HealthSelect of Texas ^{®*}			
	Retirees from full-time employment		Retirees from part-time employment
Spouse Only	\$	358.00	\$ 537.00
Children Only		239.70	239.70
Spouse + Children		597.70	597.70

Surviving dependents

	Monthly premium
Spouse Only	\$ 227.24
Children Only	227.24
Spouse + Children	454.48

HealthSelectSM Secondary (Non-Medicare Advantage plan)

Rates effective Sept. 1, 2023 – Aug. 31, 2024

HealthSelect Secondary is available to Medicare-eligible retirees who opt out of HealthSelect MA PPO.

The "State Pays" and "You Pay" rates apply only to retirees who do not have tiered premium contributions for health insurance. For tiered premium contribution rates, see <https://webpub.ers.texas.gov/PDFs/rates-py23/ratesheet-py23-tiered-fe-medicare-eligible-final-i>.

Retirees from full-time employment

	Monthly Premium*	State Pays	You Pay
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,340.85	982.82	358.00
You + Children	1,104.22	864.52	239.70
You + Family	1,820.22	1,222.52	597.70

*Includes applicable premium for Basic Term Life Insurance.

Retirees from part-time employment

	Monthly Premium*	State Pays	You Pay
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

*Includes applicable premium for Basic Term Life Insurance.

Surviving dependents

HealthSelect of Texas [®]	Monthly Premium
Spouse Only	\$ 716.00
Children Only	479.40
Spouse + Children	1,195.40

Dental insurance

	DeltaCare® USA DHMO	State of Texas Dental Choice Plan SM
All Retirees	Rate per month	
You Only	\$ 9.59	\$ 28.73
You + Spouse	19.18	57.46
You + Children	23.02	68.95
You + Family	32.59	97.68
Surviving Dependents		
Spouse Only	\$ 9.59	\$ 28.73
Children Only	13.43	40.22
Spouse + Children	23.02	68.95

Vision insurance

State of Texas Vision SM	
All Retirees	Rate Per Month
You Only	\$ 4.61
You + Spouse	9.22
You + Children	9.91
You + Family	14.52
Surviving Dependents	
Spouse Only	\$ 4.61
Children Only	5.30
Spouse + Children	9.91

Tobacco-user premium (all participants)

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 User(s) of Any Age and Adult(s) Who Fail to Certify	You Pay Per Month
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 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 <https://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification> for more information.

Optional Term Life Insurance

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	0.13	0.26
	50 - 54	0.20	0.40
	55 - 59	0.35	0.70
	60 - 64	0.60	1.20
	65 - 69	0.98	1.96
	70 - 74	1.56	3.12
	75 - 79	2.55	5.10
	80 - 84	4.15	8.30
85 - 89	7.18	14.36	
90+	11.18	22.36	
Retiree Fixed Optional Life Insurance		Dependent Term Life Insurance	
\$24.80 per month for \$10,000		Retiree: \$3.23 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.