



PLAN YEAR 2025 RATES

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

Sept. 1, 2024 – Aug. 31, 2025

Rates for retirees who don't get a 100% premium contribution from the state are available at
<https://ers.texas.gov/Retirees/Rates-for-retirees>.

In Plan Year 2025 there are no premium rate increases for any plans.

Full-time Employees and Retirees Not Eligible for Medicare

	Premium*	State Pays	You Pay
HealthSelect of Texas®			
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
Consumer Directed HealthSelect^{SM**}			
You Only	624.82	\$ 624.82	\$ 0.00
You + Spouse	1,305.02	982.82	322.20
You + Children	1,080.24	864.52	215.72
You + Family	1,760.44	1,222.52	537.92

*Includes applicable 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 and Retirees Not Eligible for Medicare, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty†

	Premium*	State Pays	You Pay
HealthSelect of Texas®			
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
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,305.02	491.41	813.61
You + Children	1,080.24	432.26	647.98
You + Family	1,760.44	611.26	1,149.18

*Includes applicable 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 HealthSelectSM Health Savings Account (HSA) Contribution

	State Pays
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)

An HSA is a tax-free savings account for qualified health expenses.

You can receive the "State Pays" HSA contribution if you are:

- enrolled in Consumer Directed HealthSelect,
- eligible for a portion of your health premium to be paid by the state and
- not eligible for Medicare.

Medicare-enrolled Dependents of Retirees Not Eligible for Medicare

Retirees from full-time employment

Through Dec. 31, 2024

	Premium	State Pays	You Pay
HealthSelectSM Medicare Advantage			
Spouse Only	\$ 471.62	\$ 358.00	\$ 113.62
Children Only	353.32	239.70	113.62
Spouse + Children	824.94	597.70	227.24

Retirees from part-time employment

Through Dec. 31, 2024

	Premium	State Pays	You Pay
HealthSelectSM Medicare Advantage			
Spouse Only	\$ 349.43	\$ 179.00	\$ 170.43
Children Only	290.28	119.85	170.43
Spouse + Children	639.71	298.85	340.86

NOTE: HealthSelectSM Medicare Advantage Plan PPO rates for Plan Year 2025 will be available in the fall at <https://ers.texas.gov/Retirees/Rates-for-retirees>.

Surviving Dependents

	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM	HealthSelect SM Medicare Advantage (Through Dec. 31, 2024)
Spouse Only	\$ 716.00	\$ 680.20	\$ 213.32
Children Only	479.40	455.42	213.32
Spouse + Children	1,195.40	1,135.62	426.64

COBRA

	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM
You Only	\$ 635.05	\$ 589.15
You + Spouse	1,365.37	1,237.06
You + Children	1,124.04	1,007.78
You + Family	1,854.36	1,701.58

COBRA Disability

	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM
You Only	\$ 933.90	\$ 866.40
You + Spouse	2,007.90	1,819.20
You + Children	1,653.00	1,482.03
You + Family	2,727.00	2,502.33

Dental Insurance

DeltaCare® USA DHMO	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 9.59	\$ 9.78	\$ 14.39	Spouse Only	\$ 9.59
You + Spouse	19.18	19.56	28.77	Spouse + Children	23.02
You + Children	23.02	23.48	34.53	Children Only	13.43
You + Family	32.59	33.24	48.89		

State of Texas Dental Choice Plan SM	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 28.73	\$ 29.30	\$ 43.10	Spouse Only	\$ 28.73
You + Spouse	57.46	58.61	86.19	Spouse + Children	68.95
You + Children	68.95	70.33	103.43	Children Only	40.22
You + Family	97.68	99.63	146.52		

Vision Insurance

State of Texas Vision SM	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 4.61	\$ 4.70	\$ 6.92	Spouse Only	\$ 4.61
You + Spouse	9.22	9.40	13.83	Spouse + Children	9.91
You + Children	9.91	10.11	14.87	Children Only	5.30
You + Family	14.52	14.81	21.78		

Tobacco-user Premium

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-users of Any Age and Adults age 18 and over Who Fail to Certify	Monthly Tobacco-user Premium
Member or Spouse or Children* Only	\$30
Member + Spouse or Member + Children* or 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 www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification for more information.

Optional Term Life Insurance

Optional Term Life Insurance					
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	
Monthly Rate per \$1,000 of Annual Salary					
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	0.13	0.26	0.39	0.52	
50 - 54	0.20	0.40	0.60	0.80	
55 - 59	0.35	0.70	1.05	1.40	
60 - 64	0.60	1.20	1.80	2.40	
65 - 69	0.98	1.96	2.94	3.92	
70 - 74	1.56	3.12	4.68	6.24	
75 - 79	2.55	5.10	7.65	10.20	
80 - 84	4.15	8.30	12.45	16.60	
85 - 89	7.18	14.36	21.54	28.72	
90+	11.18	22.36	33.54	44.72	

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:

Age 70-74	65%
Age 75-79	40%
Age 80-84	25%
Age 85-89	15%
Age 90+	10%

Retiree Fixed Optional Life Insurance (\$10,000 policy)	
\$24.80 per month for \$10,000	

Dependent Term Life Insurance	
Employee: \$1.45 per month for \$5,000 (includes \$5,000 AD&D coverage)	Retiree: \$3.23 per month for \$2,500

Voluntary Accidental Death & Dismemberment Insurance (AD&D)*

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
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

You Only
\$0.02 per \$1,000 of coverage

You + Family
\$0.04 per \$1,000 of coverage

Texas Income Protection PlanSM (TIPP)*

Short-term disability	Long-term disability
\$0.24 per \$100 of monthly salary	\$0.68 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.