



PLAN YEAR 2022 RATES

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

September 1, 2021 – August 31, 2022

View <https://ers.texas.gov/pdfs/ratesheet-py21-22-tiered-final-pdf> to see rates for retirees who don't get a 100% premium contribution from the state.

Full-time Employees and Retirees Not Eligible for Medicare (Same as Plan Year 2021)

	Premium*	State Pays	You Pay
HealthSelect of Texas®			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,339.90	982.36	357.54
You + Children	1,103.58	864.20	239.38
You + Family	1,818.66	1,221.74	596.92
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,304.16	982.36	321.80
You + Children	1,079.64	864.20	215.44
You + Family	1,758.98	1,221.74	537.24

*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 and Retirees Not Eligible for Medicare, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty† (Same as Plan Year 2021)

	Premium*	State Pays	You Pay
HealthSelect of Texas®			
You Only	\$ 624.41	\$ 312.41	\$ 312.00
You + Spouse	1,339.49	491.18	848.31
You + Children	1,103.17	432.10	671.07
You + Family	1,818.25	610.87	1,207.38
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.41	\$ 312.41	\$ 312.00
You + Spouse	1,303.75	491.18	812.57
You + Children	1,079.23	432.10	647.13
You + Family	1,758.57	610.87	1,147.70

*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 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 December 31, 2021

	Premium	State Pays	You Pay
HealthSelectSM Medicare Advantage			
Spouse Only	\$ 447.06	\$ 357.54	\$ 89.52
Children Only	328.90	239.38	89.52
Spouse + Children	775.96	596.92	179.04

Retirees from part-time employment

Through December 31, 2021

	Premium	State Pays	You Pay
HealthSelectSM Medicare Advantage			
Spouse Only	\$ 313.05	\$ 178.77	\$ 134.28
Children Only	253.97	119.69	134.28
Spouse + Children	567.02	298.46	268.56

NOTE: HealthSelect Medicare Advantage rates may change for Plan Year 2022. Any rate changes would be effective January 1, 2022. Information on any change will be available in the fall. View all rates for participants eligible for Medicare and not eligible for Medicare at <https://ers.texas.gov/Retirees/Rates-for-retirees>.

Surviving Dependents

	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM	HealthSelect SM Medicare Advantage (Through December 31, 2021)
Spouse Only	\$ 715.08	\$ 679.34	\$ 179.04
Children Only	478.76	454.82	179.04
Spouse + Children	1,193.84	1,134.16	358.08

COBRA

	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM
You Only	\$ 634.22	\$ 588.32
You + Spouse	1,363.60	1,235.34
You + Children	1,122.55	1,006.33
You + Family	1,851.93	1,699.26

COBRA Disability

	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM
You Only	\$ 932.68	\$ 865.18
You + Spouse	2,005.29	1,816.68
You + Children	1,650.81	1,479.90
You + Family	2,723.43	2,498.91

Dental Insurance

DeltaCare® USA DHMO (Same as Plan Year 2021)	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	\$ 28.03	\$ 28.59	\$ 42.05	Spouse Only	\$ 28.03
You + Spouse	56.06	57.18	84.09	Spouse + Children	67.27
You + Children	67.27	68.62	100.91	Children Only	39.24
You + Family	95.30	97.21	142.95		

Vision Insurance

(Lower than Plan Year 2021)

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

(Same as Plan Year 2021)

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	0.12	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

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)

\$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 & Dismemberment Insurance (AD&D)*

(Same as Plan Year 2021)

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
\$0.26 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.