

PLAN YEAR 2011 RATES EFFECTIVE SEPTEMBER 1, 2010

HEALTHSELECT RATES

TEXAS EMPLOYEES GROUP BENEFITS PROGRAM

FY11 Monthly Contribution Rates

Coverage Category	HealthSelect
Active Members	
Member Only	\$ 411.04
Member & Spouse	883.72
Member & Children	727.56
Member & Family	1,200.24
Retirees	
Retiree Only	\$ 411.04
Retiree & Spouse	883.72
Retiree & Children	727.56
Retiree & Family	1,200.24
Retirees with Interim Insurance Coverage	
Retiree Only	\$1,150.92
Retiree & Spouse	2,474.42
Retiree & Children	2,037.18
Retiree & Family	3,360.68
Surviving Dependents	
Spouse Only	\$ 472.68
Children Only	316.52
Spouse & Children	789.20
COBRA (Including Former Member)	
Member Only	\$ 419.26
Member & Spouse	901.39
Member & Children	742.11
Member & Family	1,224.24
COBRA (Without Member)	
Spouse or Child Only	\$ 419.26
Spouse & Children	742.11

Monthly State and Member Contribution Rates

	HealthSelect		
	Total	State	Member
Member Only	\$ 411.04	\$ 411.04	\$ 0.00
Member & Spouse	883.72	647.38	236.34
Member & Children	727.56	569.30	158.26
Member & SKIP Children – G1	727.56	712.56	15.00
Member & SKIP Children – G2	727.56	702.56	25.00
Member & Family	1,200.24	805.64	394.60
Member & SKIP Family – G1	1,200.24	948.90	251.34
Member & SKIP Family – G2	1,200.24	938.90	261.34

Contribution rates do not include Basic Life

Comparison of FY10 and FY11 Member Cost

	FY10	FY11	Change
Member Only	\$ 0.00	\$ 0.00	\$ 0.00
Member & Spouse	220.32	236.34	16.02
Member & Children	147.52	158.26	10.74
Member & SKIP Children – G1	15.00	15.00	0.00
Member & SKIP Children – G2	25.00	25.00	0.00
Member & Family	367.84	394.60	26.76
Member & SKIP Family – G1	235.32	251.34	16.02
Member & SKIP Family – G2	245.32	261.34	16.02

NOTE: Contribution rates do not include basic term life or AD&D.

HMO PREMIUM RATES

PLAN NAME	FY2010			FY2011			CHANGE IN MEMBER CONTRIBUTION
	Premium	State Pays	Member Pays	Premium	State Pays	Member Pays	Amount
Community First							
Member Only	\$ 354.40	\$354.40	\$ 0.00	\$ 358.00	\$358.00	\$ 0.00	\$0.00
Member & Spouse	761.96	558.18	203.78	769.72	563.86	205.86	2.08
Member & Child(ren)	627.28	490.84	136.44	633.68	495.84	137.84	1.40
Member & Family	1,034.84	694.62	340.22	1,045.40	701.70	343.70	3.48
Scott & White Health Plan							
Member Only	\$ 426.96	\$426.96	\$ 0.00	\$ 435.80	\$435.80	\$ 0.00	\$0.00
Member & Spouse	917.96	672.46	245.50	936.96	686.38	250.58	5.08
Member & Child(ren)	755.72	591.34	164.38	771.36	603.58	167.78	3.40
Member & Family	1,246.72	836.84	409.88	1,272.52	854.16	418.36	8.48

DENTAL PLANS COMPARISON CHART

	HumanaDental DHMO	State of Texas Dental Choice Plan SM (Administered by HumanaDental Insurance Company)
Dentists	Must use participating dentist. <i>Note: Some participating dentists are not accepting new patients. Dentists are not required to stay on plan entire year.</i>	Choose any dentist. May receive higher benefits if using a dentist through the preferred provider network.
Monthly Premiums		
Member/Retiree only	\$ 8.52	\$22.46
Member/Retiree & Spouse	\$17.05	\$44.92
Member/Retiree & Children	\$20.45	\$53.90
Member/Retiree & Family	\$28.98	\$76.36
Dental Plan Premiums for Surviving Family Members		
Spouse Only	8.52	22.46
Spouse and Child(ren)	20.45	53.90
Child(ren)	11.93	31.44

OPTIONAL COVERAGE RATES—Members

Effective September 1, 2010 • All premiums are monthly

Optional Term Life* Premiums					
<ul style="list-style-type: none"> • Election I = 1 x annual salary • Election II = 2 x annual salary After the first 31 days of employment, Elections I and II require approval through evidence of insurability.	Rate per \$1,000 of Annual Salary				
	Age	Election I	Election II	Election III	Election IV
	Under 25	\$0.06	\$0.12	\$0.18	\$0.24
	25-29	0.06	0.12	0.18	0.24
	30-34	0.07	0.14	0.21	0.28
	35-39	0.07	0.14	0.21	0.28
	40-44	0.09	0.18	0.27	0.36
	45-49	0.13	0.26	0.39	0.52
	50-54	0.21	0.42	0.63	0.84
	55-59	0.37	0.74	1.11	1.48
	60-64	0.63	1.26	1.89	2.52
	65-69	1.03	2.06	3.09	4.12
	70-74	1.64	3.28	4.92	6.56
	75-79	2.68	5.36	8.04	10.72
	80-84	4.36	8.72	13.08	17.44
	85-89	7.54	15.08	22.62	30.16
	90+	11.74	23.48	35.22	46.96
<ul style="list-style-type: none"> • Election III = 3 x annual salary • Election IV = 4 x annual salary Elections III and IV always require approval through evidence of insurability.					
Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary according to the table below:					
Age 70 - 74	65%				
Age 75 - 79	40%				
Age 80 - 84	25%				
Age 85 - 89	15%				
Age 90 and over	10%				
*Optional Term Life is limited to a maximum of \$400,000 or four times your salary, whichever is less.					
Retiree Minimum Optional Life \$2.34 Rates are per \$1,000 of coverage which is based on individual salary and coverage level,					
Dependent Term Life			Short- and Long-term Disability Income Premiums		
Active \$1.38/month Retiree \$3.05/month (includes \$5,000 term life with AD&D coverage per dependent)			Short-term Disability Income \$0.26/\$100 of monthly salary Long-term Disability Income \$0.63/\$100 of monthly salary		
Voluntary Accidental Death and Dismemberment (Voluntary AD&D) Premiums					
You may apply for Voluntary AD&D coverage according to the following table:					
Member's Age	Minimum Coverage	Maximum Coverage	Minimum Increments	Member Only \$0.02/\$1,000 of coverage Member & Family \$0.04/\$1,000 of coverage For more detailed information about optional coverage benefits, see your benefits books available online at the ERS website.	
Under age 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		