

PLAN YEAR 2026 RATES

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

Sept. 1, 2025 - Aug. 31, 2026

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.

Full-time Employees and Retirees Not Eligible for Medicare

| | Premium* | State Pays | You Pay |
|---------------------------|------------------------|------------|---------|
| HealthSelect of Texas® | | | |
| You Only | \$ 674.62 | \$ 674.62 | \$ 0.00 |
| You + Spouse | 1,447.90 | 1,061.26 | 386.64 |
| You + Children | 1,192.38 | 933.50 | 258.88 |
| You + Family | 1,965.66 | 1,320.14 | 645.52 |
| Consumer Directed HealthS | Select ^{SM**} | | |
| You Only | \$ 674.62 | \$ 674.62 | \$ 0.00 |
| You + Spouse | 1,409.22 | 1,061.26 | 347.96 |
| You + Children | 1,166.50 | 933.50 | 233.00 |
| You + Family | 1,901.10 | 1,320.14 | 580.96 |

^{*}Includes applicable premium for Basic Term Life Insurance

Part-time Employees and Retirees Not Eligible for Medicare, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty[†]

| | <u> </u> | | <i>,</i> | |
|---------------------------|------------------------|------------|-----------|--|
| | Premium* | State Pays | You Pay | |
| HealthSelect of Texas® | | | | |
| You Only | \$ 674.62 | \$ 337.31 | \$ 337.31 | |
| You + Spouse | 1,447.90 | 530.63 | 917.27 | |
| You + Children | 1,192.38 | 466.75 | 725.63 | |
| You + Family | 1,965.66 | 660.07 | 1,305.59 | |
| Consumer Directed HealthS | Select ^{SM**} | | | |
| You Only | \$ 674.62 | \$ 337.31 | \$ 337.31 | |
| You + Spouse | 1,409.22 | 530.63 | 878.59 | |
| You + Children | 1,166.50 | 466.75 | 699.75 | |
| You + Family | 1,901.10 | 660.07 | 1,241.03 | |

^{*}Includes applicable premium for Basic Term Life Insurance

Important information for retirees and survivors: If you get an annuity from ERS, your premium(s) will be deducted each month from your annuity. If your annuity isn't enough to cover the entire monthly premium amount, you must pay the premium by check or money order payable to "GBP."

Important information for COBRA participants: COBRA participants must make premium payments by check or money order payable to "GBP."

Failure to pay the full premium amount each month could result in loss of coverage.

rate-sheet-py26 1 5/20/2025

^{**}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 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, 2025

| | Premium | | State Pays | You Pay | |
|-------------------------------|---------|--------|------------|---------|--------|
| HealthSelect ^{sм} Me | dic | ıntage | | | |
| Spouse Only | \$ | 505.36 | 386.64 | \$ | 118.72 |
| Children Only | | 377.60 | 258.88 | | 118.72 |
| Spouse + Children | | 882.96 | 645.52 | | 237.44 |

Retirees from part-time employment

Through Dec. 31, 2025

| | Pı | remium | St | ate Pays | You Pay | |
|-------------------------------|------|----------|-----|----------|---------|--------|
| HealthSelect ^{sм} Me | dica | are Adva | nta | ge | | |
| Spouse Only | \$ | 371.40 | \$ | 193.32 | \$ | 178.08 |
| Children Only | | 307.52 | | 129.44 | | 178.08 |
| Spouse + Children | | 678.92 | | 322.76 | | 356.16 |

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 ^{sм} Medicare Advantage (Through Dec. 31, 2025) | |
|-------------------|------------------------|----------|---|----|---|--|
| Spouse Only | \$ | 773.28 | \$ 734.60 | \$ | 237.44 | |
| Children Only | | 517.76 | 491.88 | | 237.44 | |
| Spouse + Children | | 1,291.04 | 1,226.48 | | 474.88 | |

COBRA

| | HealthSelect of Texas® | Consumer Directed HealthSelect ^{s™} |
|----------------|------------------------|--|
| You Only | \$ 685.85 | \$ 639.95 |
| You + Spouse | 1,474.59 | 1,343.34 |
| You + Children | 1,213.96 | 1,095.77 |
| You + Family | 2,002.70 | 1,845.06 |

COBRA Disability

| | HealthSelect of Texas® | Consumer Directed HealthSelect ^{sм} |
|----------------|------------------------|--|
| You Only | \$ 1,008.60 | \$ 941.10 |
| You + Spouse | 2,168.52 | 1,975.50 |
| You + Children | 1,785.24 | 1,611.42 |
| You + Family | 2,945.16 | 2,713.32 |

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 Depe | ndents |
|---|----------------------|----------|---------------------|-------------------|----------|
| You Only | \$ 31.03 | \$ 31.65 | \$ 46.55 | Spouse Only | \$ 31.03 |
| You + Spouse | 62.06 | 63.30 | 93.09 | Spouse + Children | 74.47 |
| You + Children | 74.47 | 75.96 | 111.71 | Children Only | 43.44 |
| You + Family | 105.50 | 107.61 | 158.25 | | |

Vision Insurance

| State of Texas Vision sm | Employee/ Retiree | COBRA | COBRA Disability | Surviving Dependents | |
|-------------------------------------|----------------------|---------|---------------------|----------------------|---------|
| You Only | \$ 5.07 | \$ 5.17 | \$ 7.61 | Spouse Only | \$ 5.07 |
| You + Spouse | 10.14 | 10.34 | 15.21 | Spouse + Children | 10.90 |
| You + Children | 10.90 | 11.12 | 16.35 | Children Only | 5.83 |
| You + Family | 15.97 | 16.29 | 23.96 | | |

Tobacco-user Premium

If you and/or a family member enrolled in health 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 PY25)

| 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 | t | | |
| 25 - 29 | 0.05 | 0.10 | 0.15 | 0.20 | i | | |
| 30 - 34 | 0.06 | 0.12 | 0.18 | 0.24 | ı | | |
| 35 - 39 | 0.06 | 0.12 | 0.18 | 0.24 | 1 | | |
| 40 - 44 | 0.08 | 0.16 | 0.24 | 0.32 | E | | |
| 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 | | | |

[†]Optional Term Life Insurance is limited to a maximum of \$400,000 or four times your annual salary, whichever is less.

Voluntary Accidental Death & Dismemberment Insurance (AD&D)* (Same as PY25)

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 (same as PY25) | Long-term Disability (decrease from PY25) |
|--------------------------------------|---|
| \$0.24 per \$100 of monthly salary | \$0.63 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.