Plan Year 2013 Rates

Full-time Employees/Retirees

PLAN NAME	PREMIUM	STATE PAYS	YOU PAY
HEALTHSELECT℠ OF TEXAS			
You Only	$ 470.38	$470.38	$ 0.00
You & Spouse	1,008.78	739.58	269.20
You & Child(ren)	830.86	650.62	180.24
You & Family	1,369.26	919.82	449.44
COMMUNITY FIRST			
You Only	$ 400.22	$400.22	$ 0.00
You & Spouse	857.94	629.08	228.86
You & Child(ren)	706.70	553.46	153.24
You & Family	1,164.42	782.32	382.10
SCOTT & WHITE HEALTH PLAN			
You Only	$ 463.18	$463.18	$ 0.00
You & Spouse	993.30	728.24	265.06
You & Child(ren)	818.10	640.64	177.46
You & Family	1,348.22	905.70	442.52

Part-time Employees/Retirees, Graduate Students/ Teaching Assistants, Post-Doctoral and Adjunct Faculty*

PLAN NAME	PREMIUM	STATE PAYS	YOU PAY
HEALTHSELECT℠ OF TEXAS			
You Only	$ 470.38	$235.19	$235.19
You & Spouse	1,008.78	369.79	638.99
You & Child(ren)	830.86	325.31	505.55
You & Family	1,369.26	459.91	909.35
COMMUNITY FIRST			
You Only	$ 400.22	$200.11	$200.11
You & Spouse	857.94	314.54	543.40
You & Child(ren)	706.70	276.73	429.97
You & Family	1,164.42	391.16	773.26
SCOTT & WHITE HEALTH PLAN			
You Only	$ 463.18	$231.59	$231.59
You & Spouse	993.30	364.12	629.18
You & Child(ren)	818.10	320.32	497.78
You & Family	1,348.22	452.85	895.37

*The State does not contribute to the cost of health insurance for adjunct faculty, although the employing institution may choose to.

Medicare Enrolled Retirees

PLAN NAME	FULL-TIME PAYS	PART-TIME PAYS
KELSEYCARE ADVANTAGE HMO*		
You Only	$ 0.00	$142.71
You & Spouse	141.60	355.11
You & Child(ren)	141.60	355.11
You & Family	283.20	567.51
HEALTHSELECT MEDICARE ADVANTAGE*		
You Only	$ 0.00	$129.11
You & Spouse	128.00	321.11
You & Child(ren)	128.00	321.11
You & Family	256.00	513.11

**You must be enrolled in Medicare Parts A & B*

Dental Employees/Retirees

	HUMANA DHMO	DENTAL CHOICE
You only	$ 8.52	$23.58
You & spouse	17.05	47.16
You & children	20.45	56.60
You & family	28.98	80.18

Surviving Dependents

	HEALTHSELECT	COMMUNITY FIRST	SCOTT & WHITE	KELSEYCARE ADVANTAGE HMO*	HEALTHSELECT MEDICARE ADVANTAGE*
Spouse only	$538.40	$457.72	$530.12	$283.20	$256.00
Children only	360.48	306.48	354.92	283.20	256.00
Spouse & children	898.88	764.20	885.04	566.40	512.00

**You must be enrolled in Medicare Parts A & B*

	HUMANA DHMO	DENTAL CHOICE
Spouse only	$ 8.52	$ 23.58
Children only	11.93	33.02
Spouse & children	20.45	56.60

Plan Year 2013 Rates

COBRA/COBRA Disability

	HEALTHSELECT	COMMUNITY FIRST	SCOTT & WHITE
COBRA			
You only	$ 477.52	$ 405.96	$ 470.18
You & spouse	1,026.69	872.83	1,010.90
You & children	845.21	718.57	832.20
You & family	1,394.38	1,185.44	1,372.92
COBRA DISABILITY			
You only	$ 702.24	$ 597.00	$ 691.44
You & spouse	1,509.84	1,283.58	1,486.62
You & children	1,242.96	1,056.72	1,223.82
You & family	2,050.56	1,743.30	2,019.00

	HUMANA DHMO	DENTAL CHOICE
COBRA		
You only	$ 8.69	$24.05
You & spouse	17.39	48.10
You & children	20.86	57.73
You & family	29.56	81.78
COBRA DISABILITY		
You only	$12.78	$ 35.37
You & spouse	25.58	70.74
You & children	30.68	84.90
You & family	43.47	120.27

Optional Term Life Insurance Rates

OPTIONAL TERM LIFE*

After the first 31 days of employment, Elections 1 and 2 require approval through evidence of insurability.

Elections 3 and 4 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%

Retiree Fixed Optional Life $23.40 for $10,000.

	Rate per $1,000 of Annual Salary			
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
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

DEPENDENT TERM LIFE

Active $1.38 per month for $5,000***

Retiree $3.05 per month for $2,500

SHORT- AND LONG-TERM DISABILITY**

Short-term Disability $0.26 per $100 of monthly salary

Long-term Disability $0.63 per $100 of monthly salary

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT (VOLUNTARY AD&D)**

You may apply for Voluntary AD&D coverage according to the following table:

Age	Minimum Coverage	Maximum Coverage	Minimum Increments
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

You Only
$0.02 per $1,000 of coverage

You & Family
$0.04 per $1,000 of coverage

*Optional Term Life is limited to a maximum of $400,000 or four times your salary, whichever is less.
** Retirees are not eligible for this coverage.
*** Includes $5,000 AD&D coverage per dependent.