



2021 - 2022

Insurance Premiums for Employees

Starting Full-Time Employment on or
Before July 31, 2019

HEALTH PLAN OPTIONS

<u>HealthSelect (BlueCross BlueShield)</u>	<u>State Pays</u>	<u>SJC Pays</u>	<u>Monthly Premium</u>	<u>Biweekly Premium</u>
Employee Only	\$312.41	\$312.41	\$0.00	\$0.00
+ Spouse	\$491.18	\$669.96	\$178.76	\$89.38
+ Children	\$432.10	\$551.80	\$119.68	\$59.84
+ Family	\$610.87	\$909.33	\$298.46	\$149.23

High Deductible with Health Savings Account

<u>Consumer Directed HealthSelect</u>	<u>State Pays</u>	<u>SJC Pays</u>	<u>Monthly Premium</u>	<u>Biweekly Premium</u>
Employee Only	\$289.91	\$289.91	\$0.00	\$0.00
+ Spouse	\$446.18	\$607.08	\$160.90	\$80.45
+ Children	\$387.10	\$494.82	\$107.72	\$53.86
+ Family	\$565.87	\$834.49	\$268.62	\$134.31

Health Savings Account Contributions (HSA)

	<u>Employee Only</u>	<u>Family Coverage</u>
State and SJC Combined Contribution	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)
Maximum Participant Contribution	\$3,010	\$6,020

An HSA account must be setup before eligible expenses can be incurred or processed.

Tobacco User Premiums

1 USER (Employee Only, Spouse Only, Child/Children Only)	\$30.00	\$15.00
2 USERS (Employee & Spouse, Employee & Child/Children, Spouse & Child/Children)	\$60.00	\$30.00
3 or more USERS (Employee, Spouse & Child/Children)	\$90.00	\$45.00

– Tobacco products are all types of tobacco, including but not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes and vaping products.

– A tobacco user has used any tobacco products, five or more times within the past three consecutive months.

– Fee applies to tobacco users and non-certified members covered on any health plan.

Texflex Health Spending Account

TexFlex Health spending account is an annual contribution that will be deducted from your paycheck before taxes. The funds can be used for medically necessary health expenses such as, co-pays and prescriptions. A debit card is available for a small fee.

Minimum Annual Contribution	\$180 (\$15/month)
Maximum Annual Contribution	\$2,748 (\$229/month)

TexFlex Dependent Care Account

TexFlex Dependent Care spending account is an annual contribution that will be deducted from your paycheck before taxes. It is used for dependent care expenses, such childcare, summer camps and adult day care.

Minimum Annual Contribution	\$180 (\$15/month)
Maximum Annual Contribution	\$4,992 (\$416/month)

DENTAL PLAN OPTIONS

<u>State of Texas Dental Choice</u>	<u>Premium</u>	<u>SJC Pays</u>	<u>Monthly Premium</u>	<u>Biweekly Premium</u>
Employee Only	\$28.03	\$28.03	\$0.00	\$0.00
+ Spouse	\$56.06	\$42.04	\$14.02	\$7.01
+ Children	\$67.27	\$47.65	\$19.62	\$9.81
+ Family	\$95.30	\$61.66	\$33.64	\$16.82

<u>DeltaCare USA DHMO</u>	<u>Premium</u>	<u>SJC Pays</u>	<u>Monthly Premium</u>	<u>Biweekly Premium</u>
Employee Only	\$9.59	\$9.59	\$0.00	\$0.00
+Spouse	\$19.18	\$14.38	\$4.80	\$2.40
+ Children	\$23.02	\$16.32	\$6.70	\$3.35
+ Family	\$32.59	\$21.09	\$11.50	\$5.75

Vision Plan

<u>State of Texas Vision (Superior Vision)</u>	<u>Monthly Premium</u>	<u>Biweekly Premium</u>
Employee Only	\$4.61	\$2.31
+Spouse	\$9.22	\$4.61
+ Children	\$9.91	\$4.96
+ Family	\$14.52	\$7.26

Additional Benefits

Dependent Term Life Insurance - \$5,000 term life insurance coverage for unlimited number of dependents
 Monthly Premium \$1.38 Biweekly Premium \$0.69

Short Term Disability
 Benefit pays up to 66% of monthly salary, to a maximum of \$10,000. \$0.26/\$100 of monthly salary

Long Term Disability – Paid by SJC
 Benefit pays up to 60% of monthly salary after satisfying 180-day waiting period. \$0.68/\$100 of monthly salary

Life Insurance – 2x paid by SJC
 You may elect to increase it to 3x or 4x your annual salary. To apply for 3x or 4x, please contact HR-Benefits.

Accidental Death & Dismemberment
 Coverage in increments of \$10,000 to a maximum of \$200,000

<i>Employee Only</i>	<i>\$0.02/\$1,000 of coverage</i>	<i>(Employee only at \$4.00/monthly)</i>
<i>Employee + Family</i>	<i>\$0.04/\$1,000 of coverage</i>	<i>(Family at max at \$8.00/monthly)</i>



Benefit Plan Contact Sheet 2021 – 2022

ERS 877.275.4377 www.ers.texas.gov	BlueCross BlueShield HealthSelect and Consumer Directed HealthSelect 800.252.8039 www.healthselectoftexas.com
OptumRx - Prescription Drug Plan 866.336.9371 www.healthselectrx.com	Optum Bank HSA for Consumer Directed HealthSelect members 800.791.9361
DeltaDental USA www.ersdentalplans.com 888.818.7925	Dependent Verification – Alight Solutions www.yourdependentverification.com/plan-smart-info 800.987.6605
Superior Vision State of Texas Vision Plan 877.396.4128 www.stateoftexasvision.com	The ReedGroup Disability Claims 855.604.6230 www.texasincomeprotectionplan.com
Minnesota Life Insurance Life Insurance & AD&D 877.494.1716 www.lifebenefits.com/plandesign/ers	TexFlex Spending Accounts PayFlex 866.353.9839 http://www.TexFlexERS.com
Teacher Retirement System of Texas 800.223.8778 www.trs.texas.gov	TSA Consulting Group 403b and 457 information 888.796.3786 www.tsacg.com
UT EAP Program 713.500.3327 www.uteap.org	AFLAC Lori Osborne-Iselt, Agent 281.658.3858 L_osborne@us.aflac.com
LegalShield Verna Heath, Agent 281.748.5261	Combined Insurance 800.225.4500