



2022 - 2023

## 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	\$491.41	\$670.41	\$179.00	\$89.50
+ Children	\$432.26	\$552.11	\$119.85	\$59.93
+ Family	\$611.26	\$910.11	\$298.85	\$149.43

### 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	\$446.41	\$607.51	\$161.10	\$80.55
+ Children	\$387.26	\$495.12	\$107.86	\$53.93
+ Family	\$566.26	\$835.22	\$268.96	\$134.48

### 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	\$2,844 (\$237/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	\$28.73	\$28.73	\$0.00	\$0.00
+ Spouse	\$57.46	\$43.10	\$14.36	\$7.18
+ Children	\$68.95	\$48.85	\$20.10	\$10.05
+ Family	\$97.68	\$63.20	\$34.48	\$17.24
<u>DeltaCare USA DHMO</u>	<u>Premium</u>	<u>SJC Pays</u>	<u>Monthly Premium</u>	<u>Biweekly Premium</u>
Employee Only	\$8.63	\$8.63	\$0.00	\$0.00
+Spouse	\$17.26	\$12.95	\$4.32	\$2.16
+ Children	\$20.72	\$14.67	\$6.06	\$3.03
+ Family	\$29.33	\$18.98	\$10.35	\$5.18

## 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 \$1.45      Biweekly Premium \$0.73

**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

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



## Benefit Plan Contact Sheet 2022 – 2023

<b>ERS</b> 877.275.4377 <a href="http://www.ers.texas.gov">www.ers.texas.gov</a>	<b>BlueCross BlueShield</b> <b>HealthSelect and Consumer Directed HealthSelect</b> 800.252.8039 <a href="http://www.healthselectoftexas.com">www.healthselectoftexas.com</a>
<b>OptumRx - Prescription Drug Plan</b> 866.336.9371 <a href="http://www.healthselectrx.com">www.healthselectrx.com</a>	<b>Optum Bank</b> <b>HSA for Consumer Directed HealthSelect members</b> 800.791.9361
<b>DeltaDental USA</b> <a href="http://www.ersdentalplans.com">www.ersdentalplans.com</a> 888.818.7925	<b>Dependent Verification – Alight Solutions</b> <a href="http://www.yourdependentverification.com/plan-smart-info">www.yourdependentverification.com/plan-smart-info</a> 800.987.6605
<b>Superior Vision</b> <b>State of Texas Vision Plan</b> 877.396.4128 <a href="http://www.stateoftexasvision.com">www.stateoftexasvision.com</a>	<b>The ReedGroup</b> Disability Claims 855.604.6230 <a href="http://www.texasincomeprotectionplan.com">www.texasincomeprotectionplan.com</a>
<b>Minnesota Life Insurance</b> Life Insurance & AD&D 877.494.1716 <a href="http://www.lifebenefits.com/plandesign/ers">www.lifebenefits.com/plandesign/ers</a>	<b>TexFlex Spending Accounts</b> <b>PayFlex</b> 866.353.9839 <a href="http://www.TexFlexERS.com">http://www.TexFlexERS.com</a>
<b>Teacher Retirement System of Texas</b> 800.223.8778 <a href="http://www.trs.texas.gov">www.trs.texas.gov</a>	<b>TSA Consulting Group</b> <b>403b and 457 information</b> 888.796.3786 <a href="http://www.tsacg.com">www.tsacg.com</a>
<b>UT EAP Program</b> 713.500.3327 <a href="http://www.uteap.org">www.uteap.org</a>	<b>AFLAC</b> <b>Larry Thames, Agent</b> 281.804.4898 <a href="mailto:Lawrence_thames@us.aflac.com">Lawrence_thames@us.aflac.com</a>
<b>LegalShield</b> <b>Customer Service</b> 866.389.7337	<b>Combined Insurance</b> <b>Customer Service</b> 800.225.4500