Employees Retirement System of Texas (ERS) Full-time Active Employee Premium Changes Effective 09/01/2025 - 08/31/2026

| | FY2025 | | | | | | |
|--|------------|------------|----------|------------|------------|----------|-----------|
| Madical Incurance | Monthly | 01-1-1 | No. Davi | Monthly | 01-1-1 | No. Davi | Change |
| Medical Insurance | Premium | State Pays | You Pay | Premium | State Pays | You Pay | Per Month |
| HealthSelect of Texas: 8% Increase | | | | | | | |
| Employee Only | \$624.82 | \$624.82 | \$0.00 | \$674.62 | \$674.62 | \$0.00 | \$0.00 |
| Employee & Spouse | \$1,340.82 | \$982.82 | \$358.00 | \$1,447.90 | \$1,061.26 | \$386.64 | \$28.64 |
| Employee & Children | \$1,104.22 | \$864.52 | \$239.70 | \$1,192.38 | \$933.50 | \$258.88 | \$19.18 |
| Employee & Family | \$1,820.22 | \$1,222.52 | \$597.70 | \$1,965.66 | \$1,320.14 | \$645.52 | \$47.82 |
| Consumer Directed HealthSelect*: 8% Increase | | | | | | | |
| Employee Only | \$624.82 | \$624.82 | \$0.00 | \$674.62 | \$674.62 | \$0.00 | \$0.00 |
| Employee & Spouse | \$1,305.02 | \$982.82 | \$322.20 | \$1,409.22 | \$1,061.26 | \$347.96 | \$25.76 |
| Employee & Children | \$1,080.24 | \$864.52 | \$215.72 | \$1,166.50 | \$933.50 | \$233.00 | \$17.28 |
| Employee & Family | \$1,760.44 | \$1,222.52 | \$537.92 | \$1,901.10 | \$1,320.14 | \$580.96 | \$43.04 |

| | Monthly Tobacco User Premium |
|--|------------------------------------|
| Tobacco User: No Change | |
| Employee or Spouse or Children Only | \$30 |
| Employee + Spouse or Employee + Children or Spouse +Children | \$60 |
| Family (Employee + Spouse + Children) | \$90 |

| Health Savings Account Contribution*: No Change | State Pays Monthly | State Pays Annually |
|---|-----------------------|------------------------|
| Employee Only | \$45 | \$540 |
| Employee & Spouse | \$90 | \$1,080 |
| Employee & Children | \$90 | \$1,080 |
| Employee & Family | \$90 | \$1,080 |

*Only available with Consumer Directed HealthSelect Plan

| | FY2025 | | | | | | |
|---|--------------------|-------------|---------|--------------------|-------------|---------|---------------------|
| Dental Insurance | Monthly Premium | Collin Pays | You Pay | Monthly Premium | Collin Pays | You Pay | Change Per Month |
| DeltaCare USA DHMO: No Change | | | | | | | |
| Employee Only | \$9.59 | \$9.59 | \$0.00 | \$9.59 | \$9.59 | \$0.00 | \$0.00 |
| Employee & Spouse | \$19.18 | \$9.59 | \$9.59 | \$19.18 | \$9.59 | \$9.59 | \$0.00 |
| Employee & Children | \$23.02 | \$9.59 | \$13.43 | \$23.02 | \$9.59 | \$13.43 | \$0.00 |
| Employee & Family | \$32.59 | \$9.59 | \$23.00 | \$32.59 | \$9.59 | \$23.00 | \$0.00 |
| Sate of Texas Dental Choice Plan: 8% Increase * | | | | | | | |
| Employee Only | \$28.73 | \$28.73 | \$0.00 | \$31.03 | \$31.03 | \$0.00 | \$2.30 |
| Employee & Spouse | \$57.46 | \$28.73 | \$28.73 | \$62.06 | \$31.03 | \$31.03 | \$2.30 |
| Employee & Children | \$68.95 | \$28.73 | \$40.22 | \$74.47 | \$31.03 | \$43.44 | \$3.22 |
| Employee & Family | \$97.68 | \$28.73 | \$68.95 | \$105.50 | \$31.03 | \$74.47 | \$5.52 |

 * Collin College will continue to cover the increase in Employee Only premium.

| | FY2025 | | | | | | |
|-------------------------------------|--------------------|------------|---------|--------------------|------------|---------|---------------------|
| Vision Insurance | Monthly Premium | State Pays | You Pay | Monthly Premium | State Pays | You Pay | Change Per Month |
| State of Texas Vision: 10% Increase | | | | | | | |
| Employee Only | \$4.61 | \$0.00 | \$4.61 | \$5.07 | \$0.00 | \$5.07 | \$0.46 |
| Employee & Spouse | \$9.22 | \$0.00 | \$9.22 | \$10.14 | \$0.00 | \$10.14 | \$0.92 |
| Employee & Children | \$9.91 | \$0.00 | \$9.91 | \$10.90 | \$0.00 | \$10.90 | \$0.99 |
| Employee & Family | \$14.52 | \$0.00 | \$14.52 | \$15.97 | \$0.00 | \$15.97 | \$1.45 |

| | | Election 1 Annual Salary | Election 2 Annual Salary | Election 3 Annual Salary | Election 4 Annual |
|--|----------|-----------------------------|-----------------------------|-----------------------------|----------------------|
| Life Insurance | Age | x1 | x 2 | x 3 | Salary x 4 |
| Employee Optional Term Life: No Change | | Monthly Rate | per \$1,000 of Ar | nnual Salary | |
| | 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 | \$0.13 | \$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 |

Dependent Term Life: No Change

\$1.45 per month for \$5,000 (includes \$5,000 AD&D coverage)

| Accidental Death & Dismemberment Insurance (AD&D) | Age | Minimum Coverage | Maximum Coverage | Minimum Increments |
|--|------------|---------------------|---------------------|-----------------------|
| Voluntary AD&D: No Change | Lin dan 70 | \$10,000 | #000.000 | ¢5,000 |
| Employee Only: \$0.02 per \$1,000 of coverage | Under 70 | \$10,000 | \$200,000 | \$5,000 |
| Employee + Family: \$0.04 per \$1,000 of coverage | 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 |

| Disability Insurance | FY2025 | FY2026 | Change Per \$100 of Monthly Salary |
|--|--------|--------|---|
| Texas Income Protection Plan (TIPP) | | | |
| Short-term Disability per \$100 of Monthly Salary: No Change | \$0.24 | \$0.24 | \$0.00 |
| Long-term Disabilty per \$100 of Monthly Salary (Decrease) | \$0.68 | \$0.63 | (\$0.05) |