



New Employee Benefits Guide

PLAN YEAR 2019

September 1, 2018 - August 31, 2019

For employees of:

Higher education institutions (except the
University of Texas and Texas A&M University systems)

Community Supervision and Corrections Department

Teacher Retirement System

Texas Municipal Retirement System

Texas County & District Retirement System

Windham School District



A message from ERS Executive Director Porter Wilson



Congratulations on your new job!

I want to be among the first to welcome you to your new position in public service.

The Employees Retirement System of Texas (ERS) administers some of the excellent benefits provided to you by the State of Texas and your employer. These comprehensive benefits are designed to help you enhance your wellness and secure your future.

You have a limited window of time to make important decisions about your benefits. I encourage you to read this guide to educate yourself and make informed choices in your first 31 to 60 days of employment.

At ERS, we're proud to support excellence in public service by administering health insurance and other benefits to you and your family.

This New Employee Benefits Guide provides the information you need to make the most of your comprehensive State of Texas benefits package. For more information, visit the ERS website at **www.ers.texas.gov**.

Sincerely,

Porter Wilson
Executive Director
Employees Retirement System of Texas

The New Employee Benefits Guide for Plan Year 2019 highlights benefits that are effective at the time of publication. ERS benefits are subject to change without notice and depend on funding from the state.

Employees Retirement System of Texas

Always available online at **www.ers.texas.gov**

24/7 access to automated information on your insurance and retirement benefits:
(877) 275-4377, TDD: 711. Talk to a representative 7:30 a.m. to 5:30 p.m. CT, Monday through Friday.

Published September 2018

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Go Online

For a quick overview of your new employee benefits, visit
www.ers.texas.gov/Employees/New-Employee/Overview/

ERS OFFERS COMPETITIVE BENEFITS
TO ENHANCE THE LIVES OF ITS MEMBERS.

Getting started: signing up for your benefits

As a State of Texas employee, you will automatically be enrolled in:

- the **HealthSelect of Texas** point-of-service health plan, which includes prescription drug coverage.
- **\$5,000 Basic Term Life and accidental death & dismemberment (AD&D) insurance.** This comes automatically with your health insurance at no cost to full-time employees (part-time employees pay half the cost of their Basic Term Life and AD&D insurance).

You have a choice

If you don't want to enroll in HealthSelect of Texas, you may choose one of the following health insurance plans:

- Consumer Directed HealthSelect, a high-deductible health plan paired with a tax-free health savings account or
- a health maintenance organization (HMO), if you live or work in one of the counties they serve

You can also enroll in:

- one of three dental plans;
- State of Texas Vision;
- additional life insurance for yourself and eligible dependents;
- additional AD&D insurance;
- short-term and long-term disability coverage through the Texas Income Protection PlanSM (TIPP);
- a TexaSaver 457 plan and
- up to three TexFlex flexible spending accounts.

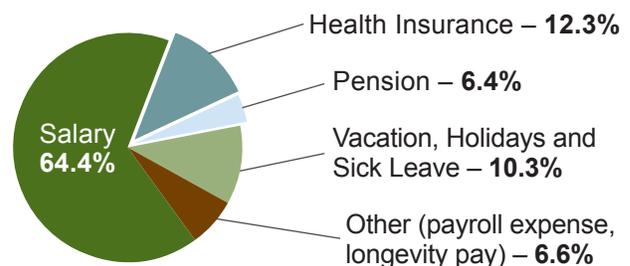
What are your benefits worth?

For the average state employee, the State of Texas benefits package makes up more than one-third of his or her total compensation.

Average state employee total compensation = \$72,205

- \$46,475 in salary
- \$25,730 in benefits

Employers and employees say that the benefits are a major draw to state employment.



Source: [Texas State Auditor's Office, State Employee Benefits](#) as a Percentage of Total Compensation, April 2018



Please Note!

Unless you opt out of health coverage or select another plan, ERS will enroll you in HealthSelect of Texas. Also, if you don't enroll in optional benefits **during your first 31 days on the job**, you will have to wait until the annual Summer Enrollment period or until you experience a qualifying life event (QLE) to do so. If you wait, coverage in some plans is not guaranteed.

✔ Benefits Checklist

Within 31 days of your hire

Enroll yourself and your eligible dependents in optional coverage. You cannot enroll your dependents in health, dental or vision insurance if you are not enrolled in those plans. You must also enroll in Voluntary Accidental Death and Dismemberment (AD&D) if you want get AD&D coverage for your eligible family members.

Important to note: If you are a new hire without a health insurance waiting period, you also have 31 days to make health coverage changes if you choose to do so.

Dental plans – coverage for you and your family

- HumanaDental dental health maintenance organization (DHMO) or
- State of Texas Dental Choice preferred provider organization or
- State of Texas Dental Discount Plan

Vision insurance – coverage for you and your family

- State of Texas Vision

Optional Term Life Insurance – coverage for yourself

- Coverage at 1 or 2 times your annual salary
- Coverage of 3 or 4 times your annual salary, through evidence of insurability (EOI)

Voluntary Accidental Death & Dismemberment (AD&D) Insurance – coverage for you and your family

- \$10,000 - \$200,000 for yourself
- Eligible dependents enrolled at a percentage of your covered amount

Dependent Term Life Insurance – coverage for your family

- \$5,000 basic life policy, includes \$5,000 AD&D coverage

Texas Income Protection Plan (TIPP) – coverage for yourself

- Short-term disability insurance
- Long-term disability insurance

TexFlex

Flexible Spending Accounts

- Health care flexible spending account (not available to Consumer Directed HealthSelect participants)
- Limited flexible spending account (available only to Consumer Directed HealthSelect participants)
- Dependent day care flexible spending account
Note: Your dependent does not need to be enrolled in your health insurance for you to set up this account and submit claims.

Commuter spending account

- For mass transit or parking expenses associated with your commute to work.

Within 60 days of your hire

Health insurance

Change your health insurance from HealthSelect of Texas if you are a full-time employee subject to a health waiting period. Enroll your eligible dependents in coverage. Enroll yourself and your eligible dependents if you are a part-time employee.

- HealthSelect of Texas (dependents and part-time employees are not automatically enrolled) or
- Consumer Directed HealthSelect or
- An HMO, if you live or work in an eligible county or
- Opt out of health coverage

Note: If you opt out, you can get a monetary credit to apply toward premiums paid for dental, vision and AD&D insurance.

- Waive health coverage AND
- Enroll eligible dependents.
- Complete dependent child certification and begin dependent verification. You and your dependents must be enrolled in the same plan.
- Certify tobacco-use status for yourself and any covered dependents.

At any time

Texa\$aver voluntary retirement savings account

- Enroll in a 457 plan
- Increase your 457 plan savings contribution

Add and update beneficiaries

- Life insurance
- Texa\$aver

After your first 31 or 60 days of employment, you can make benefits changes only during Summer Enrollment unless you have a qualifying life event (QLE)—for example, you get married or divorced or you have a child. However, you must make benefit changes within 31 days of that QLE.

Example: Your child gets health insurance coverage from your spouse. You want to drop him or her from your plan. You will have a 31-day window to do so.

Exception: If your child loses Medicaid or CHIP eligibility, you will have 60 days to sign them up for GBP health coverage.



Please Note: No Questions Asked for 31 days

If you want additional life insurance coverage and disability insurance, now is the best time to sign up. If you sign up within your first month of employment, you will not need to provide evidence of insurability (EOI). EOI is an application process during which you must provide information about your or your dependents' health. If you wait, you run the risk of not qualifying for these benefits based on those EOI results. Don't miss your 31-day window of opportunity!

Understand your health plan options

Choosing the right health insurance for you and your family is an important decision. You have a responsibility to understand how the benefits you select could affect your family's health and finances.

As a higher education employee not enrolled in Medicare, you have options when it comes to health insurance. You can choose HealthSelectSM of Texas or Consumer Directed HealthSelectSM. Depending on what county you live or work in, you may decide to enroll in one of the health maintenance organizations (HMOs): Community First Health Plans in the San Antonio area, KelseyCare powered by Community Health Choice in the Houston area and Scott & White Health Plan in central Texas.

All the health plans are network-based. This means you'll save money—sometimes a lot of money—if you go to doctors and other providers in the plan's network. The two HealthSelect plans have a large network of more than 50,000 primary care physicians (PCPs), specialists, hospitals and other providers across Texas. The HMOs have smaller networks that are limited to certain counties.

All plans require cost sharing. You and the State of Texas, as your employer, both pay for coverage and care. The state pays 100% of the monthly premium for eligible full-time employees and 50% of the premium for eligible

dependents. The state pays 50% of the premium for eligible part-time employees and 25% of the premium for their eligible dependents.

You may also pay out of pocket for some of your care—through copays, coinsurance, deductibles for prescriptions, and in some cases, deductibles for medical care. How much you pay out of pocket depends on the plan you choose. With the Consumer Directed HealthSelect high-deductible plan, you could have much higher out-of-pocket costs. However, this plan also gives you the chance to save money tax-free in a health savings account (HSA) for health care costs and includes a monthly contribution from the state to your HSA. The HSA is portable, meaning you keep the account and all the funds in it if you leave state employment. In addition, you don't have to use the money during the plan year—you can save it as long as you want and use it when you decide to.

Which plan is best for you and your family? The table on the next page shows features of each plan. You can also use the online decision tool at www.healthselect.bcbstx.com/content/healthselect-plans/index#plan-selector. Part-time premium information is on page 26.



Go Online - Set up an ERS account online

With an online ERS account, you can check your coverage, update contact information and do other benefits-related activities at any time of the day or night, without having to call or visit ERS. Once you have your user name and password (usually given to you on your first day of employment), follow these steps to set up an account:

1. Go to www.ers.texas.gov.
2. Click on Access My Account.
3. Enter your username and password
4. Verify your contact information

Because you are a new employee, your Benefits Coordinator will likely enroll you and your dependents in the coverage you choose. However, with your online account, you will be able to update your elections on your own during the next open enrollment period.

Don't forget to update your ERS Online Account if you move or have other life changes.

While you're on the ERS site, sign up for ERS news and updates.



Health insurance plan features

	Point-of-service plan	High-deductible plan with HSA	HMOs
			  
Key Advantage(s)	<ul style="list-style-type: none"> • Low out-of-pocket costs for in-network care • Large, statewide network 	<ul style="list-style-type: none"> • Tax-free savings in health savings account (HSA), with monthly contribution from the state • Large, statewide network • Referrals not needed 	<ul style="list-style-type: none"> • Low out-of-pocket costs for in-network care • Lower monthly premiums
In-Network Preventive Care Covered at 100%	Yes	Yes	Yes
Prescription Drug Coverage	Yes	Yes	Yes
Key Downside(s)	<ul style="list-style-type: none"> • Referrals needed for most specialty care • Higher monthly premiums for dependents and part-time employees 	Possibly high out-of-pocket costs for non-preventive care (plan pays nothing until deductible is met)	<ul style="list-style-type: none"> • Limited regional network • Plan pays nothing for out-of-network care (except emergencies)
Might be good for people who ...	<ul style="list-style-type: none"> • Want to keep their out-of-pocket costs low • Don't mind getting referrals for specialty care • Are willing to pay higher dependent or part-time employee premiums 	<ul style="list-style-type: none"> • Usually have low (or very high) health expenses • Can afford to pay up to thousands in out-of-pocket costs (especially if emergency or chronic care is needed) • Want the state's tax-free HSA contribution • Don't want to get referrals for specialty care 	<ul style="list-style-type: none"> • Want to keep their out-of-pocket costs low • Don't mind getting all non-emergency care from a small, regional network • Want to pay a lower dependent or part-time employee premiums



HealthSelect of Texas and Consumer Directed HealthSelect

No matter where you live or work, you can choose between HealthSelect of Texas and Consumer Directed HealthSelect. With both plans, you have access to a provider network of more than 50,000 providers in Texas. Both plans include a comprehensive prescription drug program administered by OptumRx.

HealthSelect^{of Texas}

Here are some key features of HealthSelect of Texas:

- You do not have to meet an annual medical deductible if your provider is in the HealthSelect network. You will have to meet a \$500 deductible per person, or \$1,500 deductible per family if you get care outside the network.
- You have prescription drug coverage through a plan administered by OptumRx. You will have to meet a \$50 per person deductible before the plan begins to pay. This deductible resets at the beginning of each calendar year. (The plan year for health benefits follows the state’s fiscal year calendar – September through August.)
- You are responsible for copays and/or coinsurance for doctor and hospital visits and other medical services, such as outpatient surgery and high-tech radiology.

- To keep your costs as low as possible, you need to name a primary care physician (PCP) and get referrals from your PCP to see in-network specialists. If you do not get a referral from your PCP, you could pay more for your treatment, even if the provider is in the HealthSelect network.

You do not need a referral for:

- eye exams (both routine and diagnostic),
- ob/gyn visits,
- mental health counseling,
- chiropractic visits,
- occupational therapy, speech therapy and physical therapy and
- virtual visits, urgent care centers and convenience care clinics.

CONSUMER DIRECTED

HealthSelectTM

Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). The high deductible means you could have higher out-of-pocket costs before your health plan begins to pay for any care, except preventive care.

Here are some key features of Consumer Directed HealthSelect:

- You do not need to designate a PCP or get referrals to specialists.
- The monthly dependent premium is a lower than HealthSelect of Texas, but you pay the full cost of doctor visits, prescriptions, hospital stays and any other non-preventive health services or products until you have reached the annual deductible. (See deductible amounts to the right.)

- You have prescription drug coverage through a plan administered by OptumRx.
- After you meet the deductible, you pay coinsurance (20% in network, 40% out of network) for medical services and prescriptions, rather than a copay.
- Your deductibles for individual and family coverage reset on January 1. (The plan year for health benefits follows the state’s fiscal year calendar – September through August.)

2018 and 2019 Deductible (includes prescriptions)	Individual Coverage	Family Coverage
In-network	\$2,100	\$4,200
Out-of-network	\$4,200	\$8,400

Health savings account (HSA)

An HSA allows you to set money aside, tax-free, and use the funds to pay for eligible out-of-pocket health expenses.

- You can use your HSA funds for qualified medical expenses for yourself, your spouse and eligible dependents. The IRS defines qualified medical expenses. Visit www.hsacenter.com/what-is-an-hsa/qualified-medical-expenses/ for more information.
- To help cover your out-of-pocket health costs, the state makes a monthly contribution to the HSA of every eligible member enrolled in Consumer Directed HealthSelect: \$45 for an individual (\$540 per year) or \$90 for a family (\$1,080 per year) in Plan Year 2018.
- You can make pre-tax contributions to your HSA through payroll deductions. The IRS sets the maximum contribution amount each year. See the table to the right for maximum contributions.
- All the money in your HSA carries over from one year to the next – there is no use-it-or-lose-it rule — and you can keep the funds if you change health plans or even leave state employment.

HSA contributions and maximums* for 2018

Description	Individual Account	Family Account**
Annual total contribution allowed from all sources January 1, 2018 – December 31, 2018	\$3,450	\$6,900
Annual state contribution	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)
Annual maximum participant contribution	\$2,910	\$5,770

*HSA contributions and limits may change from year to year. They may also change based on eligibility requirements and the participant's age. Maximums are set by the IRS and include both pre-tax and post-tax contributions to an HSA.

**A family account includes the member plus any number of dependents enrolled in Consumer Directed HealthSelect.



Go Online

Enrolling in Consumer Directed HealthSelect? Open an HSA ASAP!

If you enroll in Consumer Directed HealthSelect, you will need to open your HSA as soon as possible so state payments and other funds can be deposited into your account. Optum Bank manages the HSA program. You can go to www.OptumBank.com to open an account or call them to get an application mailed to you. Once you open the account, Optum Bank will send you a debit card to pay for eligible health expenses. You will have access only to the amount of money that has accumulated in your HSA and not funds that you have pledged to deposit.



Please Note!

You can opt out of health insurance coverage — and get credit.

If you can certify that you already have health insurance that is equal to or better than that offered through ERS, you can sign up for a monthly Health Insurance Opt-Out Credit of up to \$60 for full-time employees and \$30 for part-time employees.

- The credit helps pay your dental, vision and Voluntary Accidental Death & Dismemberment insurance premiums. It cannot be used for the State of Texas Dental Discount Plan.
- The credit is not available if your other insurance is Medicare, you have health insurance coverage through ERS as a dependent or you receive a state contribution for other insurance coverage.

Important: If you opt out of an ERS health plan, you give up your prescription coverage and will no longer have Basic Term Life and AD&D coverage.

If you lose your other coverage, you can enroll in one of the health insurance plans offered through ERS. Losing coverage is a qualifying life event, and you will have 31 days to enroll in and ERS health plan.

Health Maintenance Organizations (HMOs)

If you live or work in an eligible county, you may decide to enroll in an HMO. These regional plans have smaller networks than the HealthSelect plans, but they cover most of the same care and services as HealthSelect and generally have lower dependent premiums.

- You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered, unless the HMO has authorized out-of-network treatment. Only emergency care services are covered outside the network without authorization.
- HMOs have their own prescription drug coverage. The annual \$50 per person drug deductible resets on September 1.



HMO Plan	Service Area	Counties
Community First Health Plans	San Antonio area	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson
KelseyCare powered by Community Health Choice	Houston area	Brazoria, Fort Bend, Galveston, Harris and Montgomery
Scott & White Health Plan	Central Texas	Austin, Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Travis, Walker, Waller, Washington and Williamson



Please Note

- You must select a primary care physician (PCP) if you enroll in HealthSelect of Texas or the Community First Health Plans HMO. If you don't choose a PCP, you may end up paying more—possibly a lot more—for services.
- You do not need to designate a PCP if you enroll in Consumer Directed HealthSelect, Scott & White Health Plan or KelseyCare powered by Community Health Choice or if you're in HealthSelect Out of State.
- If you are in HealthSelect of Texas and need to see a specialist—someone other than your PCP—you will need to get a referral from your PCP.

Prescription drug coverage

Your health insurance plan includes coverage for prescription drugs. If you are enrolled in HealthSelect of Texas or Consumer Directed HealthSelect, you will get separate ID cards for medical (Blue Cross and Blue Shield of Texas) and prescription drug (OptumRx) coverage. HMOs have their own prescription plans and will send just one ID card for both medical and prescription coverage.

Prescription drugs fall into three categories, called tiers, with different copays for each tier.

- Tier 1 prescriptions are usually inexpensive medications, such as generic drugs.
- Tier 2 prescriptions are usually lower-cost preferred brand-name drugs.
- Tier 3 prescriptions are non-preferred brand-name drugs with a high cost.



To find out which pharmacies you can use under each plan, visit the plan website.

Prescription drug coverage comparison chart

	HealthSelect of Texas	Consumer Directed HealthSelect	HMOs
Deductible	\$50 for each covered individual. (January 1 - December 31)	\$2,100 per individual and \$4,200 per family (in combined medical and pharmacy expenses) using in-network pharmacies. (January 1 - December 31)	\$50 for each covered individual. (September 1 - August 31)
Copays: In-network	Up to a 30-day supply of Non-maintenance medications: Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 Maintenance medications*: Tier 1: \$10, Tier 2: \$45, Tier 3: \$75	20% coinsurance after the annual deductible is met.	Up to a 30-day supply of Non-maintenance medications: Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 Maintenance medications*: Tier 1: \$10, Tier 2: \$45, Tier 3: \$75
Copays: Out-of-network	Copay plus 40% coinsurance for all three tiers.	40% coinsurance after the annual out-of-network deductible is met.	Does not apply.
Extended Days Supply (EDS)**	90-day supply: Tier 1: \$30, Tier 2: \$105, Tier 3: \$180	20% coinsurance after the annual deductible is met.	Does not apply.
Mail order	Yes	Yes	Yes
Brand-name drug payment	If a generic drug is available and you choose the brand-name drug, you will pay the Tier 1 copay or coinsurance, as applicable, plus the difference in cost to the plan between the brand-name drug and the generic drug.		

*There is a retail maintenance fee - an additional charge - for filling a 30-day supply or less of maintenance medications, which are prescriptions you take regularly.

**An Extended Days Supply (EDS) means a pharmacy can dispense up to a 90-day supply of maintenance prescription drugs at one time.



You must certify—whether you use tobacco or not

If you enroll, and enroll a dependent, in GBP health insurance, you must certify your status as a tobacco user. You must also certify your dependent's status. A tobacco user is a person who has used any tobacco product five or more times within the past three consecutive months. If you or any of your dependents use tobacco and enroll in an ERS health plan, you will have to pay a higher premium.

Note: You need to certify your status only once, unless your status changes. This online certification is legally binding. If you and your dependents don't certify your status, you will be charged a monthly tobacco-user fee, whether you use tobacco or not.

Ready to quit?

All health plans offered through ERS cover programs and prescription drugs that will help you quit. If you remain tobacco-free for three consecutive months, you can re-certify as a tobacco non-user and you will no longer have to pay the higher premiums.

Tobacco premium alternative

If you are a tobacco user, you may qualify for an alternative to the Tobacco User Premium, if it complies with your doctor's recommendations. For more information, see the ERS tobacco policy on ERS website at www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification or contact ERS toll-free at (877) 275-4377.

Improve your health and lifestyle!

The tobacco cessation program is only one of the programs and tools your state benefits package offers to help you get healthier. Visit your health plan's website to find out more about the wellness programs available to you.

Dependent coverage and eligibility



Your spouse and other qualified dependents can receive health insurance and other coverage for an additional premium. Please remember that you must enroll in a plan before you can enroll your dependents in that plan.

Your dependents must meet certain criteria to be eligible. Please see the dependent eligibility chart on page 11. You can also go online at www.ers.texas.gov/Benefits-at-a-Glance/GBP-Eligibility to learn more about who qualifies for insurance coverage.

Get the Dependent eligibility chart at www.ers.texas.gov/PDFs/Dependent-eligibility-chart.pdf.

Certifying dependent children

If you enroll a child or children through your online ERS account, you will be asked to certify each one before you submit your enrollment elections.

If you enroll your children with help from your benefits coordinator/human resources department or the HHS Employee Service Center (HHS employees only)—or if you send a paper enrollment for to ERS yourself—you must fill out, sign and return the Dependent Child Certification form. Get the form:

- from your benefits coordinator/HR department or the HHS Employee Service Center or
- at www.ers.texas.gov/Active-Employees/Forms/.

Scroll down until you see the link to the Dependent Child Certification form. You can fill it out online and print it, or you can print it and write the information in ink.

Whether you certify your children online or with a paper form, the certification is legally binding. If you submit false information, you could lose your benefits and so could your dependents. If you intentionally provide false information, you may face criminal penalties.

Verifying all dependents

Once ERS processes your dependents' enrollment in health coverage, a third-party administrator called Alight Solutions will contact you. ERS works with Alight Solutions to verify that dependents are eligible to participate in our health plans. Alight Solutions will mail you a letter that outlines the steps in the verification process. The letter will list the names of the dependents being verified, the documents needed to do so and the deadline for sending those documents.

Important: If you get a letter from Alight Solutions, open it right away! Be sure to carefully review all the information and **keep the deadline** in mind. If you don't send the right documents or send documents after the deadline, your dependents may be found ineligible and dropped from all coverage.

If you have questions about verifying your dependents, call Alight Solutions toll-free at (800) 987-6605, TY: 711.



Up-close

JENNICA PRESTON Benefits Coordinator

Seeing Results with Real Appeal

When Jennica Preston joined Real Appeal two years ago, she wanted to lose the weight she had gained while pregnant with her now 10-year-old son. Preston, a human resources specialist at the Railroad Commission of Texas (RRC), wasn't happy with the woman she saw in her mirror.

"I'd always been petite and small," says Preston, who was enthusiastic about the Real Appeal approach from the beginning. "Real Appeal motivated me to make the right choices," she said. "Right off the bat, I went cold turkey and stopped eating fast food and sodas. I started using my husband's workout equipment to get exercise at home. A few times each week, I walked the 12 flights of stairs to my office."

Preston's commitment paid off. In less than six months, she lost 32 pounds. Today, she is 64 pounds lighter and delighted with the results of her lifestyle change. "I'm thrilled to be getting back to the person I really am."

Preston is also eager to help others as they seek to become healthier—and happier. She recently agreed to become the new wellness coordinator at the Texas RRC and is excited to "have an opportunity to help my colleagues by sharing the benefits of getting and staying fit."

Dependent eligibility chart

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage. If you are unable to supply the documents listed below, please contact Alight Solutions Customer Service.

NOTE: You must provide a birth certificate to enroll a newborn child. Alight Solutions will accept a hospital-issued birth certificate for a child age three months or younger.

Dependent of the Participant (employee, retiree or other individual enrolled in program as recognized by Texas law)	Eligibility	Examples of Supporting Documents (these documents are required)
Spouse	Spouse as recognized by law	<ul style="list-style-type: none"> Government-issued marriage certificate AND Current federal tax return OR Proof of joint ownership** issued within last six months OR Government-issued marriage certificate only (if married in the last 12 months)
Common Law Spouse	Spouse as recognized by law	<ul style="list-style-type: none"> Declaration of informal marriage with the county courthouse AND Current federal tax return OR Proof of joint ownership** issued within last six months
Biological Child*	Natural-born child	<ul style="list-style-type: none"> Government-issued birth certificate (see note above)
Adopted Child*	Child is eligible at time of placement.	<ul style="list-style-type: none"> Adoption certificate OR Adoption placement agreement AND Petition for adoption
Stepchild*	Child is not required to live in participant's household.	<ul style="list-style-type: none"> Government-issued marriage certificate OR Declaration of informal marriage with the county courthouse AND Child's government-issued birth certificate AND Current federal tax return OR Proof of joint ownership** issued within last six months
Child of Managing Conservator*	Child is identified in the managing conservatorship granted to the participant.	<ul style="list-style-type: none"> Managing conservatorship court document signed by judge
Foster Child*	Child must not have other governmental insurance.	<ul style="list-style-type: none"> Placement order AND Affidavit of foster child
Legal Ward Child*	Child is under the protection or in the custody of the participant.	<ul style="list-style-type: none"> Court order signed by a judge appointing participant as the child's guardian (documentation of legal custody) AND Government-issued birth certificate
Other Child*	<p>Child is related to participant by blood or marriage, was claimed as dependent on participant's federal income tax return for previous tax year, and will continue to be claimed on participant's federal income tax return for every calendar year the child is covered.</p> <p>A child who is acquired or born in the current calendar year will be claimed and continue to be claimed on participant's federal income tax return for every calendar year the child is covered.</p>	<ul style="list-style-type: none"> Government-issued birth certificate (see note above) OR Government-issued marriage license to prove family relationship AND Current federal tax return OR Affidavit of good cause

*Child must be under age 26 for health insurance, and can be married or unmarried. Child must be under age 26 and unmarried for dental coverage, State of Texas Vision and Dependent Term Life Insurance. Disabled dependent children age 26 and over may be eligible for insurance. For more information, visit the ERS website.

**See the Documentation Requirements in the communications Alight Solutions sends you for examples of Joint Ownership documents. False information could lead to expulsion from the GBP and/or criminal prosecution.

HEALTH PLANS COMPARISON CHART

Effective September 1, 2018

Benefits	HealthSelect of Texas				Consumer Directed HealthSelect		HMOs	
	In-Area		HealthSelect Out-of-State		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Annual deductible	None	\$500 per person ¹ \$1,500 per family ¹	None	\$500 per person ¹ \$1,500 per family ¹	\$2,100 per person ¹ \$4,200 per family ¹	\$4,200 per person ¹ \$8,400 per family ¹	None	None
Out-of-pocket coinsurance maximum²	\$2,000 per person ¹	\$7,000 per person ¹	\$2,000 per person ¹	\$7,000 per person ¹	None	None	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum (including deductibles, coinsurance and copays) ^{4,5}	**\$6,650 per person ¹ \$13,300 per family ¹	None	**\$6,650 per person ¹ \$13,300 per family ¹	None	**\$6,650 per person ¹ \$13,300 per family ¹	None	\$6,650 per person ³ \$13,300 per family ³	\$6,650 per person ³ \$13,300 per family ³
Primary care physician required	Yes	No	No	No	No	No	Community First - yes Scott & White - no	No
Primary care physicians' office visit	\$25 copay	40%*	\$25 copay	40%*	20%**	40%*	\$25	\$15
Mental health care								
a. Outpatient physician or mental health provider office visit	\$25 copay	40%*	\$25 copay	40%*	20%**	40%*	\$25	\$25
b. Hospital Mental health inpatient stay⁶	\$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	\$150/day copay plus 40%* (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	\$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	\$150/day copay plus 40%* (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	20%**	40%*	20% coinsurance (plus \$150 per day copay per admission)	20% coinsurance (plus \$150 per day copay per admission)
c. Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment) ⁷	20%	40%*	20%	40%*	20%**	40%*	\$25 copay (prior authorization required)	\$25 copay
Physicals⁸	No charge	40%*	No charge	40%*	No charge	40%*	No charge	No charge
Specialty physicians' office visits	\$40	40%*	\$40	40%*	20%**	40%*	\$40	\$25
Routine eye exam, one per year per participant	\$40	40%*	\$40	40%*	20%**	40%*	\$40 ^{3,6}	\$25 ³
Routine preventive care⁸	No charge	40%*	No charge	40%*	No charge	40%*	No charge	No charge
Diagnostic x-rays, lab tests, and mammography	20%	40%*	20%	40%*	20%**	40%*	20%	No charge* (physician office)
Office surgery and diagnostic procedures	20%	40%*	20%	40%*	20%**	40%*	20%	\$15 PCP or \$25 Specialist
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{7,8,9}	\$100 copay plus 20%	\$100 copay plus 40%*	\$100 copay plus 20%	\$100 copay plus 40%*	20%**	40%*	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
Urgent care clinic	\$50 copay plus 20%	40%*	\$50 copay plus 20%	40%*	20%**	40%*	\$50 copay plus 20%	\$50 copay plus 20%

HEALTH PLANS COMPARISON CHART

Effective September 1, 2018

Benefits	HealthSelect of Texas				Consumer Directed HealthSelect		HMOs	
	In-Area		HealthSelect Out-of-State		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Maternity Care doctor charges only [#] ; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁶	40%*	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁶	40%*	No charge for routine prenatal appointments 20%** for first post-natal visit	40%*	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁶	No charge
Chiropractic Care								
a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%*	20%; \$40 copay plus 20% with office visit	40%*	20%**	40%*	CFHP: \$40 copay plus 20% SWHP: 20%; \$40 copay plus 20% with office visit	\$25 copay
b. Maximum benefit per visit	\$75	\$75	\$75	\$75	\$75	\$75	CFHP-\$75/ SWHP - None	-
c. Maximum visits Each participant Per calendar year	30	30	30	30	30	30	CFHP-30; SWHP-35 (maximum manipulative therapy visits)	30
Inpatient hospital (semi-private room and day's board, and intensive care unit) ⁹	\$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	\$150/day copay plus 40%* (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	\$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	\$150/day copay plus 40%* (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person)	20%**	40%*	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person ³)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person)
Emergency care	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay) ¹²	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay) ¹²	20%**	20%** ¹²	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copay plus 20% (if admitted copay will apply to hospital copay)
Outpatient surgery other than in physician's office ⁹	\$100 copay plus 20%	\$100 copay plus 40%*	\$100 copay plus 20%	\$100 copay plus 40%*	20%**	40%*	\$100 copay plus 20%	\$150 copay plus 20%
Bariatric surgery ^{9,10,11}	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	Not covered	Not covered	Not covered	Not covered
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).				Plan pays up to \$1,000 per ear every three years (after deductible is met).		Plan pays up to \$1,000 per ear every three years (no deductible).	
Durable medical equipment ⁹	20%	40%*	20%	40%*	20%**	40%*	20%	20%
Ambulance services (non-emergency) ⁹	20%	20%	20%	20%	20%**	20%**	20%	20%

*Note: 40% coinsurance after you meet the annual out-of-network deductible **Note: 20% coinsurance after you meet the annual in-network deductible

¹Applies to calendar year, January 1 - December 31. ²Does not include copays. ³Applies to plan year, September 1 - August 31. ⁴Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. ⁵Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. ⁶Copay depends on whether treatment is given by PCP or specialist. ⁷Outpatient testing only. Does not apply to inpatient services. ⁸No copay if high-tech radiology is performed during ER visit or inpatient admission. ⁹Preauthorization required. ¹⁰Active employees only; see health plan for additional requirements/limitations. ¹¹The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. ¹²Benefits shown do not apply to out-of-network freestanding ERs. For information about this coverage, see the Master Benefit Plan Document.

[#]Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services.



When do my benefits start?

First day of employment

Coverage for your optional benefits—dental, vision, optional life elections 1 and 2, dependent life, AD&D, TIPP disability insurance and TexFlex flexible spending accounts—could begin right away when you enroll on your first day.

First of the month following your date of hire

If you enroll in optional benefits within 31 days of your hire date, coverage begins on the first day of the month after you added the coverage.

Important note: For optional life elections 3 and 4, coverage begins when you are approved through evidence of insurability (EOI). Learn more about EOI on page 34.

First of the month after 60 days of employment

Health insurance and prescription drug coverage begin the first day of the month following your 60th day of employment. If your 60th day of employment falls on the first of the month, health coverage begins on that day. For example, if you are hired on March 2, your 60th day will be May 1. Your health coverage begins then—you don't have to wait until June 1.

This waiting period does not apply if you:

- were rehired without a break in GBP health coverage,
- transferred from another GBP agency or institution without a break in GBP coverage,
- transferred from the University of Texas or Texas A&M University system without a break in coverage,
- are a return-to-work retiree enrolled in GBP health coverage as a retiree,
- are enrolled in GBP health coverage as a dependent or through COBRA on the date of hire or rehire,
- are rehired on or after September 1, 2015 and returned to employment at the same state agency within 90 days of leaving active military duty or
- become a State of Texas worker while you are a dependent covered under members of the GBP.

If you are in one of the categories above, please notify your HR department within 31 days of your hire date so you can start receiving your health benefits. For those starting mid-month, coverage under your new employer begins the first of the next month.

If you do not have a waiting period, you'll have 31 days to make health coverage changes. Those changes will begin the first day of the next month. However, if you transferred as an employee from one GBP entity to another with no break in service, start your job on the first day of the month and change your health coverage that day, the change takes place immediately.



Dental Plans



For an additional premium, you may enroll in one of the following three dental plans.

You must enroll in a dental plan before you can add dependents, and your dependents must be enrolled in the same plan as you.



Go Online

Find a list of providers for the State of Texas Dental Choice Plan or HumanaDental DMHO at <https://our.humana.com/ers/> or by calling HumanaDental toll-free at (877) 377-0987 (TTY: 711).

State of Texas Dental Choice

This is a preferred provider organization (PPO) dental insurance plan.

- You can see any provider, but you will pay less if you see one who is in the HumanaDental PPO.
- Benefits are available in the United States, Canada and Mexico if you live in the United States.



HumanaDental Dental Health Maintenance Organization (DHMO)

This is a dental health maintenance organization (DHMO) dental insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a HumanaDental DHMO network dentist in your area who is accepting new patients. For a list of providers, visit <https://our.humana.com/ers/> or call HumanaDental.
- You must select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.

Important note: Services from participating specialty dentists cost 25% less than the dentist's usual charge.



State of Texas Dental Discount PlanSM

This is not a dental insurance plan.

- You receive discounted prices – 20% to 60% off – on usual charges for dental treatments and services at participating providers.
- There are no claim forms, copays, deductibles, annual maximums or limits on use.

This plan is available throughout the United States, excluding Vermont and U.S. territories. Participants may also access savings on dental care in the United Kingdom.



Dental discount plan features

Plan Features	Dental Discount Plan	Dental Insurance
Claim forms and paperwork	–	✓
Copays	–	✓
Deductibles	–	✓
Annual maximums	–	✓
Limits on use	–	✓
Savings on cosmetic services	✓	–

Dental insurance plans comparison chart

	HumanaDental DHMO ¹	State of Texas Dental Choice Plan SM Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
		In-network/ participating dentist	Out-of-network/ non-participating dentist ²
Dentists	You must select a primary care dentist (PCD). NOTE: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.		
Deductibles	None	Preventive-Individual-\$0; Family-\$0. Combined Basic/Major-Individual-\$50; Family-\$150. Orthodontic services - no deductible.	Preventive-Individual-\$50; Family-\$150. Combined Basic/Major-Individual-\$100; Family-\$300. Orthodontic services - no deductible.
Copays/ coinsurance	Primary dentist - Copays vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Specialty dentistry - You pay 75% of the dentist's usual and customary fee. DHMO pays nothing ¹ .	Preventive and Diagnostic Services - You pay nothing. Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. Major Services - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. After you reach the Maximum Calendar Year Benefit you pay 60% until January 1 ³ .	Preventive and Diagnostic Services - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services - You pay 30% coinsurance after meeting the Basic Services deductible. Major Services - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit you pay 100% until January 1 ³ .
Maximum calendar year benefit	Unlimited	\$2,000 per covered individual. (includes orthodontic extractions)	\$2,000 per covered individual. (includes orthodontic extractions)
Maximum lifetime benefit	Unlimited	\$2,000 per covered individual for orthodontic services.	\$2,000 per covered individual for orthodontic services.
Average cost of cleaning / oral exams	Vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Up to two cleaning/oral exams per calendar year allowed.	You pay nothing. Up to two cleaning/oral exams per calendar year allowed.	10% of the allowed amount after deductible is met. Up to two cleaning/oral exams per calendar year allowed.
Orthodontic coverage	Orthodontic services performed by a general dentist listed in the directory with an "0" treatment code – child - \$1,800, adult - \$2,100. Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	You pay 50% of the allowed amount.	You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

NOTE: This comparison chart is a summary of the benefits offered by the two dental insurance plans. See each plan's handbook for actual coverage and limitations. Prior to starting treatment, discuss your treatment plan and charges with your dentist.

¹This comparison chart shows your responsibility for services received from participating PCDs only. Services from participating specialty dentists are 25% less than the dentist's usual charge.

²In the State of Texas Dental Choice PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you are not billed for additional charges, visit a participating PPO network dentist.

³Services from in-network dental providers after the maximum calendar year benefit is reached will be paid at 40% coinsurance by the plan. There is no coverage for out-of-network dental providers after the maximum calendar year benefit is reached.



Your health plan covers some vision and eye health services, including an eye exam and treatment for eye diseases. Most health plans do not cover the cost of eyeglasses or contact lenses.

Enroll yourself and your dependents in State of Texas Vision for an additional monthly premium. For a set copay amount, State of Texas Vision offers an eye exam, contact lens fitting and other options (such as single vision lenses or ultraviolet coating). State of Texas Vision offers an allowance on the cost of eyeglasses or contact lenses, as well as discounts for LASIK. For a complete list of plan benefits and a list of providers, visit www.stateoftexasvision.com.

Vision coverage comparison chart

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect	Community First HMO	KelseyCare powered by Community HMO	Scott & White HMO
Routine eye exam	\$15 copay	\$40 copay ¹	20% coinsurance ²	\$40 copay ³	\$15 PCP/ \$25 Specialist	\$40 copay
Frames	\$150 retail allowance	Not covered	Not covered	\$125 retail allowance ⁴	Not covered	Not covered
Standard contact lens fitting	\$25 copay	Not covered	Not covered	\$125 allowance	Not covered	Not covered
Specialty contact lens fitting	\$35 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Single-vision lenses	\$10 copay	Not covered	Not covered	100% covered	Not covered	Not covered
Bifocal lenses	\$15 copay	Not covered	Not covered	100% covered	Not covered	Not covered
Trifocal lenses	\$20 copay	Not covered	Not covered	100% covered	Not covered	Not covered
Progressives	\$70 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Polycarbonate	\$50 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Scratch coat (factory, single sided)	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Ultraviolet coating	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Tint	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Standard anti-reflective coating	\$40 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Contact lenses⁵ (conventional or disposable)	\$150 allowance	Not covered	Not covered	\$125 allowance	Not covered	Not covered

All benefits listed are available annually, unless indicated, using network providers.

¹This is only for providers in the HealthSelect network. Benefits differ for out-of-network providers, and for the HealthSelect Out-of-State and the HealthSelect Secondary plans. See your health plan materials for details.

²After meeting the deductible, you will pay 20% coinsurance for in-network providers only (40% coinsurance for out-of-network providers).

³Members can go to any Community First network doctor for their eye exam.

⁴Cost savings when using OptiCare vision providers. Frame discounts are not available if the frame manufacturer prohibits the discount.

⁵Contact lenses are in lieu of the benefit for eyeglass lenses and frames.

All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances. [Note: this statement is no longer part of the numbered list.]

Note: Except for the eye exam, additional offerings through the health plans are value-added benefits. ERS does not guarantee how long a specific value-added product or service will be offered.

Life, AD&D and disability insurance

Optional Term Life Insurance

Your health coverage through ERS includes \$5,000 Basic Group Term Life insurance with \$5,000 of Accidental Death & Dismemberment (AD&D) coverage at no cost. You can purchase additional life insurance coverage in increments based on your annual salary.

If you choose Optional Term Life Election 1 or 2 (one or two times your annual salary) during your first 31 days of employment, you will not have to apply through evidence of insurability (EOI). If you do not sign up as a new employee, you can apply when you have a qualifying life event or during Summer Enrollment, but you will have to go through EOI and coverage is not guaranteed.

You can apply for Optional Term Life Election 3 or 4 (three or four times your annual salary) up to \$400,000. You will have to apply through EOI, a process that requires you to provide information about your health. Coverage is not guaranteed; you may not be approved for benefits based on the information included in your EOI.

Each Optional Term Life election provides an equal amount of additional Accidental Death & Dismemberment (AD&D) coverage. Your monthly premiums for Optional Term Life Insurance will depend on your age, salary and level of coverage. Please see the second page of the Optional Term Life benefits brochure (<https://web1.lifebenefits.com/public/lbwem/F75102-3.pdf>) to calculate your premiums using the easy-to-follow instructions.



Go Online

Designate your beneficiaries

Although you aren't required to do so in your first month, it's a good idea to designate your beneficiaries for your retirement, life insurance and TexasSaver accounts as soon as you can. For life insurance and ERS retirement account, log on to your ERS Online account. You will need to provide your beneficiaries' Social Security numbers, dates of birth and mailing addresses.

You can find instructions at <https://www.ers.texas.gov/About-ERS/Update-Your-Beneficiaries>

Dependent Term Life Insurance

You can enroll your eligible dependents in term life insurance for an additional premium. The plan includes \$5,000 term life with \$5,000 AD&D for each covered family member. You will receive the benefit when your covered dependents die or are injured. One monthly premium covers all your eligible dependents, but all eligible dependents must be named under the coverage.

If you do not sign up as a new employee, you can apply for this insurance when you have a qualifying life event (QLE) or during Summer Enrollment, but you will have to supply EOI and coverage is not guaranteed. For example, you can add a new spouse after getting married or enroll a newborn child in Dependent Term Life Insurance within 31 days of the QLE without supplying EOI.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Voluntary AD&D coverage can provide additional financial support when there is an accidental injury or death. You can choose insurance in increments of \$5,000, starting at \$10,000 up to \$200,000. You will not have to provide EOI for AD&D Insurance.

You can sign up for coverage for yourself only, or for yourself and your eligible family members.

Coverage includes the following:

- If you die as the direct result of an accidental bodily injury, your beneficiaries will receive the full amount of your coverage upon your accidental death.
- Your spouse is covered at 50% of your enrolled amount. Eligible children are covered at a lower percentage, which is reduced if your spouse is alive at the time of your child's death.
- If you have an accident and suffer any of the covered injuries, such as loss of a hand, a foot or sight of one eye, you will receive a percentage of the full amount of your coverage.
- If an eligible family member loses a hand, a foot, or sight of one or both eyes in an accident, you receive a percentage of the benefit.

Disability insurance

When you can't work because of illness or injury, the Texas Income Protection PlanSM (TIPP) pays you a portion of your salary.

If you have signed up for short-term disability insurance, you can receive up to 66% of your monthly salary or \$6,600, whichever is less, for up to five months (a maximum of 150 days). For example, if your monthly salary is \$4,000, your short-term disability payment would be up to \$2,640 per month; if your monthly salary is \$11,500, your short-term disability payment would be up to \$6,600.

If you have signed up for long-term disability insurance, you can receive up to 60% of your monthly salary or

\$6,000, whichever is less, until you are able to return to work or until you reach your Maximum Benefit Period (see <https://reedgrouptipp.com/forms-users-guide.html>, page 7, for more information).

You must use all of your sick leave (including extended sick leave, donated sick leave and sick leave pool) or complete the 30-day waiting period, whichever option is longest, before disability payments will be paid. Pre-existing conditions are subject to exclusions. You are not required to use your vacation time.

TIPP benefits are reduced if you get other disability payments. The minimum benefit is 10% of your monthly salary.

TIPP coverage is not available for family members.

Up-close THOMAS BARKER-WHITE Statewide Intake Supervisor

For 20 years, Thomas Barker-White has worked for the Texas Department of Family and Protective Services (DFPS), currently as a statewide intake supervisor overseeing a staff of nine.

Barker-White and his wife, Lutishia, a former state employee, value their ERS-administered health and retirement benefits.

They set aside money for retirement through Texa\$aver to prepare for their future. They believe it is a good benefit for employees who don't trust their own judgment with investments.

But five years ago, the most important benefit became short-term and long-term disability insurance.

In 2011, Lutishia became disabled due to arthritis and related injuries. Her disability insurance payments made up for a portion of the income she lost when she could no longer work.

As a result, the couple was able to manage their finances without any substantial changes.

Having both short-term and long-term disability insurance made a huge difference by providing the financial support the couple needed when one of them could no longer work, says Barker-White.

"I know people who work in the private sector who do not have access to disability insurance through their employer.



They can buy it on their own, but the premium is not as reasonable as what we have as state employees."

Barker-White appreciates that the state covers the full cost of the employee's health insurance premium. It's another valuable benefit that makes working for the state attractive, he says.

"Having good insurance coverage is so important. You may never need it (and I hope you don't), but if you do, you are probably REALLY going to need it. Life can come at you quick, so it's best to cover all your bases."

TEXFLEXSM

TexFlex flexible spending accounts (FSAs) allow you to set aside money from your paycheck, pre-tax, to pay for eligible health, dependent day care and commuting expenses. This reduces your taxable income.

TexFlex contributions are automatically withdrawn from your paycheck and deposited into your account each month. Before you enroll, you may want to use the tools in the Resources section of the TexFlex website (go to <http://www.spendingaccounts.info/teflex-fsa-adp/>) to figure out how much to contribute to each account.

Once your account is set up, you will be able to change your TexFlex contribution only during Summer Enrollment (unless you have a qualifying life event during the plan year). If you do not make a change during Summer Enrollment, your annual contribution will stay the same in the next plan year.

This restriction does not apply to the Commuter Spending Account. You can make changes to your Commuter Spending Account elections at any time.

The following charts show how each type of account can be used and the rules that apply.

Flexible spending accounts comparison chart

	Health Care Account	Limited Account Consumer Directed HealthSelect participants only	Dependent Care Account
Eligible expenses (for a complete list see the plan website)	<ul style="list-style-type: none"> Your portion of medically necessary charges, including copays and coinsurance. Prescription drug deductible. 	Vision and dental expenses not covered by insurance.	<ul style="list-style-type: none"> Day care, After-school care, and Summer day camp for dependent children under age 13. Adult day care for qualifying individuals.
Maximum contribution	\$2,650 per participant, per fiscal year.	\$2,650 per participant, per fiscal year.	\$5,000 per household, per fiscal year.
Funds availability	Full election available Sept. 1	Full election available Sept. 1	Funds available monthly as contributions are made.
Debit card (no fee)	Yes	Yes	No
Carryover of funds or grace period	Carryover up to \$500 after Aug. 31	Carryover up to \$500 after Aug. 31	Grace period (extra time to incur expenses) from Sept. 1 to Nov. 15
Runout period*	Submit claims incurred between Sept. 1, 2017 and Aug. 31, 2018 by Dec. 31, 2018.	Submit claims incurred between Sept. 1, 2017 and Aug. 31, 2018 by Dec. 31, 2018.	Submit claims incurred between Sept. 1, 2017 and Nov. 15, 2018 by Dec. 31, 2018.

*Extra time allowed to submit claims for PY18 account.

Commuter spending account comparison chart

	Transit	Parking
Eligible expenses	Public transportation expenses used to commute to and from work (bus, train, subway and vanpool)	Parking expenses near your workplace or a place from which you commute by public transit to work
Maximum contribution	\$255 per month, per participant	\$255 per month, per participant
Funds availability	Monthly as contributions are made from your paycheck	
Debit card (no fee)	Yes	
Carryover of funds	Unused funds carry over month to month	
Runout period	No deadline to use funds as long as you are actively employed	

After you enroll in a TexFlex health care, commuter or limited FSA (see charts), you will receive a debit card in the mail. You can use it to pay for eligible expenses. There is no cost to you to use the debit card.

Keep your receipts

Because TexFlex accounts are tax-free, the Internal Revenue Service requires all purchases with TexFlex funds to be validated. Wageworks, the TexFlex plan administrator, may ask you to submit proof that you used your TexFlex funds to pay for eligible expenses. Please be sure to **SAVE YOUR RECEIPTS**—even if you use your debit card.



Employees enrolled in Consumer Directed HealthSelect can enroll in a Limited FSA. You can use the Limited FSA for eligible out-of-pocket dental and vision expenses only. General health care expenses that are eligible under a health care FSA are NOT eligible under a Limited FSA. Visit <http://www.spendingaccounts.info/texflex-fsa-adp/downloads/Limited-FSA-Fact-Sheet.pdf> for more information.



Please Note! How to pay with TexFlex

If you have a TexFlex health care or limited FSA or a TexFlex commuter spending account, you will get a debit card that you can use to pay eligible expenses – such as a prescription, a dentist visit or bus fare – at the time of service. You can choose not to use the debit card and instead submit a claim for reimbursement online or by mail or fax.

If you have a TexFlex dependent care account, you must submit a claim for reimbursement after the services have been provided. You cannot use a TexFlex debit card to pay dependent care eligible expenses.

If you submit a claim for reimbursement online or by mail or fax, TexFlex will deposit the funds directly into your bank account or a mail you a check.

Up-close SERENA LOPEZ Information Specialist

As a benefits educator at ERS, Serena Lopez helps active employees and retirees understand which benefits options are right for them. For this mother of three, TexFlex makes sense.

“With three growing boys, I know I’m going to spend money on health and dependent care throughout the year,” she says. “TexFlex allows me to put aside money tax-free for those expenses and lowers my taxable income.”

“My kids seem to get sick like clockwork in November, just when I’m starting to make my holiday shopping list. That’s when I’m glad I have my TexFlex health care flexible spending account to pay for doctor visits and medicine. By setting aside a certain amount from my paycheck each month, I know the money will be there when I need it.”

“With the dependent care flexible spending account, I don’t have to wait for the tax benefit at the end of the year. I can set aside up to \$5,000 pre-tax each year, which is \$2,000 more than the federal child care credit. That means more money in your pocket!”



Retirement

Most of your employee benefits, including health, dental, life, vision, disability and flexible spending accounts, are offered through ERS. Your retirement rules depend on

your employer. Each retirement system has specific rules. Contact your system to see when you'll begin contributing.

Employer	Retirement system or plan	Contact information
Community Supervision and Corrections Departments (CSCDs)	Texas County & District Retirement System (TCDRS)	(800) 823-7782 www.tcdrs.org
Higher education institutions	Teacher Retirement System (TRS) or Optional Retirement Program (ORP) through the Texas Higher Education Coordinating Board	TRS: (800) 223-8778, www.trs.texas.gov or (512) 427-6101 http://www.theccb.state.tx.us/
TCDRS	TCDRS	(800) 823-7782 www.tcdrs.org
Texas Municipal Retirement System (TMRS)	TMRS	(800) 924-8677 www.tmrs.org
TRS	TRS	(800) 223-8778 www.trs.texas.gov
Windham School District	TRS	(800) 223-8778 www.trs.texas.gov

Plan ahead with Texa\$aver 457 plan

If you work for a higher education institution, you may be eligible to participate in the Texa\$aver 457 plan. Texa\$aver is a voluntary deferred compensation program that can help you save more for retirement. Your retirement may not provide automatic cost-of-living increases, so a Texa\$aver account (or other personal retirement savings) could help you live more comfortably when you're no longer working. ERS administers the Texa\$aver Program, along with Empower Retirement, which manages recordkeeping.

Contact your benefits coordinator or HR representative to find out if your higher education institution participates.

Texa\$aver is not available to employees of CSCD, TCDRS, TMRS or Windham School District

Contact your benefits coordinator or HR representative to find out if your higher education institution participates.

Call to request a free Texa\$aver welcome packet, or for more information on getting started. Learn more:

- www.texasaver.com
- (800) 634-5091

PAM PAGE

Human Resources Director at Cisco College

When talking with prospective employees, Pam Page addresses the elephant in the room right away. As the human resources director at Cisco College, Pam tells her prospects that, while she may not be able to pay what private industry and even some other colleges might, Cisco College offers benefits that beat most others, hands down.

Pam knows this from experience. At one point in her career, Page worked for a large, well-regarded insurance company in Austin, Texas. It was a wonderful place to work, with good benefits and great pay, she recalled. Still, the company “did not pay 100% of my health care premiums for me and 50% for dependents,” Page said. The Texas Employees Group Benefits Program (GBP), which offers a few health insurance options, does include that level of premium payments for eligible full-time employees. “I’m very proud to be able to present this kind of benefit to my employees—it’s unparalleled,” she stated.

For her part, Page discovered right away how important such a generous health care plan could be. Eight years ago, shortly after she and her Air Force husband had settled in Cisco, Page learned she had breast cancer. “I was and am a healthy person, so it came as a shock,” Page said. Although still reeling from the diagnosis and being so new to her job, Page remembers her sense of relief from having enrolled in HealthSelectSM of Texas. She understood that, as long as she stayed in-network, she would be able to afford treatment, and she found a wealth of participating providers from which to choose.

“Every doctor recommended to me that I checked on was in the network. My breast surgeon oncologist, Baylor Imaging Center, and post-surgical oncologist were in the plan, as was the radiation oncologist in Abilene and the plastic surgeon who would provide reconstructive surgery after my lumpectomy,” said Page. “There was never a time when I had to worry; I could focus on getting well.”

And getting well was something Page was determined to do. She is a mother of two adult children and a grandmother of three. Today, one grandson is a teenager, another is getting ready to turn six and the third is just turning four. “My second grandson was born during my breast cancer fight,” said Page. “I was so fortunate to have just started working for the State of Texas and have the health coverage. I have lived to see my third grandson born. I am truly blessed beyond measure.



Pam Page answers some frequently asked questions

My doctor isn't in-network. What do I do?

You could find another doctor. That's one solution.

Here's another approach: You could ask your doctor why he or she isn't in the provider network. Just ask: 'Say, I notice that you aren't on the provider list. Are you interested in being credentialed with Blue Cross and Blue Shield of Texas?' If you don't ask, you won't know. You may be surprised. It may be in your doctor's best interest to become a network provider.

If I don't have a deductible, why do I have to pay something when I go to the doctor?

What most HealthSelectSM of Texas members pay for doctor visits isn't a deductible. A deductible means you pay 100% of the cost of your care, up to a certain amount, before your insurance benefits kick in. Unless you have enrolled in Consumer Directed HealthSelectSM, you do not have a deductible for your medical coverage, so long as you visit an in-network doctor. But you do have copays for doctor visits. For example, if you have a sore throat, you go to your primary care physician (PCP) and pay your copay, which is \$25. The rest of the costs associated with your appointment – your doctor's time, any medical tests and so on – are paid for by your plan. (You do have an annual \$50 per-person prescription drug deductible.)

Copays are unrelated to deductibles or coinsurance. You'll always have to pay copays, except for preventive care – like annual checkups or flu vaccines – which is covered at 100% at in-network providers.



Up-close

JOHN SNEED State of Texas Retiree

Before he retired in August 2016, John Sneed headed up the State Preservation Board (SPB), which maintains the Texas Capitol and other treasured historical and architectural resources. He is proud of his almost 28 years of state service, stating that his work was always “interesting and challenging.” Along with eight years as the executive director of the SPB, Sneed worked at the Texas Department of Agriculture, General Land Office and Office of the Lieutenant Governor. “I know the responsibilities of state employees are important and make a difference in people’s lives,” said Sneed. “State employees help to make Texas a better place.”

If he is enjoying retirement now, it is the result of a long-term strategy. “I am a big believer in the three-legged stool, and that has been a primary strategy to meet my retirement goals. My defined benefit is now in place and my wife and I have consistently contributed to our Texa\$aver accounts.”

What is the GBP?

Employees of State of Texas agencies and many higher education institutions can participate in the Texas Employees Group Benefits Program (GBP). Created by the 72nd Legislature, the GBP offers insurance and other related benefits that help State of Texas employees and their families live healthy, financially secure lives.

More than half a million Texans participate in the GBP plans ERS administers.

You are a member of the GBP while you’re employed at:

- a state agency,
- a Texas public institution of higher education that is not part of the University of Texas or Texas A&M University systems,
- Community Supervision and Corrections Department (CSCD),
- Teacher Retirement System of Texas (TRS),
- Windham School District,
- Texas Municipal Retirement System (TMRS) or
- Texas County and District Retirement System (TCDRS).

TEXA\$AVER

457 Plan

The Texa\$aver 457 Program offers the chance to save for retirement through a variety of investment opportunities at lower-than-average fees.

You can keep your Texa\$aver account even after you no longer work for the state. Because Texa\$aver has lower fees than many other retirements savings plans, you could save money by keeping your Texa\$aver account.



Call to request a free Texa\$aver welcome packet, or for more information on getting started. Learn more:

- www.texasaver.com
- (800) 634-5091

Rolling over funds from other retirement accounts to Texa\$aver

Do you have retirement savings accounts from other jobs? You can transfer, or “roll over” money from a qualified prior eligible employer’s 401(k), 401(a), 403(b), or governmental 457 plan into your Texa\$aver 457 account. You can also roll over money from an eligible individual retirement account (IRA). The Texa\$aver 457 plan accepts Roth rollovers from other qualified plans as well, but you cannot roll over Roth IRAs to Texa\$aver.

You should discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitation of investment options.



Invest early and your savings can grow without taxes over a longer period of time. The sooner you start saving, the more you have when you retire. See how much \$25 a month could grow.

Monthly premiums

Full-time Employees and Retirees Not Eligible for Medicare

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,340.82	982.82	358.00
You + Children	1,104.22	864.52	239.70
You + Family	1,820.22	1,222.52	597.70
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 624.82	\$ 0.00
You + Spouse	1,305.02	982.82	322.20
You + Children	1,080.24	864.52	215.72
You + Family	1,760.44	1,222.52	537.92
Community First Health Plans			
You Only	\$ 549.62	\$ 549.62	\$ 0.00
You + Spouse	1,179.14	864.38	314.76
You + Children	971.10	760.36	210.74
You + Family	1,600.62	1,075.12	525.50
KelseyCare powered by Community Health Choice			
You Only	\$ 487.86	\$ 487.86	\$ 0.00
You + Spouse	1,046.34	767.10	279.24
You + Children	861.82	674.84	186.98
You + Family	1,420.30	954.08	466.22
Scott & White Health Plan			
You Only	\$ 643.14	\$ 643.14	\$ 0.00
You + Spouse	1,380.18	1,011.66	368.52
You + Children	1,136.66	889.90	246.76
You + Family	1,873.70	1,258.42	615.28

*Includes premium for Basic Term Life Insurance

**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 below.

Part-time Employees, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty[†]

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,340.82	491.41	849.41
You + Children	1,104.22	432.26	671.96
You + Family	1,820.22	611.26	1,208.96
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 624.82	\$ 312.41	\$ 312.41
You + Spouse	1,305.02	491.41	813.61
You + Children	1,080.24	432.26	647.98
You + Family	1,760.44	611.26	1,149.18
Community First Health Plans			
You Only	\$ 549.62	\$ 274.81	\$ 274.81
You + Spouse	1,179.14	432.19	746.95
You + Children	971.10	380.18	590.92
You + Family	1,600.62	537.56	1,063.06
KelseyCare powered by Community Health Choice			
You Only	\$ 487.86	\$ 243.93	\$ 243.93
You + Spouse	1,046.34	383.55	662.79
You + Children	861.82	337.42	524.40
You + Family	1,420.30	477.04	943.26
Scott & White Health Plan			
You Only	\$ 643.14	\$ 321.57	\$ 321.57
You + Spouse	1,380.18	505.83	874.35
You + Children	1,136.66	444.95	691.71
You + Family	1,873.70	629.21	1,244.49

*Includes premium for Basic Term Life Insurance

**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 below.

[†]The state does not contribute to the cost of health insurance for adjunct faculty.

Consumer Directed HealthSelect Health Savings Account (HSA) Contribution

	State Pays	
You Only	\$ 45 monthly (\$540 annually)	An HSA is a tax-free savings account for qualified health expenses. You can receive the "State Pays" HSA contribution if you are: <ul style="list-style-type: none"> • enrolled in Consumer Directed HealthSelect, • eligible for a portion of your health premium to be paid by the state and • not enrolled in Medicare.
You + Spouse	90 monthly (\$1,080 annually)	
You + Children	90 monthly (\$1,080 annually)	
You + Family	90 monthly (\$1,080 annually)	

Dental Insurance

HumanaDental DHMO	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 9.59	\$ 9.78	\$ 14.39	Spouse Only	\$ 9.59
You + Spouse	19.17	19.55	28.76	Spouse + Children	23.01
You + Children	23.01	23.47	34.52	Children Only	13.42
You + Family	32.59	33.24	48.89		

State of Texas Dental Choice Plan SM	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 28.64	\$ 29.21	\$ 42.96	Spouse Only	\$ 28.64
You + Spouse	57.28	58.43	85.92	Spouse + Children	68.74
You + Children	68.74	70.11	103.11	Children Only	40.10
You + Family	97.38	99.33	146.07		

State of Texas Dental Discount PlanSM (no change from PY18)

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 2.25	\$ 2.30	\$ 3.38	Spouse Only	\$ 2.25
You + Spouse	4.50	4.59	6.75	Spouse + Children	5.40
You + Children	5.40	5.51	8.10	Children Only	3.15
You + Family	7.65	7.80	11.48		

State of Texas Vision

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 6.02	\$ 6.14	\$ 9.03	Spouse Only	\$ 6.02
You + Spouse	12.04	12.28	18.06	Spouse + Children	12.94
You + Children	12.94	13.20	19.41	Children Only	6.92
You + Family	18.96	19.34	28.44		

Tobacco-user Premium

If you and/or a family member enrolled in medical insurance is certified as a tobacco-user or has not certified as a non-user, you will pay an additional tobacco-user premium of \$30, \$60 or \$90 each month, depending on how many tobacco-users or non-certified family members you cover.

Tobacco-users of Any Age and Adults Who Fail to Certify	Monthly Tobacco-user Premium
Member <u>or</u> Spouse <u>or</u> Children* Only	\$30
Member + Spouse <u>or</u> Member + Children* <u>or</u> 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 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 (no change from PY18)

Optional Term Life Insurance					
<p>After the first 31 days of employment, Elections 1 and 2 require approval through evidence of insurability (EOI).</p> <p>Elections 3 and 4 always require EOI approval.</p> <p>Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary as follows:</p> <p>Age 70-74 65%</p> <p>Age 75-79 40%</p> <p>Age 80-84 25%</p> <p>Age 85-89 15%</p> <p>Age 90+ 10%</p>	Monthly 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	
Retiree Fixed Optional Life Insurance (\$10,000 policy)					
\$23.40 per month for \$10,000					
Dependent Term Life Insurance					
Employee: \$1.38 per month for \$5,000 (includes \$5,000 AD&D coverage)			Retiree: \$3.05 per month for \$2,500		

Voluntary Accidental Death and Dismemberment Insurance (AD&D)* (no change from PY18)

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	You Only \$0.02 per \$1,000 of coverage
70-74	6,500	130,000	3,250	
75-79	4,000	80,000	2,000	You + Family \$0.04 per \$1,000 of coverage
80-84	2,500	50,000	1,250	
85-89	1,500	30,000	750	
90+	1,000	20,000	500	

Texas Income Protection PlanSM (TIPP)* (no change from PY18)

Short-term disability	\$0.26 per \$100 of monthly salary
Long-term disability	\$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.

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

Learn more about your State of Texas benefits

Our website: www.ers.texas.gov

The ERS website has information and tools to help you take advantage of your benefits. Use the Search function to find detailed information on ERS benefits and retirement.

News About Your Benefits

This e-newsletter provides information on available programs, wellness, health care plans and other benefits. You can sign up to receive this and other news by email at https://service.govdelivery.com/accounts/TXERS/subscriber/new?topic_id=TXERS_45.

TexaSaver Quarterly Statement

You will receive a statement each quarter from TexaSaver, administered by Empower Retirement, detailing your TexaSaver account balance and investment choices.

Your annual Personal Benefits Enrollment Statement

Before Summer Enrollment every year, ERS will send you a personalized statement listing your current coverage, costs and choices for the next plan year. You will have the opportunity to make changes each year during Summer Enrollment.

Your benefits coordinator

See your agency's benefits coordinator or HR representative for help signing up for and understanding benefits.

Presentations and events

ERS holds various seminars, webinars, fairs and other events throughout the year.

- **Ask ERS webinar:** On the first Tuesday of select months, you can ask questions and get the latest news from ERS.
- **Ready, Set, Retire!:** Conducted throughout the state and as a webinar, this is a free 90-minute seminar on ERS retirement and the TexaSaver 401(k) / 457 Program.
- **Medicare Preparation seminars:** Conducted throughout the state and as a webinar, this presentation helps those approaching Medicare eligibility understand enrollment and how Medicare works with state health insurance.

To see a list of upcoming events or to register, go to <http://ers.texas.gov/Event-Calendars>.

ERS interactive voice response system

For 24/7 access to automated information on your insurance and retirement benefits, call toll-free (877) 275-4377.

Designate your beneficiaries

It's not required within your first month, but it's a good idea to designate your beneficiaries for life insurance and TexaSaver as soon as you can.

- For life insurance, log in to your ERS Online account. You will need to provide your beneficiaries' Social Security numbers, date of birth and mailing addresses.
- For TexaSaver, download a beneficiary designation form from the website at www.texasaver.com.

Your benefits plans: At a glance

The following is a brief overview of the valuable insurance and retirement benefits available to you. For more details about coverage and eligibility, please read the information in this book, visit the ERS website at www.ers.texas.gov, or talk to your agency's benefits coordinator or human resources department.

Plan	Administrator	Highlights
Medical Plans with Prescription Drug Coverage and Basic Term Life Insurance		
HealthSelectSM of Texas	Blue Cross and Blue Shield of Texas	<ul style="list-style-type: none"> • A point-of-service plan. Go where you want, but you'll pay less if you use in-network providers and services. • Large statewide network • Must designate a primary care physician (PCP) to get the maximum benefit • Referrals are needed for most specialty care
Consumer Directed HealthSelectSM	Blue Cross and Blue Shield of Texas	<ul style="list-style-type: none"> • High-deductible health plan with a tax-free health savings account (HSA, administered by Optum Bank) • Large statewide network • Pay full cost of medical services and prescriptions until deductible is met • You do not need to designate PCP and you do not need referrals to see a specialist. • The state makes a monthly contribution to your HSA.
Health maintenance organizations (HMOs)	Scott and White Health Plan in Central Texas	<ul style="list-style-type: none"> • You must use providers in the HMO network for your services to be covered. • Low out-of-pocket costs for in-network care
	Community First Health Plans in the San Antonio area	
	KelseyCare/Community Health Choice in the Houston area	
Dental Plans		
State of Texas Dental Choice PlanSM	HumanaDental	<ul style="list-style-type: none"> • Preferred provider organization. You can use any dentist, but you'll pay less if you use in-network providers. • Large network
HumanaDental dental HMO	HumanaDental	<ul style="list-style-type: none"> • You must use a dentist in the Texas service area. • You must select a primary care dentist (PCD).
State of Texas Dental Discount PlanSM	Careington	<ul style="list-style-type: none"> • Discounted prices of 20% to 60% for most dental procedures and major work from participating dentists • You must see a dentist in the plan network to use your discount.
Vision Plan		
State of Texas VisionSM	Superior Vision	<ul style="list-style-type: none"> • Eye exams and contact lens fittings • Allowances for cost of eyeglasses or contact lenses • Discounts on LASIK

Plan	Administrator	Highlights
Other Insurance Plans		
Optional Term Life Insurance	Securian	<ul style="list-style-type: none"> • Four elections to choose from • Each policy provides an equal amount of Accidental Death & Dismemberment (AD&D) coverage. • Evidence of insurability (EOI) may be required.
Dependent Term Life Insurance	Securian	<ul style="list-style-type: none"> • You pay one premium for all covered dependents. • The plan includes AD&D insurance. • EOI maybe required.
Voluntary Accidental Death & Dismemberment Insurance	Securian	<ul style="list-style-type: none"> • Coverage for you only or for you and your family • EOI is NOT required
Texas Income Protection PlanSM (TIPP) disability insurance	ReedGroup	<ul style="list-style-type: none"> • Pays a percentage of your salary if you're unable to work due to illness or injury <ul style="list-style-type: none"> • Short-term disability: up to 66% for up to five months • Long-term disability: up to 60% until you can return to work
Flexible Spending Accounts (FSAs)		
TexFlex health care FSA	WageWorks	<ul style="list-style-type: none"> • Set aside money, pre-tax, to pay for eligible health, dental, vision and prescription drug expenses.
TexFlexSM dependent day care FSA	WageWorks	<ul style="list-style-type: none"> • Set aside money, pre-tax, to pay for day care, after-school care and summer day camp for children under age 13 or day care for dependent adults who can't care for themselves.
TexFlex limited FSA	WageWorks	<ul style="list-style-type: none"> • Only employees who enroll in Consumer Directed HealthSelect can enroll in a limited FSA. • Set aside money, pre-tax, to pay for eligible dental and vision expenses only.
TexFlex commuter spending account	WageWorks	<ul style="list-style-type: none"> • Set aside money, pre-tax, to pay for public transportation expenses used for your commute, or parking near your workplace or near public transit that you take to and from work. • Your institution might not participate in the TexFlex commuter spending account. Check with your HR department.
Retirement Plans		
Texa\$averSM 457 account	Empower Retirement	<ul style="list-style-type: none"> • You can enroll in a 457 account, if your institution participates. Check with your HR department. • You can increase, decrease or stop your contribution, or make changes to how your account is invested, at any time.

Glossary

Coinsurance is similar to a copay, but it's not a fixed amount. It's a percentage of the overall cost of a service or product. Coinsurance works differently in HealthSelect of Texas and the HMOs than in Consumer Directed HealthSelect:

- In HealthSelect of Texas and the HMOs, there is usually coinsurance on hospital stays and procedures like outpatient surgery. For example, if you have outpatient surgery at an in-network facility, you'll be responsible for a \$100 copay and 20% of the overall cost. If the surgery costs \$2,000, you'll owe \$500 total: \$100 copay + \$400 coinsurance (20% of \$2,000). Often, you will get a bill for coinsurance after the procedure, instead of having to pay right away.
- In Consumer Directed HealthSelect, you'll pay coinsurance for everything – doctor visits, procedures, prescriptions – after you've met the annual deductible. For in-network care, the coinsurance is 20% of the cost. For out-of-network care, it's 40%. So, if you've met the deductible and go to an in-network doctor for a sore throat and the overall cost is \$100, you'll pay \$20 coinsurance. (If you have not met the deductible, you'll pay the full amount: \$100.) If you go to an out-of-network doctor after meeting the deductible, you'll pay 40% of the overall cost. Your overall cost may be higher, though. If your out-of-network doctor hasn't agreed to a lower rate, he may charge more for the visit -- let's say \$130. In this out-of-network scenario when the deductible has been met, you'd pay \$52 (40% of \$130). It pays to stay in the network!

A **copay** is a **fixed amount** you pay for a covered health service, usually at the time you receive the service. For example, HealthSelect of Texas has a \$25 copay per visit to your in-network PCP for non-preventive care. If you see your PCP for a sore throat, you will pay \$25 before you leave the doctor's office.

A **deductible** is the amount you will need to pay for health care services before your insurance plan starts to pay any of the cost (except preventive care). If you have a \$500 deductible, for example, you must pay the full cost of the first \$500 of covered services yourself.

Evidence of Insurability (EOI) is when you provide proof of good health. It's an application process through which you provide information on the condition of your health or your dependent's health in order to get certain types of insurance coverage.

Monthly Premiums (Effective September 1, 2018. Find rate sheets at <https://www.ers.texas.gov/PDFs/Ratesheet-PY19.pdf>.)

- Health Plans
- Prescription drug benefits
- Dental Plans comparison chart
- State of Texas Vision Plan Rates
- Monthly premium charts for tobacco user premium, dental, vision, life, AD&D, TIPP

Contact Information

HEALTH INSURANCE

HealthSelectSM of Texas Consumer Directed HealthSelectSM

Administered by Blue Cross and Blue Shield of Texas

Group number – 238000
Toll-free: (800) 252-8039,
NurseLine: (800) 581-0368
www.healthselectoftexas.com

Consumer Directed HealthSelectSM Health savings account (HSA)

Administered by Optum Bank
Toll-free: (800) 791-9361, TTY: 711
www.optumbank.com

HealthSelect Prescription Drug Program

(pharmacy benefits for HealthSelect of Texas and Consumer Directed HealthSelect)

Administered by OptumRx
Toll-free: (855) 828-9834, TTY: 711
www.optumrx.com/ers

Community First Health Plans

An affiliate of the University Health System

Group number – 0010180000
Toll-free: (877) 698-7032, TTY: (210) 358-6080
Local: (210) 358-6262
NurseLink: (210) 358-6262
members.cfhp.com

KelseyCare powered by Community Health Choice

Group number – 15000
Toll-free: (844) 515-4877, TTY: 711
Local: (713) 295-6792,
NurseLine: (713) 442-0000
www.erskelseycare.com/

Scott & White Health Plan

Group number – 012700
Toll-free: (800) 321-7947,
TTY: (800) 735-2989
VitalCare Nurse Advice: (877) 505-7947
ers.swhp.org

OPTIONAL BENEFITS

State of Texas Vision

Administered by Superior Vision Services, Inc.
Group number – 35040
Toll-free: (877) 396-4128
www.superiorvision.com/stateoftexasvision

State of Texas Dental ChoiceSM

Administered by HumanaDental Insurance Company
Group number – 536957
Toll-free: (877) 377-0987, TTY: 711
<https://our.humana.com/ers/>

HumanaDental DHMO

Insured by DentiCare, Inc., dba CompBenefits, a member of the HumanaDental family of companies
Group number – 538226
Toll-free: (877) 377-0987, TTY: 711
<https://our.humana.com/ers/>

State of Texas Dental Discount PlanSM

Administered by Careington International Corporation
Toll-free: (844) 377-3368, TTY: 711
www.txdentaldiscount.com

Life and Accidental Death & Dismemberment Insurance

Insured by Securian
Toll-free: (877) 494-1716, TTY: 711
www.lifebenefits.com/plandesign/ers

Texas Income Protection PlanSM (TIPP)

(short-term and long-term disability insurance)

Administered by ReedGroup
Toll-free: (855) 604-6230, TTY: 711
www.texasincomeprotectionplan.com
Disability evidence of insurability is administered by Guardian Life.

TexFlex

Administered by WageWorks, LLC.
Toll-free: (844) 884-2364, TTY: 711
www.texflexers.com

Texa\$aver 457 PlanSM

Administered by Empower Retirement™
Toll-free: (800) 634-5091, TTY: (800) 766-4952
www.texasaver.com

Discount Purchase Program

Administered by Beneplace
Toll-free: (800) 683-2886
Local: (512) 346-3300
www.beneplace.com/discountprogramERS

If you have a qualifying event (QLE) such as marriage, divorce or the birth of a child, you can make certain benefit changes at other times during the year if they meet QLE guidelines. You must request the changes within 31 days of the event – 60 days if your child loses eligibility for the Children’s Health Insurance Program (CHIP).

Health and Human Services Enterprise Employees:

DFPS, DSHS, HHSC, CPRIT

The HHS Employee Service Center acts as your benefits coordinator. Contact the Center toll-free at (888) 894-4747.

Employees Retirement System of Texas

Always available online at www.ers.texas.gov

24/7 access to automated information on your insurance and retirement benefits:

(877) 275-4377, TDD: 711. Talk to a representative 7:30 a.m. to 5:30 p.m. CT, Monday through Friday.

NOTICE OF CREDITABLE COVERAGE PLAN YEAR 2019

This notice applies to you if you are both:

- entitled to Medicare Part A and/or enrolled in Medicare Part B and
- enrolled in Texas Employees Group Benefits Program health insurance.

Important notice from the Employees Retirement System of Texas (ERS) about your Texas Employees Group Benefits Program (GBP) prescription drug coverage and Medicare Prescription Drug Coverage (sometimes called Part D).

Please read this notice carefully and keep it where you can find it. No action is required of you at this time.

Federal law requires ERS to send this notice to people who may be eligible for Medicare Prescription Drug Coverage and are enrolled in health insurance that is part of the GBP provided by the State of Texas. You have GBP prescription drug coverage through your GBP enrollment with HealthSelectSM of Texas, administered by UnitedHealthcare, or one of the other health plans offered by the state.

This notice provides:

- important information about your current prescription drug coverage,
- answers that will assist you in deciding whether you should purchase Medicare Prescription Drug Coverage,
- contact numbers for more information and
- a document that you can use later to avoid a penalty for late enrollment in Medicare Prescription Drug Coverage.

Q. What is Medicare Prescription Drug Coverage (sometimes called Part D)?

A. Medicare Prescription Drug Coverage is a prescription program that is available to people who qualify for Medicare Part A or Medicare Part B. Medicare Prescription Drug Coverage started on January 1, 2006.

Q. What is creditable coverage and does GBP coverage meet this definition?

A. The prescription drug coverage offered by the GBP has been examined by ERS' consulting actuaries and is, on average for all plan participants, expected to pay out as much as standard Medicare Prescription Drug Coverage pays. The GBP is therefore considered to be creditable coverage.

Q. Why is creditable coverage important to Medicare-eligible participants in the GBP?

A. Because you have creditable coverage under the GBP, the Social Security Administration (SSA) has said that you will not have to pay a penalty if you join a private Medicare prescription drug plan later. Each year, there is an enrollment period that allows people with Medicare to enroll in private Medicare Prescription Drug Coverage. Although you will have a chance to enroll every year, normally you would have to pay a penalty if you enrolled after your initial eligibility date. However, because you have creditable coverage under the GBP, you can choose to join a private Medicare prescription drug plan later without a penalty.

Q. Should I enroll in private Medicare Prescription Drug Coverage?

A. Most Medicare-eligible participants in the GBP should NOT enroll in private Medicare Prescription Drug Coverage because, for most people, the GBP prescription drug coverage will provide better benefits at a lower cost. If you qualify for financial assistance, you could benefit from private Medicare Prescription Drug Coverage and you would get savings on premiums, copays and coinsurance.

Q. How do I know if I qualify for financial assistance with private Medicare Prescription Drug Coverage?

A. Financial assistance is available to Medicare beneficiaries with incomes up to 150% of the Federal Poverty Level (FPL) and limited resources. The FPL is set each year. ERS does not make this determination or set the guidelines. To determine if you qualify for financial assistance with private Medicare Prescription Drug Coverage, you should contact the SSA toll-free at (800) 772-1213. TTY users should call toll-free at (800) 325-0778. Or visit SSA online at www.socialsecurity.gov.

Q. Is private Medicare Prescription Drug Coverage free?

A. No. If you enroll in private Medicare Prescription Drug Coverage, you will pay a monthly premium. The amount will likely increase each year. You will also have to pay the private Medicare Prescription Drug Coverage deductibles and copays. Currently, the deductible may be as high as \$400, and will increase to \$405 in 2018.

Q. How does private Medicare Prescription Drug Coverage work?

A. Medicare Prescription Drug Coverage is offered through private prescription drug plans that have been approved by Medicare. All private Medicare prescription drug plans offer a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium. If you enroll in a private Medicare prescription drug plan, you will receive a prescription drug card that you will present to your pharmacy to cover a portion of your prescription drug costs.

Q. Will private Medicare Prescription Drug Coverage have any effect on medical plans under the GBP?

A. Yes. Medicare rules do not allow you to be enrolled in a GBP Medicare Advantage plans (HealthSelectSM Medicare Advantage, or KelseyCare Advantage) and private Medicare Prescription Drug Coverage. If you enroll in private Medicare Prescription Drug Coverage, your coverage with the GBP Medicare Advantage plan will be terminated and you will be automatically enrolled in a non-Medicare Advantage plan under the GBP. If you are enrolled in a non-Medicare GBP health plan, there is no change to your medical coverage.

If you enroll in HealthSelect Medicare Advantage or KelseyCare Advantage, your private Medicare Prescription Drug Coverage will be terminated.

Q. Will private Medicare Prescription Drug Coverage have any effect on HealthSelect Medicare Rx?

A. Yes. Medicare rules do not allow you to be in two different Medicare prescription plans at the same time. If you enroll in a private Medicare prescription plan you will no longer be eligible for the HealthSelectSM Medicare Rx plan and will lose all prescription coverage through ERS.

Q. Most GBP participants were encouraged not to enroll in private Medicare Prescription Drug Coverage last year. What about future years?

A. You do not need to sign up for private Medicare Prescription Drug Coverage for the coming plan year. However, you should know that if you drop or lose your coverage under the GBP and do not enroll in private Medicare Prescription Drug Coverage within 63 days after your current GBP coverage ends, you may be required to pay more to enroll in private Medicare Prescription Drug Coverage later.

Q. Where can I get more information?

A. More detailed information about private Medicare plans that offer prescription drug coverage is available in the *Medicare & You* handbook. You may have received a copy of the handbook in the mail from Medicare. The handbook is also available at the website below. You may also be contacted directly by approved, private Medicare prescription drug plans. To get more information about private Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program. (See your copy of the *Medicare & You* handbook for their telephone number.)
- Call toll-free at (800) MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.

NOTE: *You may receive this notice at other times in the future, such as before the next period you can enroll in Medicare Prescription Drug Coverage or if this coverage changes. You may also request a copy of this notice by calling ERS toll-free at (877) 275-4377.*

Keep this notice. If you enroll in one of the Medicare-approved prescription drug plans at a later date, you may need to submit a copy of this notice when you join to show that you are not required to pay a higher premium amount.

The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ERS provides free language aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats) qualified interpreters, and written information in other languages.

If you need these services, call: 1-877-275-4377, TDD: 711.

If you believe that ERS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax or email:

Mail: Section 1557 Coordinator
 Employees Retirement System of Texas
 P.O. Box 13207, Austin, Texas 78711.
 Fax: 512-867-3480.

Email: 1557coordinator@ers.texas.gov

For more information visit: <http://www.ers.texas.gov>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail or by phone at:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201.

Phone: 1-800-368-1019, 800-537-7697 (TDD).

ERS provides language assistance at no cost to you. For help, please call the ERS main number.	ERS 會為您免費提供語言協助。如需協助，請撥打 ERS 總機號碼。
L'ERS vous offre une aide linguistique gratuite. Pour obtenir de l'aide, veuillez composer le numéro principal de l'ERS.	Die Sprachassistentendienste von ERS stehen Ihnen kostenlos zur Verfügung. Um Hilfe zu erhalten, wählen Sie bitte die ERS-Hauptnummer.
ERS તમને કોઇપણ ખર્ચ ભાષા સહાય પૂરી પાડે છે. મદદ માટે, ERS મુખ્ય નંબર પર ફોન કરો.	ERS आपको बिना किसी लागत के भाषा सहायता प्रदान करता है। मदद के लिए, कृपया ERS के मुख्य नंबर पर कॉल करें।
ERSは無料で言語補助を提供しています。補助が必要な場合は、ERSの主番号にお電話ください。	긴급응답 서비스(ERS)는 무료로 언어 지원을 제공해 드립니다. 도움을 원하시면 긴급응답 서비스(ERS) 대표 전화번호로 전화해 주십시오.
ERS ໃຫ້ການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍທີ່ທ່ານບໍ່ເສຍຄ່າ. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາໂທຫາເບີຫ້ອງການໃຫຍ່ຂອງ ERS.	Пенсионный фонд ERS предоставляет услуги переводчиков бесплатно. Для получения услуг звоните по основному номеру ERS.
ERS proporciona asistencia de idioma sin costo para usted. Para obtener ayuda, llame al número principal de ERS.	Nagbibigay ang ERS ng libreng tulong sa wika. Upang makatanggap ng tulong, pakitawagan ang pangunahing numero ng ERS.
المساعدة اللغوية لك دون أن تتحمل أي تكاليف. للحصول على ERS توفّر ERS على المساعدة، يُرجى الاتصال بالرقم الرئيسي لـ ERS.	ERS کمک زبانی را به صورت رایگان در اختیارتان قرار می دهد. برای دریافت راهنمایی، با شماره اصلی ERS تماس بگیرید.
ERS آپ کو مفت میں زبان کی مدد فراہم کرتا ہے۔ مدد کے لیے ERS کے اصل نمبر پر کال کریں۔	ERS cung cấp hỗ trợ ngôn ngữ miễn phí cho quý vị. Để được trợ giúp, vui lòng gọi số chính của ERS.

1-877-275-4377

