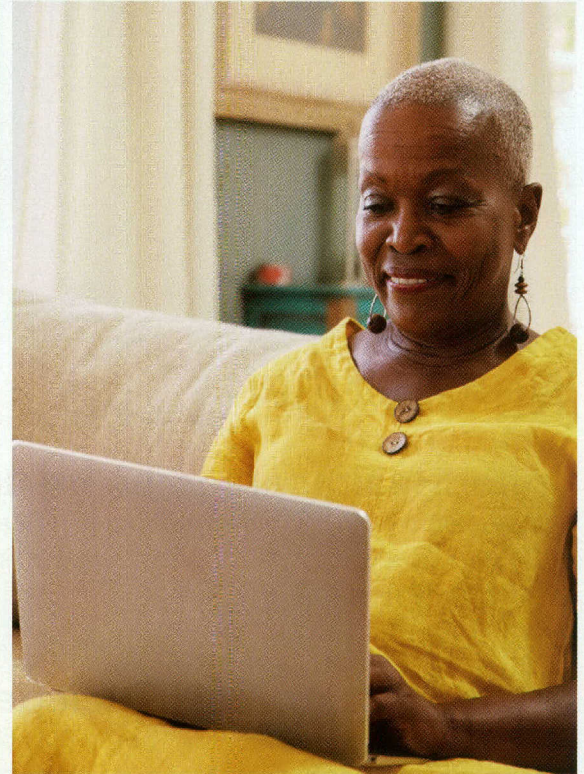
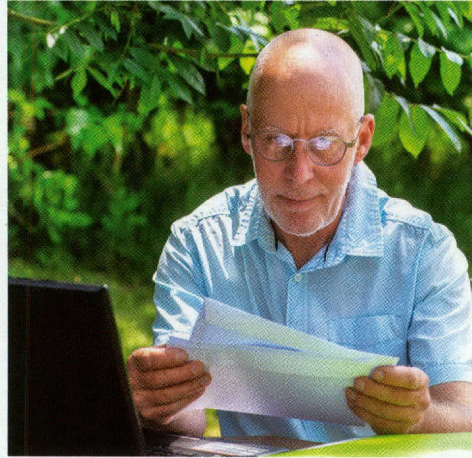


Inside:

- Page 2:** What's new
- Page 3:** How to make benefits changes
- Page 4:** Fall Enrollment information sessions
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Benefits to protect your health and future

Retiree and survivor benefits are offered through the Texas Employees Group Benefits Program (GBP) to eligible State of Texas retirees and their eligible dependents and survivors.

Fall Enrollment is your chance to make changes to your benefits elections. Even if you plan to keep your current coverage, you should review this guide to refresh your knowledge about your options. You are responsible for understanding your health insurance and other coverage. Your decisions may affect the amount you will need to pay to cover your share of the cost of these benefits.

Make changes to your benefits between October 26 and November 13.

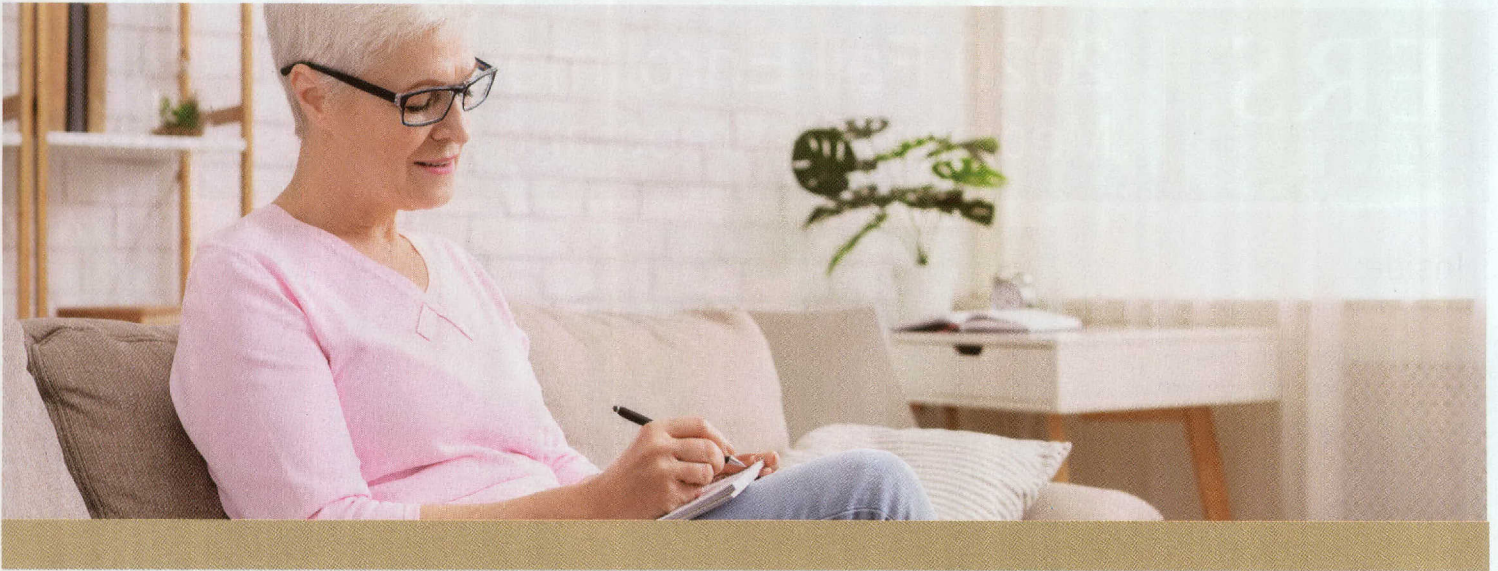
Fall Enrollment for Medicare-eligible retirees and their covered dependents is **Monday, October 26 through Friday, November 13**. You should make any needed changes to your benefits elections during this three-week period.

You can review your current coverage and see benefits options and premium rates in your Personal Benefits Enrollment Statement. You can also view premium rate sheets and other enrollment information at <https://ers.texas.gov/FE>.

No changes? No action needed.

If you wish to keep your same coverage, **you do not need to do anything**. Your benefits will stay the same. (KelseyCare Advantage participants: See important information inside.)

Benefits elections for the new plan year are effective January 1, 2021.



WHAT'S NEW?

UnitedHealthcare to be insurer for HealthSelect Medicare Advantage

UnitedHealthcare® will be the insurer for the HealthSelectSM Medicare Advantage Plan preferred provider organization (MA PPO) starting January 1, 2021. View the insert in your Fall Enrollment packet to learn more and stay up to date by visiting www.HealthSelect-MAPPO.com.

Tobacco-user status includes e-cigarettes and vaping

Effective September 1, 2020, GBP health plan participants who use tobacco, electronic cigarettes or vaping products are considered tobacco users and must certify as such. If you or your covered dependents use these products and are currently certified as tobacco non-users, you need to update the tobacco-use status through your ERS OnLine account or by calling toll-free (866) 399-6908, Monday – Friday, 8 a.m. – 5 p.m. CT. If you do not use tobacco or vaping products, and you are already designated as a tobacco non-user, no action is necessary.

KelseyCare Advantage Medicare HMO no longer offered through the GBP starting January 1

Starting January 1, 2021, the KelseyCare Advantage Medicare HMO will no longer be offered through the GBP. If you're in KelseyCare Advantage, ERS will automatically enroll you (and any Medicare-eligible covered dependents) in HealthSelect MA PPO unless you make another choice by December 31, 2020. See more on page 7 of this guide or on the insert included in KelseyCare participant packets.

HealthSelect MA PPO participants

There will be little change in your medical benefits when UnitedHealthcare starts insuring HealthSelect MA PPO, and for certain services, you may find the coverage is better. Your prescription drug benefits will stay the same. You can keep seeing your current health care providers as long as they accept Medicare.

You do not need to re-enroll in HealthSelect MA PPO. Your current enrollment will continue, unless you make a change.

UnitedHealthcare will mail your 2021 Plan Guide in mid-November, followed by your new ID card (attached to a Quick Start Guide) in December. Continue to use your current Humana ID card for provider visits through December 31.

In the meantime, check www.HealthSelect-MAPPO.com often for updates. You can also call UnitedHealthcare toll-free at (855)-853-0453, Monday – Friday, 7 a.m. – 7 p.m. CT, Saturday 7 a.m. – 3 p.m. CT with any questions about the transition and coverage. (Representatives cannot address questions about a current or past claim, or your specific coverage.)

HOW TO MAKE BENEFITS CHANGES

View your Personal Benefits Enrollment Statement (PBES) enclosed with this guide for information about your current benefits and other optional benefits. If necessary, change your benefits elections through ERS OnLine or by mail or phone.



ERS OnLine

Only retirees can make changes through their ERS OnLine account; survivors must phone ERS or submit the form in the back of this guide.

NOTE: If you did not activate your ERS OnLine account before you retired or within 90 days after, you will need to call ERS at (866) 399-6908, TTY: 711 to register or re-activate your account.

1. Go to **www.ers.texas.gov** and click “My Account Login” in the upper right corner.
2. Select “Proceed to Login,” or contact ERS (see number above) if you need to register or re-activate your account.
3. After you log in, confirm that your contact information under “My Personal Information” is correct.
4. Click “Benefits Enrollment.” Confirm that the last four digits of your Social Security number and date of birth for any covered dependents are correct and begin making your changes.

By mail



Complete the form in the back of this guide, then mail it to the address on the form. The form must be postmarked by November 13. You can also scan and email the completed form to **ERScustomer.service@ers.texas.gov**.

By phone



Call ERS toll-free at (866) 399-6908, TTY: 711, Monday through Friday, 8 a.m. – 5 p.m. CT. Be sure to call between October 26 and November 13.

Making updates outside of Fall Enrollment

As a Medicare-eligible retiree, you can change from HealthSelect MA PPO to your previous non-Medicare Advantage plan at any time—you do not have to wait for Fall Enrollment. You also can drop coverage for you or your dependents at any time.

You can only add new coverage or make changes to your benefits elections outside of the annual Fall Enrollment period if you have a qualifying life event (QLE). Throughout the plan year, you can update your family status and change your benefits elections within 31 days of the event. During Fall Enrollment, if you need to change your family status and coverage because of a QLE, please contact ERS.

You can log in to your ERS OnLine account any time to:

- Change your mailing address, phone number or email address
- Change your direct deposit information
- Designate or update beneficiaries for your benefits
- Certify whether you or your dependents use tobacco, including e-cigarettes and vaping products. You do not have to recertify unless someone’s tobacco-user status has changed.

See more about ERS OnLine at **ers.texas.gov/account-login**.

Remember

Participants who do not want to change their benefits elections or update their tobacco-use status don’t need to do anything. Their current coverage will carry forward to the new plan year.

KelseyCare Advantage participants need to notify ERS by December 31 if they do not want to be enrolled in the HealthSelect MA PPO on January 1, 2021.

FALL ENROLLMENT WEBINARS AND PHONE SESSIONS

To help keep retirees safe during the COVID-19 pandemic, ERS will not host its traditional Fall Enrollment fairs. Instead, we invite you to connect with us and plan representatives online or by phone at several information sessions beginning October 26 and continuing through mid-November.

Participate in as many sessions as you wish; morning and afternoon sessions will be available. After the presentations, we will post them on the ERS website for you to view anytime.

ERS Fall Enrollment presentations (webinars and phone-in)

ERS will review what's new for Plan Year 2021 at several online webinars and phone-in sessions. During the webinars, you can ask questions by typing them in a chat box. If you can't attend a webinar, you can listen to the presentation by phone.

Benefits Q&A sessions (webinars and phone-in)

These hour-long sessions, led by plan administrators, will feature brief overviews of the plans followed by time for questions and answers. A phone-in option is available for many sessions; most phone-in sessions are listen only.

Recorded presentations and short videos

Webinar presentations and short videos will be recorded and posted for you to view at your convenience. Access them by clicking the plan websites listed at <https://ers.texas.gov/FE>.

How to participate

See the insert in your Fall Enrollment packet for a schedule of sessions and detailed instructions for signing up and joining a webinar or phone-in session when it's time. You can also register for sessions at www.ers.texas.gov/Event-Calendars.

NOTE: Presenters can address general questions; if you have a specific question about your account or a claim, call or email the plan's customer service.

We're bringing the fair to you!

Join ERS online or by phone to learn what's new for Plan Year 2021 and connect with representatives from these health plans:

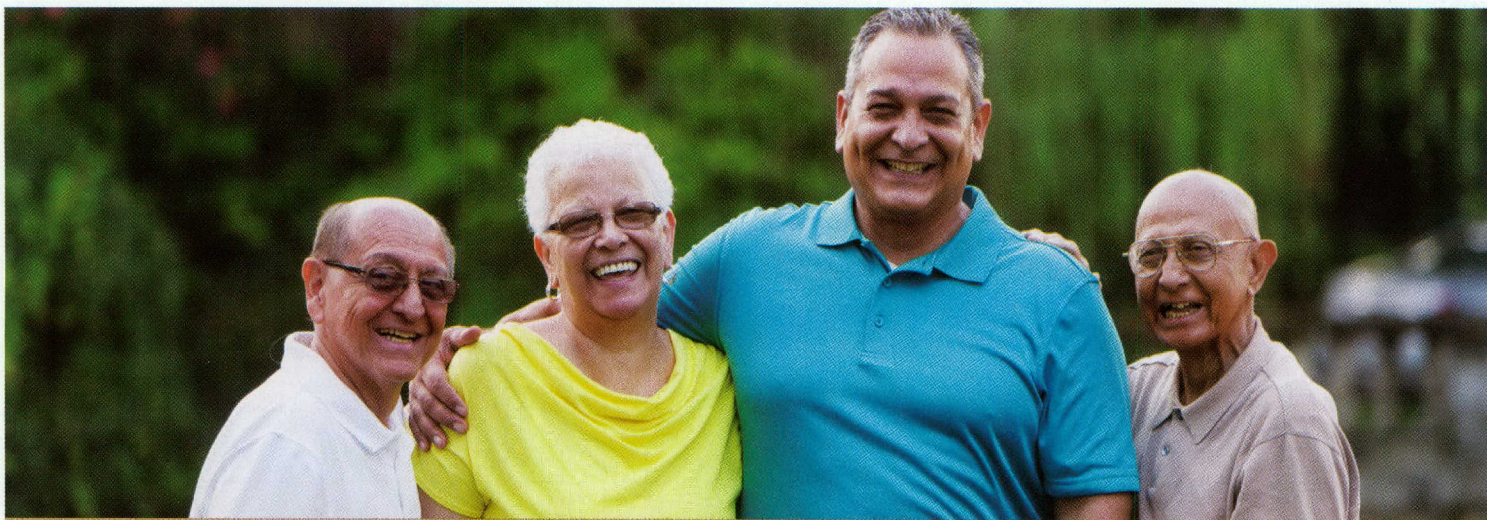
- **HealthSelect Medicare Advantage (UnitedHealthcare)**
.....
- **HealthSelectSM Secondary (Blue Cross and Blue Shield of Texas)**
.....
- **HealthSelectSM Medicare Rx (UnitedHealthcare)**
.....
- **State of Texas Dental ChoiceSM and DeltaCare[®] USA DHMO (Delta Dental)**
.....
- **State of Texas VisionSM (Superior Vision)**
.....
- **Life Insurance (Securian)**
.....
- **Scott and White Care Plans (formerly Scott and White Health Plan)**
.....
- **Community First Health Plans**



Get to know UnitedHealthcare at December sessions

In addition to Fall Enrollment sessions about the HealthSelect Medicare Advantage transition, ERS and UnitedHealthcare will present "Get to Know UnitedHealthcare" webinars and phone-in sessions in early December. Join us to learn about the lifestyle and wellness programs that will be available to HealthSelect MA PPO participants starting January 1, including continuation of the popular SilverSneakers program. Register for these webinars in November at www.ers.texas.gov/Event-Calendars.

In rare instances, ERS must cancel or change events due to issues beyond our control. When possible, we provide notice of cancellations and/or changes on the ERS website. If you plan to attend an information session, check the Events webpage shortly before the session for any updates.



COVERAGE FOR DEPENDENTS

Certifying dependent children for coverage (retirees only)

When you enroll any dependent in health insurance coverage, you must certify they are eligible for GBP coverage. You can't add new dependent children until you complete the online certification.

Survivors cannot add new dependents to coverage.

Verifying a dependent for coverage

If you enroll a new dependent—a spouse or child—in health insurance, you must provide eligibility documentation, such as a birth certificate or marriage license. Alight Solutions, which manages dependent verification for ERS, will contact you shortly after you sign up your new dependent(s) for coverage. Submit copies of documents (do not mail the originals) according to Alight's instructions.

If you have questions about the dependent eligibility verification process, contact Alight Solutions toll-free at (800) 987-6605, TTY: 711. Hours are Monday – Friday, 7 a.m. – 7 p.m. CT.

Medicare and your State of Texas health insurance

If you are a retiree enrolled in HealthSelect of Texas®, and you are eligible for Medicare, your state health insurance is considered your secondary coverage, **even if you are not signed up for Medicare**. That means if you have a medical claim, you are responsible for the portion of the charges that Medicare would have covered as your primary health insurer.

You should **enroll in Medicare as soon as you are eligible** to keep your costs as low as possible. The same is true for your covered dependent. Once you or your dependent enrolls in Medicare, be sure to contact ERS with your or their Medicare information.

If you are eligible for Medicare, but a covered dependent is not, you can enroll in HealthSelect MA PPO while your dependent remains enrolled in HealthSelect of Texas or a non-Medicare HMO. Contact ERS once your dependent enrolls in Medicare, and he or she will be enrolled in the same health plan as you.

When you get a letter from Alight Solutions, open it right away!

alight Alight Solutions sends information to you after Fall Enrollment. Carefully review the information and **keep the deadline in mind**. If you don't send the right documents or if you send documents after the deadline, your dependents will be found ineligible and will not get coverage. For questions about dependent eligibility verification, call Alight Solutions toll-free at (800) 987-6605 (TTY: 711).

YOUR HEALTH INSURANCE OPTIONS



For Plan Year 2021, Medicare-eligible retirees and their eligible dependents and survivors can enroll in one of the plans below. Remember, retirees and survivors can make reductions in their coverage at any time during the plan year. Survivors who waive coverage cannot re-enroll at a later date.

See details about your benefits

View the health plans comparison chart that came in your Fall Enrollment packet to compare commonly used medical, mental health and prescription drug benefits in GBP health plans.

HealthSelectSM Medicare Advantage Plan

HealthSelect Medicare Advantage Plan preferred provider organization (MA PPO)

Retirees and their covered dependents who want to enroll in HealthSelect MA PPO must also be enrolled in Medicare Parts A and B.

The HealthSelect MA PPO plan is insured by Humana through December 31 and UnitedHealthcare starting January 1, 2021. (See the insert in your Fall Enrollment packet to learn more.)



BlueCross BlueShield
of Texas

HealthSelect Secondary

Medicare-eligible retirees, their dependents and survivors can choose to enroll in HealthSelect Secondary, administered by Blue Cross and Blue Shield of Texas. This is not a Medicare Advantage plan, and it costs more than HealthSelect MA PPO.

Medicare-enrolled retirees and survivors can switch between a Medicare Advantage and the non-Medicare Advantage plan they were previously enrolled in any time during the plan year.

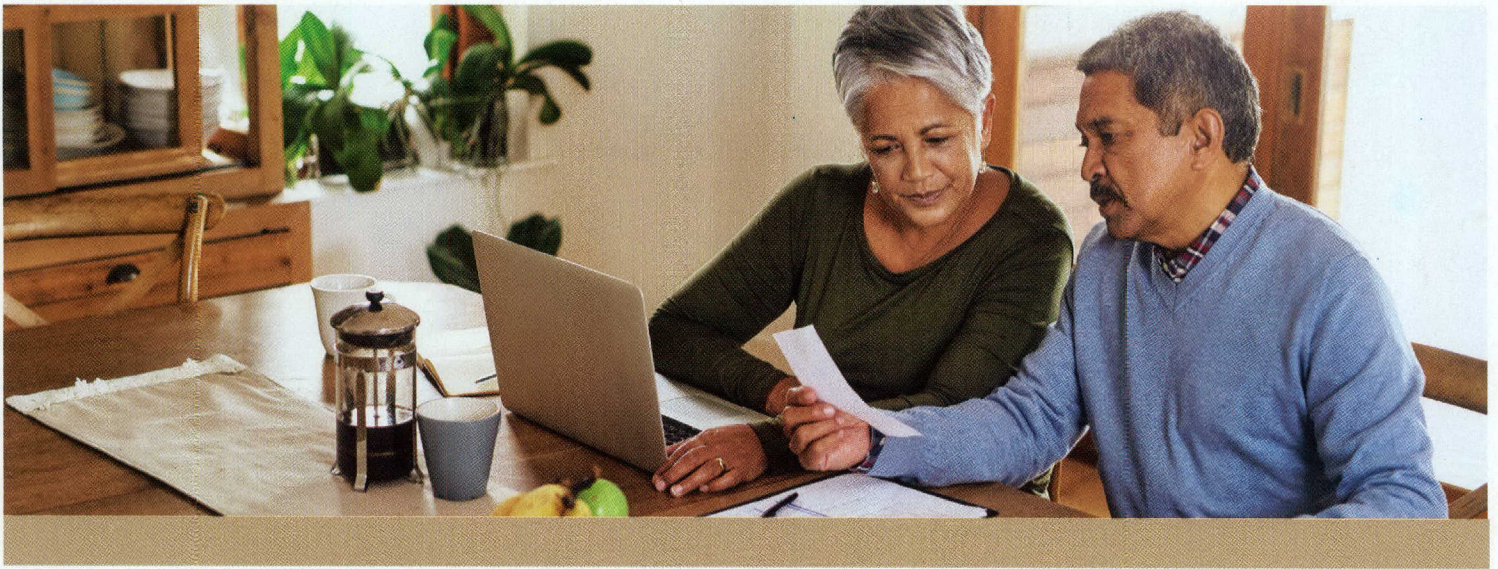


HMOs (through August 31, 2021)

Note: Coverage in these HMOs will no longer be available through ERS starting **September 1, 2021**. If you live in an eligible county, you may enroll in an HMO through August 31, 2021:

- Community First Health Plans: Available only in the San Antonio area
- Scott and White Care Plans: Available only in the Central Texas area

ERS will help HMO plan participants transition their coverage to an alternative plan that will be effective September 1, 2021.



KelseyCare Advantage no longer offered through the GBP

KelseyCare Advantage Starting January 1, 2021, the KelseyCare Advantage Medicare health maintenance organization will no longer be offered through the GBP. Current KelseyCare participants will be automatically enrolled in the HealthSelect MA PPO effective January 1, 2021, unless they contact ERS to enroll in HealthSelect Secondary or waive GBP health coverage. ERS, UnitedHealthcare and KelseyCare Advantage are working directly with KelseyCare participants to help with the transition.

What if I have other health insurance?

If you have other health insurance (excluding Medicare) that's as good as or better than what the state provides, you can elect the Health Insurance Opt-Out Credit. The Opt-Out Credit is up to \$60 per month for full-time retirees or up to \$30 per month for part-time retirees. The credit can apply toward dental and/or vision insurance premiums.

You can elect the Opt-Out Credit by logging in to your ERS OnLine account or by checking the applicable boxes on the form at the back of this guide. You can also contact ERS during Fall Enrollment. Survivors are not eligible for the Opt-Out Credit.

Waiving your health care coverage: What you should know

If you opt out of your GBP health insurance, you will also cancel your prescription drug coverage and your \$2,500 Basic Term Life insurance coverage. Medicare-eligible retirees can later re-enroll in coverage during the annual enrollment period or if they have a qualifying life event (QLE). Survivors who drop coverage cannot re-enroll at a later date.



What about private Medicare Advantage or Part D plans?

You may have seen advertisements for private Medicare Advantage plans or Part D prescription drug coverage. Your GBP Medicare Advantage plans provide coverage that is as good as, or better than, private Medicare Advantage plans.

You cannot be enrolled in HealthSelect MA PPO or HealthSelect Medicare Rx and a private Medicare Advantage plan or Part D plan at the same time. If you enroll in a private Medicare Advantage plan or a Part D plan, you will be dis-enrolled from HealthSelect MA PPO and/or HealthSelect Medicare Rx.



RETURNING TO WORK FOR THE STATE

If you are a retiree who returns to work or a survivor who starts to work for the state, you and your dependents cannot participate in the HealthSelect MA PPO, which includes the HealthSelect Medicare Rx prescription drug plan. You and your dependents will be enrolled in the non-Medicare Advantage health plan and prescription drug plan you were enrolled in prior to retirement, unless the prior plan is no longer available. In this case, you will be enrolled in HealthSelect of Texas. However, if you again leave state employment, you and your Medicare-eligible dependents will be re-enrolled in the Medicare Advantage MA PPO.

When you return to work as a retiree, you can choose to switch from retiree benefits to active employee benefits. You can only switch to active benefits within the first 30 days of your return to work, or during Fall Enrollment.

Understand your options

When you elect active employee benefits, you have more options, including TexFlexSM and the Texas Income Protection PlanSM (TIPP). Also, the Basic Term Life Insurance you get with your health insurance increases from \$2,500 to \$5,000. If you have Dependent Term Life Insurance, it also increases from \$2,500 to \$5,000 per covered dependent. An AD&D policy of \$5,000 will also be added automatically to both Basic Term Life Insurance and Dependent Term Life Insurance.

If you return to work in a part-time position, and elect active benefits, you will get only part of the state's contribution toward your and your dependents' health insurance premiums.

Optional Term Life Insurance as a return-to-work retiree

Your Optional Term Life Insurance benefit amount is based on your annual salary. If your new annual salary is lower than it was when you retired and you choose active benefits, your Optional Term Life Insurance amount remains lower, even when you switch back to retiree benefits.

Switching from retiree benefits to active employee benefits

If you are a return-to-work retiree and want to switch to active employee benefits during Fall Enrollment, contact your agency's benefits coordinator before Fall Enrollment closes on November 13. HHS Enterprise employees: Contact the HHS Employee Service Center toll-free at (888) 894-4747. Coverage is effective January 1, 2021.

Your benefits will revert to retiree benefits when you leave your return-to-work status. However, your life insurance coverage calculations will be based on your last salary if you enrolled in active employee benefits.



PRESCRIPTION DRUG COVERAGE

If you are a Medicare-eligible retiree enrolled in the HealthSelect MA PPO or HealthSelect Secondary, you are automatically enrolled in HealthSelect Medicare Rx. UnitedHealthcare administers HealthSelect Medicare Rx. Their affiliate, OptumRx, administers mail order prescriptions.

Community First Health Plans or Scott and White Care Plans (non-Medicare HMOs) have their own prescription drug programs.

Covered dependents who are not yet eligible for Medicare and covered by a non-Medicare health plan may also have a different prescription drug plan. See the health plans comparison chart that came in your packet for details.

Prescription drug deductibles

You and your covered dependents each have an annual \$50 prescription drug deductible. If you are enrolled in HealthSelect Medicare Rx, your deductible is based on the calendar year and resets on January 1 each year. If you are enrolled in an HMO, your deductible is based on the plan year, which starts over September 1. If your non-Medicare-eligible dependent is enrolled in the HealthSelect Prescription Drug Program, their deductible is based on the calendar year.

Learn more

See the health plans comparison chart that came in your Fall Enrollment packet to compare prescription drug coverage in the different GBP plans.

Learn additional details about your prescription drug coverage on your plan's website or at <https://ers.texas.gov/retirees/Health-Benefits/Prescription-Drug-Programs>.

Purchasing prescriptions: Know your options

If you are enrolled in HealthSelect Medicare Rx, you can get maintenance medications with no extra fee if you go to a retail pharmacy in the Extended Day Supply (EDS) network.

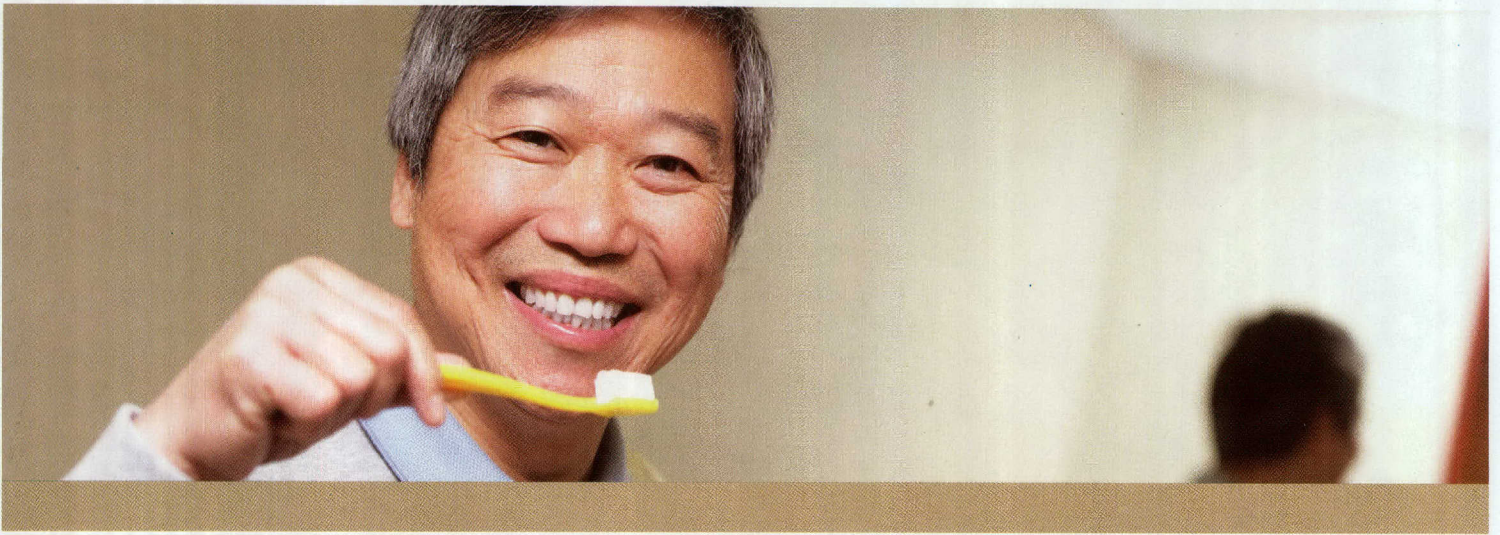
When you purchase medications from the pharmacies in this network, you pay the plan's lower mail service cost. EDS pharmacies include Brookshire Brothers, CVS, HEB, Kroger, Safeway stores (including Tom Thumb and Randalls), Walmart and a number of independent pharmacies. For more information visit https://www.uhcretiree.com/ers/drug_coverage_options.html#pharmacy.

If a generic drug is available and you choose to buy the brand-name drug, you will pay the generic copay plus the cost difference between the brand-name and generic drugs. You do not need to fill out any forms to buy the brand-name drug.



Take note

You can decline HealthSelect Medicare Rx coverage. If you do, you will not have any prescription drug coverage through the GBP. A covered dependent cannot decline HealthSelect Medicare Rx coverage unless the eligible member who covers them also opts out of the coverage.



DENTAL INSURANCE

State of Texas Dental Choice

State of Texas Dental Choice is a preferred provider organization (PPO) dental insurance plan. You can see any dentist you want, but you will pay less if you go to a dentist in one of two Delta Dental networks:

- Delta Dental PPO
- Delta Premier

All Delta Dental PPO and Delta Premier dentists are in-network providers. You get the same coverage in either network, but you may pay less for covered services in the Delta Dental PPO network. Delta Premier dentists can charge higher rates for the same coverage.

Benefits are available in the United States, Canada and Mexico, if you live in the United States.



DeltaCare USA dental health maintenance organization

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 DHMO network dentist in your area.
- You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- When you choose a participating specialty dentist, you will get a 25% discount on the specialist's usual charges.

DeltaCare[®] USA

Check the Discount Purchase Program for dental discounts

The Discount Purchase ProgramSM, administered by Beneplace, offers dental discount programs and discounted dental services. View them at <https://www.beneplace.com/discountprogramers/>. (To access discounts, you will need to register using your email address.)

Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. See plan booklets for actual coverage and limitations. Delta Dental administers both plans. Before starting treatment, discuss the treatment plan and all charges with your dentist.

	State of Texas Dental Choice Plan PPO – In-Network	State of Texas Dental Choice Plan PPO – Out-of-Network	DeltaCare USA DHMO (Services from participating PCDs only)
Dentists	In-network/participating dentist	Out-of-network/non-participating dentist*	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	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	None
Copays/ coinsurance	Preventive and Diagnostic Services: None. Basic Services: 10% coinsurance after meeting the Basic Services deductible. Major Services: 50% coinsurance after meeting the Major Services deductible. There is no charge for anything over the allowed amount. After reaching the Maximum Calendar Year Benefit, the participant pays 60% until January 1.	Preventive and Diagnostic Services: 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services: 30% coinsurance after meeting the Basic Services deductible. Major Services: 60% coinsurance after meeting the Major Services deductible. Participants may be required to pay the difference between the allowed amount and billed charges. Once the Maximum Calendar Year Benefit is reached, the participant pays 100% until January 1.	PCD: Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Specialty dentistry: 75% of the dentist’s usual and customary fee. DHMO pays nothing.
Maximum calendar year benefits	\$2,000 per covered individual (includes orthodontic extractions)	\$2,000 per covered individual (includes orthodontic extractions)	Unlimited
Maximum lifetime benefit	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
Average cost of cleaning / oral exams	No charge for up to two cleaning/oral exams per calendar year.	10% of the allowed amount after deductible is met. Up to two cleaning/oral exams per calendar year.	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Up to two cleaning/oral exams per calendar year.
Orthodontic coverage	50% of the allowed amount.	50% of the allowed amount. Participants may be required to pay the difference between the allowed amount and billed charges.	Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code: child-\$1,800; adult-\$2,100. Orthodontic services performed by specialist: 75% of the usual fee. DHMO pays nothing.

*In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill for charges above the amount covered by Delta Dental. Visit a participating dentist to ensure you do not have to pay additional charges above the amount covered by Delta Dental.

VISION INSURANCE



Your health insurance plan covers some vision and eye health services, including an annual eye exam and treatment

for diseases of the eye. Except for Community First, GBP health plans available in 2021 do not cover the cost of eyeglasses or contact lenses.

You and your eligible dependents can enroll in State of Texas VisionSM for an additional monthly premium Administered by Superior Vision Services, State of Texas Vision covers an eye exam, contact lens fitting and other eyewear options. The plan includes an allowance for eyeglass frames or contact lenses, as well as discounts for LASIK. For a complete list of plan benefits and a list of providers, visit StateOfTexasVision.com.

Unless indicated, listed benefits are available for the plan year period, which is September 1 through August 31 (instead of the calendar year). That means no matter when you sign up for the plan, your benefits reset on September 1. If you are a Medicare-eligible retiree and you disenroll during Fall Enrollment, you have until December 31 to use available benefits. **Benefits differ for out-of-network providers.** See your health plan materials for details. Does not apply to HealthSelect MA PPO; those members can see in- or out-of-network providers.

	State of Texas Vision	HealthSelect MA PPO	HealthSelect Secondary	Community First Health Plans HMO	Scott and White Care Plans HMO
Routine eye exam	\$15 copay	\$0 copay	30% coinsurance ¹	\$40 copay at any in-network doctor	\$40 copay
Frames	\$200 retail allowance ³	Not covered	Not covered	\$125 retail allowance ²	Not covered
Single-vision lenses	\$10 copay	Not covered	Not covered	100% covered	Not covered
Bifocal lenses	\$15 copay	Not covered	Not covered	100% covered	Not covered
Trifocal lenses	\$20 copay	Not covered	Not covered	100% covered	Not covered
Progressives	\$70 copay	Not covered	Not covered	Not covered	Not covered
Polycarbonate	\$50 copay	Not covered	Not covered	Not covered	Not covered
Scratch coat (factory, single sided)	\$10 copay	Not covered	Not covered	Not covered	Not covered
Ultraviolet coating	\$10 copay	Not covered	Not covered	Not covered	Not covered
Tint	\$10 copay	Not covered	Not covered	Not covered	Not covered
Standard anti-reflective coating	\$40 copay	Not covered	Not covered	Not covered	Not covered
Standard contact lens fitting	\$25 copay	Not covered	Not covered	\$125 allowance	Not covered
Specialty contact lens fitting	\$35 copay	Not covered	Not covered	Not covered	Not covered
Contact lenses (conventional or disposable)	\$200 allowance ³	Not covered	Not covered	\$125 allowance	Not covered

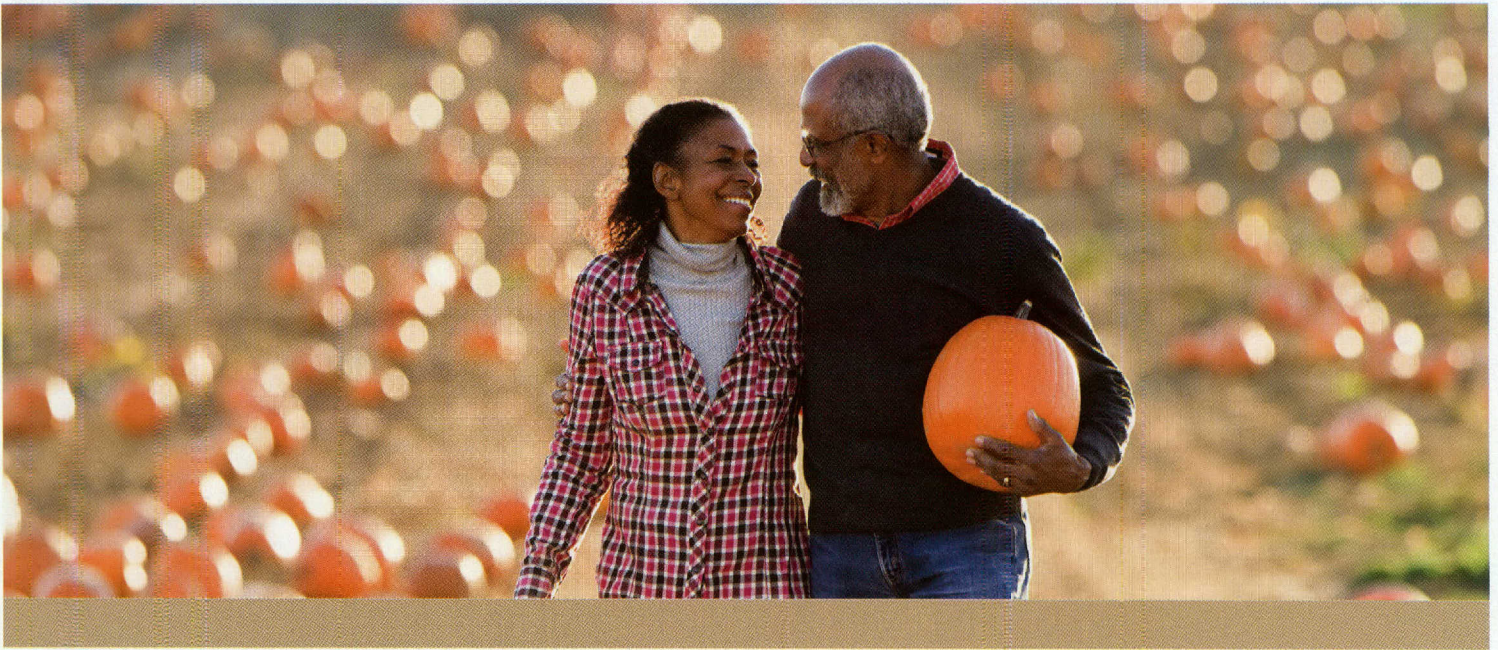
¹After the deductible is met, you will pay 30% coinsurance.

²Cost savings when using OptiCare vision providers. Frame discounts are not available if the frame manufacturer prohibits the discount.

³Allowance can be used for eyeglass frames OR contact lenses.

All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.

Please note: Besides the eye exam, the additional offerings through the health plans are value-added benefits. ERS does not guarantee the length of time that a specific value-added product will be offered. Third-party administrators or carriers may discontinue or change their value-added programs at any time without notice.



LIFE INSURANCE (RETIREES ONLY)

Life insurance is not available to survivors.

If you aren't currently enrolled in Optional life insurance, you can apply for the \$10,000 Retiree Fixed Optional Life Insurance for yourself and/or add your dependent to Dependent Term Life Insurance during Fall Enrollment. If you're considering applying for optional life insurance, you should read the following information carefully.

Optional Term Life

If you are enrolled in GBP health coverage, your health insurance comes with Basic Term Life Insurance that pays \$2,500 to your beneficiary upon your death.

If you were enrolled in Optional Term Life Insurance when you retired, you were eligible to continue it at Election 1 or 2. If you had Election 3 or 4 at the time of retirement, your coverage was automatically changed to Election 2, unless you chose Election 1 or \$10,000 Retiree Fixed Optional Life Insurance or waived coverage. (You can confirm your current election in your PBES.)

Note: Once you turn 70, your coverage is subject to age-based benefit reductions. When the coverage amount drops to \$10,000 or below, the plan automatically switches to the \$10,000 Retiree Fixed Optional Life Insurance, which has a fixed rate.

If you did not have Optional Term Life Insurance at the time you retired, you can request to enroll in the \$10,000 Retiree Fixed Optional Life Insurance during Fall Enrollment or if you have a qualifying life event (QLE).

Life insurance participants can access "Lifestyle Benefits" such as financial counseling and estate planning. Learn more at <https://web1.lifebenefits.com/sites/lbwem/ers/resources/lifestyle-benefits>.

Dependent Term Life

You can request to enroll in Dependent Term Life Insurance for your eligible covered dependents for \$3.05 a month. You must provide Evidence of Insurability (EOI). Coverage includes \$2,500 per person, and pays you upon your covered dependent's death.



EVIDENCE OF INSURABILITY

What is evidence of insurability?

When you request to enroll yourself or a dependent in certain life insurance coverage, you must provide evidence of insurability (EOI). EOI is an application step in which you provide information about your health or that of your dependents. It is required when you apply for \$10,000 Retiree Fixed Optional Life Insurance or apply to add a dependent to Dependent Term Life Insurance.

After you request to enroll, you can initiate the EOI process through ERS OnLine or by calling ERS customer service. You can choose whether you want the EOI underwriter to communicate with you by email or mail. Then:

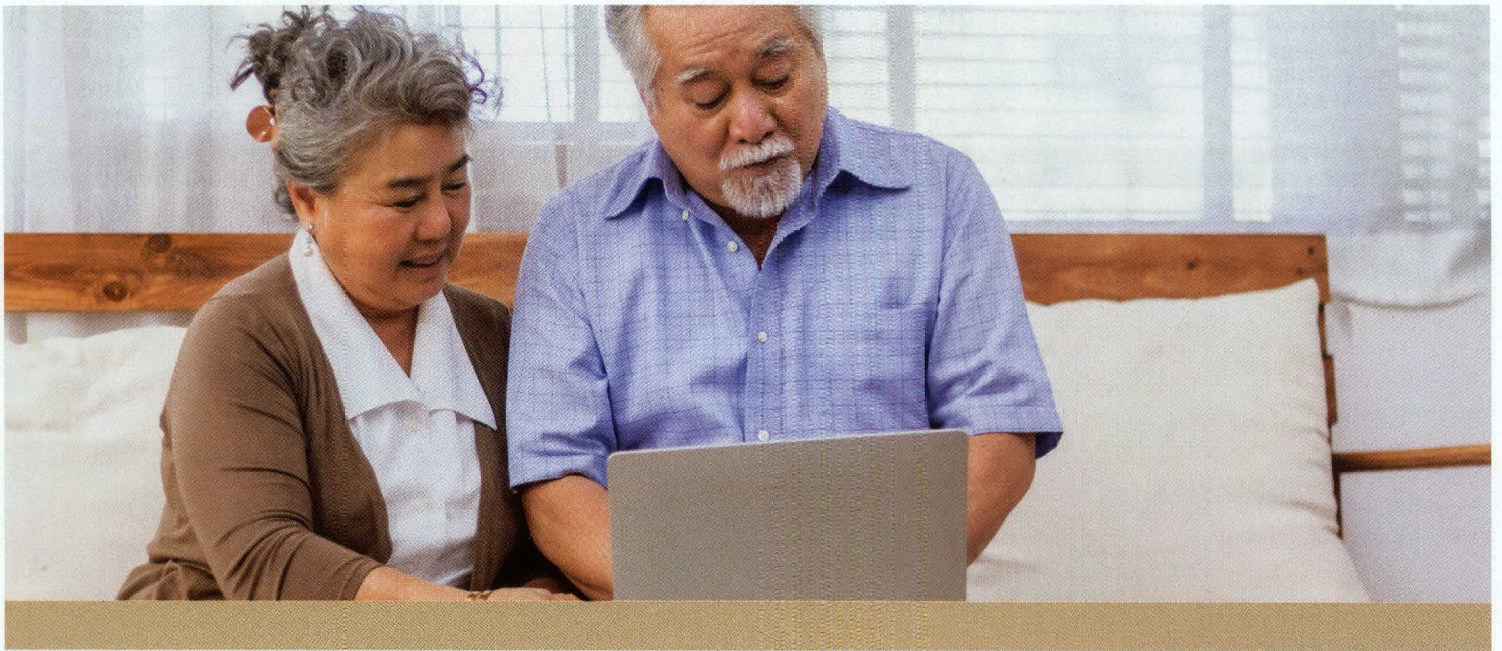
- The EOI underwriter will provide instructions for submitting your EOI application.
- Answer all questions on the EOI application truthfully and completely. Missing information can delay the process.
- If needed, the EOI underwriter will request additional information to make a decision on your application.

The EOI underwriter must receive your application within 30 days or your coverage will be denied. You or your dependents may be denied coverage based on the information in your EOI application. You can reapply for coverage during the next Fall Enrollment or with a qualifying life event.

Coverage start dates

If EOI is approved before January 1, your coverage begins on January 1. If it is approved on or after January 1, coverage begins the first of the month after ERS receives notification of the approval.

For more information, visit <https://web1.lifebenefits.com/sites/lbwem/ers/retirees/plan-overview>.



TEXA\$AVERSM 401(k) / 457 PROGRAM FOR RETIREES

Texa\$aver is not available to survivors.

TEXA\$AVERSM Return-to-work retirees
401(k) / 457 Program can set aside pre-tax dollars from their paycheck by enrolling

in the Texa\$aver program. This is an option whether you are enrolled in retiree or active employee benefits.

When you retire, you can keep your money with the Texa\$aver program as long as you like, without losing your options.

- Leave your money in your 401(k) or 457 program as is.
- Receive periodic payments, which is like still getting a paycheck in retirement.
- Take a partial lump sum distribution(s); withdraw what you need, when you need it, or take all of the money in a single lump-sum distribution.
- Roll over the balance in whole or part to another qualified plan or an IRA.

Texa\$aver distributions

While you don't need to do anything to maintain your Texa\$aver program account(s), once you reach age 70½, you must start taking required minimum distributions.

To initiate a distribution from your Texa\$aver account after you retire, download, complete and submit a Distribution/ Direct Rollover Request form from the Texa\$aver website.

Texa\$aver account withdrawals may be subject to ordinary income tax. A 10% early withdrawal penalty may apply to withdrawals made before age 59½. The 10% federal early withdrawal penalty does not apply to the 457 plan withdrawals except for withdrawals attributable to rollovers from another type of plan or account.

For questions, call Texa\$aver toll-free at (800) 634-5091, Monday – Friday, 8 a.m. – 7 p.m. CT. You can also visit [https://ers.texas.gov/Retirees/Retirement/Texa\\$aver-401\(k\)-457-Program](https://ers.texas.gov/Retirees/Retirement/Texa$aver-401(k)-457-Program).

This information is not intended as tax, financial planning or investment advice. Please consult with your financial planner, attorney and/or tax advisor as needed.

CONTACTS

Health

Plan	Administrator	Phone number	Website
HealthSelect MA PPO through Dec. 31, 2020	Humana Group number – Check your ID card	Toll-free: (855) 377-0001, TTY: 711 Humana First NurseLine: (800) 622-9529	our.humana.com/ers-medicare
HealthSelect MA PPO starting Jan. 1, 2021	UnitedHealthcare Group number – Check your ID card. New ID cards will be mailed in December.	Toll-free: (855) 853-0453	www.HealthSelect-MAPPO.com
HealthSelect of Texas/ HealthSelect Secondary	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039	healthselectoftexas.com
KelseyCare Advantage HMO (through Dec. 31, 2020)		Toll-free: (877) 853-9075, Local: (713) 442-2ERS (2377) TTY: (866) 302-9336, Nurselink: (713) 442-0000	www.kelseycareadvantage.com/ERS
Community First Health Plans	An affiliate of 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
Scott and White Care Plans	Group number – 012700	Toll-free: (800) 321-7947, (TTY: (800) 735-2989) VitalCare Nurse Advice: (877) 505-7947	https://ers.swhp.org
HealthSelect Medicare Rx	UnitedHealthcare	Toll-free: (855) 828-9834, TTY: 711	www.hsmedicarerx.com www.optumrx.com/ers

Dental

State of Texas Dental Choice PPO	Delta Dental Group Number – 20010	Toll-free: (888) 818-7925 (TTY: 711)	www.ERSdentalplans.com
DeltaCare USA DHMO	Delta Dental Group Number – 79140		

Vision

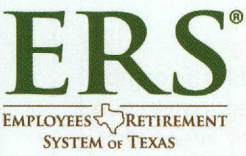
State of Texas Vision	Superior Vision Services, Inc. Group number – 35040	Toll-free: (877) 396-4128 (TTY: 711)	www.StateofTexasVision.com
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Life Insurance

Optional Term Life and Dependent Term Life	Insured by Securian	Toll-free: (877) 494-1716, TTY: 711	web1.lifebenefits.com/sites/lbwem/ers
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Other programs

Texa\$aver 401(k) / 457 Program	Empower Retirement™	Toll-free: (800) 634-5091, TTY: (800) 766-4952	www.texasaver.com
Dependent Eligibility Verification	Alight Solutions	Toll-free: (800) 987-6605 TTY: 711	www.yourdependentverification.com/plan-smart-info/
Discount Purchase Program	Beneplace	Toll-free: (800) 683-2886 Local: (512) 346-3300	www.beneplace.com/discountprogramERS



SURVIVING DEPENDENT FALL ENROLLMENT FORM

You may either contact ERS or send this completed form to:

Employees Retirement System of Texas
 P.O. Box 13207
 Austin, Texas 78711-3207
 (866) 399-6908 Toll-free

**If you do not need to make any changes,
 it is not necessary to complete this form or contact ERS.**

Information provided to the ERS is maintained for managing your benefits.

If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

SECTION A: SURVIVING DEPENDENT DATA *(To be completed by surviving dependent)*

Surviving Dependent: First, MI, Last		Last 4 digits of Social Security Number/National ID (SSN)		Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
		XXX-XX-		()	
Email Address	Mailing Address <input type="checkbox"/> Check if New	City	State	ZIP Code	Eligibility County

SECTION B: INSURANCE COVERAGE *(Mark boxes to indicate the coverage changes you want starting January 1, 2021.)*

Medical Coverage	<input type="checkbox"/> Waive*	<input type="checkbox"/> HealthSelect of Texas®	<input type="checkbox"/> HealthSelect SM MA PPO
	<input type="checkbox"/> Drop Dependent (See Section C)		
Optional Benefits <i>(May be elected without being enrolled in health coverage.)</i>			
Dental	<input type="checkbox"/> Waive	<input type="checkbox"/> State of Texas Dental Choice Plan SM	<input type="checkbox"/> DeltaCare® USA DHMO
	<input type="checkbox"/> Add/Drop** Dependent (See Section C)		
Vision	<input type="checkbox"/> Waive	<input type="checkbox"/> State of Texas Vision SM	<input type="checkbox"/> Add/Drop** Dependent (See Section C)
Tobacco-User Certification: If you are enrolled in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months? This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products. <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Surviving dependents who waive coverage cannot re-enroll at a later date. The health, dental and vision coverage that an eligible survivor has on the date of the member's death continues automatically. The surviving spouse or other eligible dependents may: drop health coverage at any time but cannot re-enroll in health coverage later, and/or **drop dental and/or vision coverage at any time and re-enroll in dental and/or vision coverage later, provided their health coverage is still in effect.

SECTION C: DEPENDENT PERSONAL DATA *(and coverage choices.)*

Dependent Tobacco-User Certification: If your dependents are enrolled in a GBP health plan, you must certify below if your dependent used any type of tobacco product five or more times in the last three months. This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products.

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health**	Dental	Vision	Tobacco User
<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Relationship Code: D or S - Natural or adopted daughter or son O - Other than natural or adopted child. Includes stepchild, foster child, or ward child. Only eligible dependents at the time of the member's death are eligible to be covered as surviving dependents.

** Once a surviving dependent waives their medical coverage, the surviving dependent cannot re-enroll in medical coverage at a future date.

SECTION D: AUTHORIZATION (Carefully read the statements below before you sign and date.)

I authorize the appropriate deductions from my annuity or through bank draft for the benefits selected above, if applicable. If I do not receive an annuity or if my annuity is not sufficient to cover the necessary deductions, I agree to make premium payments when due. I understand that coverage will be cancelled if I do not pay the required premiums. I authorize any provider to release any information on persons covered when needed to verify eligibility or to process an insurance claim or complaint. **I certify all information provided above is valid and true to the best of my knowledge. I understand I may be asked to show documentation to support my selection.** False information could lead to expulsion from the Texas Employees Group Benefits Program (GBP) and/or criminal prosecution.

Notice about Insurance: Funding for health and other insurance benefits for participants in the GBP is subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits and has no continuing obligation to provide funding for those benefits beyond each fiscal year.

Tobacco Use Certification: I certify my understanding and agreement to the following: "Tobacco product" is defined as all types of tobacco, including but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, and dip; and all electronic cigarettes and vaping products and a "tobacco user" is a participant who has used a tobacco product or tobacco products five or more times during the preceding three months. If I (or any of my covered dependents): 1) have used tobacco products as a tobacco user; or 2) start using tobacco products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS may constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using tobacco products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS may constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. For more information about this program, visit, www.ers.texas.gov/Employees/Health/Tobacco_Policy.

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco during the preceding three months, you must complete the Tobacco User Certification form (ERS 2.933) available at http://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933, or change the certification using your online account at www.ers.texas.gov.

I understand that if I, as a surviving dependent, waive my medical coverage, I cannot re-enroll in medical coverage at a future date. If I waive all coverage, medical and optional benefits, I cannot re-enroll in any coverage at a future date.

Surviving dependent's signature: _____ Date Signed: _____
(Parent or legal guardian may sign for minor child) (mm-dd-yyyy)



RETIREE FALL ENROLLMENT FORM

You may either enter your changes using your online account at www.ers.texas.gov or by completing and sending this form to:
Employees Retirement System of Texas
P.O. Box 13207
Austin, Texas 78711-3207
Toll-free (866) 399-6908

If you do not need to make changes, it is not necessary to complete this form or contact ERS.

Information provided to the ERS is maintained for managing your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

SECTION A: MEMBER DATA (To be completed by participant)

Member Name: First, MI, Last		Last 4 digits of Social Security Number/ National ID (SSN)			
		XXX-XX-			
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		Email Address			
()					
Mailing Address <input type="checkbox"/> Check if new		City	State	ZIP Code	Eligibility County

SECTION B: BENEFITS OPTIONS (Mark boxes to indicate the benefits changes you want beginning January 1, 2021)

Health Coverage	<input type="checkbox"/> Waive* <input type="checkbox"/> HealthSelect of Texas® <input type="checkbox"/> HealthSelect SM MA PPO
	<input type="checkbox"/> Waive + Opt-Out (For retirees who can certify they have comparable coverage that is not Medicare.) <input type="checkbox"/> Enroll/Drop Dependent (See Section C)
Optional Benefits (May be elected without being enrolled in health coverage.)	
Dental	<input type="checkbox"/> Waive <input type="checkbox"/> DeltaCare® USA DHMO <input type="checkbox"/> State of Texas Dental Choice Plan SM <input type="checkbox"/> Enroll/Drop Dependent (See Section C)
Vision	<input type="checkbox"/> Waive <input type="checkbox"/> State of Texas Vision SM <input type="checkbox"/> Enroll/Drop** Dependent (See Section C)
Optional Term Life Insurance*	<input type="checkbox"/> Waive OR <input type="checkbox"/> Enroll \$10,000 Decrease Level to: <input type="checkbox"/> Election I <input type="checkbox"/> \$10,000
Dependent Term Life Insurance*	<input type="checkbox"/> Waive <input type="checkbox"/> Enroll/Drop Dependent (See Section C)
Tobacco user Certification: If you are enrolled or enrolling in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months? This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products. <input type="checkbox"/> Yes <input type="checkbox"/> No	

*To apply for Dependent Term Life Insurance or the Retiree Fixed \$10,000 Optional Life Insurance coverage, evidence of insurability (EOI) is required. Initiate the EOI process by signing into your **ERS OnLine** account at www.ers.texas.gov, or by contacting ERS.

SECTION C: DEPENDENT PERSONAL DATA (and benefits choices)

Dependent Tobacco-user Certification: If your dependents are enrolled in a GBP health plan, you must certify below if they used any type of tobacco product five or more times in the last three months. This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products.

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health	Dental	Vision	Dep. Life	Tobacco User
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Relationship Code: **Sp** – Spouse; **D** or **S** – Daughter or son (natural or adopted)
O – Other than natural or adopted child. Includes stepchild, foster child or ward.

If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at www.ers.texas.gov or call ERS. For newly added dependents, you may be required to provide documentation to Alight Solutions, a company that is working with ERS to conduct the dependent eligibility verification.

SECTION D: AUTHORIZATION (Read the statements below carefully before you sign and date.)

I authorize the appropriate deductions from my annuity or through bank draft for the benefits selected above, if applicable. If I do not receive an annuity or if my annuity is not sufficient to cover the necessary deductions, I agree to make premium payments when due. I understand that coverage will be cancelled if I do not pay the required premiums. I authorize any provider to release any information on persons covered when needed to verify eligibility or to process an insurance claim or complaint. **I certify all information provided above is valid and true to the best of my knowledge. I understand I may be asked show documentation to support my selection, and/or to prove eligibility for any newly added dependents.** False information could lead to expulsion from the Texas Employees Group Benefits Program (GBP) and/or criminal prosecution.

Notice about Insurance: Funding for health and other insurance benefits for participants in the GBP is subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits and has no continuing obligation to provide funding for those benefits beyond each fiscal year.

Tobacco Use Certification: I certify my understanding and agreement to the following: "Tobacco product" is defined as all types of tobacco, including but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, and dip; and all electronic cigarettes and vaping products and a "tobacco user" is a participant who has used a tobacco product or tobacco products five or more times during the preceding three months. If I (or any of my covered dependents): 1) have used tobacco products as a tobacco user; or 2) start using tobacco products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS may constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using tobacco products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS may constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. For more information about this program, visit, www.ers.texas.gov/Employees/Health/Tobacco_Policy.

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco during the preceding three months, you must complete the Tobacco User Certification form (ERS 2.933) available at http://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933, or change the certification using your online account at www.ers.texas.gov.

If you selected "Waive + Opt-Out Credit"

I certify that I do not want the health plan coverage offered to me as an eligible participant. I am waiving my health plan coverage and certify that I have other health plan coverage with substantially equivalent coverage to the basic health plan. I understand waiving my state health insurance will cancel my prescription drug coverage and \$2,500 Basic Term Life Insurance policy. You must certify that you have comparable health coverage to the basic health plan. A credit of up to \$60 (or \$30 for part-time participants) is applied toward the cost of eligible optional coverage (dental and vision). The credit is in lieu of the state contribution for basic health coverage." Due to federal legislation Medicare members cannot receive the Opt-Out Credit. I am able to view the Health Insurance Opt-Out Credit applied toward my eligible optional coverage premium by signing into my **ERS OnLine** account at www.ers.texas.gov.

I understand that if I am currently in a waived status, I must have a QLE or wait until the next Fall Enrollment to enroll in medical coverage offered to eligible participants.

Participant's Signature: _____

Date Signed: _____

(mm-dd-yyyy)