

2017 Summer Enrollment RETIREES AND FAMILIES GUIDE

The State of Texas offers a valuable benefits package to help protect your health and secure your future. As a retiree who's eligible for insurance through Texas Employees Group Benefits Program (GBP) but not eligible for Medicare, you have the chance to make changes to your benefits during Summer Enrollment.

Even if you don't think you want to make any changes, be sure to read this booklet and learn more about your options and any changes for Plan Year 2018. You are responsible for understanding how your benefits work and how your decisions may affect what you pay for health care and other benefits.



What can you do during Summer Enrollment?

- Switch your health insurance coverage. You can switch between HealthSelectSM of Texas and Consumer Directed HealthSelectSM. If you live or work in a county served by an HMO, you also have the option of switching between a HealthSelect plan and an HMO. For information about your health insurance options, see pages 4-6. A chart comparing coverage is on pages 8-9.
- Add or remove dependents from your coverage. If you have not already, you will need to verify that each dependent you add to your medical insurance is eligible for coverage. If you don't verify each dependent, he or she will be removed from all coverage (Medical, Dental, Vision and/or Dependent Life). For more information, see page 13.
- Add or drop vision and dental coverage for yourself and your dependents. For information about vision and dental options, see pages 10-12.
- Decrease your current election from Optional Term Life Insurance to Retiree Fixed Optional Life Insurance. See page 13.
- Apply for Retiree Fixed Optional Life with EOI, if you did not have Optional Term Life Insurance at retirement.
- Apply for or drop Dependent Term Life Insurance. EOI is required to enroll each eligible dependent. See page 13.
- If you're enrolling in health insurance for yourself or a dependent, certify tobacco use or non-use. This certification is required when you enroll in health insurance through ERS, and it's legally binding. If you have already certified tobacco-use status, you do not need to re-certify unless the status has changed for you or your dependents. You can change your status at any time during the plan year. For more information, including alternatives to the tobacco user premium, see page 6.

If you have a dependent enrolled in HealthSelect Medicare Advantage PPO or KelseyCare Advantage HMO, rates for those plans will stay the same through December 31, 2017. The rates may change on January 1, 2018 and possible new rates will be available in fall.

**2017 Summer Enrollment
dates: June 26-July 28, 2017**



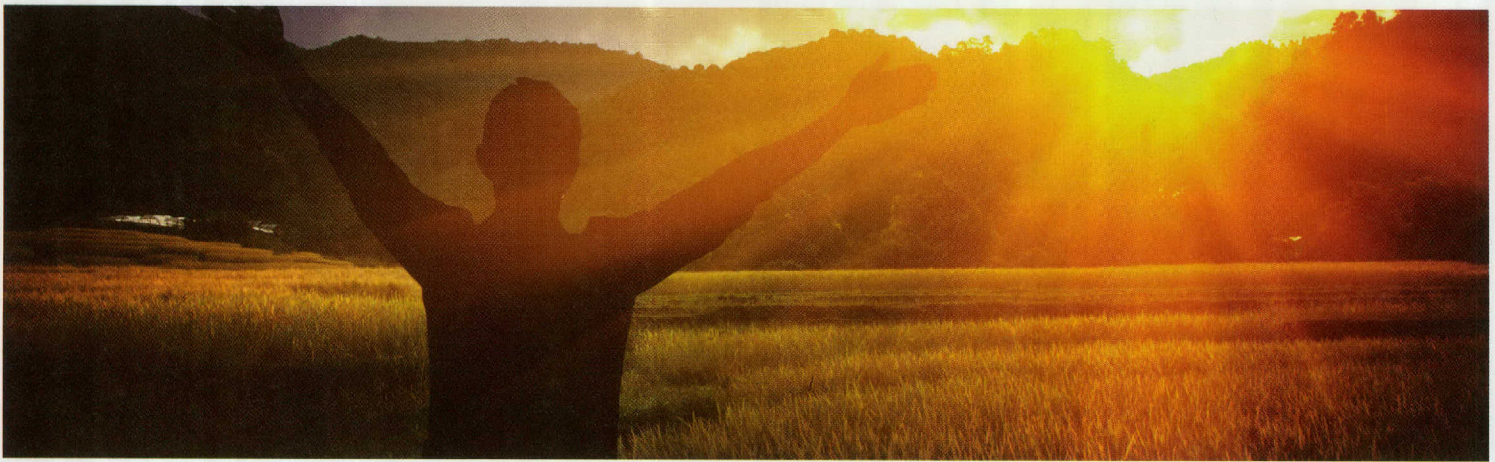
Please make your benefit changes during your two-week phase, which is listed on your Personal Benefits Enrollment Statement.



Summer Enrollment is the only time of year you can make benefit changes unless you have a qualifying life event, like the birth of a child, marriage or divorce. For more information, visit www.ers.state.tx.us/Employees/Life-Events/. You can drop coverage at any time.



If you are a return-to-work retiree, you can switch between retiree and active benefits by contacting your agency's benefits coordinator or Human Resources office. If you work for the Health and Human Services Commission Enterprise please contact the HHS Employee Service Center before July 28. Page 18.



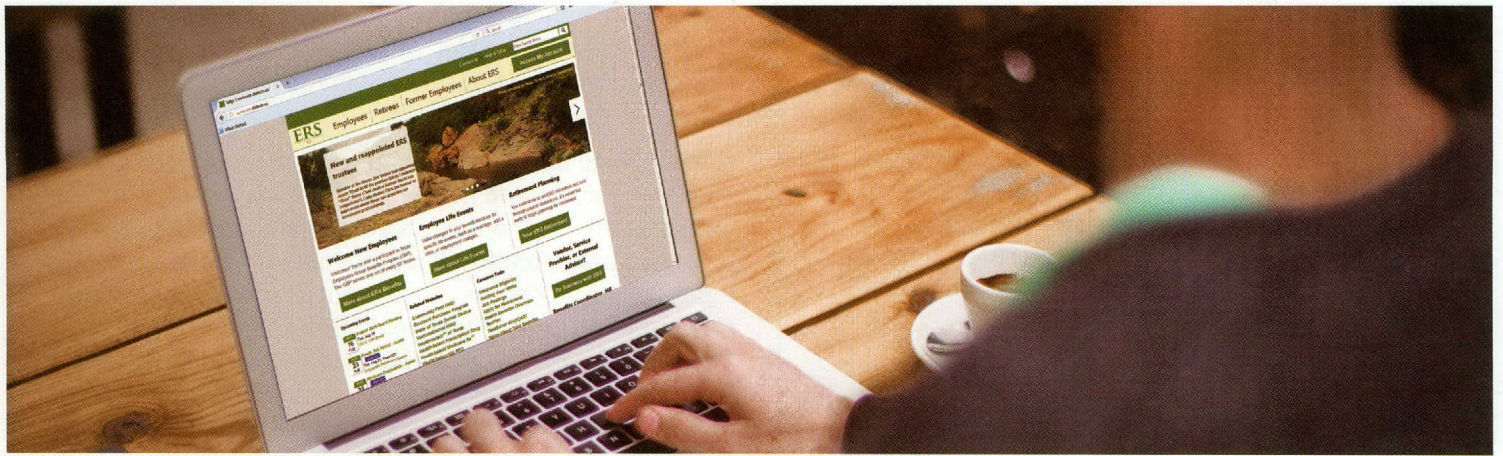
What's new!

- Beginning September 1, 2017, Scott & White Health Plan will no longer be available as a health plan option if you live in the following counties: Coke, Coleman, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Runnels, Schleicher, Sterling, Sutton and Tom Green. If you live in one of these counties and are currently enrolled in Scott & White Health Plan, you will automatically be enrolled in HealthSelect of Texas unless you enroll in Consumer Directed HealthSelect during Summer Enrollment. You should have received a letter to notify you of this change.
- Beginning September 1, 2017, if you are in HealthSelect of Texas or HealthSelect Out-of-State, you will no longer have a copayment if you consult a network virtual visits doctor online. Learn more about convenient, money-saving virtual visits at www.bcbstx.com/hs under Value Added Benefits.

On September 1, 2017, Blue Cross and Blue Shield of Texas (BCBSTX) will become the new plan administrator for HealthSelect of Texas and Consumer Directed HealthSelect. Most benefits and requirements for HealthSelect of Texas and Consumer Directed HealthSelect will not change. If you are enrolled in an HMO, HealthSelect Medicare Advantage or KelseyCare Medicare Advantage you will not be affected.

- The HealthSelect provider network includes more than 50,000 health professionals, hospitals and other facilities throughout Texas. Most doctors and other providers who are in the current HealthSelect network will still be in the network as of September 1, 2017. However, some will not. To find out which providers have signed on to be in the HealthSelect network as of September 1, 2017 go to Find a Provider at www.bcbstx.com/hs and click on Find a doctor or hospital. Then click on the box that applies to your health plan. You can also speak with a BCBSTX Personal Health Assistant by calling (800) 252-8039. To nominate a provider to be added to the HealthSelect network, go to www.bcbstx.com/hs and click on Publications and Forms.
- If your current primary care physician (PCP) will still be in the HealthSelect network, you do not need to take any action.
- If you are enrolled in Consumer Directed HealthSelect or HealthSelect Out-of-State you do not need to designate a PCP.
- If you are enrolled in HealthSelect of Texas and do not designate a PCP who is in the HealthSelect network, you could pay more – possibly much more – for your health care. Call a BCBSTX Personal Health Assistant at (800) 252-8039 to designate your PCP or for help finding one.
- BCBSTX will mail new medical ID cards to all HealthSelect of Texas and Consumer Directed HealthSelect participants in late August. You should continue to use your current health plan ID card until August 31, 2017.

For information or answers to general questions about HealthSelect benefits, network providers, referrals and prior authorizations, or other plan details, go to www.bcbstx.com/hs or call a BCBSTX Personal Health Assistant at (800) 252-8039, Monday – Friday, 7 a.m. - 7 p.m. CT or Saturday 7 a.m. - 3 p.m. CT.



No benefit changes?

If you do not want to make any changes to your benefits, you do not need to take any action. Your benefit elections, will not change.

Need to make benefits changes?

You can make or request changes to your benefits in one of these ways:



Go to www.ers.state.tx.us and sign in to your online account. After you log in, be sure to confirm that your contact information is correct. Verify the Social Security number and date of birth for each of your dependents. Click on Benefits Enrollment to begin making your Summer Enrollment changes.



Call ERS toll-free at (866) 399-6908. Please be sure to call during your two-week enrollment phase, which is listed on your Personal Benefits Enrollment Statement.

Dependent eligibility and verification

When you select your online changes, you'll be asked to certify that each of your dependent children is eligible for Texas Employees Group Benefits Program (GBP) coverage unless you've already certified each dependent. You can't enroll new dependent children until you complete the online certification. If you enroll any new dependents, including a spouse, in health coverage, you'll be required to provide documentation, such as a marriage license or birth certificate, verifying that each dependent is eligible. To enroll a common law spouse, you must obtain a Declaration of Informal Marriage from the county courthouse with a registration date prior to the date of your spouse's enrollment in the GBP.

Aon Hewitt, a company that is working with ERS to conduct the dependent eligibility verification, will mail a letter that outlines the steps in the verification process, and lists the dependents who need to be verified, the documentation needed and the deadlines for submitting documentation. If you have questions about the dependent eligibility verification, contact Aon Hewitt Dependent Verification Center toll-free at (800) 987-6605.

Opt out of health insurance and prescription drug coverage

If you can certify that you already have other health insurance that is equal to or better than coverage offered through ERS, you can sign up for a monthly health insurance Opt-Out Credit.

You must be eligible for the state contribution toward your health insurance premium to qualify for the Opt-Out Credit.

This credit can only be applied to your dental insurance premium. It cannot be applied to premiums for the State of Texas Dental Discount Plan or State of Texas Vision.

The health insurance Opt-Out 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 waive or opt-out of your health plan, you give up your prescription coverage and will no longer have Basic Term Life Insurance coverage.

If you lose your other health insurance coverage, it is a qualifying life event, and you may enroll in health coverage offered through ERS if you sign up within 31 days of losing your other health insurance.

HealthSelect of Texas and Consumer Directed HealthSelect

No matter where you live, you can choose between HealthSelect of Texas and Consumer Directed HealthSelect medical plans for you and your eligible dependents. 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.

On September 1, 2017, Blue Cross and Blue Shield of Texas will become the medical plan administrator for both plans. ERS sets the benefits and pays the claims, while BCBSTX manages the provider network, processes claims and provides customer service.

Health care can be expensive, but ERS works to keep costs as low as possible. You can help lower your costs by making sure your providers are in the HealthSelect network when you use your medical coverage.

Keep in mind that, even if a hospital is in the HealthSelect network, doctors and other providers who practice at that hospital may not be. Be sure to find out if all your providers are in the HealthSelect network before your treatment or procedure. To find out if a doctor, hospital or other provider is in the HealthSelect network, go to Find a Provider at www.bcbstx.com/hs and click on Find a doctor or hospital. If a provider is not in the HealthSelect network, notify your PCP and ask if a network provider is available.

HealthSelect^{of Texas}

HealthSelect of Texas is a point-of-service health insurance plan.

- You do not have to meet a deductible amount before the plan begins to pay if your provider is in the HealthSelect network.

2018 Deductible	Individual Coverage	Family Coverage
In-network	\$0	\$0
Out-of-network	\$500	\$1,500

- You are responsible for copayments for doctor and hospital visits and other medical services, such as outpatient surgery and high-tech radiology.

- To save money with the plan, you need to designate a primary care physician (PCP).
- If you live or work in Texas, you need a referral from your PCP to an in-network specialist or facility to receive in-network benefits. 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.

It pays to stay in the network!

All health plans managed by ERS are network-based, which means you'll pay less – sometimes a lot less – if you see a provider in the network.

Here's an example of the difference in what you might pay for an in-network and out-of-network doctor visit for non-preventive care if you're in HealthSelect of Texas. This is an example and not a true estimate of costs you would pay by going out-of-network if you have not met your deductible. For more information see the Health Plan Comparison Chart on pages 8-9.

HealthSelect ^{of Texas}	In-Network PCP	Out-of-Network Provider You must first meet a \$500/person or \$1,500/family deductible before the plan begins to pay.
Amount billed by doctor	\$150	\$160
Allowable amount For out-of-network service, the allowable amount – not the billed charge – is the amount applied toward your deductible, and the amount used to calculate what the plan will pay after you've met the deductible (example: 60% of allowable amount for a PCP visit).	\$100	\$65
HealthSelect of Texas pays	\$75	\$0
Member owes	\$25 copay	\$160 Because you have not met your out-of-network deductible, you owe the full amount billed by the doctor. Only \$65 of this amount will be applied to your deductible, because the plan does not cover the difference between the amount billed and the allowable amount.

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 coverage. It's available to Texas Employees Group Benefits Program (GBP) participants who are not enrolled in Medicare.

- You do not need to designate a PCP or get a referral to see a specialist, but you generally will pay less for care – sometimes much less – if you see a provider who is in the HealthSelect network.
- The monthly dependent premium is lower than HealthSelect of Texas. But you pay the full cost of doctor visits, prescriptions, hospital stays and any other non-preventive health service or product until you have reached the annual deductible. (See deductible amounts below.)
- After you have met the deductible, you pay coinsurance (20% in-network, 40% out-of-network) for medical services and prescriptions rather than a copayment.
- Deductibles are based on the calendar year and reset January 1 of each year.

2018 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 is like a tax-free nest egg for health care expenses. You can use money in your HSA 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 an eligible retiree enrolled in Consumer Directed HealthSelect: \$45 for an individual (\$540 per year) or \$90 for a family (\$1,080 per year).
- You can make post-tax contributions to your HSA and can claim them as deductions when filing your income tax returns. The IRS sets the maximum amount each year. The annual maximum contribution limit for 2018 is \$3,450 for individuals and \$6,900 for families.
- 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 leave state employment.

HSA contributions and maximums* for 2018

Description	Individual Account	Family Account**
Annual maximum contribution January 1, 2018 - December 31, 2018	\$3,450	\$6,900
Annual state contribution	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)
Annual maximum participant contribution	\$2,810	\$5,820

*HSA contributions and limits may change from year to year, or 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.

**Includes the member plus any number of dependents enrolled in Consumer Directed HealthSelect.



Thinking about enrolling in Consumer Directed HealthSelect?

The key benefits of Consumer Directed HealthSelect are:

- the ability to save money, in your HSA for health care costs now or far in the future, and
- the state's contribution to your HSA (if you're eligible): \$540 a year for an individual or \$1,080 for a family.

For some people, it could be a great way to save money and lower your taxable income. But you will be responsible for all of your non-preventive health care costs until you meet the annual deductible.

Optum Bank administers the HSA program. If you enroll in Consumer Directed HealthSelect, you need to open an Optum Bank HSA as soon as possible so that state contributions and other funds can be deposited into your account. You will get a debit card from Optum Bank to pay for health expenses. You will have access only to the amount of money that has accumulated in your HSA, and not funds that have been pledged to be deposited in the future. You should review IRS guidelines or consult a tax advisor to make sure you are eligible to participate in an HSA. For more information, visit www.ers.state.tx.us/Employees/Health/CDHS/HSA/



HMOs



If you live in an eligible county, you have the option of enrolling in an HMO. These regional plans have smaller networks than the HealthSelect plans. But they cover 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 health plan has authorized out-of-network treatment. Only emergency care services are covered outside the network.
- HMOs have their own prescription drug coverage. The annual drug deductible is \$50 per person per plan year, which 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

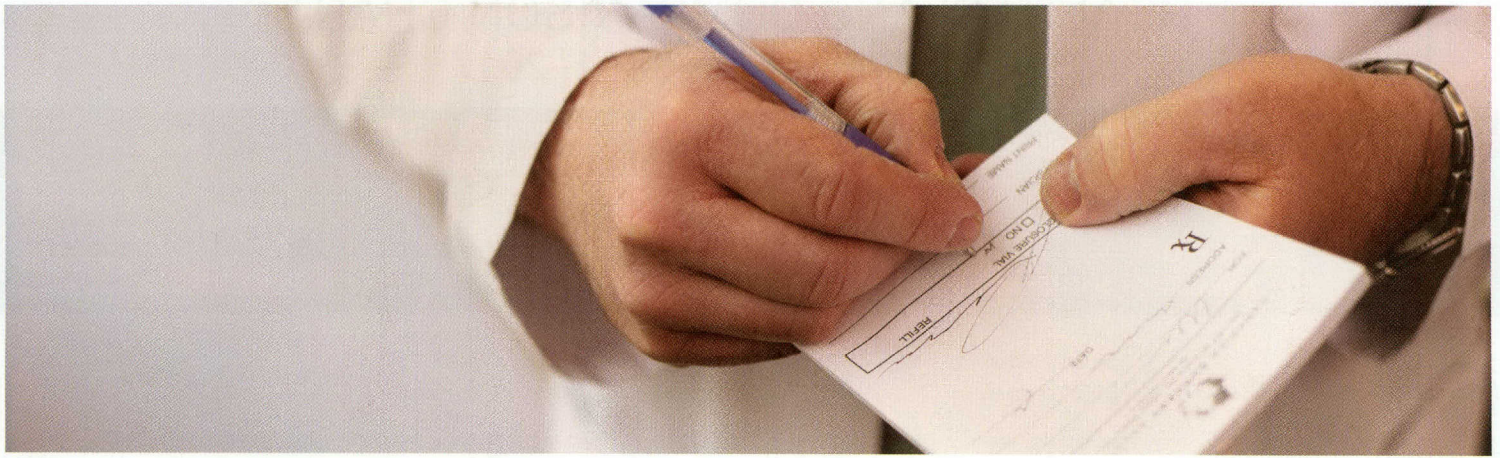
Out-of-pocket limits



To help protect you from catastrophic health costs, all five health plans have a network out-of-pocket maximum of \$6,650 for individuals and \$13,300 for families. This is the maximum amount you will pay in one year for network copays, coinsurance, prescriptions, deductibles and other qualified health care expenses. Once you reach this maximum, the plan pays 100% of covered health expenses for the rest of the year. Only Consumer Directed HealthSelect has an out-of-network out-of-pocket maximum (individual: \$13,100; family: \$26,200).



All participants enrolled in health insurance plans offered through ERS must certify their status as tobacco users or non-users. 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.state.tx.us/Employees/Health/Tobacco_Policy/ or contact ERS toll-free at (866) 399-6908.



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 receive separate ID cards for medical (Blue Cross and Blue Shield of Texas) and prescription drug (OptumRx) coverage in August. Please use these separate ID cards beginning September 1, 2017.

Beginning August 1, HealthSelect Prescription Drug Program will have a new phone number. You can find this number on the new prescription ID card that OptumRx will mail you in August.

Prescription drugs are divided into three tiers, with different copays for each tier.

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

	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.		

*A retail maintenance fee is 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.



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

HEALTH PLANS COMPARISON CHART

Effective September 1, 2017

Benefits	HealthSelect SM of Texas ¹				Consumer Directed HealthSelect ^{SM 1}		HMOs	
	In-Area		HealthSelect SM of Texas Out-of-State ²		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Calendar year deductible	None	\$500 per person \$1,500 per family	None	\$500 per person \$1,500 per family	\$2,100 per person \$4,200 per family	\$4,200 per person \$8,400 per family	None	None
Out-of-pocket coinsurance maximum⁴	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$2,000 per person per calendar year	\$7,000 per person per calendar year	None	None	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum¹⁰ (including deductibles, coinsurance and copays) ¹¹	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	**\$13,100 per person \$26,200 per family	\$6,550 per person \$13,100 per family ³	\$6,550 per person \$13,100 per family ³
Primary care physician required	Yes	No	No	No	No	No	Community First - yes Scott & White - no	No
Primary care physicians' office visits	\$25	40%	\$25	40%	20%	40%	\$25	\$15
Mental health care								
a. Outpatient physician or mental health provider office visits	\$25 copay	40% coinsurance after you meet the annual Non-Network Deductible	30% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	\$25	\$25
b. Hospital Mental health inpatient stay (copay is \$150 per day, up to a maximum of \$750 per admission and a maximum of \$2,250 per calendar year.)	20% coinsurance after copay	40% coinsurance after copay and you meet the annual Non-Network Deductible	30% coinsurance	40% coinsurance after copay and you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	20% coinsurance (plus \$150 a day copay per admission)	20% coinsurance (plus \$150 a day copay per admission)
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	30% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	\$25 copay (prior authorization required)	\$25 copay
Physicals*	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 care*	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) ^{7,9,12}	\$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%	\$50 copay plus 40%	\$50 copay plus 20%	\$50 copay plus 40%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%

Benefits	HealthSelect SM of Texas ¹				Consumer Directed HealthSelect ^{SM1}		HMOs	
	In-Area		HealthSelect SM of Texas Out-of-State ²		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Urgent care clinic	\$50 copay plus 20%	\$50 copay plus 40%	\$50 copay plus 20%	\$50 copay plus 40%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%
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: 20%; \$40 copay 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)¹²	\$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)	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	20%	20%	\$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	\$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^{8, 8A, 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 equipment¹²	20%	40%	20%	40%	20%	40%	20%	20%
Ambulance services (non-emergency)¹²	20%	20%	20%	20%	20%	20%	20%	20%

¹ Benefits are paid on allowable amounts; using providers who contract with Blue Cross Blue and Shield of Texas will protect you from liability for amounts over the allowable amount. ² HealthSelect Out-of-State applies to employees and retirees under age 65 and their eligible dependents who live or work outside of Texas. You cannot enroll in Out-of-State coverage unless your work or home address is outside of Texas. ³ Applies to plan year, September 1 - August 31. ⁴ Does not include copays. ⁵ Copay depends on whether treatment is given by PCP or specialist. ⁶ For treatment charges, one visit per plan year. ⁷ Outpatient testing only. Does not apply to inpatient services. ⁸ Active employees only; see health plan for additional requirements/limitations. ^{8A} The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. ⁹ No copay if high-tech radiology is performed during ER visit or inpatient admission. ¹⁰ Out-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. (For example, a participant could pay up to \$6,550 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the \$2,000 coinsurance out-of-pocket maximum, he/she would pay \$4,550 in copayments, totaling \$6,550 in overall out-of-pocket expense.) ¹¹ Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. ¹² Preauthorization required. Mental Health Benefits follow those of medical and surgical benefits listed in this chart. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans and the HMOs. Contact the plan's customer service department for specific questions. *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. **Effective calendar year

Dental Plans



Helpful tip: Find a list of providers for State of Texas Dental ChoiceSM or the HumanaDental DHMO at <https://our.humana.com/ers/> or by calling HumanaDental 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 and Canada, and Mexico if you live in the United States.



HumanaDental 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 select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different primary care dentists.
- 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 treatment and services at participating providers.
- There are no claim forms, copays, deductibles, annual maximums or limits on use.



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.	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 60% until January 1. ³
Maximum calendar year benefit	Unlimited	\$1,500 per covered individual (includes orthodontic extractions)	\$1,500 per covered individual (includes orthodontic extractions)
Maximum lifetime benefit	Unlimited	\$1,500 per covered individual for orthodontic services	\$1,500 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 "O" treatment code – child - \$1,800, adult - \$2,100 Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

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

¹ This comparison chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less than the dentist's usual charge.

² In the State of Texas Dental Choice Plan 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 do not receive additional charges, visit a participating PPO network dentist.

³ Services received after the maximum calendar year benefit is reached will be paid at 40% coinsurance by the plan.



Your health insurance plan covers some vision and eye health services, including an annual eye exam and treatment for diseases of the eye. But it does not cover the cost of eyeglasses or contact lenses.

You and your eligible dependents can enroll 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	\$25 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.

¹ This is for network providers only in the HealthSelect of Texas In-Area plan. Benefits differ for non-network providers and the out-of-area plan. See your health plan materials for details.

² After the deductible is met, you will pay 20% coinsurance for network providers only (40% coinsurance for non-network providers).

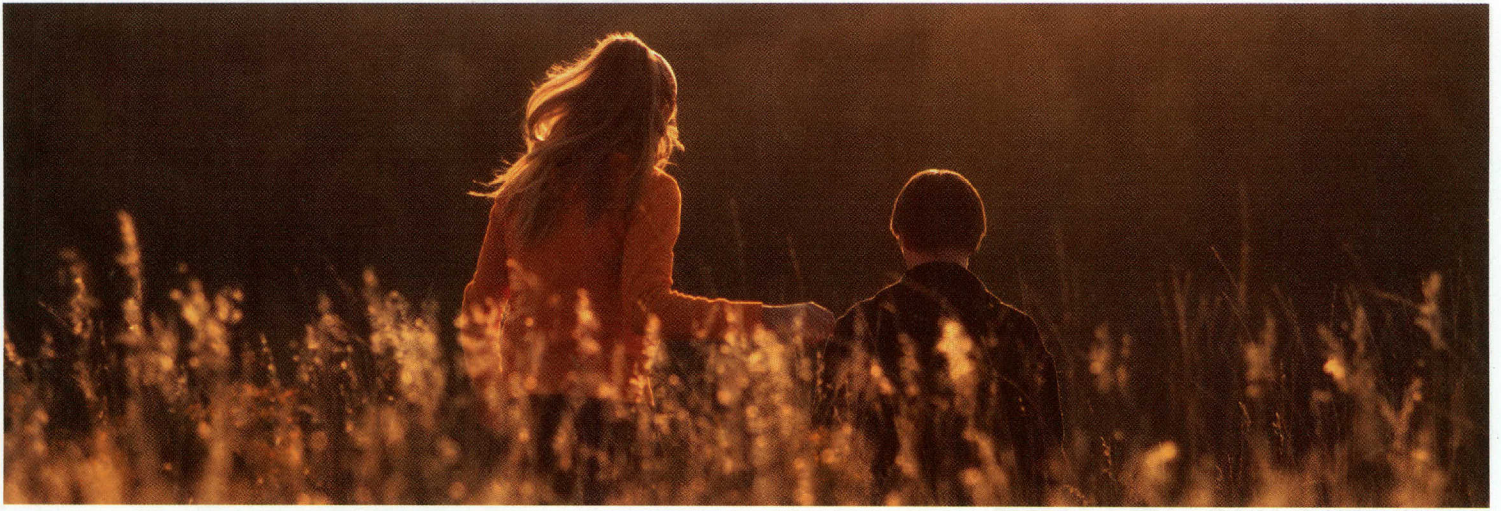
³ Members can go to any Community First network doctor for their eye exam.

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

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

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

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.



Life Insurance



SECURIAN®

Financial security for you and your family

Optional Term Life Insurance

If you have Optional Term Life Insurance enrolled in Election 1 or Election 2 at the time of your retirement, you are eligible to continue with either Election 1 or Election 2.

- During Summer Enrollment, decrease or drop your current election from Optional Term Life insurance, to Retiree Fixed Optional Life Insurance without EOI. Once you decrease your coverage, you cannot increase it.
- If you do not have Optional Term Life Insurance when you retire, you cannot enroll in it at retirement but you can apply for the \$10,000 Fixed Optional Life with EOI. You can find more information on your options at www.ers.state.tx.us/Retirees/Optional/Optional_Term_Life/.
- A rate calculator at www.lifebenefits.com/plandesign/ers can help you determine your premium for additional coverage. See your Personal Benefits Enrollment Statement for details on your current coverage and monthly premiums.

Note: Beginning at age 70, Optional Term life Insurance benefits automatically reduce every five years while the premiums will typically increase.

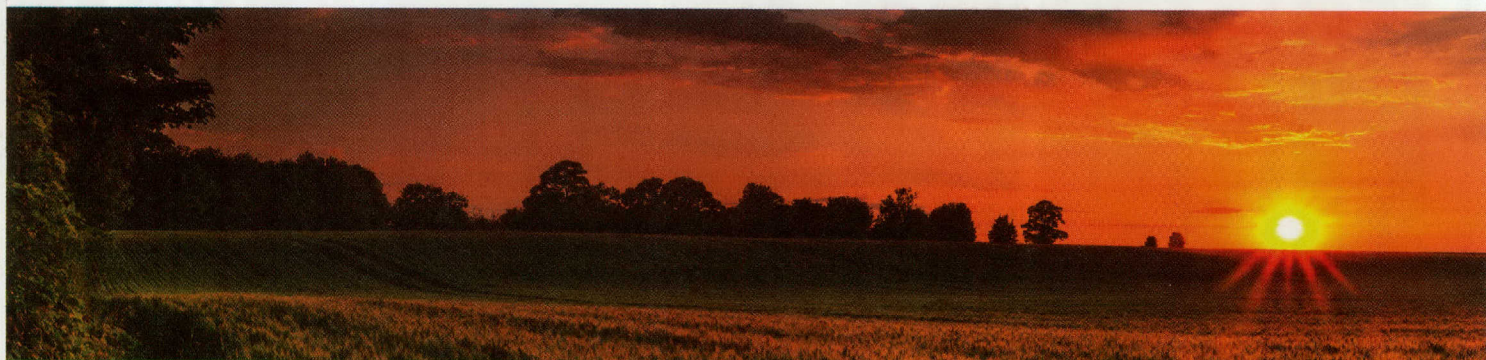
You can update your ERS beneficiaries any time of the year.

Dependent Term Life Insurance

For \$3.05 a month, you can apply to enroll your eligible dependents in term life insurance with EOI. If approved, coverage includes \$2,500 per person, which will be paid to you upon the death of your covered dependent.



Evidence of insurability (EOI) is an application process during which you must provide information about your or your covered dependent's health. EOI is required when you are not enrolled in Optional Term Life Insurance and apply for the \$10,000 Retiree Fixed Optional Life Insurance or when you add dependents to Dependent Term Life Insurance. You or your dependent might be denied coverage based on your EOI application. Find detailed instructions on the EOI process at www.ers.state.tx.us/Customer_Support/FAQ/Insurance.



Contact Information

HEALTH INSURANCE

HealthSelectSM of Texas Consumer Directed HealthSelectSM

Administered by UnitedHealthcare through August 31, 2017

Group number – 744260

Toll-free: (866) 336-9371, TDD: 711

myNurseLine: (866) 336-9371

<http://healthselectoftexas.welcometouhc.com/hs-of-texas.html>

*Administered by Blue Cross and Blue Shield of Texas
beginning September 1, 2017*

Group number – 238000

Toll-free: (800) 252-8039

www.bcbstx.com/hs

(Until August 31, 2017)

www.healthselectoftexas.com

(Beginning September 1, 2017)

Consumer Directed HealthSelectSM Health savings account (HSA)

Administered by Optum Bank

Toll-free: (800) 791-9361, TDD: 711

www.optumbank.com

HealthSelect Prescription Drug Program

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

Administered by OptumRx

Toll-free: (866) 336-9371, TDD: 711

www.OptumRx.com/ERS

Community First Health Plans

An affiliate of the University Health System

Group number – 0010180000

Toll-free: (877) 698-7032, TDD: (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, TDD: 711

NurseLine: (713) 442-0000

www.erskelseycare.com/

Scott & White Health Plan

Group number – 000058

Toll-free: (800) 321-7947, TDD: (800) 735-2989

VitalCare Nurse Advice: (877) 505-7947

ers.swhp.org



Contact Information

OPTIONAL BENEFITS

State of Texas Vision

Administered by Superior Vision Services, Inc.

Toll-free: (877) 396-4128

www.stateoftexasvision.com

Life Insurance

Insured by Securian

Toll-free: (877) 494-1716, TDD: 711

www.lifebenefits.com/plandesign/ers

State of Texas Dental ChoiceSM

Administered by HumanaDental

Insurance Company

Group number – 536957

Toll-free: (877) 377-0987, TDD: 711

humana.com/ers

Discount Purchase Program

Administered by Beneplace

Toll-free: (800) 683-2886, TDD: (800) 683-2886

Local: (512) 346-3300

www.Beneplace.com/DiscountProgramERS

HumanaDental DHMO

Insured by DentiCare, Inc.,

dba CompBenefits, a member

of the HumanaDental family

of companies

Group number – 538226

Toll-free: (877) 377-0987, TDD: 711

humana.com/ers

State of Texas Dental Discount PlanSM

Administered by Careington

International Corporation

Toll-free: (844) 377-3368, TDD: 711

www.txdentaldiscount.com

Summer Enrollment Event Schedule

ERS and its plan administrators travel around the state, hosting events to help you make informed decisions about your benefits. You may attend any fair or presentation, not just those at your agency or institution. You can also join one of our webinars. All events are free and open to all participants.

Summer Enrollment fairs start at 10 a.m. and end at 1 p.m., with presentations starting at 10:30 a.m., unless otherwise noted.

To sign up for a webinar, go to the events calendar on the ERS website at www.ers.state.tx.us and click on the webinar you want to attend.

Webinars

June 21
2 p.m.

June 23
11 a.m.

June 30
11 a.m.

June 30
2 p.m.

July 3
2 p.m.

July 5
11 a.m.

July 10
11 a.m.

July 12
2 p.m.

July 19
2 p.m.

July 20
11 a.m.

July 24
2 p.m.

Enrollment Fairs

June 20
Employees Retirement System
200 E. 18th St.
Austin, 78701

June 21
Health and Human Services Commission
Room K101
4601 S. 1st St.
Abilene, 79605

June 22
Texas Department of Transportation
Lubbock District Training Center
Mesquite Room
135 Slaton Rd.
Lubbock, 79404

June 22
Texas Department of Transportation
Auditorium
7600 Washington Ave.
Houston, TX 77007

June 23
Texas Tech University Health Science Center
School of Pharmacy Building - Foyer
1300 S. Coulter St.
Amarillo, 79106

June 26

Texas Department of Public Safety
Building A – Cafeteria
5805 N. Lamar Blvd.
Austin, 78752

June 27

University of Houston Victoria
University North Building –
Multi-purpose Room
3007 N Ben Wilson St.
Victoria, 77901

June 28

Houston Community College
Multi-purpose Room
5601 West Loop S.
Houston, 77081

June 28

Texas Parks and Wildlife
Headquarters - Lobby
4200 Smith School Rd.
Austin, 78744

June 29

Lone Star College
Community Building – Flag Room I & II
5000 Research Forest Dr.
The Woodlands, 77381

June 30

Texas Department of Criminal Justice
Texas Prison Museum
491 State Hwy 75 N.
Huntsville, 77320

July 5
1:30 – 4:30 p.m.,
presentation at 2 p.m.

**Texas Department
of Transportation**
Training Center – Building E
4502 Knickerbocker Rd.
San Angelo, 76904

July 6
Midland College
Marie Hall Building – Atrium
3600 N. Garfield St.
Midland, 79705

July 7
**Texas Department
of Transportation**
Building RS-200 –
Auditorium 1A.1
200 E. Riverside Dr.
Austin, 78704

July 7
El Paso Community College
Administrative Service Center
Building A
Auditorium Room 130
9050 Viscount Blvd.
El Paso, 79925

July 10
Texas State Technical College
Murray Watson Recreation Center
3801 Campus Dr.
Waco, 76705

July 11
Tarrant County College
South Energy Technology Center
(SETC Building)
2537 Joe B. Rushing Rd.
Fort Worth, 76119

July 11
**Texas Higher Education
Coordinating Board**
Room 1.100
1200 E. Anderson Lane
Austin, 78752

July 12
**Texas Department
of Transportation**
Dal Trans Building –
Yielding/Oliver Rooms
4625 U.S. 80 Frontage Rd.
Mesquite, 75150

July 13
**Texas Department
of Transportation**
District Training Center –
Room WFS2
1601 Southwest Pkwy
Wichita Falls, 76302

July 13
Austin Community College
Highland Business Center –
Lobby
5930 Middle Fiskville Rd.
Austin, 78752

July 14
**Texas Commission on
Environmental Quality**
Building A
12100 Park 35 Circle
Austin, 78753

July 14
Texas Woman's University
Multipurpose Classroom
Laboratory Building
304 Administration Dr.
Denton, 76201

July 17
Alamo Community College
McAllister Fine Arts Center –
Auditorium
1300 San Pedro Ave.
San Antonio, 78212

July 17
**Texas Department
of Transportation**
Building RS-200 –
Auditorium 1A.1
200 E. Riverside Dr.
Austin, 78704

July 18
Texas State University
JC Kellam Administration Building –
Room 1100
601 University Dr.
San Marcos, TX 78666

July 18
**Texas Department
of Transportation**
Room 2
4615 NW Loop 410
San Antonio, 78229

July 19
**Texas Department
of Transportation**
Building 2
1701 South Padre Island Dr.
Corpus Christi, 78416

July 20
South Texas College
Building H – Student Lounge
3201 Pecan Blvd.
McAllen, 78501

July 21
Texas State Technical College
Service Support Center –
Conference Room
1902 N. Loop 499
Harlingen, 78550

July 24
**Texas Department
of Insurance**
Metro Center Building –
Tippy Foster Room
Suite 100
7551 Metro Center Dr.
Austin, 78744

July 25
Employees Retirement System
200 E. 18th St.
Austin, 78701

July 26
Texas Education Agency
Willam B. Travis Building
1701 Congress Ave.
Austin, 78701



As a return-to-work retiree, should I choose active or retiree benefits?

- If you elect benefits as an active employee, you have more options, including TexFlex and the Texas Income Protection PlanSM. Also, the Basic Term Life Insurance you receive with your health insurance increases from \$2,500 to \$5,000. If you cover eligible dependents in 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 Dependent Term Life Insurance.
- Do you have Optional Term Life Insurance? Your optional life insurance amounts are based on your annual salary. If you have a lower annual salary than when you retired and you choose active benefits, your Optional Term Life Insurance amount will be lowered permanently, even when you switch back to retiree benefits.
- If you have Retiree Fixed Optional Life Insurance and you switch to active benefits, you cannot keep the Retiree Fixed Optional Life Insurance anymore. But you can elect Optional Term Life Insurance elections 1 or 2 without EOI, and elections 3 or 4 with EOI.
- Return-to-work retirees and their dependents cannot be enrolled in a Medicare Advantage plan or in HealthSelect MedicareRx.



RETIREE/SURVIVING DEPENDENT/COBRA SUMMER ENROLLMENT FORM

You may either enter your changes using your online account at www.ers.state.tx.us 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: MEMBER DATA (To be completed by participant.)

My Member Type is (choose one): <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Dependent <input type="checkbox"/> COBRA						
Member Name: 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 September 1, 2017.)

Medical Coverage			
<input type="checkbox"/> Waive*	<input type="checkbox"/> HealthSelect SM of Texas	<input type="checkbox"/> Consumer Directed HealthSelect SM	
<input type="checkbox"/> HMO Name _____			
<input type="checkbox"/> Waive + Opt-Out (For retirees who can certify they have comparable coverage that is not Medicare.)			
<input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C)			
Optional Benefits (May be elected without being enrolled in health coverage.)			
Dental			
<input type="checkbox"/> Waive		<input type="checkbox"/> HumanaDental DHMO <input type="checkbox"/> State of Texas Dental Choice Plan SM	
<input type="checkbox"/> State of Texas Dental Discount Plan SM		<input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C)	
Vision			
<input type="checkbox"/> Waive		<input type="checkbox"/> State of Texas Vision <input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C)	
For retirees only			
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/Add/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, pipes, cigars, cigarillos, snuff, or chewing tobacco products. <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Surviving dependents and COBRA participants who waive coverage may not re-enroll at a later date.

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

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, pipes, cigars, cigarillos, snuff, or chewing tobacco 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
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<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 – Natural or adopted daughter or son O – Other than natural or adopted child. Includes stepchild, foster child, or ward child. If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at www.ers.state.tx.us or call ERS. For dependents newly enrolled in health coverage, you may be required to provide documentation to Aon Hewitt to verify your dependents' eligibility.

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, 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 Products" are cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip or any other products that contain tobacco, and a "Tobacco User" is a person who has used any Tobacco Products five or more times within the past three consecutive 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 will 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 will 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.state.tx.us/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 for three consecutive months, you must complete the Tobacco User Certification Form (ERS 2.933) available at www.ers.state.tx.us/Insurance/Tobacco/Tobacco_User_Certification_Form/, or change the certification using your online account at www.ers.state.tx.us.

If you selected "Waive + Opt-Out Credit" (Not available for COBRA or Survivor participants):

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 \$5,000 Basic Term Life Insurance policy. I will receive a credit of up to \$60 (or \$30 for part-time participants) that will be applied only toward the cost of eligible optional coverage in which I am enrolled (dental). Excludes the State of Texas Dental Discount Plan and State of Texas Vision). The credit is in place 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 online account at www.ers.state.tx.us.

I understand that if I am currently in a waived status, I must have a qualifying life event or wait until Summer Enrollment to enroll in medical or optional coverage offered to eligible participants.

Participant's Signature: _____

Date Signed: _____

(Parent or legal guardian may sign for minor child)

(mm-dd-yyyy)