

## Benefits to enhance your life

The State of Texas offers a valuable benefits package to help protect your health and secure your future.

COBRA allows certain former employees, retirees, spouses, former spouses and dependent children to temporarily continue coverage at group rates.

This coverage is only available when coverage is lost due to certain events, such as voluntary or involuntary termination of employment for reasons other than gross misconduct. *(For more information on COBRA eligibility, see <https://www.dol.gov/general/topic/health-plans/cobra>.)*

Summer Enrollment is a chance to take another look at your benefits and make changes to your coverage through COBRA. Even if you don't think you want to make changes, read this guide to learn more about your Plan Year 2020 options and refresh your knowledge of your benefits. You can learn even more by visiting the ERS website.



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Please make your changes during the phase listed on the top left corner of your Personal Benefits Enrollment Statement (PBES). You can drop your health insurance through COBRA during Summer Enrollment or at any time. If you do so, you cannot re-enroll later. You can still enroll, through COBRA, for dental and vision benefits offered through the Texas Employees Group Benefits Program (GBP).

# What's new?

- ✓ Effective September 1, 2019, KelseyCare powered by Community Health Choice will no longer be a part of the GBP. Participants and their dependents will be moved to HealthSelect of Texas® (see p. 7).
- ✓ Effective September 1, 2019, Delta Dental will be the third-party administrator (TPA) for the State of Texas Dental Choice Plan<sup>SM</sup> preferred provider organization (PPO). DeltaCare USA, an affiliate of Delta Dental, will become the new dental health maintenance organization (DHMO) carrier (see p. 12 and the information sheet that came in your Summer Enrollment packet).
- ✓ Effective September 1, 2019, the State of Texas Dental Discount Plan will not be offered. (see p. 13 and the information sheet that came in your Summer Enrollment packet).
- ✓ The annual out-of-pocket maximums for in-network expenses for the HealthSelect Plans and the health maintenance organizations (HMOs) will increase slightly to \$6,750 per individual (up from \$6,650 per individual) and \$13,500 per family (from \$13,300 currently). These changes align the total out-of-pocket maximums with the maximums set by the IRS. As a reminder, out-of-pocket maximums reset for the HMOs every September 1, while the HealthSelect plans reset every January 1 (see p. 10).

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## Need to make benefits changes?

### Choose one of three ways:


#### 1. Via ERS OnLine

- Visit [www.ers.texas.gov](http://www.ers.texas.gov),
- Click "My Account Login" in the upper right corner,
- Select "Proceed to Login" if you have an ERS Online account, or select "Register now" if you do not have an account.

After you log in, confirm that your contact information and Social Security number and date of birth for each of your dependents is correct. Click on Benefits Enrollment to begin making your Summer Enrollment changes.

If you do not need to make benefits changes, no action is required. Your elections will remain the same.

- You can change your benefits at any time during your two-week enrollment phase.
- If you wish to keep the same coverage, do nothing and your coverage will stay the same.
- Any benefit changes made during Summer Enrollment will be effective September 1.

 **If you need to make benefit changes but do not have internet access:**

#### 2. Complete and send ERS the form included in this guide.

#### 3. Call ERS toll-free at (866) 399-6908.

- Please be sure to call during your two-week enrollment phase, listed on your Personal Benefits Enrollment Statement.

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All GBP benefits could change without notice. The Texas Legislature decides the level of funding for such benefits and has no continuing obligation to provide those benefits beyond each fiscal year.



## Dependent child certification

If you enroll dependent children through your ERS OnLine account, you will be asked to certify each one before you submit your enrollment elections.

You can certify your dependents through your ERS OnLine account or you can download a Dependent Child Certification form for each dependent you enroll. Get the Dependent Child Certification form at [ers.texas.gov/Active-Employees/Forms](http://ers.texas.gov/Active-Employees/Forms). Once the forms are completed, please turn them in to your benefits coordinator or HHS Employee Service Center.

## Dependent eligibility verification (DEV)

Once ERS OnLine processes your dependents' enrollment in health coverage, Alight Solutions, ERS' third-party administrator, will contact you so you can send the documents to verify that all your newly added dependents are eligible for coverage. Alight Solutions will mail you a letter that outlines the steps in the verification process.

**IMPORTANT:** When you get a letter from Alight Solutions, open it right away! Be sure to 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 dropped from all coverage. If you have questions about dependent eligibility verification, call Alight Solutions toll-free at (800) 987-6605 (TTY: 711).

## Adding dependents to coverage who were previously dropped due to DEV

During Summer Enrollment you can add dependents previously dropped from coverage due to missed or failed dependent eligibility verification. To add a dependent to coverage after he or she was dropped due to DEV, you must submit documentation to ERS (not Alight) to prove your dependent's eligibility. If the dependent eligibility is approved, coverage will begin September 1, 2019.

### You must provide:

- copies of documents proving dependent eligibility (see [ers.texas.gov/Benefits-at-a-Glance/Dependent-eligibility-chart.pdf](http://ers.texas.gov/Benefits-at-a-Glance/Dependent-eligibility-chart.pdf)) and
- a note with:
  - name of the dependent(s) being added to coverage,
  - specific coverage type(s) (for example: HealthSelect of Texas, State of Texas Dental Choice, etc.),
  - tobacco-user status for dependents being added to health coverage and
  - the member's contact phone number.
- You can mail, fax or email the documentation. ERS must receive emailed or faxed documents by July 26, 2019. Mailed documents must be postmarked by July 26, 2019.

**Mail:** Employees Retirement System of Texas  
P.O. Box 13207

**Attn:** Benefit Support Services  
Austin, TX 78711-3207

**Fax:** (512) 867-7438



**Email:** [erscustomer.service@ers.texas.gov](mailto:erscustomer.service@ers.texas.gov)

- The documentation can be mailed, faxed or emailed.

**Complete and accurate documentation must be received at ERS, or postmarked if mailed, by the last day of Summer Enrollment, July 26, 2019.**

# Your health insurance options

## Health insurance plan features

	Point-of-service plan	High-deductible plan with HSA	HMOs
			
<b>Key Advantage(s)</b>	<ul style="list-style-type: none"> <li>• Lower out-of-pocket costs for in-network care</li> <li>• Copays for certain in-network services, like PCP office visits</li> <li>• Large, statewide network (large, nationwide network for those who live or work outside Texas)</li> </ul>	<ul style="list-style-type: none"> <li>• Tax savings in health savings account (HSA), with monthly contributions from the state</li> <li>• Can reduce your taxable income by contributing funds pre-tax to your HSA</li> <li>• Large, statewide and nationwide networks</li> <li>• Referrals not required</li> </ul>	<ul style="list-style-type: none"> <li>• Low out-of-pocket costs for in-network care</li> <li>• Lower monthly premiums</li> </ul>
<b>In-Network Preventive Care Covered at 100%</b>	Yes	Yes	Yes
<b>Prescription Drug Coverage</b>	Yes	Yes	Yes
<b>Key downside(s)</b>	<ul style="list-style-type: none"> <li>• Referrals needed for most specialty care (unless your address on file with ERS is outside Texas)</li> <li>• Higher monthly premiums for dependents and part-time employees</li> </ul>	<ul style="list-style-type: none"> <li>• The plan pays nothing until the deductible is met</li> <li>• Must meet IRS guidelines to participate in the HSA</li> </ul>	<ul style="list-style-type: none"> <li>• Limited regional network</li> <li>• Plan pays nothing for out-of-network care (except emergencies)</li> </ul>
<b>Might be good for people who ...</b>	<ul style="list-style-type: none"> <li>• Want to keep their out-of-pocket costs low</li> <li>• Don't mind getting referrals for specialty care</li> <li>• Are willing to pay higher dependent or part-time employee premiums</li> </ul>	<ul style="list-style-type: none"> <li>• Usually have low (or very high) health expenses</li> <li>• Can afford to pay for medical and pharmacy expenses out of pocket until the deductible is met</li> <li>• Want the state's tax-free HSA contribution</li> <li>• Don't want to get referrals for specialty care</li> </ul>	<ul style="list-style-type: none"> <li>• Want to keep their out-of-pocket costs low</li> <li>• Don't mind getting all non-emergency care from a small, regional network</li> <li>• Want to pay lower dependent or part-time employee premiums</li> </ul>

# HealthSelect of Texas and Consumer Directed HealthSelect

Participants in HealthSelect of Texas or Consumer Directed HealthSelect have access to a network of more than 50,000 health providers in Texas. Each plan includes a prescription drug program. While ERS sets the plan benefits and pays claims, Blue Cross and Blue Shield of Texas (BCBSTX) manages the provider network, processes claims and provides customer service. OptumRx administers the prescription drug program.

To learn more about HealthSelect benefits and coverage go to [healthselect.bcbstx.com/](https://healthselect.bcbstx.com/). You can also call a BCBSTX Personal Health Assistant toll-free at (800) 252-8039 (TTY: 711), Monday – Friday from 7 a.m. to 7 p.m. CT, and Saturday from 7 a.m. to 3 p.m. CT.

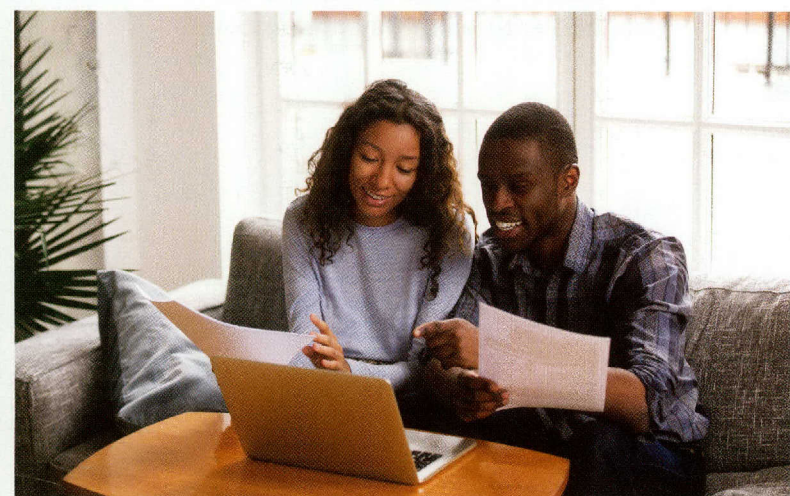
## HealthSelect<sup>of Texas</sup>

HealthSelect of Texas is a point-of-service health insurance plan. You must designate a primary care provider (PCP) and get referrals to specialists. You'll pay less if all of your medical care is handled by in-network providers. You do have a choice, however. The plan will cover out-of-network care—just plan to pay more, sometimes A LOT more, than you'd pay for in-network care.

You do not have a deductible for medical care if your PCP is in the HealthSelect network; the plan begins to pay right away. There is a \$50 per person annual prescription drug deductible. The deductibles are based on the calendar year and reset on January 1.

2019-2020 Medical Deductible	Individual Coverage	Family Coverage
In-network	\$0	\$0
Out-of-network	\$500	\$1,500 (\$500 per participant)*

\*More details on how this deductible is applied can be found in the HealthSelect of Texas Master Benefit Plan Document found at <https://healthselect.bcbstx.com/pdf/publications-and-forms/healthselect-in-area-py2019-mbpd.pdf>.



For information on how to avoid surprise medical bills, visit [ers.texas.gov/Avoiding-Unexpected-Health-Costs](https://ers.texas.gov/Avoiding-Unexpected-Health-Costs).

### Other plan features:

You are responsible for copays and/or coinsurance for doctor and hospital visits and other medical services.

There are also copays and coinsurance on hospital stays and procedures like outpatient surgery. For example, if you have outpatient surgery at an in-network facility, you will owe a \$100 copay and 20% of the allowable amount.

If you live and work in Texas, you need a referral from your designated PCP to see specialists and receive in-network benefits for specialist services. If you do not get a referral from your PCP, you will pay more for your treatment, even if the specialist is in the HealthSelect network.

As a reminder, you do not need a referral for:

- routine and diagnostic eye exams,
- OB-GYN visits,
- mental health services,
- chiropractic visits,
- occupational therapy, speech therapy and physical therapy,
- virtual visits through Doctor on Demand or MDLIVE for medical or mental health care and
- urgent care centers and convenience care clinics.

See the Health Plans Comparison Chart on pages 8-9.

# CONSUMER DIRECTED HealthSelect<sup>SM</sup>

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 your non-preventive medical services and prescription drugs. The plan covers 100% for in-network preventive services. It's available to Texas Employees Group Benefits Program (GBP) participants who are not enrolled in Medicare.

In this plan, you are responsible for all non-preventive health care costs, including prescription drug costs, until you meet the annual deductible. The deductible is based on the calendar year and resets on January 1.

2019 and 2020 Deductible (includes prescriptions)	Individual Coverage	Family Coverage
<b>In-network</b>	\$2,100	\$4,200
<b>Out-of-network</b>	\$4,200	\$8,400

After you meet the deductible, you pay coinsurance (20% in-network, 40% out-of-network) for medical services and prescriptions. You do not have a copay for any services in this plan.

You don't need to designate a PCP or get a referral to see a specialist in Consumer Directed HealthSelect, but you will generally pay less for care—sometimes much less—if you see a provider who is in the network.

## Health savings account

One of the most important features of Consumer Directed HealthSelect is the ability to save money in a tax-free health savings account (HSA) for health care expenses.

You can use money in your HSA to pay for qualified medical expenses for yourself, your spouse and eligible dependents, even if they aren't covered under your insurance. (See [www.hsacenter.com/what-is-an-hsa/qualified-medical-expenses/](http://www.hsacenter.com/what-is-an-hsa/qualified-medical-expenses/) or [www.optumbank.com/all-products/medical-expenses.html](http://www.optumbank.com/all-products/medical-expenses.html) for more information.)

All the money in your HSA carries over from one year to the next, and you can keep the funds if you change health plans.

Optum Bank administers the HSA for ERS. However, because the State of Texas would not be making any contributions to your HSA, you can open an HSA at any bank that offers them (including Optum Bank). If you already have an Optum Bank HSA, you can continue to use that account. According to IRS regulations, you must be enrolled in a high-deductible health plan (like Consumer Directed HealthSelect) to contribute to an HSA. Before enrolling in Consumer Directed HealthSelect, 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.texas.gov/Contact-ERS/Additional-Resources/FAQs/Consumer-Directed-HealthSelect-Health-Savings-Account](http://www.ers.texas.gov/Contact-ERS/Additional-Resources/FAQs/Consumer-Directed-HealthSelect-Health-Savings-Account).

## HSA contributions and maximums\*

Description	Individual Account	Family Account**
Annual maximum contribution January 1, 2019 - December 31, 2019	\$3,500	\$7,000
Annual maximum contribution January 1, 2020 - December 31, 2020	\$3,550	\$7,100

\*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.

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



As of September 1, 2019, KelseyCare powered by Community Health Choice will no longer be part of the GBP.

Participants currently enrolled KelseyCare powered by Community Health Choice will be automatically enrolled in HealthSelect of Texas starting September 1. Or you can enroll in Consumer Directed HealthSelect during your Summer Enrollment phase. HealthSelect of Texas and Consumer Directed HealthSelect include prescription drug coverage.

You will get two identification cards—one for your medical benefits and one for your prescription drug benefits.

*(See p. 5 for information about HealthSelect of Texas and Consumer Directed HealthSelect.)*

During Summer Enrollment, you can enroll in another HMO if you live in an eligible county.

# Health maintenance organizations (HMOs)



If you live or work 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 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 without authorization.

HMOs have their own prescription drug coverage. The annual prescription drug deductible is \$50 per person per plan year, which resets on September 1.

HMO Plan	Service Area	Counties
<b>Community First Health Plans</b>	San Antonio area	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson
<b>Scott and White Health Plan</b>	Central Texas	Austin, Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Menard, Milam, Mills, Robertson, San Saba, Somervell, Travis, Walker, Waller, Washington and Williamson



All participants enrolled in health insurance plans offered through ERS must certify their status as tobacco users or non-users. Certified tobacco users pay a higher monthly premium. For more information on the Tobacco User Premium, see the Plan Year 2020 rate sheet or your Personal Benefits Enrollment Statement.

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 on this alternative, see the ERS Tobacco Policy on ERS' website at [www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification](http://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification) or contact ERS toll-free at (866) 399-6908.

# Health Plans Comparison Chart

Effective September 1, 2019

Benefits	HealthSelect of Texas				Consumer Directed HealthSelect		HMOs	
	Living in Texas		HealthSelect Out-of-State		Network	Non-Network	Community First	Scott and White
	Network	Non-Network	Network	Non-Network				
<b>Annual Deductible</b>	None	\$500 per person <sup>1</sup> \$1,500 per family <sup>1</sup>	None	\$500 per person <sup>1</sup> \$1,500 per family <sup>1</sup>	\$2,100 per person <sup>1</sup> \$4,200 per family <sup>1</sup>	\$4,200 per person <sup>1</sup> \$8,400 per family <sup>1</sup>	None	None
<b>Out-of-pocket coinsurance maximum<sup>2</sup></b>	\$2,000 per person <sup>1</sup>	\$7,000 per person <sup>1</sup>	\$2,000 per person <sup>1</sup>	\$7,000 per person <sup>1</sup>	None	None	\$2,000 per person <sup>3</sup>	\$2,000 per person <sup>3</sup>
<b>Total out-of-pocket maximum</b> (including deductibles, coinsurance and copays) <sup>4,5</sup>	\$6,750 per person <sup>1</sup> \$13,500 per family <sup>1</sup>	None	\$6,750 per person <sup>1</sup> \$13,500 per family <sup>1</sup>	None	\$6,750 per person <sup>1</sup> \$13,500 per family <sup>1</sup>	None	\$6,750 per person <sup>3</sup> \$13,500 per family <sup>3</sup>	\$6,750 per person <sup>3</sup> \$13,500 per family <sup>3</sup>
<b>Primary care provider required</b>	Yes	No	No	No	No	No	Yes	No
<b>Primary care provider office visit</b>	\$25 copay	40%*	\$25 copay	40%*	20%**	40%*	\$25	\$25
<b>a. Outpatient physician or mental health provider office visit</b>	\$25 copay	40%*	\$25 copay	40%*	20%**	40%*	\$25	\$25
<b>b. Inpatient hospital mental health stay<sup>6</sup></b>	\$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)	\$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per plan year per person)
<b>c. Outpatient facility care</b> (partial hospitalization/ day treatment and extensive outpatient treatment) <sup>7</sup>	20%	40%*	20%	40%*	20%**	40%*	20%	20%
<b>Specialty physicians' office visits</b>	\$40 copay <sup>13</sup>	40%*	\$40 copay	40%*	20%**	40%*	\$40 copay <sup>13</sup>	\$40 copay <sup>13</sup>
<b>Routine eye exam, one per year per participant</b>	\$40 copay	40%*	\$40 copay	40%*	20%**	40%*	\$40 copay <sup>3</sup>	\$40 copay <sup>3</sup>
<b>Routine preventive care<sup>8</sup></b>	No cost to participant(s)	40%*	No cost to participant(s)	40%*	No cost to participant(s)	40%*	No cost to participant(s)	No cost to participant(s)
<b>Diagnostic x-rays, lab tests, and mammography</b>	20%	40%*	20%	40%*	20%**	40%*	20%	20%
<b>Office surgery and diagnostic procedures</b>	20%	40%*	20%	40%*	20%**	40%*	20%	20%
<b>Maternity Care doctor charges only; inpatient hospital copays will apply</b>	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit <sup>8</sup>	40%*	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit <sup>8</sup>	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	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit <sup>8</sup>
<b>High-tech radiology</b> (CT scan, MRI, and nuclear medicine) <sup>6,7,9</sup>	\$100 copay plus 20%	\$100 copay plus 40%*	\$100 copay plus 20%	\$100 copay plus 40%*	20%**	40%*	\$100 copay plus 20% coinsurance	\$100 copay plus 20% coinsurance



# Health Plans Comparison Chart

Effective September 1, 2019

Benefits	HealthSelect of Texas				Consumer Directed HealthSelect		HMOs	
	Living in Texas		HealthSelect Out-of-State		Network	Non-Network	Community First	Scott and White
	Network	Non-Network	Network	Non-Network				
<b>Urgent care clinic</b>	\$50 copay plus 20%	40%*	\$50 copay plus 20%	40%*	20%**	40%*	\$50 copay plus 20%	\$50 copay plus 20%
<b>Chiropractic Care</b> a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%*	20%; \$40 copay plus 20% with office visit	40%*	20%**	40%*	\$40 copay plus 20%	\$40 copay plus 20% with office visit
<b>b. Maximum benefit per visit</b>	\$75	\$75	\$75	\$75	\$75	\$75	\$75	None
<b>c. Maximum visits</b> Each participant Per calendar year	30	30	30	30	30	30	30	35 (maximum manipulative therapy visits)
<b>Inpatient hospital</b> (semi-private room and day's board, and intensive care unit) <sup>6</sup>	\$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)	\$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per plan year per person)
<b>Emergency care</b>	\$150 plus 20% (if admitted copay will apply to hospital copay) <sup>10</sup>	\$150 plus 20% (if admitted copay will apply to hospital copay) <sup>10</sup>	\$150 plus 20% (if admitted copay will apply to hospital copay) <sup>10</sup>	\$150 plus 20% (if admitted copay will apply to hospital copay) <sup>10</sup>	20%** <sup>10</sup>	20%** <sup>10</sup>	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)
<b>Outpatient surgery other than in physician's office</b>	\$100 copay plus 20%	\$100 copay plus 40%*	\$100 copay plus 20%	\$100 copay plus 40%*	20%**	40%*	\$100 copay plus 20%	\$100 copay plus 20%
<b>Bariatric surgery</b> <sup>11,12</sup>	Deductible: \$5,000 Coinsurance: 20% Lifetime max: \$13,000	Not covered	Deductible: \$5,000 Coinsurance: 20% Lifetime max: \$13,000	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Hearing aids</b> <sup>14</sup>	Plan pays up to \$1,000 per ear every three years (no deductible)				20%** 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)	
<b>Durable medical equipment</b> <sup>5</sup>	20%	40%*	20%	40%*	20%**	40%*	20%	20%
<b>Ambulance Services</b>	20%	20%	20%	20%	20%**	20%**	20%	20%

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

\*Note: 20% coinsurance after you meet the annual in-network deductible

Applies to calendar year, January 1 - December 31.

Does not include copays.

Applies to plan year, September 1 - August 31.

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.

Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

Preauthorization required.

Outpatient testing only. Does not apply to inpatient services.

Copay depends on whether treatment is given by PCP or specialist.

No copay if high-tech radiology is performed during ER visit or inpatient admission.

Benefits shown do not apply to out-of-network freestanding ERs. For information about this coverage, see your plan's Master Benefit Plan Document.

The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum.

Active employees only; see health plan for additional requirements/limitations.

Referrals to see specialists are required from your designated PCP on file in order to receive in-network benefits for specialist office visits, even if the specialist is in your plan's network.

The \$1,000 hearing aid maximum benefit does not apply to hearing aids for minors 18 years and younger.

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.

# Prescription drug coverage

Your health insurance plan includes coverage for prescription drugs. In HealthSelect plans, your prescription drug ID card is separate from your medical ID card. You may need to present your card when filling a prescription.

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

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

You can help keep your costs down by using generic drugs whenever possible.

✔

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

✔

## Prescription drug coverage comparison chart

	HealthSelect of Texas	Consumer Directed HealthSelect	HMOs
<b>Deductible</b>	\$50 for each covered individual. (January 1 - December 31)	\$2,100 per individual \$4,200 per family (combined medical and pharmacy expenses) using in-network pharmacies. (January 1 - December 31)	\$50 for each covered individual. (September 1 - August 31)
<b>Copays: In-network</b>	Up to a 30-day supply of <b>Non-maintenance medications:</b> Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 <b>Maintenance medications*:</b> Tier 1: \$10, Tier 2: \$45, Tier 3: \$75	20% coinsurance after the annual deductible is met.	Up to a 30-day supply of <b>Non-maintenance medications:</b> Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 <b>Maintenance medications*:</b> Tier 1: \$10, Tier 2: \$45, Tier 3: \$75
<b>Extended Days Supply (EDS)** In-Network</b>	<b>90-day supply:</b> Tier 1: \$30, Tier 2: \$105, Tier 3: \$180	20% coinsurance after the annual deductible is met.	<b>90-day supply:</b> Tier 1: \$30, Tier 2: \$105, Tier 3: \$180
<b>Copays: Out-of-network</b>	Copay plus 40% coinsurance for all three tiers.	40% coinsurance after the annual out-of-network deductible is met.	There is no out-of-network pharmacy coverage for HMOs
<b>Mail order</b>	Yes	Yes	Yes
<b>Brand-name drug penalty</b>	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.

## Additional information

### Out-of-pocket limits

To help protect you from extremely high health costs, all GBP health plans have in-network out-of-pocket maximums. This is the maximum amount you or your family will pay in one year for in-network copays, coinsurance and deductibles (as applicable) for covered medical and prescription drugs. If you reach this maximum, the plan will pay 100% of covered in-network health and pharmacy expenses for the rest of the year. (There is no out-of-network out-of-pocket maximum in any of the health plans.)

The out-of-pocket maximums for HealthSelect plans reset every calendar year (January 1), while the HMOs reset every plan year (September 1). The chart below lists the out-of-pocket maximums for the health plans.

In-network Out-of-pocket Maximums All Plans	
2019	
HMOs: through Aug. 31, 2019	\$6,650 individual
HealthSelect: through Dec. 31, 2019	\$13,300 family*
2020	
HMOs: Sept. 1, 2019 – Aug. 31, 2020	\$6,750 individual
HealthSelect: Jan. 1 – Dec. 31, 2020	\$13,500 family*

\*Family includes the member plus one or more covered family member(s).

# Vision plan



Your health insurance plan covers some vision and eye health services, including an annual eye exam and treatment for diseases of the eye (*see chart*).

With the exception of Community First HMO, GBP health plans do not cover the cost for eyeglasses or contact lenses (*see chart*). If you need that kind of coverage, you and your eligible dependents can enroll in State of Texas Vision for an additional monthly premium.

State of Texas Vision, which is administered by Superior Vision Services, Inc., covers an eye exam, contact lens fitting, and other options (such as single vision lenses or ultraviolet coating). You will have one copay for these services. Other copays apply for special lenses.

Additionally, State of Texas Vision offers an allowance on frames 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.superiorvision.com/StateOfTexasVision](http://www.superiorvision.com/StateOfTexasVision).

## Vision coverage comparison chart

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

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

<sup>1</sup>This is for providers only in the HealthSelect of Texas network. Benefits differ for non-network providers and the HealthSelect Secondary plan. See your health plan materials for details.

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

<sup>3</sup>Cost savings when using OptiCare vision providers. Frame discounts are not available if the frame manufacturer prohibits the discount.

<sup>4</sup>Contact lenses are in lieu of eyeglass lenses and frames benefits. The \$125 allowance is reduced when it's also used toward a contact lens fitting.

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

**Note:** Besides the eye exam, any additional vision 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.

# Dental Choice insurance

STATE OF TEXAS  
**DENTAL CHOICE**

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

- Delta Dental PPO
- Dental Premier

Dentists of both the Delta Premier and Delta Dental PPO are in-network providers.

You will 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.

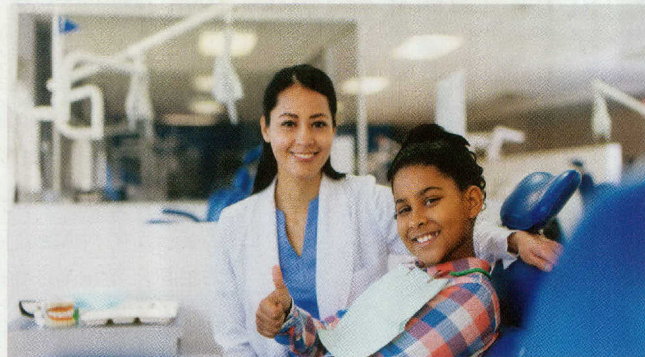
Benefits are available in the United States, Canada and Mexico, if you live in the United States.



## DeltaCare<sup>®</sup> USA

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.
- Services from participating specialty dentists cost 25% less than the dentists' usual charges.



### Making a smooth move to Delta Dental

We are transitioning to a new third-party administrator so we get the best value for dental services, while keeping the cost to participants in the plan as low as possible. ERS will mail a Welcome Letter to all participants. The letter includes the policy holder's Delta Dental member number.

Here are some tips to make the process go a little more smoothly:

- Before September 1, 2019, be sure to check and see if your PCD is in network at [www.ERSdentalplans.com](http://www.ERSdentalplans.com).
- Once you've enrolled, watch your mailbox for your Welcome Letter, which will include your member number. The letter should be mailed to you in August.
- Dentists who participate in the Delta Dental networks should not require ID cards. If you want a card, however, you can download and print a paper copy of your dental insurance information from your Delta Dental online account.  
**Please note:** only the policy holder's name will be listed on the card. Dependents' names will not be listed.
- Be sure to let your dependents know that Delta Dental manages their dental plan.  
**Please note:** A dependent can get coverage at an in-network dentist by giving their own name, or the policy holder's name and member number.

If you have any questions, call Delta Dental toll-free at (888) 818-7925 (TTY: 711), Monday – Friday from 7 a.m. to 8 p.m. CT.

## Dental plans comparison chart

	DeltaCare USA DHMO	State of Texas Dental Choice Plan <sup>SM</sup> Preferred Provider Organization (PPO) or Premier Provider Network Administered by Delta Dental	
<b>Dentists</b>	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.	In-network / participating dentist	Out-of-network / non-participating dentist <sup>1</sup>
<b>Deductibles</b>	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
<b>Copays/ coinsurance</b>	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 <sup>2</sup>	Preventive and Diagnostic Services: No charge. 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. Once the Maximum Calendar Year Benefit is reached, 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.
<b>Maximum calendar year benefits</b>	Unlimited	\$2,000 per covered individual (includes orthodontic extractions)	\$2,000 per covered individual (includes orthodontic extractions)
<b>Maximum lifetime benefit</b>	Unlimited	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services
<b>Average cost of cleaning / oral exams</b>	Vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Up to two cleaning/oral exams per calendar year allowed.	No charge. 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.
<b>Orthodontic coverage</b>	Orthodontic services performed by a general dentist listed in the directory with an "0" treatment code: child - \$1,800; adult- \$2,100. Orthodontic services performed by specialist: 75% of the usual fee. DHMO pays nothing.	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.

**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.

<sup>1</sup>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 receive additional charges.

<sup>2</sup>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.



## Discount dental plan no longer available through ERS

Effective September 1, 2019 the State of Texas Dental Discount Plan<sup>SM</sup>, administered by Careington International Corporation, will not be offered through the Texas Employees Group Benefits Program (GBP). For more information, review the Delta Dental flier that came in your Summer Enrollment packet.

# Contact Information

## HEALTH INSURANCE

### HealthSelect of Texas®

#### Consumer Directed HealthSelect<sup>SM</sup>

*Administered by Blue Cross and Blue Shield of Texas*

Group number – 238000

Toll-free: (800) 252-8039, (TTY: 711)

NurseLine: (800) 581-0368

[www.healthselectoftexas.com](http://www.healthselectoftexas.com)

### Consumer Directed HealthSelect<sup>SM</sup>

#### Health savings account (HSA)

*Administered by Optum Bank*

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

[www.optumbank.com](http://www.optumbank.com)

### HealthSelect Prescription Drug Program

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

*Administered by OptumRx*

Toll-free: (855) 828-9834, (TTY: 711)

[www.HealthSelectRx.com](http://www.HealthSelectRx.com)

### Community First Health Plans

*An affiliate of the University Health System*

Group number – 0010180000

Toll-free: (877) 698-7032,

(TTY: (210) 358-6080)

Local: (210) 358-6262

NurseLink: (210) 358-6262

[members.cfhp.com](http://members.cfhp.com)

### Scott and White Health Plan

Group number – 012700

Toll-free: (800) 321-7947,

(TTY: (800) 735-2989)

VitalCare Nurse Advice: (877) 505-7947

<https://ers.swhp.org/>

## OPTIONAL BENEFITS

### State of Texas Vision

*Administered by Superior Vision Services, Inc.*

Group number – 35040

Toll-free: (877) 396-4128 (TTY: 711)

[www.StateofTexasVision.com](http://www.StateofTexasVision.com)

### State of Texas Dental Choice<sup>SM</sup>

*Administered by Delta Dental*

Toll-free at (888) 818-7925 (TTY: 711)

[www.ERSdentalplans.com](http://www.ERSdentalplans.com)

### DeltaCare USA DHMO

*Administered by Delta Dental*

Toll-free at (888) 818-7925 (TTY: 711)

[www.ERSdentalplans.com](http://www.ERSdentalplans.com)

# Summer Enrollment Event Schedule

ERS and plan administrators travel around the state, hosting events to help you make informed decisions about your benefits. You may attend any fair or presentation. You can also join one of our webinars. All events are free and open to all.

**For dates and locations of summer enrollment fairs, check the calendar on the ERS website. Summer Enrollment fairs start at 10 a.m. and end at 1 p.m. CT, 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 [ers.texas.gov](http://ers.texas.gov) and click on the webinar you want to attend.

## Webinars

**June 21**  
11 a.m. – noon

**June 27**  
2 – 3 p.m.

**July 3**  
11 a.m. – noon

**July 12**  
2 – 3 p.m.

**July 15**  
11 a.m. – noon

You may either enter your changes using your online account at [www.ers.texas.gov](http://www.ers.texas.gov) 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: COBRA PARTICIPANT DATA** (To be completed by the COBRA participant.)

COBRA Participant 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: INSURANCE COVERAGE** (Mark boxes to indicate the coverage changes you want starting September 1, 2019.)

<b>Medical Coverage</b>	<input type="checkbox"/> Waive*	<input type="checkbox"/> HealthSelect of Texas <sup>®</sup>	<input type="checkbox"/> Consumer Directed HealthSelect <sup>SM</sup>
	<input type="checkbox"/> HMO Name _____		
	<input type="checkbox"/> Enroll/Add/Drop** Dependent (See Section C)		
<b>Optional Benefits</b> (May be elected without being enrolled in health coverage.)			
<b>Dental</b>	<input type="checkbox"/> Waive	<input type="checkbox"/> State of Texas Dental Choice Plan <sup>SM</sup>	<input type="checkbox"/> DeltaCare USA DHMO
	<input type="checkbox"/> Enroll/Add/Drop-Dependent (See Section C)		
<b>Vision</b>	<input type="checkbox"/> Waive	<input type="checkbox"/> State of Texas Vision	<input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C)
<b>Tobacco-User Certification:</b> 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			

COBRA participants who waive coverage may not re-enroll at a later date.  
If a dependent drops medical coverage they cannot re-enroll at a later date.

**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	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"/> 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"/> 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"/> 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"/> 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"/> 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.texas.gov](http://www.ers.texas.gov) or call ERS.  
If a dependent drops medical coverage they cannot re-enroll at a later 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, 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 User 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, <https://ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification>.

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 [https://ers.texas.gov/PDFs/Forms/Tobacco\\_User\\_Certification\\_ERS2933.pdf](https://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933.pdf), or change the certification using your ERS OnLine account at [www.ers.texas.gov](http://www.ers.texas.gov).

**I understand that if I as a COBRA participant waive my medical coverage, I cannot re-enroll in medical coverage at a future date. If all coverage is waived, medical and optional coverage, I cannot re-enroll at any future date.**

Participant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

(Parent or legal guardian may sign for minor child)

(mm-dd-yyyy)