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The State of Texas offers a valuable benefits package to help protect your health and secure your future. You have the opportunity to make changes to your benefits coverage during Summer Enrollment.

Even if you don't think you want to make changes, be sure to read this booklet to learn more about your Plan Year 2019 options. You are responsible for understanding your health insurance and other coverage. Your decisions may affect the amount you will need to pay to cover your share of the cost of these benefits.

### What can you do during Summer Enrollment?

- Change your health insurance coverage. You can switch between HealthSelect<sup>SM</sup> of Texas and Consumer Directed HealthSelect<sup>SM</sup>. If you live in a county served by a health maintenance organization (HMO), you also have the option of switching between a HealthSelect plan and an HMO.
- Add or remove dependents from your coverage. If you have not already done so, 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).
- Add or drop vision and dental coverage for yourself and your dependents.
- If you're enrolling in health insurance for yourself or a dependent, you must certify tobacco-use status. This is required when you enroll in health insurance through ERS and is legally binding. If you have already certified tobacco-use status, you do not need to recertify unless the status has changed for you or your enrolled dependents. You can change your status at any time during the plan year.



### How can I make coverage changes if I don't have internet access?


You can make coverage changes by filling out the form included with this guide, or by calling ERS between July 16 – 27, toll-free at (866) 399-6908.

### Automate your payments

Set up automatic withdrawal from your bank account by completing the Automatic Withdrawal Cancellation of Insurance Premiums located on the ERS website at [www.ers.texas.gov/Former-Employees/Forms/Automatic-Withdrawal-Cancellation-of-Insurance\\_2945](http://www.ers.texas.gov/Former-Employees/Forms/Automatic-Withdrawal-Cancellation-of-Insurance_2945).

COBRA provides certain former employees, retirees, spouses, former spouses and dependent children the right to temporary continuation of 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 [www.dol.gov/ebsa/cobra.html](http://www.dol.gov/ebsa/cobra.html).

Review your Personal Benefits Enrollment Statement (PBES) for your coverage and rates starting September 1. ERS sends you a one-time notice with your new monthly payment amount in August. You will not receive a monthly bill. You can find the Plan Year 2019 rate sheet at <https://www.ers.texas.gov/PDFs/Ratesheet-PY19.pdf>.

 Please make  
your benefit  
changes between  
July 16-27, 2018.

You can drop your health insurance during Summer Enrollment or at any time. If you drop COBRA under the Texas Employees Group Benefits Program (GBP), you cannot re-enroll later. You don't need health insurance to enroll in dental and vision benefits.

# What's new?

- ✓ Learn about important benefit changes to the State of Texas Dental Choice plan, effective September 1, 2018. See page 10 for updates.
- ✓ The State of Texas Vision routine eye exam member copay has decreased from \$25 to \$15. Additionally, participants can take their annual eye exam at any time within the plan year; there is no 12-month waiting period.

## Need to make benefits changes?

### Choose one of three ways:

Go to [www.ers.texas.gov](http://www.ers.texas.gov) and sign in to your ERS OnLine 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.

1. If you need to make benefit changes but do not have internet access, complete and return the Summer Enrollment Form at the end of this guide.
2. 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 (PBES).
3. If you do not need to make benefits changes, no action is required. Your elections will remain the same.

### Benefits Changes?

- 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 remain the same.
- Any benefit changes made during Summer Enrollment will be effective September 1.

## Dependent eligibility certification and verification

Your spouse and other eligible dependents can receive health insurance and other coverage for an additional premium. However, you must be enrolled in a plan before you can enroll your dependents. Please visit, <https://ers.texas.gov/Benefits-at-a-Glance/GBP-Eligibility> to learn more about benefits eligibility.

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

Once ERS processes your dependents' enrollment in health coverage, Alight Solutions, ERS' third-party administrator, will contact you so you can provide the documents needed to verify that every dependent you enrolled is eligible for coverage. Alight Solutions will mail you a letter that outlines the steps in the verification process. **Important: If you get a letter from Alight Solutions, open it right away!** Be sure to carefully review the information they provide and keep the deadline in mind. If you don't send the right documents or send documents after the deadline, your dependents will be found ineligible and dropped from all coverage. If you have questions about dependent eligibility verification, contact Alight Solutions Dependent Verification Center toll-free at (800) 987-6605.

### Adding dependents to coverage who were previously dropped due to Dependent Eligibility Verification (DEV)

During Summer Enrollment you can add dependents that were previously dropped from coverage due to missed or failed dependent eligibility verification.






- To add a dependent back to coverage that was previously dropped due to DEV, you must submit documentation to ERS to prove your dependent's eligibility.
- If the dependent eligibility is approved, coverage will begin September 1, 2018.
- You must provide:
  - copies of documents proving dependent eligibility— please see [www.ers.texas.gov/Benefits-at-a-Glance/Dependent-eligibility-chart.pdf](https://ers.texas.gov/Benefits-at-a-Glance/Dependent-eligibility-chart.pdf) and
  - a note with:
    - name of the dependent being added to coverage,
    - specific coverage type (for example: HealthSelect of Texas, State of Texas Dental Choice, etc.),
    - Tobacco-use status for dependents being added to health coverage and
    - the member's contact phone number.
- The documentation can be mailed, faxed or emailed.
- Complete and accurate documentation must be received at ERS or, if mailed, must be postmarked by the last day of Summer Enrollment, **July 27, 2018**.

**Mail:** Employees Retirement System of Texas  
P.O. Box 13207  
Austin, TX 78711-3207

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

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

# 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>• Low out-of-pocket costs for in-network care.</li> <li>• Large, statewide network.</li> </ul>	<ul style="list-style-type: none"> <li>• Tax-free savings in health savings account (HSA).</li> <li>• Large, statewide network.</li> <li>• Referrals not needed.</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 Disadvantage(s)</b>	<ul style="list-style-type: none"> <li>• Referrals needed for most specialty care.</li> <li>• Higher monthly premiums for dependents and part-time employees.</li> </ul>	Possibly high out-of-pocket costs for non-preventive care (plan pays nothing until deductible is met).	<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 up to thousands in out-of-pocket costs (especially if emergency or chronic care is needed).</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 a lower dependent or part-time employee premiums.</li> </ul>

## Out-of-pocket limits

To help protect you from catastrophic health costs, all five health plans have network out-of-pocket maximums. This is the maximum amount you or your family 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. As a reminder, the out-of-pocket maximum 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	Out-of-network Out-of-pocket Maximums Consumer Directed HealthSelect Only
<b>2018</b> (HMOs: through Aug. 31, 2018) (HealthSelect: through Dec. 31, 2018)	\$6,550 individual \$13,100 family	\$13,100 individual \$26,200 family
<b>2019</b> (HMOs: Sept. 1, 2018 – Aug. 31, 2019) (HealthSelect: Jan. 1 – Dec. 31, 2019)	\$6,650 individual \$13,300 family	No maximum*

\*Starting January 1, there will be no out-of-pocket maximum for any out-of-network health care expenses you may incur.

# HealthSelect of Texas and Consumer Directed HealthSelect

No matter where you live, you can choose between HealthSelect of Texas and Consumer Directed HealthSelect for coverage for yourself and eligible dependents. Both plans have access to a network of more than 50,000 health providers in Texas and include a comprehensive prescription drug program administered by OptumRx.

HealthSelect provides you with comprehensive benefits and access to programs and tools that can help you and your dependents improve your health and well-being.

While ERS sets all plan benefits and pays the claims, Blue Cross and Blue Shield of Texas (BCBSTX) manages the provider network, processes claims and provides customer service.

To learn more about HealthSelect benefits and coverage go to [www.healthselectoftexas.com](http://www.healthselectoftexas.com).

You can also call a BCBSTX Personal Health Assistant toll-free at (800) 252-8039, 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 do not have to meet a deductible amount before the plan begins to pay if your provider is in the HealthSelect network.

2018 and 2019 Deductible*	Individual Coverage	Family Coverage
<b>In-network</b>	\$0	\$0
<b>Out-of-network</b>	\$500	\$1,500

\*Deductibles reset on January 1. If you go out of network for care, you'll have to meet the deductible, and it will start over on January 1.

You are responsible for copayments for doctor and hospital visits and other medical services.

There is usually coinsurance on hospital stays and procedures like outpatient surgery. For example, if you have outpatient surgery at an in-network facility, you will owe 20% of the overall cost.

To save money, you need to designate a primary care physician (PCP) in the HealthSelect network.

If you live and work in Texas, you need a referral from your designated PCP to see an in-network specialist 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. However you do not need a referral for the following services:

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

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

## It pays to stay in the network!

All health plans managed by ERS are network-based, which means you'll pay less if you see an in-network provider. Below is an example of the difference in what you might pay for an in-network and out-of-network PCP visit for non-preventive care if you're in HealthSelect of Texas.

	In-Network PCP	Out-of-Network PCP You must first meet a \$500/person or \$1,500/family deductible before the plan begins to pay.
<b>Amount billed by doctor</b>	\$150	\$150
<b>Allowable amount</b> This is the maximum amount the plan will pay for a service. (example: 60% of allowable amount for a PCP visit).	\$100	\$65
<b>HealthSelect of Texas pays</b>	\$75	\$0
<b>Your total responsibility</b>	\$25 copay	\$150*

This is only an example and not an actual estimate of costs you could pay by going out of network if you have not met your deductible.

\*Because you have not met your out-of-network deductible, if your doctor bills you for the full amount you will be responsible for the difference between what the plan pays and what the doctor bills. 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.

## Consumer Directed HealthSelect

Consumer Directed HealthSelect can be a great way to save money and lower your taxable income, however you will be responsible for all non-preventive health care costs until the annual deductible is met.

### Key Benefits:

While you do not need to designate a PCP or get a referral to see a specialist, you will generally pay less for care – sometimes much less – if you see a provider who is in the network.

The monthly dependent premium is lower than HealthSelect of Texas. However, 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 and 2019 Deductible (includes prescriptions)	Individual Coverage	Family Coverage
<b>In-network</b>	\$2,100	\$4,200
<b>Out-of-network</b>	\$4,200	\$8,400

Health care can be expensive, but ERS works to keep costs as low as possible. You can help keep costs low by making sure all your care providers are in the HealthSelect network before scheduling a visit or procedure.

Keep in mind that even if a hospital is in the network, doctors and other providers who practice at that hospital may not be. Before any treatment or procedure, confirm your doctor, hospital or other providers are in the HealthSelect network:

1. Go to [www.healthselectoftexas.com](http://www.healthselectoftexas.com).
2. Click "Find a Doctor/Hospital" in the top left.
3. Look for your plan name under "Find a Doctor or Hospital." Click the "Search" button and follow the prompts.

If a provider you want is not in the network, you can call a BCBSTX Personal Health Assistant toll-free at (800) 252-8039 for help locating another network provider.

## Health savings account

A HSA is a tax-free account 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/](http://www.hsacenter.com/what-is-an-hsa/qualified-medical-expenses/) for more information.
- The IRS sets the maximum contribution amount each year. The annual maximum contribution limit for 2018 is \$3,450 for individuals and \$6,900 for families. If you are age 50 or older, you can also make a \$1,000 "catch-up" contribution each year.
- 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.

## HSA contributions and maximums\* for 2018

Description	Individual Account	Family Account**
Annual maximum contribution January 1, 2018 - December 31, 2018	\$3,450	\$6,900

\*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.

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).

# Health maintenance organizations (HMOs)

If you live in an eligible county, you have the option of enrolling in a 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

## Prescription drug coverage

Your health insurance plan includes coverage for prescription drugs. Your prescription drug ID card is separate from your medical ID card for HealthSelect plans and must be presented when filling a prescription. Prescription drugs are divided into three tiers, each with its own copay amount.

- Tier 1 is typically inexpensive medications, such as generic drugs;
- Tier 2 is typically lower-cost preferred brand-name drugs and
- Tier 3 is non-preferred, brand-name drugs that are high cost.

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

### 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 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)
<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>Copays: Out-of-network</b>	Copay plus 40% coinsurance for all three tiers.	40% coinsurance after the annual out-of-network deductible is met.	Does not apply.
<b>Extended Days Supply (EDS)**</b>	<b>90-day supply:</b> Tier 1: \$30, Tier 2: \$105, Tier 3: \$180	20% coinsurance after the annual deductible is met.	Does not apply.
<b>Mail order</b>	Yes	Yes	Yes
<b>Brand-name drug payment</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.		

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

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

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

# HEALTH PLANS COMPARISON CHART

## Effective September 1, 2018

Benefits	HealthSelect of Texas				Consumer Directed HealthSelect		HMOs	
	In-Area		HealthSelect Out-of-State		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
<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>	**\$6,650 per person <sup>1</sup> \$13,300 per family <sup>1</sup>	None	**\$6,650 per person <sup>1</sup> \$13,300 per family <sup>1</sup>	None	**\$6,650 per person <sup>1</sup> \$13,300 per family <sup>1</sup>	None	\$6,650 per person <sup>3</sup> \$13,300 per family <sup>3</sup>	\$6,650 per person <sup>3</sup> \$13,300 per family <sup>3</sup>
<b>Primary care physician required</b>	Yes	No	No	No	No	No	Community First - yes Scott & White - no	No
<b>Primary care physicians' office visit</b>	\$25 copay	40%*	\$25 copay	40%*	20%**	40%*	\$25	\$15
<b>Mental health care</b>								
<b>a. Outpatient physician or mental health provider office visit</b>	\$25 copay	40%*	\$25 copay	40%*	20%**	40%*	\$25	\$25
<b>b. Hospital Mental health inpatient 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%*	20% coinsurance (plus \$150 per day copay per admission)	20% coinsurance (plus \$150 per day copay per admission)
<b>c. Outpatient facility care</b> (partial hospitalization/day treatment and extensive outpatient treatment) <sup>7</sup>	20%	40%*	20%	40%*	20%**	40%*	\$25 copay (prior authorization required)	\$25 copay
<b>Physicals<sup>8</sup></b>	No charge	40%*	No charge	40%*	No charge	40%*	No charge	No charge
<b>Specialty physicians' office visits</b>	\$40	40%*	\$40	40%*	20%**	40%*	\$40	\$25
<b>Routine eye exam, one per year per participant</b>	\$40	40%*	\$40	40%*	20%**	40%*	\$40 <sup>3,6</sup>	\$25 <sup>3</sup>
<b>Routine preventive care<sup>9</sup></b>	No charge	40%*	No charge	40%*	No charge	40%*	No charge	No charge
<b>Diagnostic x-rays, lab tests, and mammography</b>	20%	40%*	20%	40%*	20%**	40%*	20%	No charge* (physician office)
<b>Office surgery and diagnostic procedures</b>	20%	40%*	20%	40%*	20%**	40%*	20%	\$15 PCP or \$25 Specialist
<b>High-tech radiology</b> (CT scan, MRI, and nuclear medicine) <sup>7,8,9</sup>	\$100 copay plus 20%	\$100 copay plus 40%*	\$100 copay plus 20%	\$100 copay plus 40%*	20%**	40%*	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
<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%

# HEALTH PLANS COMPARISON CHART

## Effective September 1, 2018

Benefits	HealthSelect of Texas				Consumer Directed HealthSelect		HMOs	
	In-Area		HealthSelect Out-of-State		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
<b>Maternity Care doctor charges only*<sup>1</sup>; inpatient hospital copays will apply</b>	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit <sup>6</sup>	40%*	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit <sup>6</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 <sup>6</sup>	No charge
<b>Chiropractic Care</b>								
<b>a. Coinsurance</b>	20%; \$40 copay plus 20% with office visit	40%*	20%; \$40 copay plus 20% with office visit	40%*	20%**	40%*	CFHP: \$40 copay plus 20% SWHP: 20%; \$40 copay plus 20% with office visit	\$25 copay
<b>b. Maximum benefit per visit</b>	\$75	\$75	\$75	\$75	\$75	\$75	CFHP-\$75/ SWHP - None	-
<b>c. Maximum visits Each participant Per calendar year</b>	30	30	30	30	30	30	CFHP-30; SWHP-35 (maximum manipulative therapy visits)	30
<b>Inpatient hospital (semi-private room and day's board, and intensive care unit)<sup>9</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 <sup>3</sup> )	\$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)	\$150 plus 20% (if admitted copay will apply to hospital copay) <sup>12</sup>	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay) <sup>12</sup>	20%**	20%** <sup>12</sup>	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copay plus 20% (if admitted copay will apply to hospital copay)
<b>Outpatient surgery other than in physician's office<sup>9</sup></b>	\$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%
<b>Bariatric surgery<sup>9,10,11</sup></b>	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
<b>Hearing aids</b>	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).	
<b>Durable medical equipment<sup>9</sup></b>	20%	40%*	20%	40%*	20%**	40%*	20%	20%
<b>Ambulance services (non-emergency)<sup>9</sup></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

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

<sup>9</sup>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.



# 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. But it does not cover the cost for 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 covers 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.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	KelseyCare powered by Community HMO	Scott & White HMO
<b>Routine eye exam</b>	\$15 copay	\$40 copay <sup>1</sup>	20% coinsurance <sup>2</sup>	\$40 copay <sup>3</sup>	\$15 PCP/ \$25 Specialist	\$40 copay
<b>Frames</b>	\$150 retail allowance	Not covered	Not covered	\$125 retail allowance <sup>4</sup>	Not covered	Not covered
<b>Standard contact lens fitting</b>	\$25 copay	Not covered	Not covered	\$125 allowance	Not covered	Not covered
<b>Specialty contact lens fitting</b>	\$35 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Single-vision lenses</b>	\$10 copay	Not covered	Not covered	100% covered	Not covered	Not covered
<b>Bifocal lenses</b>	\$15 copay	Not covered	Not covered	100% covered	Not covered	Not covered
<b>Trifocal lenses</b>	\$20 copay	Not covered	Not covered	100% covered	Not covered	Not covered
<b>Progressives</b>	\$70 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Polycarbonate</b>	\$50 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Scratch coat</b> (factory, single sided)	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Ultraviolet coating</b>	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Tint</b>	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Standard anti-reflective coating</b>	\$40 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Contact lenses<sup>5</sup></b> (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.

<sup>1</sup>This is for providers only in the HealthSelect of Texas network. Benefits differ for non-network providers, the HealthSelect Out-of-State plan 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>Members can go to any Community First network doctor for their eye exam.

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

<sup>5</sup>Contact lenses are in lieu of eyeglass lenses and frames benefits.

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.

# Dental plans

## 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.
- There are changes to coverage starting September 1, including:
  - The calendar year maximum benefit will increase from \$1,500 to \$2,000 per covered participant for Basic and Major Restorative services.

- The individual lifetime Maximum Benefit for Orthodontic services will increase from \$1,500 to \$2,000 for orthodontic care. There is no age limit for those accessing Orthodontic services.
- There are no exclusion and benefit limitations connected to replacement of teeth.
- Once the Calendar Year Maximum Benefit for Basic and Major services is met, the plan will pay 40% of covered services for the remainder of the calendar year for in-network dental providers only.



## Humana 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 Plan

This is not a dental insurance plan.

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

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

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



**Helpful tip:** Find a list of providers for State of Texas Dental Choice<sup>SM</sup> or the HumanaDental DHMO at <https://our.humana.com/ers/> or by calling HumanaDental at (877) 377-0987, TTY: 711.

## Dental insurance plans comparison chart

	HumanaDental DHMO <sup>1</sup>	State of Texas Dental Choice Plan <sup>SM</sup> Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
Dentists	You must select a primary care dentist (PCD). <b>NOTE:</b> 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>2</sup>
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 <sup>1</sup> .	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 <sup>3</sup> .	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. <b>You may be required to pay the difference between the allowed amount and billed charges.</b> After you reach the Maximum Calendar Year Benefit you pay 100% until January 1 <sup>3</sup> .
Maximum calendar year benefit	Unlimited	\$2,000 per covered individual. (includes orthodontic extractions)	\$2,000 per covered individual. (includes orthodontic extractions)
Maximum lifetime benefit	Unlimited	\$2,000 per covered individual for orthodontic services.	\$2,000 per covered individual for orthodontic services.
Average cost of cleaning / oral exams	Vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Up to two cleaning/oral exams per calendar year allowed.	You pay nothing. Up to two cleaning/oral exams per calendar year allowed.	10% of the allowed amount after deductible is met. Up to two cleaning/oral exams per calendar year allowed.
Orthodontic coverage	Orthodontic services performed by a general dentist listed in the directory with an "0" treatment code – child - \$1,800, adult - \$2,100. Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	You pay 50% of the allowed amount.	You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

**NOTE:** 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>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.

<sup>2</sup>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.

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

# 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 employees and retirees.

All fairs are from 10:00 a.m. – 1:00 p.m. Central Time unless otherwise noted. The Summer Enrollment presentation for each fair starts at 10:15 a.m. Central Time unless otherwise noted.

To sign up for a webinar, go to the ERS Events Calendar at [www.ers.texas.gov/Event-Calendar/Full-Events-Calendar](http://www.ers.texas.gov/Event-Calendar/Full-Events-Calendar) and click on the webinar you want to attend.

## Webinars

**June 20**  
2 p.m.

**June 27**  
11 a.m.

**June 29**  
2 p.m.

**July 2**  
2 p.m.

**July 6**  
11 a.m.

**July 11**  
2 p.m.

**July 16**  
2 p.m.

**July 20**  
11 a.m.

**July 23**  
2 p.m.

**July 25**  
11 a.m.

## Enrollment Fairs

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

**June 20**  
**Cisco College**  
717 E. Industrial Blvd.  
Abilene, TX 79602

**June 21**  
**Texas Tech University**  
**Health Science Center**  
**School of Pharmacy Building**  
1300 S. Coulter St.  
Amarillo, TX 79106

**June 22**  
**Texas Tech University**  
**Health Science Center**  
**Academic Classroom Building**  
3601 4th St.  
Lubbock, TX 79415

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

**June 25**  
**Texas Department**  
**of Public Safety**  
**Building A**  
5805 N. Lamar Blvd.  
Austin, TX 78752

**June 26**  
**University of Houston Victoria**  
**North Building**  
3007 N. Ben Wilson St.  
Victoria, TX 77901

**June 26**  
**Texas State University**  
**J.C. Kellam Administration Building**  
601 University Dr.  
San Marcos, TX 78666

**June 27**  
**Houston Community College**  
**West Loop Campus**  
5601 West Loop South  
Houston, TX 77081

**June 28**  
**Lone Star College**  
**Community Building**  
5000 Research Forest Dr.  
The Woodlands, TX 77381

**June 28**  
**Health and Human Services**  
**Commission**  
**Winters Complex**  
701 West 51st St.  
Austin, TX 78751

**June 29**  
**Texas Department of Criminal Justice**  
**Texas Prison Museum**  
491 State Hwy 75 N.  
Huntsville, TX 77320

# Summer Enrollment Event Schedule

## Enrollment Fairs

### July 3

(10 a.m. – 1 p.m. MDT)  
**El Paso Community College  
Building A**  
9050 Viscount Blvd.  
El Paso, TX 79925

### July 5

(11 a.m. – 2 p.m.)  
**Texas Department  
of Transportation  
Building 2**  
4615 Northwest Loop 410  
San Antonio, TX 78229

### July 6

**Texas Department  
of Transportation  
Odessa District Complex**  
3901 W. Hwy 80 E.  
Odessa, TX 79761

### July 9

**Texas Department  
of Transportation  
Building 7**  
7901 N IH 35  
Austin, TX 78753

### July 9

**Texas Parks and  
Wildlife Department**  
4200 Smith School Rd.  
Austin, TX 78744

### July 10

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

### July 10

**Texas State Technical College  
Waco – John B. Connally  
Technology Center Auditorium**  
3801 Campus Dr.  
Waco, TX 76705

### July 11

**Texas Department  
of Transportation  
Dal Trans Building**  
4625 U.S. 80 Frontage Rd.  
Mesquite, TX 75150

### July 12

**Texas Department  
of Transportation  
District Training Center**  
1601 Southwest Pkwy.  
Wichita Falls, TX 76302

### July 12

**Austin Community College  
Highland Business Center**  
5930 Middle Fiskville Rd.  
Austin, TX 78752

### July 13

**Texas Woman's  
University  
ACT Building**  
304 Administration Dr.  
Denton, TX 76201

### July 13

**Texas Commission  
of Environmental Quality  
Building A**  
12100 Park 35 Circle  
Austin, TX 78753

### July 16

**Texas Department  
of Transportation  
Building RA-200**  
200 E. Riverside Dr.  
Austin, TX 78704

### July 17

**Alamo Colleges District  
St. Phillips College  
Watson Fine Arts Building**  
1901 Martin Luther King Dr.  
San Antonio, TX 78203

### July 17

**Texas Education Agency  
W.B. Travis Building**  
1701 Congress Ave.  
Austin, TX 78701

### July 18

**Texas Department of  
Transportation  
Regional Training Building**  
1701 South Padre Island Dr.  
Corpus Christi, TX 78416

### July 19

**South Texas College  
Building F, Second Floor**  
2501 Pecan Blvd.  
McAllen, TX 78501

### July 20

**Texas State Technical  
College  
Service Support Center**  
1902 N. Loop 499  
Harlingen, TX 78550

### July 24

(11 a.m. – 2 p.m.)  
**Texas Department  
of Transportation  
Building E –  
Training Center**  
4502 Knickerbocker Rd.  
San Angelo, TX 76904

# Contact Information

## HEALTH INSURANCE

### HealthSelect<sup>SM</sup> 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, 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)

**NOTE:** Optum Bank is available to answer your questions about health savings accounts (HSAs), but you may open an HSA at any bank that offers them.

### HealthSelect Prescription Drug Program

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

*Administered by OptumRx*

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

[www.optumrx.com/ers](http://www.optumrx.com/ers)

### Community First Health Plans

*An affiliate of the University Health System*

Group number – 0010180000

Toll-free: (877) 698-7032, TTY: (210) 358-6080

Local: (210) 358-6262

NurseLink: (210) 358-6262

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

### KelseyCare powered by Community Health Choice

Group number – 15000

Toll-free: (844) 515-4877, TTY: 711

Local: (713) 295-6792, NurseLine: (713) 442-0000

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

### Scott & White Health Plan

Group number – 012700

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

VitalCare Nurse Advice: (877) 505-7947

[ers.swhp.org](http://ers.swhp.org)

## OPTIONAL BENEFITS

### State of Texas Vision

*Administered by Superior Vision Services, Inc.*

Group number – 35040

Toll-free: (877) 396-4128

[www.superiorvision.com/stateoftexasvision](http://www.superiorvision.com/stateoftexasvision)

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

*Administered by HumanaDental Insurance Company*

Group number – 536957

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

[humana.com/ers](http://humana.com/ers)

### HumanaDental DHMO

*Insured by DentiCare, Inc., dba CompBenefits,*

*a member of the HumanaDental family of companies*

Group number – 538226

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

[humana.com/ers](http://humana.com/ers)

### State of Texas Dental Discount Plan<sup>SM</sup>

*Administered by Careington International Corporation*

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

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



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.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.



EMPLOYEES RETIREMENT SYSTEM OF TEXAS

RETIREE/SURVIVING DEPENDENT/COBRA SUMMER ENROLLMENT FORM

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

My Member Type is (choose one): Retiree Surviving Dependent COBRA
Member Name: First, MI, Last Last 4 digits of Social Security Number/National ID (SSN) Phone Number Home Cell
Email Address Mailing Address 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, 2018.)

Medical Coverage Waive\* HealthSelectSM of Texas Consumer Directed HealthSelectSM
Optional Benefits (May be elected without being enrolled in health coverage.)
Dental Vision
For retirees only
Optional Term Life Insurance\*\* Dependent Term Life Insurance\*\*
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?

\*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.

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.

Table with 10 columns: 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. Includes rows for Spouse, Natural or adopted daughter or son, and Other than natural or adopted child.

\*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 or call ERS.

**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, <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 online account at [www.ers.texas.gov](http://www.ers.texas.gov).

**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 toward the cost of eligible optional coverage (dental and vision, excludes State of Texas Dental Discount Plan). 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.texas.gov](http://www.ers.texas.gov).

**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)