

2018 Fall Enrollment

MEDICARE RETIREES AND FAMILIES GUIDE

Retiree health benefits are offered through the Texas Employees Group Benefits Program (GBP) and are available to eligible State of Texas retirees and their eligible dependents. Health plan options for retirees are based on Medicare enrollment. As a retiree enrolled in Medicare, you can make changes to benefits during Fall Enrollment.

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



What can you do during Fall Enrollment?

Health Care

- Enroll in or make changes to health coverage.
- Add or drop your dependents to or from your health care.
- Choose the Health Insurance Opt-Out Credit if you already have comparable health coverage.
- Change your tobacco-use status.

Vision and Dental Care

- Enroll in State of Texas Vision.
- Enroll in or make changes to your dental coverage.
- Add or drop your dependents to or from your dental and/or vision coverage.

Life Insurance

- Apply for Fixed Optional Term Life Insurance (\$10,000 policy) with evidence of insurability.
- Apply for Dependent Term Life coverage with evidence of insurability.
- Decrease or drop life insurance coverage for you or your dependents.



Fall Enrollment is October 29 – November 16, 2018 for Calendar Year 2019, January 1 – December 31, 2019.

Check out Fall Enrollment resources online at www.ers.texas.gov/FE.

In this guide:

What's New
Page 2

Insurance Options
Pages 3-4

**Health Plans
Comparison Charts**
Pages 5-7

Prescription Drugs
Page 8

Vision Benefits
Page 9

Dental Plans
Pages 10-11

**Life Insurance &
401(k) / 457**
Page 12

Contact Information
Page 13

Event Schedule
Page 14

Enrollment Form
Page 15

Retirees can make reductions to their benefits at any time during the plan year.

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

What's new this year?



- 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 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.
- Can't get to the doctor's office? Learn about virtual visits on page 4.



Important information

No changes?

If you wish to keep the same coverage, do nothing and your coverage will remain the same.

Coverage

If you (or a dependent) are retired, enrolled in HealthSelectSM of Texas, and are eligible for Medicare, HealthSelect of Texas will be your secondary coverage, even if you have not signed up for Medicare. While processing claims, HealthSelect of Texas will assume you have Medicare coverage. That means, if you're eligible for Medicare but not yet enrolled, you will be responsible for the portion of services Medicare would have covered. That is why it is so important to enroll in Medicare when you are eligible to keep your costs as low as possible.

Dependent child eligibility and certification

When you make your changes online, you'll be asked to certify that each of your dependent children is eligible for GBP coverage—unless you've already certified each dependent. You can't enroll new dependent children until you complete the online certification.

Verification for all dependents—keep them covered!

To enroll a new dependent—a spouse or child—in health coverage, you are required to provide eligibility documentation, such as a birth certificate or marriage license, to Alight Solutions, a company ERS works with to ensure enrolled dependents are eligible. If you have questions about the dependent eligibility verification process, contact Alight Solutions toll-free at (800) 987-6605, TTY: 711. Hours are Monday – Friday, 7 a.m. – 7 p.m. CT.

Prefer paper to the internet?

Be sure to review your Personal Benefits Enrollment Statement (PBES) that was sent to you in the mail. Your PBES has information about your current benefits and lists additional benefits options. You can make benefits changes by visiting **ERS OnLine**, filling out and submitting the form on the back of this guide, or by calling ERS October 29 - November 16, toll-free at (866) 399-6908, TTY: 711. Hours are Monday – Friday, 7:30 a.m. – 5:30 p.m. CT.

Dropping medical coverage

Dropping your GBP health insurance will cancel your prescription drug coverage and your \$2,500 Basic Term Life policy.

DISCOUNT
Purchase Program
administered by BENEPLACE

Fall retiree discounts

Find deals on everything from tablets and computers to hotel accommodations! Save on these and more with your Discount Purchase Program at: www.beneplace.com/discountprogramers/.



Health Insurance Options

Medicare-enrolled participants have freedom of movement throughout the year.

Retirees and dependents enrolled in Medicare can switch from a Medicare Advantage plan to the non-Medicare Advantage plan in which they were previously enrolled, or vice versa, at any time by contacting ERS. Available health plans for members enrolled in Medicare are listed below.

Please note: To enroll in either Medicare Advantage plan, you must also be enrolled in Medicare Parts A and B. To enroll in an HMO, you must live or work in certain counties. Check your PBES to see which plans you can enroll in.

- The HealthSelectSM Medicare Advantage Plan, a preferred provider organization (HealthSelect MA PPO), administered by Humana.
- KelseyCare Advantage Medicare health maintenance organization (KelseyCare Advantage MA HMO), available in the Houston area only.
- HealthSelect of Texas (also called HealthSelect Secondary), administered by Blue Cross and Blue Shield of Texas.
- Community First Health Plans (Community First), available in the San Antonio area only.
- KelseyCare powered by Community Health Choice, available in the Houston area only.
- Scott and White Health Plan, available in the Central Texas area only.

What if I have other health insurance?

If you have other health insurance that's as good as or better than what the state provides (excluding Medicare), you can drop your GBP health insurance and sign up for

the Health Insurance Opt-Out Credit. The Opt-Out Credit is up to \$60/month for full-time retirees or up to \$30/month for part-time retirees. The credit can be applied toward dental and/or vision insurance premiums. Because the State of Texas Dental Discount Plan is not insurance, the credit cannot be applied to this benefit. You can sign up for the Opt-Out Credit through your **ERS OnLine** account or by checking the appropriate boxes on the form at the back of this guide, or by contacting ERS during Fall Enrollment.

Have you received advertisements in the mail for private Medicare Advantage or Part D plans?

If so, keep in mind that our Medicare Advantage plans provide coverage as good as, or better than, private Medicare Advantage plans. You cannot be enrolled in an ERS Medicare Advantage plan or HealthSelect Medicare Rx and a private Medicare Advantage or Part D plan at the same time. If you enroll in a private Medicare Advantage plan or a Part D plan, you will be disenrolled from your ERS Medicare Advantage Plan and/or HealthSelect Medicare Rx.

What if my dependents aren't eligible for Medicare?

If you cover non-Medicare-eligible dependents on health insurance, you have what we call a "split household." You can enroll in the HealthSelect MA PPO or KelseyCare Advantage MA HMO while your dependent continues with his or her current GBP coverage through HealthSelect of Texas or a non-Medicare HMO. Once your dependent enrolls in Medicare, call ERS to provide his or her Medicare information and he or she will be enrolled in the same health plan as you.

Health Insurance Options, continued

Virtual Visits

Do you have a fever, allergy or cold? Are you fighting pink eye or another minor infection? When it's a minor ailment that does not require a doctor visit or diagnostic test, you can skip the waiting room and access board-certified healthcare by mobile app or computer. ERS health insurance programs offer virtual visits with the exception of Community First Health Plans and Scott and White Health Plan. Visit your health plan's website to learn more about specific virtual visits benefits and coverage.

Returning to work for the state?

If you return to work for the state, you and your dependents cannot participate in the HealthSelect MA PPO or KelseyCare Advantage MA HMO, which includes the HealthSelect Medicare Rx prescription drug plan. You and your dependents will be enrolled in the non-Medicare Advantage health plan and prescription drug plan you were enrolled in prior to retirement. However, once you leave state employment again, you and your Medicare-eligible dependents will be re-enrolled in a Medicare Advantage plan.

When you return to work as a retiree, you can switch from retiree benefits to active employee benefits. You can only switch to active benefits within the first 30 days of your return to work, or during Summer Enrollment. If you elect active employee benefits, you have more options, including TexFlex and the Texas Income Protection PlanSM (TIPP).

Also, if you choose active employee benefits, the Basic Term Life Insurance you get with your health insurance increases from \$2,500 to \$5,000. If you have Dependent Term Life Insurance, it also increases from \$2,500 to \$5,000 per covered dependent. An AD&D policy of \$5,000 will also be added automatically to both Basic Term Life Insurance and Dependent Term Life Insurance. If you return to work in a part-time position you will get only part of the state's contribution toward your and your dependents' health insurance premiums.

It's important to know that if you return to a part-time position and you elect active employee benefits, the state contribution for your health insurance premiums for you and your dependents will be reduced. It's important to remember these rules as you consider whether or not to enroll in active employee benefits as a return-to-work retiree.

Do you have Optional Term Life Insurance as a return-to-work retiree?

Keep in mind that your Optional Term Life Insurance amounts are based on your annual salary. If your new annual salary is lower than it was when you retired and you choose active benefits, your Optional Term Life Insurance amount will be lowered permanently, even when you switch back to retiree benefits.

How can I switch?

See the benefits coordinator at your agency. If you are an HHS Enterprise employee, contact the HHS Employee Service Center toll-free at (888) 894-4747. Your benefits will revert back to retiree benefits when you leave return-to-work status. However, your life insurance coverage calculations will be based on your last salary if you enrolled in active employee benefits.

Need to make benefits changes?

With your **ERS OnLine** account, you can make your Fall Enrollment elections between October 29 at 7 a.m. and November 16 at 6 p.m. CT. If you have a qualifying life event (QLE), you can make these types of changes during the year, within 31 days of the event. You can use **ERS OnLine** to do the following any time during the year:

- Update your contact information.
- Change your direct deposit information.
- Designate beneficiaries for your benefits.
- Certify whether you or your dependents use tobacco. This online certification is legally binding. You do not have to recertify, unless someone's tobacco-use status has changed.

For more information about **ERS OnLine** visit: ers.texas.gov/account-login.



Notice about insurance: Funding for health and other insurance benefits for participants in the Texas Employees Group Benefits Program (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.

Medicare Health Plans Comparison Chart

The plan year for HealthSelect MA PPO and KelseyCare Advantage MA HMO is January 1 to December 31. The plan year for the other plans is September 1 to August 31. This chart is intended to provide a general comparison of GBP benefits and is subject to change.

Benefit	Original Medicare ⁴ (Medicare rates are subject to change)	HealthSelect MA PPO (No coordination with Medicare is necessary)	Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you)	Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you)		KelseyCare Advantage MA HMO (No coordination with Medicare is necessary)
				Community First, Scott and White	KelseyCare powered by Community Health Choice	
Calendar year deductible	\$183	None	\$200 per individual \$600 per family	None	None	None
Office visits in conjunction with an illness or injury	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / \$25 ⁷ copay	\$0 copay / \$15 ⁷ copay	\$0
Specialty physician office visit	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / \$40 ⁷ copay	\$0 copay / \$25 ⁷ copay	\$0
Diagnostic tests and x-rays, including allergy testing	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0 copay for diagnostic tests / x-rays. Allergy testing: \$15 PCP or \$25 specialist copay ^{6,7}	\$0
Diagnostic mammography	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0 copay ⁷	\$0
Diagnostic lab services	\$0	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0 copay ⁷	\$0
Preventive services* (such as screening mammogram, physical, well woman exam, prostate cancer screening, etc.)	\$0 ^{1,3} Does not cover lab tests	\$0 ^{1,3} Covers screening lab tests	\$0*	\$0 ¹	\$0 ¹	\$0 ^{1,3}
Mental health and substance use disorder						
a. Outpatient physician or mental health provider office visits	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$25	\$25	\$0
b. Hospital—Inpatient stay (semi-private room and days board, and intensive care unit)	\$0 ⁵ after the following amounts for each benefit period: \$1,316 deductible for days 1-60 \$329 copay per day (days 61-90) \$658 copay per lifetime reserve day (days 91-150)	\$0 per admission	\$0 ⁸ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year. 30% ^{4,7} after copay	\$0 copay / 30% insurance	20% coinsurance (plus \$150 a day copay per admission)	\$0
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	Community First: \$25 copay (prior authorization required) Scott&White: \$25 copay (covered as any other illness)	\$25 copay	\$0
Office surgery and diagnostic procedures	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	Community First: 20% coinsurance ⁷ Scott&White: \$100 copay / 20% coinsurance	\$0 / \$15 PCP or \$25 specialist copay ^{6,7}	\$0
Immunizations*	\$0	\$0	\$0	\$0	\$0	\$0
High-tech radiology (CT scan, MRI, nuclear medicine)	20%	\$0	\$0 copay / 30% insurance	\$0 copay / \$100 ⁷ copay plus 20% coinsurance	\$150 ⁷ copay/scan type/ day	\$0
Allergy injections and serum	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	Allergy Serum: \$0 Without office visit: \$0 With office visit: \$15 PCP or \$25 specialist copay ^{6,7}	\$0

Benefit	Original Medicare ⁴ (Medicare rates are subject to change)	HealthSelect MA PPO (No coordination with Medicare is necessary)	Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you)	Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you)		KelseyCare Advantage MA HMO (No coordination with Medicare is necessary)
				Community First, Scott and White	KelseyCare powered by Community Health Choice	
Routine eye exam	Does not cover	\$0 ¹	30% ^{1,4} coinsurance	\$40 copay ²	\$25 copay ²	\$0 ¹
Vision (Contact lens fitting exams are not covered)	Frames: You pay 100% for non-covered services 20% for one pair of eyeglasses after each cataract surgery with an intraocular lens.	\$0 for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.	Frames: Does not cover	Community First: Does not cover Scott & White: Does not cover	Does not cover	\$150 plan coverage limit for eyewear, glasses, and/or contact lenses every two years unrelated to post-cataract surgery. ¹⁰ Allowance can only be used on date of service.
	Contacts: You pay 100% for non-covered services 20% for one set of contact lenses after each cataract surgery with an intraocular lens.	\$0 for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.	Contacts: Does not cover	Community First: You receive a \$125 allowance every 2 years in lieu of glasses ⁹ Scott & White: Does not cover	Does not cover	
Routine hearing test	Does not cover	Does not cover	30% ⁴ coinsurance	Without office visit: 20% coinsurance, With office visit: \$40 copay plus 20% coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$25 copay ⁷ plus 20% coinsurance	\$0 copay for up to one supplemental routine hearing exam every year ^{1,2}
Diagnostic speech and hearing testing	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$40 copay ⁷ plus 20% coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$25 copay ⁷ plus 20% coinsurance	\$0 for Medicare-covered diagnostic hearing exams
Speech and hearing therapy	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$40 copay ⁷ plus 20% coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$25 copay ⁷ plus 20% coinsurance	\$0
Hearing aids	Does not cover	\$1,000 benefit allowance per ear every 3 years	\$1,000 benefit allowance per ear every 3 years	\$1,000 benefit allowance per ear every 3 years (Repairs not covered)	\$1,000 benefit allowance per ear every 3 years (Repairs not covered)	\$1,500 plan coverage limit for hearing aids every 2 years (Does not include battery replacement) \$0 copayment for up to one hearing aid fitting/evaluation every 2 years ²
Chiropractic care	20% for Medicare-covered chiropractic services	30% for specialist office visit for routine services, up to a maximum of a \$75 benefit per visit. Benefit is limited to 30 visits per plan year. \$0 Medicare-covered chiropractic services.	\$0 copay / 30% ^{4,7} coinsurance	Community First: \$0 copay / \$40 copay ⁷ Benefit is limited to 30 visits per plan year. Scott & White: Without office visit: 20% ⁷ ; with office visit: \$40 plus 20% ⁷ . Benefit is limited to 35 visits per calendar year; 5 per month	\$0 copay / \$25 copay ⁷ Benefit is limited to 30 visits per calendar year.	\$0 for each Medicare-covered visit
Urgent care clinic	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / \$50 copay ⁷ + 20% coinsurance	\$0 copay / \$50 copay ⁷ + 20% coinsurance	\$0
Emergency room care	20% Plus emergency room copay (waived if admitted to hospital within 3 days of emergency room visit)	In U.S.: \$0 Outside U.S. and Puerto Rico: 20% after \$100 deductible. Limited to \$25,000 per plan year or 60 consecutive days, which ever is greater.	\$0 copay/30% ^{4,7} coinsurance	\$0 copay / \$150 copay ⁷ plus 20% In area and out-of-area covered at listed copayment	\$0 copay / \$150 copay ⁷ plus 20% In area and out-of-area covered at listed copayment	In U.S.: \$0 Outside U.S.: 20% after \$250 deductible

Benefit	Original Medicare ⁴ (Medicare rates are subject to change)	HealthSelect MA PPO (No coordination with Medicare is necessary)	Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you)	Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you)		KelseyCare Advantage MA HMO (No coordination with Medicare is necessary)
				Community First, Scott and White	KelseyCare powered by Community Health Choice	
Inpatient hospital (semi-private room and days board, and intensive care unit)	\$0 after the following amounts for each benefit period ⁵ : \$1,316 deductible for days 1-60 \$329 copay per day (days 61-90) \$658 copay per lifetime reserve day (days 91-150)	\$0	\$0 copay / 30% ^{4,7} insurance	\$0 ⁸ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year. 20% after copay	\$0 ⁸ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year. 20% after copay	\$0 No limit to the number of days covered by the plan each benefit period ⁵
Outpatient surgery	20% Specified copay for outpatient hospital facility charges	\$0	\$0 copay / 30% ^{4,7} insurance	\$0 copay / \$100 copay ⁷ plus 20%	\$150 copay ⁷	\$0
Skilled nursing facility	Days 1-20: \$0 (3-day hospital stay required) Days 21-100: \$164.50 coinsurance per day Per benefit period ⁶	\$0 up to 100 days per benefit period (no 3-day hospital stay is required) You pay 100% after 100 days	No deductible Plan pays 100%	\$0 copay / 20% ⁷ coinsurance	\$0 copay / 20% ⁷ coinsurance	Days 1-100: \$0 copayment per day Plan covers up to 100 days each benefit period ⁶ No prior hospital stay is required
Home health care	\$0	\$0	\$0 copay/30% ^{4,7} coinsurance for home infusion therapy Plan pays 100% for all other home health care services with a maximum of 100 visits per calendar year	\$0 copay / 20% ⁷ coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0
Hospice	5% of the Medicare-approved amount for inpatient respite care \$5 copay for pain management drugs	Same benefits as under Original Medicare	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0 copay / 20% ⁷ coinsurance	Same benefits as under Original Medicare You must receive care from a Medicare-certified hospice
Ambulance	20%	\$0	\$0 copay/30% ^{4,7} coinsurance Emergency care only. Not applicable to non-emergent transportation services.	\$0 copay / 20% ⁷ coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0
Private duty nursing	Does not cover	30% Pays a maximum benefit of \$8,000 per calendar year	30% ⁴ Unlimited hours Preauthorization is required	\$0 copay / 20% ⁷ coinsurance	\$0 copay / 20% ⁷ coinsurance	Does not cover

*Under the Affordable Care Act, certain preventive health and women's services are paid at 100% (at no cost to the participant) conditioned upon physician billing and diagnosis. In some cases, you may still be responsible for payment on some services. Some age requirements may apply.

¹ One per calendar year.

² One per plan year.

³ No copayment for a pap smear once every 24 months; once every 12 months for those at high risk.

⁴ After payment of deductible. HealthSelect note: Medicare and HealthSelect deductibles run concurrently. Participant may be responsible for some charges when the provider does not accept Medicare assignment.

⁵ A "benefit period" starts the day you go into the hospital. It ends after 60 days in a row without returning to hospital care. If you go into the hospital after one benefit period has ended, a new benefit period will begin. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you may have.

⁶ Copayment amount depends on whether treatment is provided by a PCP or specialist.

⁷ Payment amount is dependent upon the coordination of benefits (COB) between your carrier (HealthSelect, Community First, KelseyCare powered by Community Health Choice, Scott & White) and Original Medicare. Sometimes this means your expense is \$0, but charges will vary depending upon COB. Please reference your Summary of Benefits and Coverage for more information.

⁸ In the event that the provider/facility does not accept Medicare assignment (so the charges are not covered by Medicare and therefore not subject to COB); you may be responsible for copay(s) and/or a coinsurance. Please see your Summary of Benefits and Coverage for more information.

⁹ ERS cannot and does not guarantee the length of time that a specific type of "Value-Added" product shall be offered. Any questions or concerns about these products should be directed to your carrier.

¹⁰ Does not count toward out-of-pocket maximum.

Prescription Drugs

If you are in Medicare and enrolled in the HealthSelect MA PPO, HealthSelect Secondary or KelseyCare Advantage MA HMO, you are enrolled in HealthSelect Medicare Rx. United Healthcare administers HealthSelect Medicare Rx. OptumRx, an affiliate of UnitedHealthcare, administers mail order prescriptions.

Each non-Medicare HMO has its own prescription drug program. You do not have HealthSelect Medicare Rx if you are enrolled in the Community First, KelseyCare powered by Community Health Choice or Scott and White Health Plan.

If your dependent is enrolled in a different health plan, he or she may have a different prescription drug plan. This is common if one spouse is eligible for Medicare and the other is not. Refer to the prescription drug benefit chart for details.

Your prescription drug deductibles

You and your covered dependents each have an annual \$50 prescription drug deductible. If you are enrolled in a non-Medicare Advantage HMO, your deductible is based on the plan year; if you are enrolled in HealthSelect Medicare Rx, your deductible is based on the calendar year.

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

This option is available at pharmacies that have agreed to match the health plan's mail service cost. Participating pharmacies include Brookshire Brothers, CVS, HEB, Kroger, Safeway stores (including Tom Thumb and Randalls), Sears/Kmart, Walmart and a number of independent pharmacies. For more information visit: https://www.uhcretiree.com/ers/drug_coverage_options.html#pharmacy.

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

NOTE: You can decline HealthSelect Medicare Rx coverage. If you do, you will not have any prescription drug coverage through the GBP.

Benefits and Cost	HealthSelect Medicare Rx		HMOs
Prescription Drug Deductible Amount	\$50 deductible		HMO deductibles are for the plan year, September 1 to August 31.
Standard Retail Cost-Sharing	Up to a 30-day supply non-maintenance Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay	Up to a 30-day supply maintenance Tier 1: \$10 copay Tier 2: \$45 copay Tier 3: \$75 copay	
Non- participating pharmacies	For up to a 30-day supply, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. The deductible will be subtracted if not met.		HMOs may not provide benefits at non-participating pharmacies.
Retail Pharmacy in the Extended Days Supply (EDS) Network	Up to a 31 - 60-day supply Tier 1: \$20 copay Tier 2: \$70 copay Tier 3: \$120 copay	Up to a 61 - 90-day supply Tier 1: \$30 copay Tier 2: \$105 copay Tier 3: \$180 copay	Does not apply to HMOs.
Mail Order Cost-Sharing	Up to a 31 - 60-day supply Tier 1: \$20 copay Tier 2: \$70 copay Tier 3: \$120 copay	Up to a 61 - 90-day supply Tier 1: \$30 copay Tier 2: \$105 copay Tier 3: \$180 copay	

Optional Benefits

For information about premiums for all optional benefits see the Plan Year 2019 rate sheet at www.ers.texas.gov/Retirees/Rates-for-retirees.



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. State of Texas Vision, administered by Superior Vision Services, Inc., is available to employees, retirees and their eligible dependents. If you enroll during Fall Enrollment, your coverage for Plan Year 2019 will be effective January 1, 2019. The vision plan is eligible for the Opt-Out Credit for Plan Year 2019.

Vision coverage comparison chart

	State of Texas Vision	HealthSelect MA PPO	KelseyCare Advantage MA HMO	HealthSelect Secondary	Community First Health Plans HMO	KelseyCare powered by Community Health Choice HMO	Scott and White Health Plan HMO
Routine eye exam	\$15 copay	\$0 copay ¹	\$0	30% coinsurance ²	\$40 copay ³	\$15 PCP/ \$25 Specialist	\$40 copay
Frames	\$150 retail allowance	Not covered	\$150 allowance every two years ⁶	Not covered	\$125 retail allowance ⁴	Not covered	Not covered
Single-vision lenses	\$10 copay	Not covered	100% covered	Not covered	100% covered	Not covered	Not covered
Bifocal lenses	\$15 copay	Not covered	100% covered	Not covered	100% covered	Not covered	Not covered
Trifocal lenses	\$20 copay	Not covered	100% covered	Not covered	100% covered	Not covered	Not covered
Progressives	\$70 copay	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Polycarbonate	\$50 copay	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Scratch coat (factory, single sided)	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Ultraviolet coating	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Tint	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Standard anti-reflective coating	\$40 copay	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Standard contact lens fitting	\$25 copay	Not covered	\$150 allowance every two years ⁶	Not covered	\$125 allowance	Not covered	Not covered
Specialty contact lens fitting	\$35 copay	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Contact lenses⁵ (conventional or disposable)	\$150 allowance	Not covered	\$150 allowance every two years ⁶	Not covered	\$125 allowance	Not covered	Not covered

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

¹This is for network providers only in the HealthSelect of Texas In-Area plan. Benefits differ for non-network providers and the out-of-area plan. See your health plan materials for details. Does not apply to HealthSelect MA PPO, members can see in- or out-of-network providers.

²After the deductible is met, you will pay 30% coinsurance.

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

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

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

⁶\$150 total eyewear allowance every two years. They can be used for frames or contact lenses.

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.



This is not a full list of benefits. Visit www.StateofTexasVision.com for detailed information on vision benefits.

Dental Plans

You can enroll in one of three dental plans during Fall Enrollment. You also can switch your dental plan during Fall Enrollment. You must be enrolled in a dental plan before you can enroll eligible dependents. You and your dependents must be enrolled in the same plan.

STATE OF TEXAS
DENTAL CHOICE

State of Texas Dental Choice is a preferred provider organization (PPO) dental plan. You can see any provider, but you will pay less if you see one who is in the HumanaDental PPO network. Benefits are available in the United States, Canada, and Mexico if you live in the United States. Changes to coverage began September 1, and include:

- Calendar year maximum benefit increased from \$1,500 to \$2,000 per covered participant for Basic and Major Restorative services.

- Individual lifetime Maximum Benefit for Orthodontic services increased from \$1,500 to \$2,000 for orthodontic care. There is no age limit for those accessing orthodontic services.
- Removed the requirement to have a tooth extracted while insured with ERS for obtaining an implant.
- 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

The **HumanaDental DHMO** is a dental health maintenance organization insured by HumanaDental.

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.



Helpful tip:

Services from participating specialty dentists cost 25% less than the dentist's usual charge. Find a list of providers for State of Texas Dental Choice or the HumanaDental DHMO at <https://our.humana.com/ers/> or by calling HumanaDental at (877) 377-0987, TTY: 711.

STATE of TEXAS
Dental Discount Plan

This is not insurance.

- You get 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.

Dental insurance plans comparison chart

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

NOTE: 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.

¹This 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.

²In 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.

³Services 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.

Optional life insurance



Apply now

As a retiree, during Fall Enrollment you can apply for Fixed Optional Life Insurance (\$10,000 policy) for yourself or add your dependent to Dependent Term Life Insurance. If you're considering applying for life insurance, you should keep the following in mind:

Optional Term Life

- If you are enrolled in GBP health coverage, your health insurance comes with Basic Term Life Insurance that pays \$2,500 to your beneficiary upon your death.
- If you had Fixed Optional Life Insurance (\$10,000 policy) at the time you retired, you were eligible to continue it at Election 1 or 2. If you had Election 3 or 4 at the time of retirement, your coverage automatically was changed to Election 2, unless you chose Election 1 or Fixed Optional Life Insurance (\$10,000 policy) or dropped coverage.

Note: Coverage begins to decrease when you reach age 70. When the coverage amount is reduced to \$10,000, the plan automatically switches to Fixed Optional Life Insurance (\$10,000 policy), which has a fixed rate.

- If you do not have Optional Term Life Insurance at the time you retire, you can apply for Fixed Optional Life Insurance (\$10,000 policy) within the first 31 days of retirement, during your annual enrollment period or if you have a qualifying life event.

Life insurance participants have access to LifeSuite, excluding travel assistance. Visit: web1.lifebenefits.com/sites/lbwem/ers/resources/lifesuite-additional-services.

Dependent Term Life Insurance

You can apply for Dependent Term Life Insurance for your eligible dependents for \$3.05 a month. Coverage includes \$2,500 per person, and pays you upon your covered dependent's death.

Evidence of insurability (EOI)

In the EOI process, you provide information on the condition of your or your dependent's health. The insurer uses the information to decide if you or your dependent is eligible for coverage. EOI is required when:

- you apply for Fixed Optional Life Insurance (\$10,000 policy) or
- you apply to add a dependent to Dependent Term Life Insurance.

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

The EOI process must be started with **ERS OnLine** or by calling customer service. Once you have started the process, Securian (the insurer for the life insurance plans) will send you your EOI application by mail or email. You can decide how you would like to get your application.

If Securian does not receive the Life EOI application within 30 days, your coverage will be denied. Even if Securian gets your application in time, coverage is not guaranteed. You can reapply for coverage during your next enrollment opportunity or a QLE.

TEXA\$AVERSM

401(k) / 457 Program

If you are a return-to-work retiree, you can set aside pre-tax dollars from your paycheck for retirement by enrolling in the TexaSaver program. This is an option whether you are enrolled in retiree or active employee benefits. The TexaSaver program offers competitive administrative and investment fees. Certain investment options can offset some plan administrative expenses. When it's time to withdraw your money, the TexaSaver program offers flexible payout options.

If you are retired, TexaSaver can help you manage your income. You can consult with a TexaSaver Education Counselor and use the Advisor Service, provided by Advised Assets Group, LLC (AAG), a federally registered investment adviser, in three ways:

- Online Investment Guidance (free)
- Online Investment Advice (free)
- Managed Account Services (fee based on your account balance)

Contact the TexaSaver program to enroll or for a free consultation at (800) 634-5091 or visit: texasaver.com

Program Contact Information

HEALTH INSURANCE

HealthSelect MA PPO

Administered by Humana

Group number – Check your ID card

Toll-free: (855) 377-0001, TTY: 711

Humana First NurseLine: (800) 622-9529

our.humana.com/ers-medicare

KelseyCare Advantage MA HMO

Group number – Check your ID card

Toll-free: (877) 853-9075,

Local: (713) 442-2ERS (2377)

TTY: (866) 302-9336, Nurselink: (713) 442-0000

www.kelseycareadvantage.com/ERS

HealthSelect of Texas/HealthSelect Secondary

Administered by Blue Cross and Blue Shield of Texas

Group number – 238000

Toll-free: (800) 252-8039

healthselectoftexas.com

Community First Health Plans

(an affiliate of the University Health System)

Group number – 0010180000

Toll-free: (877) 698-7032, Local: (210) 358-6262

TTY: (210) 358-6080, NurseLink: (210) 358-6262

members.cfhp.com

KelseyCare powered by Community Health Choice

Group number - 15000

Toll-free: (844) 515-4877, TTY: 711, Local: (713) 295-6792

www.erskelseycare.com

Scott and White Health Plan

Group number – 012700

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

VitalCare Nurse Advice: (877) 505-7947

ers.swhp.org

Dependent Eligibility Verification

Administered by Alight Solutions

Toll-free: (800) 987-6605 | TTY: 711

www.yourdependentverification.com/plan-smart-info/

HealthSelect Medicare Rx

Administered by UnitedHealthcare

Toll-free: (866) 868-0609 | TTY: 711

www.hsmedicarerx.com

HealthSelect Prescription Drug Program

(pharmacy benefits for non-Medicare dependents enrolled in HealthSelect of Texas) Administered by OptumRx

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

www.optumrx.com/ers

OPTIONAL BENEFITS

State of Texas Dental Choice

Administered by HumanaDental Insurance Company

Group number – 536957

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

<https://our.humana.com/ers/>

HumanaDental DHMO

Insured by DentiCare, Inc., dba CompBenefits,

a member of the HumanaDental family of companies

Group number – 538226

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

<https://our.humana.com/ers/>

State of Texas Dental Discount Plan

Administered by Careington International Corporation

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

www.txdentaldiscount.com

State of Texas Vision

Administered by Superior Vision Services, Inc.

Group number – 35040

Toll-free: (877) 396-4128

www.superiorvision.com/stateoftexasvision

Life Insurance

Insured by Securian

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

web1.lifebenefits.com/sites/lbwem/ers

TexaSaver 401(k) / 457 Program

Administered by Empower Retirement™

Toll-free: (800) 634-5091, TTY: (800) 766-4952

www.texasaver.com

Discount Purchase Program

Administered by Beneplace

Toll-free: (800) 683-2886

Local: (512) 346-3300

www.beneplace.com/discountprogramERS



Fall Enrollment Events Schedule

ERS and its program administrators are traveling to certain cities this fall, hosting events to help you make informed decisions about your benefits. If you can't attend in person, join one of our webinars. Events begin the week of October 29 and continue through November 14.

- Fall Enrollment fairs start at 10 a.m. and end at 1 p.m. CT
- Fall Enrollment presentations start at 10:15 a.m. CT

All events are free and open to all Medicare-eligible retirees. Visit the Fall Enrollment webpage, <http://ers.texas.gov/Retirees/Fall-Enrollment>, for links to webinar registration and more event details.

Webinars	Fall Enrollment Fairs	
<p>November 2 11 a.m.</p> <p>November 9 2 p.m.</p>	<p>October 29 Houston Community College – West Loop Campus 5601 W Loop South Houston, TX Note: Free parking is available at the front of the building and parking garage.</p> <p>November 6 Texas Department of Transportation – Building 11 4615 Northwest Loop 410 San Antonio, TX Note: Please go to Building 1 to obtain a visitor's badge. Free parking is available behind Building 11 or in front of Building 2.</p> <p>November 7 Texas Department of Transportation – Building RA-200 Room 1A.1 200 E. Riverside Dr. Austin, TX Note: Please check in at the guard station at Building RA-200. Free parking is available in any open spot not marked, "Reserved."</p>	<p>November 13 Texas Department of Transportation – DalTrans Building 4625 US-80 Mesquite, TX Note: Free parking is available at the front of the building.</p> <p>November 14 Texas Department of Transportation – Building H 5715 Canyon Dr. Amarillo, TX Note: Free parking is available at the first building on the right.</p>



RETIREE/SURVIVING DEPENDENTS FALL ENROLLMENT FORM

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

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

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

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

My Member Type is (choose one): Retiree Surviving Dependent

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

SECTION B: BENEFITS OPTIONS (Mark boxes to indicate the benefits changes you want beginning January 1, 2019)

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

* Surviving dependents who waive coverage cannot re-enroll at a later date.

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

SECTION C: DEPENDENT PERSONAL DATA (and benefits choices)

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

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health	Dental	Vision	Dep. Life	Tobacco User
<input type="checkbox"/> Sp <input type="checkbox"/> D		<input type="checkbox"/> M			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> F			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D		<input type="checkbox"/> M			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> F			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D		<input type="checkbox"/> M			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> F			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D		<input type="checkbox"/> M			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> F			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D		<input type="checkbox"/> M			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> F			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<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 or call ERS. For newly added dependents, you may be required to provide documentation to Alight Solutions, a company that is working with ERS to conduct the dependent eligibility verification.

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

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

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

Tobacco Use Certification: I certify my understanding and agreement to the following: "Tobacco 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 30 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, go to www.ers.texas.gov/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 www.ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933.pdf, change the certification using your **ERS OnLine** account at www.ers.texas.gov or call ERS customer service at 877-275-4377.

If you selected "Waive + Opt-Out Credit" (Not available for 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 \$2,500 Basic Term Life Insurance policy. You must certify that you have comparable health coverage to the basic health plan. A credit of up to \$60 (or \$30 for part-time participants) is applied toward the cost of eligible optional coverage (dental and vision, excluding State of Texas Dental Discount Plan). The credit is in lieu of the state contribution for basic health coverage." Due to federal legislation Medicare members cannot receive the Opt-Out Credit. I am able to view the Health Insurance Opt-Out Credit applied toward my eligible optional coverage premium by signing into my **ERS OnLine** account at www.ers.texas.gov.

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

Participant's Signature: _____

Date Signed: _____

(Parent or legal guardian may sign for minor child)

(mm-dd-yyyy)