



## Benefits to enhance your life

As a State of Texas agency or higher education institution employee, you are eligible to participate in the Texas Employees Group Benefits Program (GBP), which provides valuable benefits that protect your health and future.

Summer Enrollment is a chance to take another look at your benefits and make changes.

Make the most of your opportunity! Summer Enrollment is the only time each year you can make benefits changes, unless you have a qualifying life event (see [ers.texas.gov/Active-Employees/Life-Changes-for-active-employees](https://ers.texas.gov/Active-Employees/Life-Changes-for-active-employees)).

Even if you don't think you want to make changes, read this guide to learn more about your Plan Year 2020 options and refresh your knowledge of your benefits. You can learn even more by visiting the ERS website.



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Your agency or institution is in one of four Summer Enrollment phases. Please make your changes during the phase listed on the top left corner of your Personal Benefits Enrollment Statement.

# What's new?

- ✓ Effective September 1, 2019, KelseyCare powered by Community Health Choice will no longer be a part of the GBP. Participants and their dependents will be moved to HealthSelect of Texas® (see p. 7).
- ✓ Effective September 1, 2019, Delta Dental will be the third-party administrator (TPA) for the State of Texas Dental Choice Plan<sup>SM</sup> preferred provider organization (PPO). DeltaCare USA, an affiliate of Delta Dental, will become the new dental health maintenance organization (DHMO) carrier (see p. 12 and the information sheet that came in your Summer Enrollment packet).
- ✓ Effective September 1, 2019, the State of Texas Dental Discount Plan will not be offered. If you want to join a dental discount plan, you can do so through the Discount Purchase Program starting September 1 (see p. 12 and the information sheet that came in your Summer Enrollment packet).
- ✓ The IRS has increased the flexible spending account contribution limits for TexFlex health care and limited flexible spending accounts from \$2,650 to \$2,700. If you want to increase your contribution to the maximum, you may do so during Summer Enrollment (see p. 14).
- ✓ The annual out-of-pocket maximums for in-network expenses for the HealthSelect Plans and the health maintenance organizations (HMOs) will increase slightly to \$6,750 per individual (up from \$6,650 per individual) and \$13,500 per family (from \$13,300 currently). These changes align the total out-of-pocket maximums with the maximums set by the IRS. As a reminder, out-of-pocket maximums reset for the HMOs every September 1, while the HealthSelect plans reset every January 1 (see p. 10).

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## Need to make benefits changes?

### Choose one of three ways:

#### 1. Via ERS OnLine

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

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

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

#### 2. Contact your agency's or higher education institution's Human Resources office or benefits coordinator.

- If you are an HHS Enterprise employee, contact the HHS Enterprise Employee Service Center at (888) 894-4747.

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

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

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

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

Your spouse and other eligible dependents can get health insurance and other coverage for an additional premium. However, you must be enrolled in a plan benefit before you can enroll your dependents. Please visit [ers.texas.gov/New-Employee/Insurance-Eligibility](http://ers.texas.gov/New-Employee/Insurance-Eligibility) to learn more about benefits eligibility.

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



## Dependent child certification

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

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

## Dependent eligibility verification (DEV)

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

**IMPORTANT:** When you get a letter from Alight Solutions, open it right away! Be sure to carefully review the information and keep the deadline in mind. If you don't send the right documents or if you send documents after the deadline, your dependents will be found ineligible and dropped from all coverage. If you have questions about dependent eligibility verification, call Alight Solutions toll-free at (800) 987-6605 (TTY: 711).

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

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

### You must provide:

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

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

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

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




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

- The documentation can be mailed, faxed or emailed.

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

# Your health insurance options

## Health insurance plan features

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

## Health Insurance Opt-Out Credit

If you can certify that you already have other health insurance that is equal to or better than coverage offered through ERS, you can opt out of this coverage and sign up for a monthly health insurance Opt-Out Credit of up to \$60 for full-time employees and \$30 for part-time employees.

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

You can apply the credit to your dental, vision and/or Voluntary Accidental Death & Dismemberment (AD&D) insurance premiums.

The health insurance Opt-Out Credit is not available if:

- your only other insurance is Medicare,
- you have health insurance coverage through ERS as a dependent or
- you get a state contribution for other health insurance coverage.



If you opt out of your health plan, you give up your prescription drug coverage and will no longer have \$5,000 Basic Term Life Insurance and \$5,000 AD&D coverage.

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

# HealthSelect of Texas and Consumer Directed HealthSelect

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

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

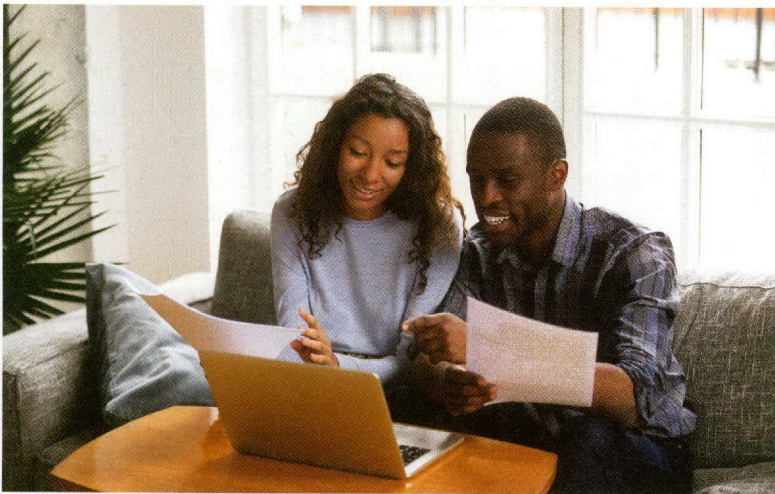
## HealthSelect<sup>of Texas</sup>

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

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

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

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



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

### Other plan features:

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

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

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

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

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

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

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

Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). The high deductible means you could have higher out-of-pocket costs before your health plan begins to pay for your non-preventive medical services and prescription drugs. The plan covers 100% for in-network preventive services. It's available to Texas Employees Group Benefits Program (GBP) participants who are not enrolled in Medicare.

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

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

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

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

## Health savings account

One of the most important features of Consumer Directed HealthSelect is the ability to save money in a tax-free health savings account (HSA) for health care expenses. In addition to being able to lower their taxable income by contributing pre-tax dollars to an HSA, every eligible Consumer Directed HealthSelect member will get a monthly contribution from the state.

You can use money in your HSA to pay for qualified medical expenses for yourself, your spouse and eligible dependents, even if they aren't covered under your insurance. (See <https://hsastore.com/learn/taxes/who-can-i-cover-hsa> and [www.optumbank.com/all-products/medical-expenses.html](http://www.optumbank.com/all-products/medical-expenses.html) for more information.)

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

You can make pre-tax contributions to your HSA through payroll deductions. The IRS sets the maximum contribution amount each year (see chart). If you are age 55 or older, you can contribute an additional \$1,000 each year.

The state makes a monthly contribution to the HSA: \$45 for an individual (\$540 per year) or \$90 for a spouse or family (\$1,080 per year).

## Enrolling in Consumer Directed HealthSelect? Open an Optum Bank HSA as soon as possible!

When you make the election to enroll in Consumer Directed HealthSelect through ERS OnLine, there will be a link to the Optum Bank site ([optumbank.com](http://optumbank.com)). Once there, you can open your HSA.

If you don't open your HSA through ERS OnLine, Optum Bank will send you information about opening an account after you enroll in Consumer Directed HealthSelect. You will get a debit card from Optum Bank to pay for health expenses once your HSA is open.

You will have access only to the amount of money that has accumulated in your HSA, and not funds that have been pledged to be deposited in the future. You should review IRS guidelines or consult a tax advisor to make sure you are eligible to participate in a HSA. For more information, visit [ers.texas.gov/Contact-ERS/Additional-Resources/FAQs/Consumer-Directed-HealthSelect-Health-Savings-Account](http://ers.texas.gov/Contact-ERS/Additional-Resources/FAQs/Consumer-Directed-HealthSelect-Health-Savings-Account).

## HSA contributions and maximums\*

| Description  | Individual Account      | Family Account**          |
|--|-------------------------|---------------------------|
| Annual maximum contribution<br>January 1, 2019 - December 31, 2019 | \$3,500                 | \$7,000                   |
| Annual maximum contribution<br>January 1, 2020 - December 31, 2020 | To be determined*       | To be determined*         |
| Annual state contribution<br>(for all 12 months)                   | \$540<br>(\$45 monthly) | \$1,080<br>(\$90 monthly) |

\*HSA contributions and limits may change from year to year, or based on eligibility requirements and the participant's age. Maximums are set by the IRS and include both pre-tax and post-tax contributions to an HSA.

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



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

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

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

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

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

You can also opt out of GBP health insurance coverage during your Summer Enrollment phase (see p. 4).

## Health maintenance organizations (HMOs)



If you live or work in an eligible county, you have the option of enrolling in an HMO. These regional plans have smaller networks than the HealthSelect plans, but they cover the same care and services and generally have lower dependent premiums.

You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered, unless the health plan has authorized out-of-network treatment. Only emergency care services are covered outside the network without authorization.

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

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



If you are a **return-to-work retiree**, you can switch between retiree and active benefits during your Summer Enrollment phase. Contact your agency's benefits coordinator or Human Resources office to do so. If you are a **Health and Human Services Enterprise employee**, please contact the HHS Employee Service Center by July 26.



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

If you are a tobacco user, you may qualify for an alternative to the Tobacco User Premium, if it complies with your doctor's recommendations. For more information on this alternative, see the ERS Tobacco Policy on ERS' website at [www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification](http://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification) or contact ERS toll-free at (866) 399-6908.

# Health Plans Comparison Chart

Effective September 1, 2019

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



# Health Plans Comparison Chart

Effective September 1, 2019

| Benefits   | HealthSelect of Texas  |   |  |   | Consumer Directed HealthSelect  |                     | HMOs   |  |
|--|--|---|--|---|---|---------------------|--|--|
|  | Living and Working in Texas  |   | HealthSelect Out-of-State  |   | Network   | Non-Network         | Community First  | Scott and White  |
|  | Network  | Non-Network   | Network  | Non-Network   |   |                     |  |  |
| <b>Urgent care clinic</b>  | \$50 copay plus 20%  | 40%*  | \$50 copay plus 20%  | 40%*  | 20%**   | 40%*                | \$50 copay plus 20%  | \$50 copay plus 20%  |
| <b>Chiropractic Care a. Coinsurance</b>  | 20%; \$40 copay plus 20% with office visit   | 40%*  | 20%; \$40 copay plus 20% with office visit   | 40%*  | 20%**   | 40%*                | \$40 copay plus 20%  | \$40 copay plus 20% with office visit  |
| <b>b. Maximum benefit per visit</b>  | \$75   | \$75  | \$75   | \$75  | \$75  | \$75                | \$75   | None   |
| <b>c. Maximum visits Each participant Per calendar year</b>  | 30   | 30  | 30   | 30  | 30  | 30                  | 30   | 35 (maximum manipulative therapy visits)   |
| <b>Inpatient hospital (semi-private room and day's board, and intensive care unit)<sup>6</sup></b> | \$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person) | \$150/day copay plus 40%* (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person) | \$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person) | \$150/day copay plus 40%* (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per calendar year per person) | 20%**   | 40%*                | \$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per plan year per person) | \$150/day copay plus 20% (\$750 copay max, up to 5 days per hospital stay. \$2,250 copay max per plan year per person) |
| <b>Emergency care</b>  | \$150 plus 20% (if admitted copay will apply to hospital copay) <sup>10</sup>  | \$150 plus 20% (if admitted copay will apply to hospital copay) <sup>10</sup>   | \$150 plus 20% (if admitted copay will apply to hospital copay) <sup>10</sup>  | \$150 plus 20% (if admitted copay will apply to hospital copay) <sup>10</sup>   | 20%** <sup>10</sup>   | 20%** <sup>10</sup> | \$150 plus 20% (if admitted copay will apply to hospital copay)  | \$150 plus 20% (if admitted copay will apply to hospital copay)  |
| <b>Outpatient surgery other than in physician's office</b>   | \$100 copay plus 20%   | \$100 copay plus 40%*   | \$100 copay plus 20%   | \$100 copay plus 40%*   | 20%**   | 40%*                | \$100 copay plus 20%   | \$100 copay plus 20%   |
| <b>Bariatric surgery<sup>11,12</sup></b>   | Deductible: \$5,000<br>Coinsurance: 20%<br>Lifetime max: \$13,000  | Not covered   | Deductible: \$5,000<br>Coinsurance: 20%<br>Lifetime max: \$13,000  | Not covered   | Not covered   | Not covered         | Not covered  | Not covered  |
| <b>Hearing aids<sup>14</sup></b>   | Plan pays up to \$1,000 per ear every three years (no deductible)  |   |  |   | 20%** Plan pays up to \$1,000 per ear every three years (after deductible is met) |                     | Plan pays up to \$1,000 per ear every three years (no deductible)  |  |
| <b>Durable medical equipment<sup>8</sup></b>   | 20%  | 40%*  | 20%  | 40%*  | 20%**   | 40%*                | 20%  | 20%  |
| <b>Ambulance Services</b>  | 20%  | 20%   | 20%  | 20%   | 20%**   | 20%**               | 20%  | 20%  |

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

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

<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>Preauthorization required.

<sup>7</sup>Outpatient testing only. Does not apply to inpatient services.

<sup>8</sup>Copay depends on whether treatment is given by PCP or specialist.

<sup>9</sup>No copay if high-tech radiology is performed during ER visit or inpatient admission.

<sup>10</sup>Benefits shown do not apply to out-of-network freestanding ERs. For information about this coverage, see your plan's Master Benefit Plan Document.

<sup>11</sup>The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum.

<sup>12</sup>Active employees only; see health plan for additional requirements/limitations.

<sup>13</sup>Referrals to see specialists are required from your designated PCP on file in order to receive in-network benefits for specialist office visits, even if the specialist is in your plan's network.

<sup>14</sup>The \$1,000 hearing aid maximum benefit does not apply to hearing aids for minors 18 years and younger.

<sup>#</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.

# Prescription drug coverage

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

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

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

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

✓

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

✓

## Prescription drug coverage comparison chart

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

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

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

## Additional information

### Out-of-pocket limits

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

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

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

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

# Vision plan



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

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

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

Additionally, State of Texas Vision offers an allowance on frames of eyeglasses or contact lenses, as well as discounts for LASIK. For a complete list of plan benefits and a list of providers, visit [www.superiorvision.com/StateOfTexasVision](http://www.superiorvision.com/StateOfTexasVision).

## Vision coverage comparison chart

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

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

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

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

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

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

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

**Note:** Besides the eye exam, any additional vision offerings through the health plans are value-added benefits. ERS does not guarantee the length of time that a specific value-added product will be offered.

# Dental Choice insurance

STATE OF TEXAS  
**DENTAL CHOICE**

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

- Delta Dental PPO
- Dental Premier

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

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

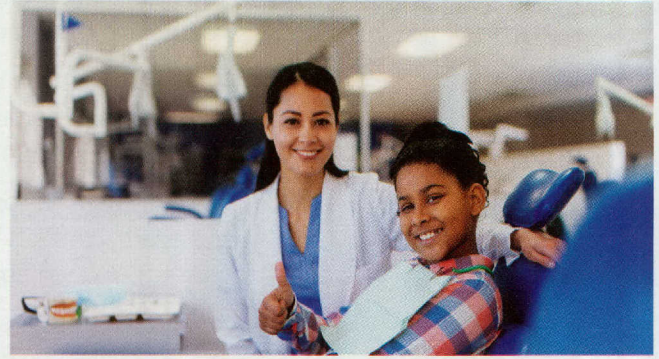
Benefits are available in the United States, Canada and Mexico, if you live in the United States.



## DeltaCare<sup>®</sup> USA

This is a dental health maintenance organization (DHMO) dental insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DHMO network dentist in your area.
- You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from participating specialty dentists cost 25% less than the dentists' usual charges.



## Making a smooth move to Delta Dental

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

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

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

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

## Dental plans comparison chart

|                                       | DeltaCare USA DHMO   | State of Texas Dental Choice Plan <sup>SM</sup><br>Preferred Provider Organization (PPO) or<br>Premier Provider Network Administered by Delta Dental   |   |
|---------------------------------------|--|--|---|
| Dentists                              | You must select a primary care dentist (PCD).<br>NOTE: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.  | In-network / participating dentist   | Out-of-network / non-participating dentist <sup>1</sup>   |
| Deductibles                           | None   | Preventive: Individual-\$0; Family-\$0<br>Combined Basic/Major: Individual-\$50; Family-\$150<br>Orthodontic services: no deductible   | Preventive: Individual-\$50; Family-\$150<br>Combined Basic/Major: Individual-\$100; Family-\$300<br>Orthodontic services: no deductible  |
| Copays/<br>coinsurance                | PCD: Copays vary according to service and are listed in the "Schedule of Dental Benefits" booklet.<br>Specialty dentistry: 75% of the dentist's usual and customary fee. DHMO pays nothing <sup>2</sup>                                  | Preventive and Diagnostic Services: No charge.<br>Basic Services: 10% coinsurance after meeting the Basic Services deductible.<br>Major Services: 50% coinsurance after meeting the Major Services deductible.<br>There is no charge for anything over the allowed amount.<br>Once the Maximum Calendar Year Benefit is reached, the participant pays 60% until January 1. | Preventive and Diagnostic Services: 10% coinsurance after meeting the Preventive and Diagnostic deductible.<br>Basic Services: 30% coinsurance after meeting the Basic Services deductible.<br>Major Services: 60% coinsurance after meeting the Major Services deductible.<br>Participants may be required to pay the difference between the allowed amount and billed charges.<br>Once the Maximum Calendar Year Benefit is reached, the participant pays 100% until January 1. |
| Maximum calendar year benefits        | 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.<br>Up to two cleaning/oral exams per calendar year allowed.   | No charge.<br>Up to two cleaning/oral exams per calendar year allowed.   | 10% of the allowed amount after deductible is met.<br>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:<br>child - \$1,800;<br>adult- \$2,100.<br>Orthodontic services performed by specialist: 75% of the usual fee. DHMO pays nothing. | 50% of the allowed amount.   | 50% of the allowed amount.<br>Participants may be required to pay the difference between the allowed amount and billed charges.   |

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

<sup>1</sup>In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill for charges above the amount covered by Delta Dental. Visit a participating dentist to ensure you do not receive additional charges.

<sup>2</sup>This comparison chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less than the dentist's usual charge.



## Check the Discount Purchase Program for discount dental plans.

Effective September 1, 2019 the State of Texas Dental Discount Plan<sup>SM</sup>, administered by Careington International Corporation, will not be offered through the Texas Employees Group Benefits Program (GBP). ERS expects that at least one dental discount plan will be available through the [Discount Purchase Program<sup>SM</sup>](#) starting September 1 (see *the information sheet that came in your Summer Enrollment packet*).

# TEXFLEX<sup>SM</sup> *Financial planners and tax advisors encourage people to save money on taxes by lowering their taxable income. ERS offers flexible spending accounts that help you do this.*

By participating in one or more of the TexFlex<sup>SM</sup> flexible spending accounts (FSAs), you can set aside money pre-tax from your paycheck to cover eligible out-of-pocket health care and dependent care expenses. Your defined TexFlex contribution is automatically withdrawn from your paycheck and deposited into your account each month.

The only time you can make changes to your TexFlex contribution is during Summer Enrollment (except for the commuter spending account), unless you have a qualifying life event during the plan year. If you do not make a change during Summer Enrollment, the annual amount you currently contribute to your account(s) will stay the same.

After you enroll in a TexFlex health care or limited FSA, you will get a debit card in the mail. You can use it to pay for eligible expenses. There is no cost to you to use the debit card. You cannot use the debit card to pay for dependent care, however.

Because TexFlex accounts are tax-free, the IRS requires all purchases with TexFlex funds to be validated. WageWorks, the TexFlex plan administrator, may ask you to submit proof that you used your TexFlex funds to pay for eligible expenses. Please be sure to **SAVE YOUR RECEIPTS**.

Active employees may be eligible to enroll in more than one account at a time. The following chart shows how each type of account can be used, and the rules that apply.

**Note:** You can enroll in or make changes to the TexFlex commuter spending account (CSA), parking and/or transit, at any time. You don't have to wait for Summer Enrollment. If you enroll in the TexFlex health care or limited FSA and the TexFlex CSA, you will not get separate debit cards. You can use the same debit card for the CSA that you use for your health care or limited FSA.

## Flexible spending accounts comparison chart

|  | Health care FSA<br>(not available to Consumer Directed HealthSelect members)  | Limited FSA<br>(for Consumer Directed HealthSelect members only)                | Dependent care FSA  | Commuter spending account*   |
|--|---|---|---|--|
| <b>Eligible Expenses</b><br>(For a complete list, see the plan website.) | <ul style="list-style-type: none"> <li>Copays, coinsurance and other medically necessary charges</li> <li>Prescription drug deductible</li> </ul> | Vision and dental expenses not covered by insurance                             | <ul style="list-style-type: none"> <li>Day care, after-school care and summer day camp for dependent children under age 13</li> <li>Adult custodial care programs for qualifying individuals</li> </ul> | Eligible parking and transit expenses  |
| <b>Maximum contribution</b>  | \$2,700 per participant, per fiscal year  | \$2,700 per participant, per fiscal year  | \$5,000 per household, per fiscal year  | <ul style="list-style-type: none"> <li>\$265 per month for parking</li> <li>\$265 per month for transit</li> </ul>   |
| <b>Funds availability</b>  | Full election available Sept. 1   | Full election available Sept. 1   | Funds available monthly as contributions are made   | Funds available as contributions are made  |
| <b>Debit Card</b><br>(no fee)  | Yes   | Yes   | No  | Yes  |
| <b>Carryover of funds or grace period</b>                                | Carryover up to \$500 after Aug. 31   | Carryover up to \$500 after Aug. 31   | Grace period (extra time to incur expenses under FY19 account) from Sept. 1, 2019 to Nov. 15, 2019.   | Funds can be used as long as the participant is actively employed. Every month, any balance greater than \$3 rolls over to the next month and is subject to the \$3 monthly administrative fee. Any amount less than \$3 is forfeited.   |
| <b>Runout period</b>   | Submit claims incurred between Sept. 1, 2019 and Aug. 31, 2020 by Dec. 31, 2020   | Submit claims incurred between Sept. 1, 2019 and Aug. 31, 2020 by Dec. 31, 2020 | Submit claims incurred between Sept. 1, 2020 and Nov. 15, 2020 by Dec. 31, 2020   | Funds can be used as long as the participant is actively employed. If participants leave state employment or retire, they will have until the last day of their employment to use the TexFlex debit card. Participants will have 180 days from the date they incurred a parking expense to submit the claim to WageWorks |

\*Participants who contribute money to the TexFlex CSA can make changes to their monthly election amount or disenroll at any time during the plan year.

# Optional Term Life and Voluntary AD&D Insurance



Your health coverage through ERS includes \$5,000 of Basic Term Life Insurance, with \$5,000 of Accidental Death & Dismemberment Insurance (AD&D) coverage at no cost to you.

This probably will not be enough to cover end-of-life and funeral costs, let alone provide for any family who survive you. If you want your family or other people who depend on your salary to have some financial security if you die, you should consider additional life insurance.

## Optional Term Life Insurance

During Summer Enrollment, you can apply for additional life Insurance in increments based on your annual salary.

Securian's calculator at [web1.lifebenefits.com/sites/lbwem/ers/learn-more/how-much-life-insurance-is-enough](http://web1.lifebenefits.com/sites/lbwem/ers/learn-more/how-much-life-insurance-is-enough) can help you decide how much life insurance coverage you might need. Premiums and coverage amounts will be based on the salary reported to ERS on September 1.

## Dependent Term Life Insurance

For an additional monthly premium, you can apply to enroll your eligible dependents in term life insurance.

If your dependents are approved (See *evidence of insurability*), the benefit includes \$5,000 term life with \$5,000 AD&D for each covered family member. The benefit will be paid to you upon the death of a covered dependent or in the event of certain accidental injuries. Your monthly premium covers all your eligible dependents, but you must list each dependent on your policy.

**Evidence of insurability (EOI)** is an application process during which you must provide information about your or your covered dependents' health.

EOI is required for any life and/or disability insurance elections made after your first 31 days of employment. You or your dependents may be denied coverage based on information in your EOI application.

If you initiate EOI for insurance you enroll in during SE, coverage begins:

- on September 1, 2019, if EOI approval is dated prior to that date.
- the first day of month following EOI approval if that approval is dated after September 1, 2019.

## Voluntary AD&D Insurance

Voluntary AD&D Insurance can provide additional financial protection for you and your family in the event of certain accidental injuries or accidental death. You can choose insurance in increments of \$5,000, starting at \$10,000 up to \$200,000.

You can sign up for coverage for yourself only, or for yourself and your eligible dependents. EOI is not required for AD&D coverage.

- If you die as the direct result of an accidental bodily injury, your beneficiaries receive the full coverage amount.
- Enrolled family members are covered at partial benefit levels.
- If you have an accident and suffer any of the covered injuries, such as loss of a hand, a foot or sight of one eye, you will receive a benefit up to the full amount of coverage.
- If an eligible family member loses a hand, a foot or sight of one or both eyes in an accident, you will receive a percentage of the benefits if you have coverage for that family member.

## TEXA\$AVER<sup>SM</sup> 401(k) / 457 Program

Education counselors will be at Summer Enrollment fairs to assist with TexaSaver program questions and account changes.

While you can enroll in the TexaSaver<sup>SM</sup> 401(k) / 457 Program anytime, Summer Enrollment is a great time to sign up or make changes to your elections.

You already contribute to your State of Texas Retirement, with the state and the agency you work for also contributing on your behalf. But to have a comfortable retirement income, you cannot rely on your state pension and Social Security alone. In fact, your ERS annuity may replace only about 50% of your salary when you retire, and it does not include automatic cost-of-living adjustments.

With the TexaSaver voluntary retirement savings program, you can increase your personal retirement savings and be better prepared for inflation and medical expenses that often increase as you age.

# Disability insurance

The Texas Income Protection Plan<sup>SM</sup> (TIPP) provides you money to help pay your bills if an accident or other health-related condition makes it impossible for you to work.

TIPP disability insurance coverage is administered by ReedGroup; the EOI is underwritten by Guardian Life Insurance.

- Short-term disability insurance coverage provides a maximum benefit of 66% of your monthly salary (up to \$10,000) or \$6,600 monthly, whichever is less, for up to five months (a maximum of 150 days). For example, if your monthly salary is \$4,000, the highest amount you'll get for short-term disability is \$2,640 per month.
- Long-term disability insurance coverage provides a maximum benefit of 60% of your monthly salary (up to \$10,000) or \$6,000 monthly, whichever is less, from 12 months until normal Social Security retirement age, depending on your age at the time of disability. (Note: For some mental diseases and disorders, the maximum benefit period for disability is two years.)

Pre-existing conditions are subject to certain exclusions.

You must use all of your sick leave (including extended sick leave, sick leave pool and donated sick leave) or complete a waiting period (30 days for short-term, 180 days for long-term), whichever option is longest, before disability benefits will be paid.



If you are eligible for Social Security Disability Insurance, Workers' Compensation payments, State of Texas Disability Retirement and/or other disability payments, your long-term disability payments may be reduced. Please review the plan documents before applying for TIPP disability insurance.

**Note:** TIPP coverage is not available to family members.

## TIPP coverage overview

| Coverage Details                   | Short-term Disability Coverage  | Long-term Disability Coverage   |
|------------------------------------|---|---|
| <b>Monthly benefits</b>            | 66% of your monthly salary (up to \$10,000) or \$6,600 monthly, whichever is less   | 60% of your monthly salary (up to \$10,000) or \$6,000 monthly, whichever is less   |
| <b>When do benefits start?</b>     | After a waiting period of 30 consecutive days or after you've used all your sick leave (whichever is longer); sick leave can be used during the 30-day waiting period | After a waiting period of 180 consecutive days or after you've used all your sick leave (whichever is longer); sick leave can be used during the 180-day waiting period       |
| <b>How long are benefits paid?</b> | Up to five months after the completion of your waiting period   | Until you are able to return to work or until you reach your Maximum Benefits Period (based on the age you become disabled) or based on the condition causing your disability |

Note: TIPP benefits are reduced if you get other disability payments. The minimum benefit is 10% of your monthly salary.



# Contact Information

## HEALTH INSURANCE

### HealthSelect of Texas®

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

*Administered by Blue Cross and Blue Shield of Texas*

Group number – 238000

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

NurseLine: (800) 581-0368

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

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

#### Health savings account (HSA)

*Administered by Optum Bank*

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

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

### HealthSelect Prescription Drug Program

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

*Administered by OptumRx*

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

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

### Community First Health Plans

*An affiliate of the University Health System*

Group number – 0010180000

Toll-free: (877) 698-7032,

(TTY: (210) 358-6080)

Local: (210) 358-6262

NurseLink: (210) 358-6262

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

### Scott and White Health Plan

Group number – 012700

Toll-free: (800) 321-7947,

(TTY: (800) 735-2989)

VitalCare Nurse Advice: (877) 505-7947

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

## OPTIONAL BENEFITS

### State of Texas Vision

*Administered by Superior Vision Services, Inc.*

Group number – 35040

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

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

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

*Administered by Delta Dental*

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

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

### DeltaCare USA DHMO

*Administered by Delta Dental*

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

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

### Life and Accidental Death & Dismemberment Insurance

*Insured by Securian*

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

[www.lifebenefits.com/plandesign/ers](http://www.lifebenefits.com/plandesign/ers)

### Texas Income Protection Plan<sup>SM</sup> (TIPP)

(short-term and long-term disability insurance)

*Administered by ReedGroup*

Toll-free: (855) 604-6230, (TTY: 711)

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

*Disability evidence of insurability is administered by Guardian Life.*

### TexFlex

*Administered by WageWorks, LLC.*

Toll-free: (844) 884-2364, (TTY: 711)

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

### TexaSaver 401(k) / 457 Program<sup>SM</sup>

*Administered by Empower Retirement<sup>TM</sup>*

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

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

### Discount Purchase Program

*Administered by Beneplace*

Toll-free: (800) 683-2886

Local: (512) 346-3300

[www.beneplace.com/discountprogramERS](http://www.beneplace.com/discountprogramERS)

# 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, not just those at your agency or higher education institution. You can also join one of our webinars. All events are free and open to all employees.

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

To sign up for a webinar, go to the events calendar on the ERS website at [ers.texas.gov](http://ers.texas.gov) and click on the webinar you want to attend.

## Webinars

**June 21**  
11 a.m. – noon

**June 27**  
2 – 3 p.m.

**July 3**  
11 a.m. – noon

**July 12**  
2 – 3 p.m.

**July 15**  
11 a.m. – noon

## Enrollment Fairs

**June 24**  
**Texas Department of Insurance**  
**William P. Hobby Building – Lobby**  
333 Guadalupe St.  
Austin, 78701

**June 25**  
**Midland College**  
**Marie Hall Academic Building**  
**(MHAB)-Atrium and Room 101**  
3600 N. Garfield St.  
Midland, 79705

**June 26**  
**Texas Tech University**  
**Health Science Center**  
**2BC North Lobby**  
3601 4th St.  
Lubbock, 79430

**June 27**  
**Texas Tech University Health**  
**Science Center**  
**School of Pharmacy/ Room 207**  
1300 S. Coulter St.  
Amarillo, 79106

**June 28**  
**Texas Department of**  
**Transportation**  
**Riverside Annex - Room 1A.1**  
200 East Riverside Dr.  
Austin, 78704

**June 28**  
**Texas Department of**  
**Public Safety - Building A**  
5805 N. Lamar Blvd.  
Austin, 78752

**July 1**  
**Texas Parks and Wildlife**  
**Headquarters**  
4200 Smith School Rd.  
Austin, 78744

**July 1**  
**Health and Human**  
**Services Commission**  
**Brown Heatly Building -**  
**Public Hearing Room**  
4900 N. Lamar Blvd.  
Austin, 78751

**July 2**  
**El Paso Community College**  
**Building A - Auditorium**  
9050 Viscount Blvd.  
El Paso, 79925

**July 8**  
**Texas Education Agency**  
**William B. Travis Building -**  
**Room 1-104**  
1701 N. Congress Ave.  
Austin, 78701

# Summer Enrollment Event Schedule

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## Enrollment Fairs

**July 9**

**University of Houston - Victoria  
North Building - Room 114**  
3007 N. Ben Wilson St.  
Victoria, 77901

**July 9**

**Austin Community College  
Highland Business Center  
First floor lobby**  
5930 Middle Fiskville Rd.  
Austin, 78752

**July 10**

**Texas Alcoholic Beverage  
Commission - Room 185**  
5806 Mesa Dr.  
Austin, 78731

**July 10**

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

**July 11**

**Houston Community College  
Alief Hayes Campus  
Building C Auditorium –  
Room 169**  
2811 Hayes Rd.  
Houston, 77082

**July 16**

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

**July 17**

**South Texas College  
Building F - Room 226**  
3201 W. Pecan Blvd.  
McAllen, 78501

**July 17**

**Texas State University  
JCK Administration Building**  
601 University Dr. Suite 1100  
San Marcos, 78666

**July 18**

**Texas Department of  
Transportation  
Dal Trans Building –  
Oliver/Yielding Room**  
4625 E. Highway 80  
Mesquite, 75150

**July 18**

**San Antonio College  
McAllister Fine Arts Center**  
1300 San Pedro Ave.  
San Antonio, 78212

**July 19**

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

**July 19**

**Texas State  
Technical College  
John B. Connolly  
(JBC) Building  
First floor auditorium**  
3801 Campus Dr.  
Waco, 76705

**July 22**

**Texas Commission  
on Environmental Quality  
Building A  
Rooms 172 and 173**  
12100 Park 35 Circle  
Austin, 78753

**July 23**

**Texas Woman's University  
Administration Conference  
Tower - Second floor lobby,  
Room 301**  
304 Administration Dr.  
Denton, 76204

**July 24**

**Texas Department of State  
Health Services  
Public Health Regions  
2 and 3 Headquarters**  
1301 S. Bowen Rd. Suite 200  
Arlington, 76013

**July 25**

**Texas Department of  
Transportation  
District Training Center**  
1601 Southwest Parkway  
Wichita Falls, 76302

The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ERS provides free language aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, and other formats), qualified interpreters, and written information in other languages.

If you need these services, call: 1-877-275-4377, TDD: 711.

If you believe that ERS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax or email:

Mail: Section 1557 Coordinator Employees Retirement System of Texas  
P.O. Box 13207, Austin, Texas 78711. Fax: 512-867-3480.

Email: [1557coordinator@ers.texas.gov](mailto:1557coordinator@ers.texas.gov)

For more information visit: <http://www.ers.texas.gov>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail or by phone at:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201.

Phone: 1-800-368-1019, 800-537-7697 (TDD).

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|---|---|
| ATTENTION: Language assistance services, free of charge, are available to you.                                    | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.           |
| CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.                              | ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।                      |
| 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。   | توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.                   |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. |
| ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.                                   | સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.                           |
| خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔                                  | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.                    |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. | 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。   |
| ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.             | ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ.          |

1-877-275-4377