



### What's new this year?

On September 1, 2017, Blue Cross and Blue Shield of Texas (BCBSTX) became the medical plan administrator of the HealthSelect<sup>SM</sup> of Texas and Consumer Directed HealthSelect<sup>SM</sup> plans. If you are enrolled in HealthSelect Medicare Advantage (administered by Humana) or KelseyCare Medicare Advantage this change will not affect you.

Scott & White Health Plan is no longer available as a health plan option if you live in one of the following counties: Coke, Coleman, Concho, Crocket, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Runnels, Schleicher, Sterling, Sutton and Tom Green.

**Retirees can make reductions to their benefits at any time during the plan year. Medicare-eligible retirees can also switch between a Medicare Advantage plan and the non-Medicare Advantage plan they were previously enrolled in any time during the plan year.**



Fall Enrollment (October 30, 2017 - November 17, 2017)  
for Plan Year 2018 (January 1, 2018 - December 31, 2018)



Check out Fall Enrollment resources online:  
[www.ers.texas.gov/Retirees/Fall-Enrollment](http://www.ers.texas.gov/Retirees/Fall-Enrollment)



### Checklist:

What can you do during Fall Enrollment?

#### Health Care

- Enroll in or make changes to your health coverage.
- Add or drop your dependents to or from your health plan.
- Choose the Opt-Out Credit if you already have comparable health coverage.

#### Vision and Dental Care

- Enroll yourself and your dependents in State of Texas Vision.
- Enroll in or make changes to your dental plan.
- Add or drop your dependents to or from your dental plan.

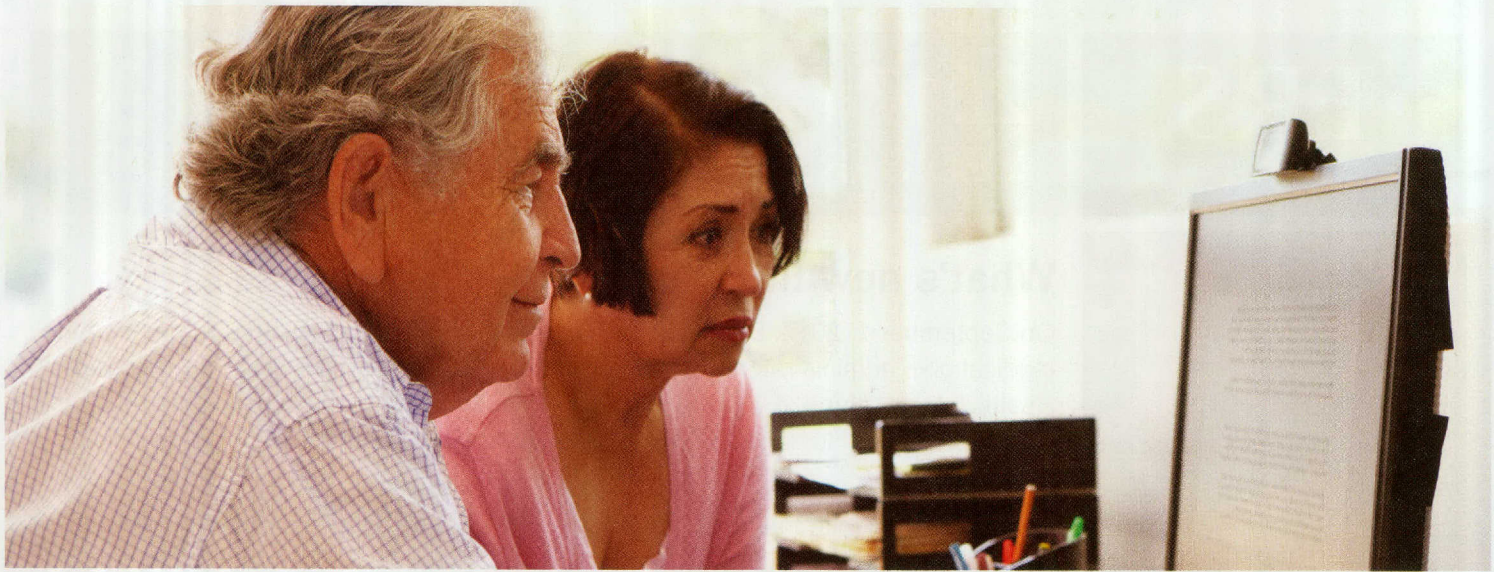
#### Life Insurance

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

### Enrollment Information

If you want to enroll in Fixed Optional Term Life and Dependent Term Life benefits during Fall Enrollment, you will need to provide evidence of insurability (EOI). Acceptance is not guaranteed. See more information on page 11.





### Helpful tip

After ERS processes your dependent's

enrollment in medical coverage, Aon Hewitt (our third-party administrator) will contact you to get copies of documents proving your dependents are eligible. Aon Hewitt will not accept documents signed by the county clerk after the dependent was enrolled, even if the date is before the coverage start date.

For example, if a member gets married and signs his or her new spouse up for benefits on November 10, the marriage certificate must be dated on or before November 10. If the certificate lists the official date of marriage as after November 10, the new spouse will not be eligible for benefits, even if benefits would not begin until December 1.

## ACCESS YOUR ERS ONLINE ACCOUNT

### With your ERS OnLine account, you can:

- Make your Fall Enrollment elections. You can change these benefits online between October 30, 2017 at 7 a.m. and November 17, 2017 at 6 p.m. CT.
- 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.
- Update your contact information.
- Change your direct deposit information.
- Designate beneficiaries for your benefits.

Except making Fall Enrollment elections, you can do any of these tasks at any time during the plan year.

### Prefer paper to the Internet?

First, 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 filling out and submitting the form on the back of this guide, or by calling ERS October 30 - November 17, toll-free at (866) 399-6908. Hours are Monday – Friday, 7:30 a.m. – 5:30 p.m. CT.

### Dependent eligibility and certification

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

### Keep your dependents covered

To enroll a new dependent in health coverage, you are required to provide eligibility documentation, such as a birth certificate or marriage license, to Aon Hewitt, a company that is working with ERS to conduct the dependent eligibility verification. If you have questions about the dependent eligibility verification, contact Aon Hewitt Dependent Verification Center toll-free at (800) 987-6605. Hours are Monday – Friday, 7 a.m. – 7 p.m. CT.



# YOUR HEALTH INSURANCE OPTIONS

## Medicare-eligible members 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 Medicare-eligible members are:

- HealthSelect<sup>SM</sup> Medicare Advantage (MA PPO), administered by Humana
- KelseyCare Advantage (Houston area only)
- HealthSelect (also called HealthSelect Secondary), administered by Blue Cross and Blue Shield of Texas

### HMOs:

To enroll in an HMO, you must live or work in certain counties. To enroll in either Medicare Advantage plan, you must also be enrolled in Medicare Parts A and B.

- Community First (San Antonio area only)
- KelseyCare powered by Community Health Choice (Houston area only)
- Scott & White (Central Texas area only)

Check your PBES to see which plans you can enroll in.

**IMPORTANT:** If you (or a dependent) are enrolled in HealthSelect of Texas and 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 you must pay for the services Medicare would have covered.

### Which plan is best for you?

Find out by reviewing the Medicare Health Plan Comparison Chart on page 5 for details and differences between each plan.

## 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 (excludes 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 apply toward dental 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 by checking the appropriate boxes on the form at the back of this guide, or by contacting ERS during Fall Enrollment.

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

## TRICARE supplemental plan

If you have dependents on TRICARE who are not eligible for Medicare, supplemental coverage is available through Selman & Company. For more information, visit the Beneplace Discount Purchase Program website, [www.DiscountProgramERS.com](http://www.DiscountProgramERS.com), or call Selman & Company directly at (800) 638-2610 (select Option 1). ERS does not administer the TRICARE supplemental plan. Please contact Selman & Company with questions.

## Have you received advertisements in the mail for a private Medicare Advantage or Part D plan?

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 Plan.

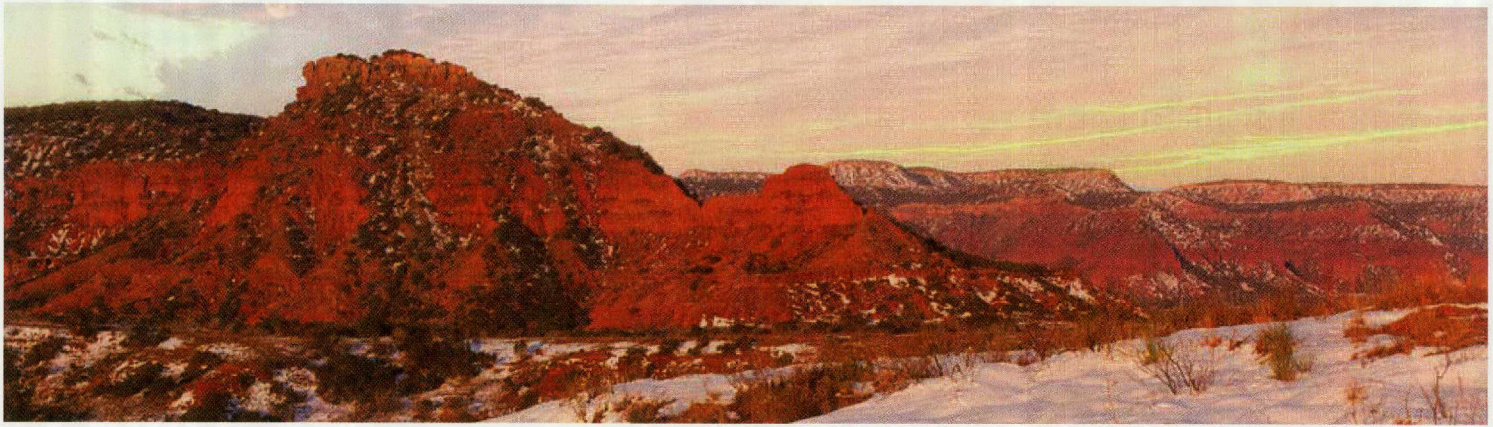
## What if my dependents aren't eligible for Medicare?

If you cover non-Medicare-eligible dependents on health insurance, you will have what we call a "split household." You can enroll in a Medicare Advantage plan while your dependent continues with his or her current GBP coverage through HealthSelect or a non-Medicare HMO. Once your dependent becomes eligible for Medicare, he or she will be automatically enrolled in the same health plan as you.

## Insurance benefits are not guaranteed

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.





## Returning to work for the state?

If you return to work for the state, you and your dependents cannot participate in the HealthSelect Medicare Advantage plan, 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 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. If you elect active employee benefits, you have more options, including TexFlex and the Texas Income Protection Plan<sup>SM</sup> (TIPP). Also, the Basic Term Life Insurance you receive 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 the Basic Term Life insurance and the Dependent Life Insurance.

If you return to work in a part-time position you will only receive part of the state contribution towards your and your dependents' health insurance premiums.

## 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.

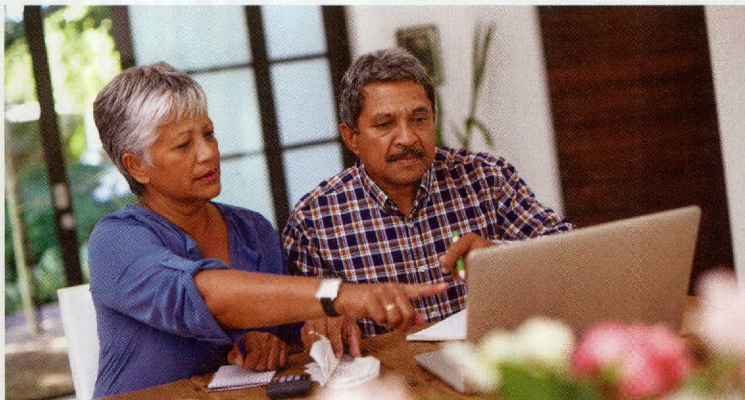
## How can I switch?

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.

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## DISCOUNT PURCHASE PROGRAM - Administered by Beneplace



**DISCOUNT**  
Purchase Program   
administered by BENEPLACE

### Fall retiree discounts

Find deals on everything from tablets and computers to hotel accommodations! Save on these products and more with your Discount Purchase Program at <http://ers.texas.gov/Discount-Purchase-Program>.



# MEDICARE HEALTH PLANS COMPARISON CHART

The plan year for HealthSelect Medicare Advantage<sup>SM</sup> and KelseyCare Advantage 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 Texas Employees Group Benefits Program (GBP) benefits and is subject to change. For more detailed information, visit <http://ers.texas.gov/Summaries-of-Benefits-and-Coverage>.

Benefit	Original Medicare <sup>4</sup> (Medicare rates are subject to change)	HealthSelect Medicare Advantage Plan <sup>SM</sup> (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 HMO (No coordination with Medicare is necessary)
				Community First, Scott & White	KelseyCare powered by Community	
<b>Calendar year deductible</b>	\$183	None	\$200 per individual \$600 per family	None	None	None
<b>Office visits in conjunction with an illness or injury</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$0 copay / \$25 <sup>7</sup> copay	\$0 copay / \$15 <sup>7</sup> copay	\$0
<b>Specialty physician office visit</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$0 copay / \$40 <sup>7</sup> copay	\$0 copay / \$25 <sup>7</sup> copay	\$0
<b>Diagnostic tests and x-rays, including allergy testing</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	\$0 copay for diagnostic tests / x-rays. Allergy testing: \$15 PCP or \$25 specialist copay <sup>6,7</sup>	\$0
<b>Diagnostic mammography</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	\$0 copay <sup>7</sup>	\$0
<b>Diagnostic lab services</b>	\$0	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	\$0 copay <sup>7</sup>	\$0
<b>Preventive services*</b> (such as screening mammogram, physical, well woman exam, prostate cancer screening, etc.)	\$0 <sup>1,3</sup> Does not cover lab tests	\$0 <sup>1,3</sup> Covers screening lab tests	\$0*	\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1,3</sup>
<b>Mental health and substance use disorder</b>						
<b>a. Outpatient physician or mental health provider office visits</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$25	\$25	\$0
<b>b. Hospital—Inpatient stay</b> (semi-private room and days board, and intensive care unit)	\$0 <sup>5</sup> 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 <sup>8</sup> 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% <sup>4,7</sup> after copay	\$0 copay / 30% insurance	20% coinsurance (plus \$150 a day copay per admission)	\$0
<b>c. Outpatient facility care</b> (partial hospitalization/ day treatment and extensive outpatient treatment)	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	Community First: \$25 copay (prior authorization required) Scott&White: \$25 copay (covered as any other illness)	\$25 copay	\$0
<b>Office surgery and diagnostic procedures</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	Community First: 20% coinsurance <sup>7</sup> Scott&White: \$100 copay / 20% coinsurance	\$0 / \$15 PCP or \$25 specialist copay <sup>6,7</sup>	\$0
<b>Immunizations*</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>High-tech radiology</b> (CT scan, MRI, nuclear medicine)	20%	\$0	\$0 copay / 30% insurance	\$0 copay / \$100 <sup>7</sup> copay plus 20% coinsurance	\$150 <sup>7</sup> copay/scan type/ day	\$0
<b>Allergy injections and serum</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	Allergy Serum: \$0 Without office visit: \$0 With office visit: \$15 PCP or \$25 specialist copay <sup>6,7</sup>	\$0



Benefit	Original Medicare <sup>4</sup> (Medicare rates are subject to change)	HealthSelect Medicare Advantage Plan <sup>SM</sup> (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 HMO (No coordination with Medicare is necessary)
				Community First, Scott & White	KelseyCare powered by Community	
<b>Routine eye exam</b>	Does not cover	\$0 <sup>1</sup>	30% <sup>1,4</sup> coinsurance	\$40 copay <sup>2</sup>	\$25 copay <sup>2</sup>	\$0 <sup>1</sup>
<b>Vision</b> (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. <sup>10</sup> 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 <sup>9</sup> Scott & White: Does not cover	Does not cover	
<b>Routine hearing test</b>	Does not cover	Does not cover	30% <sup>4</sup> coinsurance	Without office visit: 20% coinsurance, With office visit: \$40 copay plus 20% coinsurance	Without office visit: 20% coinsurance, With office visit: \$25 copay plus 20% coinsurance	\$0 copay for up to one supplemental routine hearing exam every year <sup>1,2</sup>
<b>Diagnostic speech and hearing testing</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	Without office visit: \$0 copay / 20% <sup>7</sup> coinsurance With office visit: \$0 copay / \$40 copay <sup>7</sup> plus 20% coinsurance	Without office visit: \$0 copay / 20% <sup>7</sup> coinsurance With office visit: \$0 copay / \$25 copay <sup>7</sup> plus 20% coinsurance	\$0 for Medicare-covered diagnostic hearing exams
<b>Speech and hearing therapy</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	Without office visit: \$0 copay / 20% <sup>7</sup> coinsurance With office visit: \$0 copay / \$40 copay <sup>7</sup> plus 20% coinsurance	Without office visit: \$0 copay / 20% <sup>7</sup> coinsurance With office visit: \$0 copay / \$25 copay <sup>7</sup> plus 20% coinsurance	\$0
<b>Hearing aids</b>	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 <sup>2</sup>
<b>Chiropractic care</b>	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 copay / 30% <sup>4,7</sup> coinsurance	Community First: \$0 copay / \$40 copay <sup>7</sup> Benefit is limited to 30 visits per plan year. Scott&White: Without office visit: 20% <sup>7</sup> ; with office visit: \$40 plus 20% <sup>7</sup> . Benefit is limited to 35 visits per calendar year; 5 per month	\$0 copay / \$25 copay <sup>7</sup> Benefit is limited to 30 visits per calendar year.	\$0 for each Medicare-covered visit
<b>Urgent care clinic</b>	20%	\$0	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$0 copay / \$50 copay <sup>7</sup> + 20% coinsurance	\$0 copay / \$50 copay <sup>7</sup> + 20% coinsurance	\$0
<b>Emergency room care</b>	20% Plus emergency room copay (waived if admitted to hospital within 3 days of emergency room visit)	<ul style="list-style-type: none"> <li>In U.S.: \$0</li> <li>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.</li> </ul>	\$0 copay/30% <sup>4,7</sup> coinsurance	\$0 copay / \$150 copay <sup>7</sup> plus 20% In area and out-of-area covered at listed copayment	\$0 copay / \$150 copay <sup>7</sup> plus 20% In area and out-of-area covered at listed copayment	<ul style="list-style-type: none"> <li>In U.S.: \$0</li> <li>Outside U.S.: 20% after \$250 deductible</li> </ul>



Benefit	Original Medicare <sup>4</sup> (Medicare rates are subject to change)	HealthSelect Medicare Advantage Plan <sup>SM</sup> (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 HMO (No coordination with Medicare is necessary)
				Community First, Scott & White	KelseyCare powered by Community	
<b>Inpatient hospital</b> (semi-private room and days board, and intensive care unit)	\$0 after the following amounts for each benefit period <sup>5</sup> : <ul style="list-style-type: none"> <li>\$1,316 deductible for days 1-60</li> <li>\$329 copay per day (days 61-90)</li> <li>\$658 copay per lifetime reserve day (days 91-150)</li> </ul>	\$0	\$0 copay / 30% insurance	\$0 <sup>8</sup> 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 <sup>8</sup> 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 <sup>5</sup>
<b>Outpatient surgery</b>	20% Specified copay for outpatient hospital facility charges	\$0	\$0 copay / 30% insurance	\$0 copay / \$100 copay <sup>7</sup> plus 20%	\$150 copay <sup>7</sup>	\$0
<b>Skilled nursing facility</b>	<ul style="list-style-type: none"> <li>Days 1-20: \$0 (3-day hospital stay required)</li> <li>Days 21-100: \$164.50 coinsurance per day</li> <li>Per benefit period<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$0 up to 100 days per benefit period (no 3-day hospital stay is required)</li> <li>You pay 100% after 100 days</li> </ul>	<ul style="list-style-type: none"> <li>No deductible</li> <li>Plan pays 100%</li> </ul>	\$0 copay / 20% <sup>7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	<ul style="list-style-type: none"> <li>Days 1-100: \$0 copayment per day</li> <li>Plan covers up to 100 days each benefit period<sup>5</sup></li> <li>No prior hospital stay is required</li> </ul>
<b>Home health care</b>	\$0	\$0	\$0 copay/30% <sup>4,7</sup> 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% <sup>7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	\$0
<b>Hospice</b>	<ul style="list-style-type: none"> <li>5% of the Medicare-approved amount for inpatient respite care</li> <li>\$5 copay for pain management drugs</li> </ul>	Same benefits as under Original Medicare	\$0 copay / 30% <sup>4,7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	<ul style="list-style-type: none"> <li>Same benefits as under Original Medicare</li> <li>You must receive care from a Medicare-certified hospice</li> </ul>
<b>Ambulance</b>	20%	\$0	\$0 copay/30% <sup>4,7</sup> coinsurance Emergency care only. Not applicable to non-emergent transportation services.	\$0 copay / 20% <sup>7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> coinsurance	\$0
<b>Private duty nursing</b>	Does not cover	30% Pays a maximum benefit of \$8,000 per calendar year	30% <sup>4</sup> <ul style="list-style-type: none"> <li>Unlimited hours</li> <li>Preauthorization is required</li> </ul>	\$0 copay / 20% <sup>7</sup> coinsurance	\$0 copay / 20% <sup>7</sup> 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.

<sup>1</sup> One per calendar year.

<sup>2</sup> One per plan year.

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

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> Copayment amount depends on whether treatment is provided by a PCP or specialist.

<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> 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.

<sup>10</sup> Does not count toward out-of-pocket maximum.



# PRESCRIPTION DRUGS

If you are eligible for Medicare and enrolled in HealthSelect Medicare Advantage, HealthSelect Secondary or KelseyCare Advantage, United Healthcare administers your prescription drug coverage. OptumRX administers mail order prescriptions. Optum Rx is an affiliate of UnitedHealthcare.

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

If your dependent is enrolled in a different health plan, he or she may have a different prescription drug benefit 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 a prescription drug deductible of \$50 per year. Please refer to the chart below to see whether your prescription drug coverage deductible is based on the plan year or 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.

Through the EDS network, HealthSelect Medicare Rx members can buy 31- to 90-day supplies of maintenance drugs at certain retail pharmacies and pay no retail maintenance fees.

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.

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

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

## Prescription drug benefits

	HealthSelect Medicare Rx <sup>SM</sup>	HMOs
<b>Deductible</b>	Each participant must pay a \$50 annual deductible before copays apply (for the calendar year, January 1 to December 31).	HMO deductibles are for the plan year, September 1 to August 31.
<b>Participating pharmacies</b>	Copays for up to a 30-day supply of non-maintenance medications are \$10 for Tier 1 drugs, \$35 for Tier 2 drugs, and \$60 for Tier 3 drugs. For up to a 30-day supply of maintenance medication, you will be charged a retail maintenance copay of \$10 for Tier 1 drugs, \$45 for Tier 2 drugs, and \$75 for Tier 3 drugs.	
<b>Non-participating pharmacies</b>	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.
<b>Extended Days Supply (EDS) network</b>	If you order prescription drugs through an EDS network pharmacy, you pay the following copays for a 90-day supply: \$30 for Tier 1 drugs, \$105 for Tier 2 drugs, and \$180 for Tier 3 drugs.	Does not apply to HMOs.
<b>Mail order</b>	If you order prescription drugs through the mail service program offered by your health plan, you pay the following copays for a 90-day supply: \$30 for Tier 1 drugs, \$105 for Tier 2 drugs, and \$180 for Tier 3 drugs.	

Network pharmacies and covered drugs are listed on each health plan's website.



# OPTIONAL BENEFITS

For information about premiums for all optional benefits, see the Plan Year 2018 rate sheet at [www.ers.texas.gov/Retirees/Rates-for-retirees](http://www.ers.texas.gov/Retirees/Rates-for-retirees).

## State of Texas Vision

This optional insurance plan is administered by Superior Vision Services, Inc, and available to employees, retirees and their eligible dependents. If you enroll during Fall Enrollment, your coverage for Plan Year 2018 will be effective January 1, 2018.



- State of Texas Vision does not cover eye-trauma or disease. Your health insurance plan covers these services.
- The vision plan is not eligible for the Opt-Out Credit for Plan Year 2018.

## Vision coverage comparison chart

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect	Community First HMO	KelseyCare powered by Community HMO	Scott & White HMO
<b>Routine eye exam</b>	\$25 copay	\$40 copay <sup>1</sup>	20% coinsurance <sup>2</sup>	\$40 copay <sup>3</sup>	\$15 PCP/ \$25 Specialist	\$40 copay
<b>Frames</b>	\$150 retail allowance	Not covered	Not covered	\$125 retail allowance <sup>4</sup>	Not covered	Not covered
<b>Standard contact lens fitting</b>	\$25 copay	Not covered	Not covered	\$125 allowance	Not covered	Not covered
<b>Specialty contact lens fitting</b>	\$35 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Single-vision lenses</b>	\$10 copay	Not covered	Not covered	100% covered	Not covered	Not covered
<b>Bifocal Lenses</b>	\$15 copay	Not covered	Not covered	100% covered	Not covered	Not covered
<b>Trifocal lenses</b>	\$20 copay	Not covered	Not covered	100% covered	Not covered	Not covered
<b>Progressives</b>	\$70 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Polycarbonate</b>	\$50 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Scratch coat</b> (factory, single sided)	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Ultraviolet coating</b>	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Tint</b>	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Standard anti-reflective coating</b>	\$40 copay	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Contact lenses<sup>5</sup></b> (conventional or disposable)	\$150 allowance	Not covered	Not covered	\$125 Allowance	Not covered	Not covered

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

<sup>1</sup> This is for 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.

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

<sup>3</sup> Members can go to any Community First network doctor for their eye exam.

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

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

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

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

This is not a full list of benefits. Visit [www.StateofTexasVision.com](http://www.StateofTexasVision.com) for detailed information on vision benefits.



## Dental Plans

Don't have dental insurance? 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<sup>SM</sup>

This is a preferred provider organization (PPO) dental plan insured by HumanaDental.

- 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 and Canada, and Mexico if you live in the United States.



### HumanaDental DHMO

This is a dental health maintenance organization (DHMO) 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.
- Services from participating specialty dentists cost 25% less than the dentist's usual charge. You can find a list of providers for the Dental Choice Plan or HumanDental DHMO at [HumanaDental.com/ers](http://HumanaDental.com/ers), or you can also call HumanaDental toll-free at (877) 377-0987.



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

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



### Dental Plan Features

This is not a dental insurance plan.

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



## Dental insurance plans comparison chart

	HumanaDental DHMO <sup>1</sup>	State of Texas Dental Choice Plan <sup>SM</sup> Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
		In-network/ participating dentist	Out-of-network/ non-participating dentist <sup>2</sup>
<b>Dentists</b>	You must select a primary care dentist (PCD). <b>NOTE:</b> Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.		
<b>Deductibles</b>	None	Preventive-Individual-\$0; Family-\$0 Combined Basic/Major -Individual-\$50; Family-\$150 Orthodontic services-no deductible	Preventive-Individual-\$50; Family-\$150 Combined Basic/Major -Individual-\$100; Family-\$300 Orthodontic services-no deductible
<b>Copays/ coinsurance</b>	Primary dentist - Copays vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Specialty dentistry - You pay 75% of the dentist's usual and customary fee. DHMO pays nothing.	Preventive and Diagnostic Services - You pay nothing. Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. Major Services - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. After you reach the Maximum Calendar Year Benefit, you pay 60% coinsurance until January 1. <sup>3</sup>	Preventive and Diagnostic Services - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services - You pay 30% coinsurance after meeting the Basic Services deductible. Major Services - You pay 60% coinsurance after meeting the Major Services deductible. <b>You may be required to pay the difference between the allowed amount and billed charges.</b> After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. <sup>3</sup>
<b>Maximum calendar year benefit</b>	Unlimited	\$1,500 per covered individual (includes orthodontic extractions)	\$1,500 per covered individual (includes orthodontic extractions)
<b>Maximum lifetime benefit</b>	Unlimited	\$1,500 per covered individual for orthodontic services	\$1,500 per covered individual for orthodontic services
<b>Average cost of cleaning / oral exams</b>	Vary according to service and are listed in the "Schedule of Dental Benefits" booklet Up to two cleaning/oral exams per calendar year allowed	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
<b>Orthodontic coverage</b>	Orthodontic services performed by a general dentist listed in the directory with an "0" treatment code – child - \$1,800, adult - \$2,100 Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

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

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

<sup>2</sup> In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.

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



# LIFE INSURANCE – SECURITY FOR YOUR FAMILY



**SECURIAN®**

## Apply now

This year, Optional Term Life Insurance and Dependent Term Life Insurance rates will stay the same. Minnesota Life Insurance Company (Securian) an affiliate of Securian Financial Group, Inc., is the insurer for Basic, Optional and Dependent Term Life Insurance.

## Optional Term Life Insurance

If you don't already have Optional Term Life Insurance, you can only apply for the \$10,000 Fixed Optional Life Insurance policy during Fall Enrollment.

You pay \$23.40 a month to receive the coverage.

Evidence of insurability is required. If you have Election 1 or Election 2, you can decrease your amount of Optional Term Life Insurance any time. You don't have to wait for annual enrollment.

NOTE: At age 70, the amount of your term life coverage benefits (Election 1 or 2) automatically begins to reduce every five years.

## Dependent Term Life Insurance

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

## Evidence of insurability (EOI)

EOI is required when:

- you apply for \$10,000 Fixed Optional Life Insurance 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 initiated online. If you are unable to do so, call ERS for assistance with initiating the process online. You will then receive your EOI application by mail or email according to your preference. In the EOI process, you provide information on the condition of your health or your dependent's health. You don't need to apply for EOI if you are reducing your current level of coverage.

If Securian does not receive the Life EOI application within 30 days, your life insurance coverage will remain at your current level and will not change. You can reapply for coverage during your next enrollment opportunity.

## TEXA\$AVER

401(k) / 457 Program

## TEXA\$AVER<sup>SM</sup> 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 Texa\$aver. This is an option whether you are enrolled in retiree or active employee benefits.

Texa\$aver offers competitive administrative and investment fees. Certain investment options can offset some plan administrative expenses. When it's time to withdraw your money, Texa\$aver offers flexible payout options. You can enroll or make changes any time during the year at [www.texasaver.com](http://www.texasaver.com).

If you are retired, Texa\$aver can help you manage your income. You can consult with a Texa\$aver 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 (FEES BASED ON YOUR ACCOUNT BALANCE)

Contact Texa\$aver for a free consultation at (800) 634-5091 or visit [www.texasaver.com](http://www.texasaver.com).





## FALL ENROLLMENT EVENT SCHEDULE

ERS and its program administrators are traveling around the state this fall, hosting events to help you make informed decisions when it comes to choosing your benefits. If you can't attend in person, join one of our webinars. Events begin the week of October 23 and continue through November 17, 2017.

Fall Enrollment fairs start at 10 a.m. and end at 1 p.m. CT

Fall Enrollment presentations start at 10:30 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

#### October 27

10:00 – 11:00 a.m. CT

#### November 1

2:00 – 3:00 p.m. CT

#### November 3

10:00 – 11:00 a.m. CT

#### November 16

10:00 – 11:00 a.m. CT

### Fairs

#### October 24

Texas Department  
of Transportation

Regional Training Center  
2501 South West Loop 820  
Fort Worth, TX 76133

#### October 25

Employees Retirement  
System of Texas

Auditorium  
200 East 18th Street  
Austin, TX 78701

#### October 26

Texas Tech University  
Health Science Center  
Laura W. Bush Institute - Atrium  
1400 Wallace Boulevard  
Amarillo, TX 79106

#### October 31

Texas Department  
of Transportation  
Building 2 – Conference Room  
4615 North West Loop 410  
San Antonio, TX 78229

#### November 2

Texas Tech University  
Health Science Center  
Medical Education Building (MEB)  
5001 El Paso Drive  
El Paso, TX 79905

#### November 7

Texas Department  
of Transportation  
Houston District Complex -  
Auditorium  
7600 Washington Avenue  
Houston, TX 77007

#### November 14

Employees Retirement  
System of Texas  
Auditorium  
200 E 18th Street  
Austin, TX 78701

#### November 14

Texas Department  
of Transportation  
Building 2 Training Room ABC  
1701 S Padre Island Drive  
Corpus Christi, TX 78416

#### November 17

South Texas College  
Building H - Students Lounge  
3201 Pecan Boulevard  
McAllen, TX 78501



# PROGRAM CONTACTS

## Health Insurance

### HealthSelect<sup>SM</sup> Medicare Advantage Plan

Administered by Humana

Group number – Check your ID card

(855) 377-0001, TDD: 711

HumanaFirst 24/7 Nurseline: (800) 622-9529

[our.humana.com/ers-medicare](http://our.humana.com/ers-medicare)

### KelseyCare Advantage HMO

Group number – Check your ID card

(877) 853-9075, Local: (713) 442-2ERS (2377),

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

[www.kelseycareadvantage.com/ERS](http://www.kelseycareadvantage.com/ERS)

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

Administered by Blue Cross and Blue Shield of Texas

Group number – 238000

Toll-free: (800) 252-8039

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

### HealthSelect<sup>SM</sup> Medicare Rx Plan

UnitedHealthcare

Toll-free (866) 868-0609

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

### HealthSelect<sup>SM</sup> Prescription Drug Program

(pharmacy benefits for non-Medicare eligible HealthSelect of Texas dependents)

OptumRx

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

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

### Community First Health Plans

(an affiliate of the University Health System)

Group number – 0010180000

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

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

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

### KelseyCare powered by Community Health Choice

Group number - 15000

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

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

### Scott & White Health Plan

Group number – 012700

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

VitalCare Nurse Advice: (877) 505-7947

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

## Dependent Eligibility Verification

### Aon Hewitt

P.O. Box 1506,

Lincolnshire, IL 60069-1506

(800) 987-6605

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## Optional Benefits

### State of Texas Vision

Administered by Superior Vision Services, Inc.

Group number - 35040

Toll-free: (877) 396-4128, TDD: 711

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

## Dental Plans

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

Insured 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<sup>SM</sup>

Administered by Careington International Corporation

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

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

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## Life Insurance

### Minnesota Life Insurance Company, an affiliate of Securian Financial Group, Inc

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

Email: [LifeBenefits@securian.com](mailto:LifeBenefits@securian.com)

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

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## Retirement Savings

### Texa\$aver<sup>SM</sup> 401(k) / 457 Program

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

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

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

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## Retiree Discounts

### Discount Purchase Program

Administered by Beneplace

Local: (512) 346-3300, TDD: (800) 683-2886

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





# RETIREE/SURVIVING DEPENDENTS FALL ENROLLMENT FORM

You may either enter your changes using your online account at [www.ers.texas.gov](http://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

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

## SECTION B: BENEFITS OPTIONS (Mark boxes to indicate the benefits changes you want beginning January 1, 2018)

<b>Health Coverage</b>	<input type="checkbox"/> Waive* <input type="checkbox"/> HealthSelect <sup>SM</sup> of Texas <input type="checkbox"/> HMO Name _____ <input type="checkbox"/> HealthSelect <sup>SM</sup> Medicare Advantage Plan <input type="checkbox"/> KelseyCare Advantage 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)
<b>Optional Benefits</b> (May be elected without being enrolled in health coverage.)	
<b>Dental</b>	<input type="checkbox"/> Waive <input type="checkbox"/> HumanaDental DHMO <input type="checkbox"/> State of Texas Dental Choice Plan <sup>SM</sup> <input type="checkbox"/> State of Texas Dental Discount Plan <sup>SM</sup> <input type="checkbox"/> Enroll/Drop Dependent (See Section C)
<b>Vision</b>	<input type="checkbox"/> Waive <input type="checkbox"/> State of Texas Vision <input type="checkbox"/> Enroll/Drop Dependent (See Section C)
<b>For retirees only</b>	
<b>Optional Term Life Insurance**</b>	<input type="checkbox"/> Waive <b>OR</b> <input type="checkbox"/> Enroll \$10,000    Decrease Level to: <input type="checkbox"/> Election I <input type="checkbox"/> \$10,000
<b>Dependent Term Life Insurance**</b>	<input type="checkbox"/> Waive (To Enroll/Drop Dependent see Section C)
<b>Tobacco-user Certification:</b> 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 \$10,000 Retiree Fixed Optional Life Insurance coverage, evidence of insurability (EOI), is required. Initiate the EOI process by signing into your online account at [www.ers.texas.gov](http://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"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Relationship Code: **Sp** – Spouse **D** or **S** - Natural or adopted daughter or son  
**O** – Other than natural or adopted child. Includes stepchild, foster child or ward child.

If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at [www.ers.texas.gov](http://www.ers.texas.gov) or call ERS. For newly added dependents, you may be required to provide documentation to Aon Hewitt, 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 thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS will constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. For more information, go to [www.ers.texas.gov/Tobacco-Policy-and-Certification](http://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](http://www.ers.texas.gov), or change the certification using your online account at [www.ers.texas.gov](http://www.ers.texas.gov).

**If you selected "Waive + Opt-Out Credit"** (Not available for 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. I will receive a credit of up to \$60 (or \$30 for part-time participants) that will be applied only toward the cost of eligible optional coverage in which I am enrolled (dental). Excludes the State of Texas Dental Discount Plan and State of Texas Vision). The credit is in place of the state contribution for basic health coverage. Due to federal legislation Medicare members cannot receive the Opt-Out Credit. I am able to view the Health Insurance Opt-Out Credit applied toward my eligible optional coverage premium by signing into my online account at [www.ers.texas.gov](http://www.ers.texas.gov).

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

Participant's Signature: \_\_\_\_\_  
(Parent or legal guardian may sign for minor child)

Date Signed: \_\_\_\_\_  
(mm-dd-yyyy)