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## Retirees and Families Guide

### What's new this year?

- ERS will offer State of Texas Vision, a new vision plan, beginning September 1, 2016. This self-funded plan will be administered by Superior Vision Services, Inc., offered to all employees, retirees and their eligible dependents. Page 9.
- Another health insurance option, Consumer Directed HealthSelect<sup>SM</sup> - which includes a high deductible health plan administered by United Healthcare Services, Inc. and a health savings account (HSA) administered by Optum Bank, a subsidiary of United Healthcare Services, Inc. - is available to employees and retirees who are not eligible for Medicare. Members can enroll during Summer Enrollment and coverage will start on September 1, 2016. No one is required to enroll in the new plan. Page 4.
- Beginning January 1, 2017, United HealthCare Services, Inc. will become the third-party administrator of the prescription drug programs for HealthSelect of Texas, Consumer Directed HealthSelect, HealthSelect Medicare Advantage and KelseyCare Advantage HMO. Caremark will continue to administer the programs through December 31, 2016. We will provide more information about this change in the coming months.
- The total network out-of-pocket maximums for all the health plans is increasing to \$6,550 per individual and \$13,100 per family. The current limit of \$6,450 per individual and \$12,900 per family will apply through December 31, 2016 for HealthSelect<sup>SM</sup> of Texas and Consumer Directed HealthSelect<sup>SM</sup> and through August 31, 2016 for HMOs. The out-of-pocket maximums for HMOs are based on the plan year and will reset on September 1.

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

- HealthSelect of Texas participants including eligible dependents can get care through Virtual Visits for some urgent conditions without leaving home or work. Page 3.
- Real Appeal is a new online weight loss program available to eligible HealthSelect<sup>SM</sup> of Texas participants not enrolled in Medicare Part B – employees, retirees and their covered dependents ages 18 to 75 – with a body mass index (BMI) of 23 or higher. Page 3.
- Rally's Health Survey replaces the Health Risk Assessment that was previously available on the UnitedHealthcare website. HealthSelect of Texas participants can now participate in Rally, a personalized health experience that makes exercise and healthy living fun!
- Virtual Visits, Real Appeal and Rally also are available to participants in the new Consumer Directed HealthSelect plan.

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Your Summer Enrollment phase will last from July 11 – July 23 (about two weeks). Review your Personal Benefits Enrollment Statement (PBES) for your coverage and the rates starting September 1. Check out our Summer Enrollment resources online: [www.ers.state.tx.us/SE](http://www.ers.state.tx.us/SE).

## ERS ONLINE ACCOUNT

### Take a few minutes to review your contact information and dependent information; make benefits changes online

Go to [www.ers.state.tx.us](http://www.ers.state.tx.us) and sign in to your online account. Register for an account, if you have not done so already.

After you login,

- confirm that your contact information is correct or update as needed,
- ensure each of your dependent's Social Security number and date of birth are correct.

Reach out to your benefits coordinator or HR representative, update online or call ERS if you need to update information.

### Dependent eligibility and verification

When you add a dependent, 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.

If you enroll any new dependents, including a spouse, in health coverage, you'll be required to provide documentation, such as a marriage license or birth certificate, verifying that each dependent is eligible. To enroll a common law spouse, you must obtain a Declaration of Informal Marriage from the county courthouse with a registration date prior to the date of your spouse's enrollment in the GBP. Documents dated after the dependent was enrolled will not be accepted, even if that date is before the coverage start date. If you don't provide documentation by the requested deadline, your dependent could be dropped from coverage.

If you have questions about the dependent eligibility verification, contact Aon Hewitt Dependent Verification Center toll-free at (800) 987-6605.

### Tobacco-use status

Everyone enrolled in the GBP health insurance plans must certify their status as tobacco users or non-users. This online certification is legally binding. If you have already certified yourself and your dependents, you don't have to recertify unless anyone's tobacco-use status has changed.

The GBP offers tobacco users coverage for some prescription drugs to help them quit tobacco. If you are a tobacco user, you may be able to participate in Choose to Quit, an alternative to the Tobacco User Premium, if it complies with your doctor's recommendations. For more information about this alternative, see the ERS Tobacco policy on ERS website at [www.ers.state.tx.us/Employees/Health/Tobacco\\_Policy/](http://www.ers.state.tx.us/Employees/Health/Tobacco_Policy/) or contact ERS toll-free at (877) 275-4377.

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

First, be sure to review your Personal Benefits Enrollment Statement (PBES) that has information about your current coverage and provides you with additional coverage options that may be available. Then, call ERS during the enrollment phase listed on your PBES, toll-free at (866) 399-6908. You can also contact your agency benefits coordinator. If you're an HHS Enterprise employee, contact the HHS Employee Service Center toll-free at (888) 894-4747.

## HEALTH INSURANCE

### Your health insurance options

During Summer Enrollment, you can enroll in or switch medical coverage to HealthSelect of Texas, the new Consumer Directed HealthSelect or an HMO, if you live or work in an eligible area. Check the health plan comparison chart on pages 6-7 for more information.

If you enroll in HealthSelect of Texas or Community First Health Plans HMO, don't forget to select a primary care physician (PCP). You do not need to designate a PCP if you are enrolled in Consumer Directed HealthSelect, Scott & White Health Plan or KelseyCare powered by Community Health Choice. Once you've enrolled, your health plan will mail a new ID card to you. Don't use your new card until September 1. If you don't get your ID card by September 1, contact your health plan.

### Do you 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 waive your GBP health insurance and sign up for the Health Insurance Opt-Out Credit. The credit can apply toward dental insurance premiums, but not the State of Texas Dental Discount Plan and State of Texas Vision.

NOTE: Waiving your state health insurance will cancel your prescription drug coverage and your \$2,500 Basic Term Life Insurance policy.

### HealthSelect of Texas in-area participants need a PCP

If you live in Texas and are in HealthSelect, you need to designate a PCP. If you live outside Texas, you have out-of-area benefits and are not required to have a PCP. Your PCP is listed on your HealthSelect ID card. You can call UnitedHealthcare to designate or change a PCP. Need to find a PCP? Check out the provider finder at [www.healthselectoftexas.com](http://www.healthselectoftexas.com).

## Medicare Advantage plans

If you have a dependent enrolled in HealthSelect Medicare Advantage PPO or KelseyCare Advantage HMO, rates for those plans will stay the same through December 31, 2016. The rates may change on January 1, 2017, and the possible new rates would be available in the fall.

## Do you have a covered dependent in Medicare?

You can make enrollment changes for your dependent during your enrollment phase, July 11 – July 23.

## 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.

## Return-to-work retirees

During Summer Enrollment, return-to-work retirees at state agencies or higher education institutions must get help from their agency benefits coordinators, HR professionals or the HHS Employee Service Center if they want to switch from retiree to active employee benefits, or vice versa. You cannot make this change yourself.

## HEALTH BENEFIT CHANGES – EFFECTIVE PLAN YEAR 2017

Beginning January 1, 2017, UnitedHealthCare will become the third-party administrator of the prescription drug programs for HealthSelect of Texas, Consumer Directed HealthSelect, HealthSelect Medicare Advantage and KelseyCare Advantage HMO. Caremark will continue to administer the programs through December 31, 2016. We will provide more information about this change in the coming months.

The in-network out-of-pocket maximum is the same in all the health plans. Only Consumer Directed HealthSelect has an out-of-network out-of-pocket maximum. There is no out-of-network out-of-pocket maximum in HealthSelect of Texas and the HMOs.

Calendar Year	In-Network Out-of-Pocket Maximums*	Out-of-Network Out-of-Pocket Maximums*
	Consumer Directed HealthSelect, HealthSelect of Texas, HMOs	Consumer Directed HealthSelect only
2016	Individual: \$6,450	Individual: \$12,900
	Family: \$12,900	Family: \$25,800
2017	Individual: \$6,550	Individual: \$13,100
	Family: \$13,100	Family: \$26,200

\*Out-of-pocket maximums are based on federal regulations and may change from year to year.

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

- For PY17, the total in-network out-of-pocket maximum is \$6,550 per individual, and \$13,100 per family. This is for both in-area and out-of-area plans. It means that no individual within the family will owe more than \$6,550 for out-of-pocket expenses. Once the family reaches \$13,100 in total in-network, out-of-pocket expenses for the year, services are paid at 100% for the whole family.
- The plan deductibles and out-of-pocket maximums are based on the calendar year. If your coverage starts on September 1, 2016, your deductibles and out-of-pocket maximums will start over on January 1, 2017.
- With Virtual Visits, HealthSelect of Texas participants including eligible dependents can consult with a licensed physician from their mobile device without leaving their home or office. This 24-hour online service can be used, for a \$10 co-pay for in-area plan, to diagnose and treat such non-emergency medical conditions as sinus problems, sore throat, pink eye and bronchitis. Log in to [myuhc.com/hs](http://myuhc.com/hs) or the Health4Me app to learn more
- Real Appeal is a new online weight loss program available to eligible HealthSelect of Texas participants not enrolled in Medicare Part B – employees, retirees and their covered dependents ages 18 to 75 – with a body mass index (BMI) of 23 or higher.
- HealthSelect of Texas participants can now complete Health Survey by registering for Rally, a new online health management program. Log into your personal account at [www.myuhc.com/hs](http://www.myuhc.com/hs), click the Health and Wellness tab, and click on Rally to set up an account.

# HEALTH BENEFITS

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

Consumer Directed HealthSelect, is a new health insurance option available to employees and retirees not eligible for Medicare. It includes two parts - a high-deductible health plan (HDHP) and a health savings account (HSA).

### High-deductible health plan

- UnitedHealthcare will administer the HDHP part of Consumer Directed HealthSelect. The provider network will be the same as HealthSelect<sup>SM</sup> of Texas. Participants pay less if they use providers that are part of the large, statewide network. They won't need to name a PCP and won't need referrals to see specialists.
- Participants could be responsible for more out-of-pocket expenses and will have a large deductible before the plan begins to pay for any health or prescription benefits, except preventive care. Preventive care like annual checkups and vaccinations are covered at 100%, even before the deductible is not met. (Preventive services received from a non-network provider are subject to the deductible, and not covered at 100%.)
- The plan deductibles and out-of-pocket maximums are based on the calendar year. If your coverage starts on September 1, 2016, your deductibles and out-of-pocket maximums will start over on January 1, 2017. The deductibles are much higher for out-of-network services. It pays to stay in the network.

Plan Year 2017 deductible	Individual coverage	Family coverage
In-Network	\$2,100	\$4,200
Out-of-Network	\$4,200	\$8,400

Once the deductible is met, the plan pays:

- 80% of allowable cost for in-network health and prescription services (participant pays 20%) and
- 60% of allowable cost for out-of-network health and prescription services (participant pays 40%).

### Health savings account (HSA)

An HSA is like a tax-free nest egg for health care expenses. Participants can use money in their HSAs to pay for eligible out-of-pocket health expenses.

- Optum Bank will administer the HSA program.
- Eligible participants are encouraged to open an HSA to prepare for out-of-pocket healthcare expenses and save money on income taxes.
- The state will make a monthly pre-tax contribution to a eligible retiree's HSA – \$45 for individual coverage (\$540 per year) and \$90 for family coverage (\$1,080 per year).
- Participants can contribute post-tax money to their HSAs. They also can deposit post-tax contributions to their HSAs and can claim them as deductions when filing their income tax returns. It is the participant's responsibility to make sure all HSA contributions do not go over the annual maximum set by the U.S. Internal Revenue Service (IRS).
- Participants will get a debit card from Optum Bank to pay for health expenses. Participants have access only to the amount of money that has accumulated in their accounts. They do not have access to money that has been pledged to be deposited in the future.
- HSA funds cannot be used to reimburse health expenses incurred before the account was opened. **So, it's important to open an HSA as soon as possible after enrolling in Consumer Directed HealthSelect.**
- Anyone thinking about joining Consumer Directed HealthSelect should review IRS guidelines or talk to a tax advisor to make sure they are eligible to participate in an HSA.

### HSA Contributions and Maximums\* for 2016

Description	Individual account	Family account
Annual maximum contribution January 1, 2016 - December 31, 2016	\$3,350	\$6,750
Annual state contribution	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)
Annual maximum contribution* from participant (or other sources)	\$2,810	\$5,670

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

\*\*Includes the member plus any number of dependents.



## Thinking about enrolling in Consumer Directed HealthSelect?

Keep in mind that this plan is very different than HealthSelect of Texas and the regional HMOs. The monthly dependent premiums are lower than HealthSelect of Texas, and eligible participants will get state contributions to their HSAs. But you could end up paying much more in out-of-pocket costs. HSAs are regulated by federal tax laws. It's important to understand all the possible costs and benefits of Consumer Directed HealthSelect, and the rules for HSAs. Before you make a choice, review the Consumer Directed HealthSelect flier in this packet, and visit [www.ers.state.tx.us](http://www.ers.state.tx.us) and [www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs) for even more information.

## HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

### HMO service areas

If you live or work in a covered HMO service area, you may choose to enroll in that plan. See the health plan comparison chart in page 6-7 for HMO medical copays.

- For PY17, the total network out-of-pocket maximum is \$6,550 per individual, and \$13,100 per family. This means that no individual within the family will owe more than \$6,550 for out-of-pocket expenses. Once the family reaches \$13,100 in out-of-pocket expenses for the year, services are paid at 100% for the whole family.
- The plan deductibles and out-of-pocket maximums for HMOs are based on the plan year and will reset on September 1.
- HMOs now provide coverage for chiropractic care. See your HMO's summary of benefits for more information.
- There will no longer be a maximum limit for a skilled nursing facility.
- HMOs have their own prescription drug coverage. The annual drug deductible is \$50 per plan year which resets on September 1. See your HMO's Summary of Benefits and Coverages for drug copays.

HMO Plan	Service Area	Counties
Community First Health Plans	San Antonio area	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson
KelseyCare powered by Community Health Choice	Houston area	Brazoria, Fort Bend, Galveston, Harris and Montgomery
Scott & White Health Plan	Central and West Texas areas	Austin, Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coke, Coleman, Concho, Coryell, Crockett, Falls, Freestone, Grimes, Hamilton, Hill, Irion, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McCulloch, McLennan, Menard, Milam, Mills, Reagan, Robertson, Runnels, San Saba, Schleicher, Somervell, Sterling, Sutton, Tom Green, Travis, Walker, Waller, Washington and Williamson

# HEALTH PLANS COMPARISON CHART

## Effective September 1, 2016

Out-of-area applies to members receiving care outside of Texas, retirees enrolled in Medicare and disabled retirees with Medicare.

Benefits	HealthSelect <sup>SM</sup> of Texas <sup>1</sup>			Consumer Directed HealthSelect <sup>SM 1</sup>		HMOs	
	In-Area		Out-of-Area <sup>2</sup>	In-Area		Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network		Network	Non-Network		
<b>Calendar year deductible</b>	None	\$500 per person \$1,500 per family	\$200 per person \$600 per family	\$2,100 per person \$4,200 per family	\$4,200 per person \$8,400 per family	None	None
<b>Out-of-pocket coinsurance maximum<sup>4</sup></b>	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$3,000 per person per calendar year	None	None	\$2,000 per person <sup>3</sup>	\$2,000 per person <sup>3</sup>
<b>Total out-of-pocket maximum<sup>10</sup></b> (including deductibles, coinsurance and copays) <sup>11</sup>	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	**\$6,550 per person \$13,100 per family	**\$13,100 per person \$26,200 per family	\$6,550 per person \$13,100 per family <sup>3</sup>	\$6,550 per person \$13,100 per family <sup>3</sup>
<b>Primary care physician required</b>	Yes	No	No	No	No	Contact your HMO	No
<b>Primary care physicians' office visits</b>	\$25	40%	30%	20%	40%	\$25	\$15
<b>Mental health office visits</b>	\$25	40%	30%	20%	40%	\$25	\$25
<b>Physicals*</b>	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	40%	No charge	No charge
<b>Specialty physicians' office visits</b>	\$40	40%	30%	20%	40%	\$40	\$25
<b>Routine eye exam, one per year per participant*</b>	\$40	40%	30%	20%	40%	\$40 <sup>3,6</sup>	\$25 <sup>3</sup>
<b>Routine preventive care*</b>	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	40%	No charge	No charge
<b>Diagnostic x-rays, lab tests, and mammography</b>	20%	40%	30%	20%	40%	20%	No charge* (physician office)
<b>Office surgery and diagnostic procedures</b>	20%	40%	30%	20%	40%	20%	\$15 PCP or \$25 Specialist
<b>High-tech radiology</b> (CT scan, MRI, and nuclear medicine) <sup>7,9</sup>	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	20%	40%	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
<b>Urgent care clinic</b>	\$50 copay plus 20%	\$50 copay plus 40%	30%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%
<b>Maternity Care doctor charges only*</b> ; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit <sup>5</sup>	40%	30%	No charge for routine prenatal appointments 20% for first post-natal visit	40%	\$0 for routine prenatal appointments \$25 or \$40 for first post-natal visit <sup>5</sup>	No charge

Benefits	HealthSelect <sup>SM</sup> of Texas <sup>1</sup>			Consumer Directed HealthSelect <sup>SM1</sup>		HMOs	
	In-Area		Out-of-Area	In-Area		Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network		Network	Non-Network		
<b>Chiropractic Care</b>							
<b>a. Co-insurance</b>	20%;\$40 copay plus 20% with office visit	40%	30%	20%	40%	CFHP: 20%; \$40 copay SWHP: 20%; \$40 copay plus 20% with office visit	\$25 copay
<b>b. Maximum benefit per visit</b>	\$75	\$75	\$75	\$75	\$75	CFHP-\$75/ SWHP - None	-
<b>c. Maximum visits Each participant Per calendar year</b>	30	30	30	30	30	CFHP-30; SWHP-35 (maximum manipulative therapy visits)	30
<b>Inpatient hospital (semi-private room and day's board, and intensive care unit)</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 30% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	20%	40%	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person <sup>3</sup> )	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person)
<b>Emergency care</b>	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	30%	20%	20%	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copay plus 20% (if admitted copay will apply to hospital copay)
<b>Outpatient surgery other than in physician's office</b>	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	20%	40%	\$100 copay plus 20%	\$150
<b>Bariatric surgery<sup>8, 9A</sup></b>	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	Not covered	Not covered	Not covered
<b>Hearing aids</b>	Plan pays up to \$1,000 per ear every three years (no deductible).			Plan pays up to \$1,000 per ear every three years (after deductible is met).		Plan pays up to \$1,000 per ear every three years (no deductible).	
<b>Durable medical equipment</b>	20%	40%	30%	20%	40%	20%	20%
<b>Ambulance services (non-emergency)</b>	20%	20%	30%	20%	20%	20%	20%

<sup>1</sup> Benefits are paid on allowable amounts; using providers who contract with UnitedHealthcare will protect you from liability for amounts over the allowable amount.

<sup>2</sup> Out-of-area applies to participants living outside of Texas, retirees 65 and over, and disabled retirees with Medicare.

<sup>3</sup> Applies to plan year, September 1 - August 31.

<sup>4</sup> Does not include copays.

<sup>5</sup> Copay depends on whether treatment is given by PCP or specialist.

<sup>6</sup> For treatment charges, one visit per plan year.

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

<sup>8</sup> Active employees only; see health plan for additional requirements/limitations.

<sup>9A</sup> The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum.

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

<sup>10</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. (For example, a participant could pay up to \$6,550 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the \$2,000 coinsurance out-of-pocket maximum, he/she would pay \$4,550 in copayments, totaling \$6,550 in overall out-of-pocket expense.)

<sup>11</sup> Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

Mental Health Benefits follow those of medical and surgical benefits listed in this chart. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans and the HMOs. Contact the plan's customer service department for specific questions.

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

\*\*Effective calendar year

# PRESCRIPTION DRUGS

## Your prescription drug benefit

Beginning January 1, 2017, United HealthCare Services, Inc. will become the third-party administrator of the prescription drug programs for HealthSelect of Texas, Consumer Directed HealthSelect, HealthSelect Medicare Advantage and KelseyCare Advantage HMO. Caremark will continue to administer the programs through December 31, 2016. We will provide more information about this change in the coming months.

If you are in the HealthSelect<sup>SM</sup> Prescription Drug Program, 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 of Texas members can buy 31- to 90-day supply 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, CVS, HEB, Kroger, Safeway stores (including Tom Thumb and Randalls), Sears/Kmart, Walmart and a number of independent pharmacies. See a full list of participating EDS network pharmacies at [www.caremark.com/ers](http://www.caremark.com/ers), or call Caremark toll-free at (888) 886-8490.

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.

NOTE: If you are in the HealthSelect Prescription Drug Program and go to a pharmacy that is not in the network, 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. Your deductible will be subtracted if not yet met.

## Your prescription drug deductibles:

### HealthSelect of Texas:

- You and your covered dependents each have a \$50 deductible for prescription drugs based on a calendar year, which is from January 1 to December 31. This aligns total network out-of-pocket maximum amounts for both medical and prescription benefits.

### Consumer Directed HealthSelect:

- Consumer Directed HealthSelect participants will have the same nationwide pharmacy network, EDS pharmacies, and mail service pharmacy choices that HealthSelect of Texas participants do.
- Participants will be responsible for the full cost of their prescriptions (with the exception of some preventive drugs) until they meet the annual combined medical and pharmacy network deductible of \$2,100 per individual and \$4,200 per family. Once they meet the deductible, participants will be responsible for 20% of the full cost for network prescription drugs.
- Deductibles and coinsurance amounts will be significantly higher if you use non-network pharmacies and providers.
- If a participant chooses a name-brand drug when a generic is available, the participant will be responsible for the cost difference between the two. The cost difference will not count toward the annual deductible or out-of-pocket maximum.

Visit the Caremark website for drug pricing tools on both the HealthSelect of Texas Prescription Drug Plan and the Consumer Directed HealthSelect Prescription Drug Plan.

## Prescription drug benefits

	HealthSelect of Texas	Consumer Directed HealthSelect
<b>Deductible</b>	Each participant must pay a \$50 annual deductible before copays apply (for the calendar year, January 1 to December 31).	<ul style="list-style-type: none"> <li>• Same large network of pharmacies as the HealthSelect of Texas plan.</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• You pay the full deductible before the plan begins to pay for a portion of your medications (called coinsurance). The deductible combines both medical and pharmacy expenses.</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• For in network expenses, you must pay a \$2100 per individual or \$4200 per family deductible before coinsurance applies;</li> <li>• After the network deductible has been met, 20% coinsurance will apply to medications received from a network pharmacy.</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• For non-network expenses, you must pay a \$4200 per individual or \$8400 per family deductible before coinsurance applies.</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• After the non-network deductible has been met, 40% coinsurance will apply to medications received from a non-network pharmacy.</li> </ul>

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

**Deductibles and coinsurance amounts will be significantly higher if you use non-network pharmacies and providers**



# OPTIONAL BENEFITS: STATE OF TEXAS VISION

Beginning September 1, 2016, ERS will offer a vision plan. This self-funded, optional plan is administered by Superior Vision Services, Inc., will be offered to all employees, retirees and their eligible dependents.

Medicare-eligible retirees and their dependents can make changes to their ERS benefits during Fall Enrollment. More information on Fall Enrollment will be sent in October 2016. Medicare eligible retirees can elect vision as of September 1, 2016, if they have a valid qualifying life event.

Rates for this plan are available on the PY17 rates sheet at [www.ers.state.tx.us/Employees/Calculate-Rates/](http://www.ers.state.tx.us/Employees/Calculate-Rates/).

The plan will include coverage when using a network or contracted provider based on a co-pay.

Service	In-network co-pay*
Routine eye exams, including dilation	\$25
Contact lens exams	\$25
Single vision lens (standard fitting)	\$10
Bi-Focal lens	\$15
Tri-focal lens	\$20
Progressive lens	\$70
Frames	Up to \$150 allowance
Contact Lens (in lieu of frames/glasses)	Up to \$150 allowance

\*Annual plan benefits for using network providers

- Participants can utilize their value added benefits or the new vision plan, but not both.
- Are you a TexFlex healthcare account participant? Using this account, you can be reimbursed for eligible health care expenses, like glasses and contacts.
- The vision plan is not eligible for the Opt-Out Credit for Plan Year 2017.

# OPTIONAL BENEFITS: DENTAL PLANS

## GBP dental plans

- Don't have dental? You can enroll in any one of the three dental plans during Summer Enrollment.
- You must be enrolled in a dental plan before you can enroll eligible dependents, and you and your dependents must enroll in the same plan.
- You can also switch your dental plan during Summer Enrollment.

## Three dental options

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

- This is a preferred provider organization (PPO) dental insurance plan administered by HumanaDental.
- Use the State of Texas Dental Choice Plan anywhere in the United States or Canada.
- You can also use this plan in Mexico as long as you live in the United States.
- You can see any dentist or get a higher benefit by using a network provider.
- Dental premiums increase by about 10%.

### HumanaDental DHMO

- This is a dental health maintenance organization (DHMO) insurance plan administered by HumanaDental.
- If you live or work in the Texas service area, you can use the HumanaDental DHMO. You'll need to select a primary care dentist (PCD) from a list of approved providers.
- You and your enrolled dependents can choose different PCDs.
- Before you enroll in HumanaDental DHMO, make sure a dentist in the DHMO network is near your home or work.
- Services from the participating specialty dentists are 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.

### State of Texas Dental Discount Plan<sup>SM</sup>, administered by Careington International Corporation

This plan provides you with discounted prices on the usual charges for dental treatment and services at participating providers. It's different from a dental insurance plan. The plan offers 20% discount off of specialist fees. The Dental Discount Plan is available throughout the United States, excluding Vermont and U.S. territories, and in the United Kingdom. You can search for providers at [careington.com/ers](http://careington.com/ers), or you can also call Careington.

Participants can save 20% to 60% on most dental services including routine oral exams, unlimited cleanings and major work such as root canals and crowns at participating dentists. Plus:

- 20% savings on orthodontics including braces and retainers for children and adults
- 20% reduction on specialist's normal fees
- Cosmetic dentistry such as bonding and veneers included

# DENTAL INSURANCE PLANS COMPARISON CHART

	HumanaDental DHMO*	State of Texas Dental Choice Plan <sup>SM</sup> Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
<b>Dentists</b>	Must select a primary care dentist (PCD). Note: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.	In network/participating dentist	Out-of-network/non-participating dentist**
<b>Deductibles</b>	None	Preventive-Individual-\$0; Family-\$0 Combined Basic/Major/Prosthodontic -Individual-\$50; Family-\$150 Orthodontic services-no deductible	Preventive-Individual-\$50; Family-\$150 Combined Basic/Major/Prosthodontic -Individual-\$100; Family-\$300 Orthodontic services-no deductible
<b>Copays / Coinsurance</b>	<b>Primary dentist</b> – Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. <b>Specialty dentistry</b> – You pay 75% of the dentist’s usual and customary fee. DHMO pays nothing.	<b>Preventive and Diagnostic Services</b> - You pay nothing. <b>Basic Services</b> - You pay 10% coinsurance after meeting the Basic Services deductible. <b>Major Services</b> - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. ***After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1.	<b>Preventive and Diagnostic Services</b> - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. <b>Basic Services</b> - You pay 30% coinsurance after meeting the Basic Services deductible. <b>Major Services</b> - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. ***After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1.
<b>Maximum Calendar Year Benefit</b>	Unlimited	\$1,500 (includes orthodontic extractions)	\$1,500 (includes orthodontic extractions)
<b>Maximum Lifetime Benefit</b>	Unlimited	\$1,500 for orthodontic services	\$1,500 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 only 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.

\*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.

\*\*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.

\*\*\*Services received after the Maximum Calendar Year Benefit is reached will be paid at 40% coinsurance by the plan.

# LIFE INSURANCE

## Life insurance – security for your family

This year, Optional Term Life Insurance, Dependent Term Life Insurance and Accidental Death & Dismemberment rates stay the same.

### Optional Term Life Insurance

- During Summer Enrollment, you can decrease or drop your current election from optional Term Life Insurance to Retiree Fixed Optional Life Insurance without EOI. Once you decrease your coverage, you cannot increase it.
- Check out our online rate calculator or your Personal Benefits Enrollment Statement for details on your monthly premiums.

NOTE: Beginning at age 70, Optional Term Life Insurance benefits automatically reduce every five years. You can update your ERS beneficiaries any time of the year, not just during Summer Enrollment.

### Dependent Term Life Insurance

- You pay only \$3.05 a month to receive Dependent Term Life Insurance for your eligible dependents. For a definition of eligible dependents, please visit [www.ers.state.tx.us](http://www.ers.state.tx.us).
- Coverage includes \$2,500 Dependent Term Life Insurance per person, which is paid to you upon the death of your covered dependents.

## Evidence of insurability (EOI)

EOI is required when you apply:

- for \$10,000 Retiree Fixed Optional Life Insurance, or
- to add dependents to Dependent Term Life Insurance.

If EOI is approved before September 1, coverage begins on September 1. If it is approved after September 1, coverage begins the first of the month after ERS receives notification of the approval. 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 for coverage you already have. You can apply online or by mail. Apply early to ensure you get coverage – the deadline to start the EOI process is August 12.

Find detailed instructions on the EOI process at [www.ers.state.tx.us/Customer\\_Support/FAQ/Insurance](http://www.ers.state.tx.us/Customer_Support/FAQ/Insurance). If Minnesota Life, a Securian company, 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.



## RETURN-TO-WORK RETIREES

- If you return to work at a state agency or higher education institution, Summer Enrollment is your chance to switch to active or retiree benefits.
- The change will begin September 1.

### Should I choose active or retiree benefits?

- If you elect benefits as an active employee, you have more options, including TexFlex and the Texas Income Protection Plan<sup>SM</sup>. 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.
- Do you have Optional Term Life Insurance? Your optional life insurance amounts are based on your annual salary. If you have a lower annual salary than 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.
- If you have Retiree Fixed Optional Life Insurance and you switch to active benefits, you cannot keep the Retiree Fixed Optional Life Insurance anymore.
- Return-to-work retirees and their dependents, whether active or retired, cannot be in a Medicare Advantage plan.

### How can I switch?

During the Summer Enrollment (July 11 – 23), see your agency the benefits coordinator or contact the HHS Employee Service Center if you are an HHS Enterprise employee.

# SUMMER ENROLLMENT EVENT SCHEDULE

ERS and its program administrators are traveling around the state, hosting events to help you make informed decisions about choosing your benefits. You can also join one of our webinars.

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

Summer Enrollment presentations start at 10:30 a.m.

All events are free and open to all employees. You may attend any fair or presentation, not just those at your agency or institution.

## Webinars

**July 5**  
2 p.m.

**July 7**  
11 a.m.

**July 14**  
2 p.m.

**July 18**  
11 a.m.

**July 21**  
1 p.m.

**July 26**  
11 a.m.

**July 27**  
1 p.m.

**August 2**  
2 p.m.

**August 4**  
11 a.m.

**August 9**  
11 a.m.

## Enrollment Fairs

**July 5**  
**Employees Retirement System (ERS)**  
200 E 18th St.  
Austin, 78701

**July 6**  
**Texas Department of Transportation (TxDOT)**  
Training Center  
135 Slaton Rd.  
Lubbock, 79404

**July 7**  
**Texas Tech University Health Sciences Center (TTUHSC)**  
Foyer  
3601 4th St.  
Lubbock, 79430

**July 8**  
**TTUHSC School of Pharmacy**  
1300 S. Coulter St.  
Amarillo, 79106

**July 8**  
**Robert E. Johnson State Office Building**  
1501 N. Congress Ave.  
Austin, 78701

**July 11**  
**University of Houston - Victoria**  
3007 N. Ben Wilson St.  
Victoria, 77901

**July 12**  
**Texas Education Agency (TEA)**  
Rm. 1-104  
1701 N. Congress Ave.  
Austin, 78701

**July 12**  
**Houston Community College**  
Rm. C109  
5601 West Loop South  
Houston, 77081

**July 13**  
**Sam Houston State University**  
Katy and E. Don Walker Sr.  
Education Center  
1402 19th St.  
Huntsville, 77340

**July 13**  
**Texas Parks and Wildlife Department (TPWD)**  
Commission Hearing Room  
4200 Smith School Rd.  
Austin, 78744

**July 14**  
**Texas Department of Transportation (TxDOT)**  
Rm. 1A-1  
200 E. Riverside Dr.  
Austin, 78704

**July 14**  
**Lone Star College**  
Star Ballroom  
5000 Research Forest Dr.  
The Woodlands, 77381

**July 15**

**Texas Commission on Environmental Quality (TCEQ)** Bldg. D, Rm. 191  
12100 Park 35 Circle  
Austin, 78753

**July 15**

**Texas Department of Transportation (TxDOT)**  
2591 N. Earl Rudder Freeway  
Bryan, 77803

**July 19**

**St. Philip's College**  
Campus Center Heritage Room  
1801 Martin Luther King Dr.  
San Antonio, 78203

**July 20**

**Texas Department of Transportation (TxDOT)**  
Bldg. 2  
4615 NW Loop 410  
San Antonio, 78229

**July 20**

**Texas Department of Transportation (TxDOT)**  
Bldg 2  
1701 SPID  
Corpus Christi, 78416

**July 21**

**South Texas College**  
Bldg F - Library  
3201 W. Pecan Blvd.  
McAllen, 78501

**July 22**

**Texas State Technical College (TSTC)**  
1902 N. Loop 499  
Harlingen, 78550

**July 25**

**Austin Community College (ACC)**  
Highland Business Center  
5930 Middle Fiskville Rd.  
Austin, 78752

**July 25**

**Stephen F. Austin Bldg.**  
Lobby  
1700 N. Congress Ave.  
Austin, 78701

**July 25**

**Tarrant County Community College**  
Student Center - Rm. 2207  
5301 Campus Dr.  
Ft Worth, 76119

**July 26**

**Texas Department of Transportation (TxDOT)**  
DalTrans Bldg.  
4625 E. Hwy 80  
Mesquite, 75150

**July 27**

**Health and Human Services Commission (HHSC)**  
Pre-Function area  
701 W. 51st St.  
Austin, 78751

**July 27**

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

**July 28**

**Texas State University**  
Rm. 1100  
601 University Dr.  
San Marcos, 78666

**July 28**

**Health and Human Services Commission (HHSC)**  
801 S. State Hwy 161, 2nd Floor  
Grand Prairie, 75051

**July 29**

**Texas State Technical College (TSTC)**  
John B. Connally Bldg.  
3801 Campus Dr.  
Waco, 76705

**August 1**

**Texas Department of Public Safety (DPS)**  
Cafeteria  
5805 N. Lamar Bldg. A  
Austin, 78752

**August 2**

**Texas Department of Criminal Justice (TDCJ)**  
Visitation Room  
3901 State Jail Rd.  
El Paso, 79938

**August 3**

**Odessa College**  
Saulsbury Center  
201 W. University Blvd.  
Odessa, 79764

**August 4**

**Cisco College**  
Hallway  
717 E. Industrial Blvd.  
Abilene, 79602

**August 5**

**Texas Department of Transportation (TxDOT)**  
Training Center  
4502 Knickerbocker Rd.  
San Angelo, 76904

**August 10**

**Employees Retirement System (ERS)**  
200 E. 18th St.  
Austin, 78701

# PROGRAM CONTACTS

## Health Insurance

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

*Administered by UnitedHealthcare*

Group number – 744260

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

myNurseLine: (866) 336-9371

<http://healthselectoftexas.welcometouhc.com/hs-of-texas.html>

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

*Administered by UnitedHealthcare*

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

<http://healthselectoftexas.welcometouhc.com/cdhs.html>

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

#### Prescription Drug Program

(pharmacy benefits for HealthSelect of Texas)

*Administered by Caremark*

Group number – RX1292

Toll-free: (888) 886-8490, TDD: (800) 231-4403

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

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

#### Prescription Drug Program

(pharmacy benefits for Consumer Directed

HealthSelect) *Administered by Caremark*

Group number – RX1292

Toll-free: (888) 886-8490, TDD: (800) 231-4403

<http://www.caremark.com/ers>

### Community First Health Plans

*an affiliate of the University Health System*

Group number – 0010180000

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

Local: (210) 358-6262, NurseLink: (210) 358-6262

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

### KelseyCare powered by Community Health Choice

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

Group number: 15000

NurseLine: (713) 442-0000

<http://www.erskelseycare.com/>

### Scott & White Health Plan

Group number – 000058

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

VitalCare Nurse Advice: (877) 505-7947

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

## Optional Benefits

### State of Texas Vision

*Administered by Superior Vision Services, Inc.*

Toll-free: (877) 396-4128

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

## Dental Plans

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

*Administered by HumanaDental Insurance Company*

Group number – 536957

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

[www.humanadental.com/ers](http://www.humanadental.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

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

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

*Administered by Careington International Corporation*

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

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

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### 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/COBRA SUMMER ENROLLMENT FORM

You may either enter your changes using your online account at [www.ers.state.tx.us](http://www.ers.state.tx.us) or send this completed form to:  
**Employees Retirement System of Texas**  
 P.O. Box 13207  
 Austin, Texas 78711-3207  
 (866) 399-6908 Toll-free

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

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

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

My Member Type is (choose one): <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Dependent <input type="checkbox"/> COBRA						
Member Name: First, MI, Last			Last 4 digits of Social Security Number/National ID (SSN)		Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
			xxx-xx-		(    )    )	
Email Address	Mailing Address	<input type="checkbox"/> Check if New	City	State	ZIP Code	Eligibility County

### SECTION B: INSURANCE COVERAGE *(Mark boxes to indicate the coverage changes you want starting September 1, 2016.)*

<b>Medical Coverage</b>			
<input type="checkbox"/> Waive*		<input type="checkbox"/> HealthSelect <sup>SM</sup> of Texas	
<input type="checkbox"/> Consumer Directed HealthSelect <sup>SM</sup>			
<input type="checkbox"/> HMO Name _____			
<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 <i>(May be elected without being enrolled in health coverage.)</i></b>			
<b>Dental</b>			
<input type="checkbox"/> Waive		<input type="checkbox"/> HumanaDental DHMO	
<input type="checkbox"/> State of Texas Dental Discount Plan <sup>SM</sup>		<input type="checkbox"/> State of Texas Dental Choice Plan <sup>SM</sup>	
<input type="checkbox"/> Enroll/Add 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"/> \$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		<input type="checkbox"/> Enroll/Add 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 and COBRA participants who waive coverage may not re-enroll at a later date.

\*\*To apply for Dependent Term Life Insurance or the \$10,000 Retiree Fixed Optional Life Insurance coverage, evidence of insurability (EOI), is required. Initiate the EOI process by signing into your online account at [www.ers.state.tx.us](http://www.ers.state.tx.us), or contact ERS.

### SECTION C: DEPENDENT PERSONAL DATA *(and coverage choices.)*

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

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health	Dental	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"/> 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"/> 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"/> 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"/> 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

\*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.state.tx.us](http://www.ers.state.tx.us) or call ERS. For dependents newly enrolled in health coverage, you may be required to provide documentation to Aon Hewitt to verify your dependents' eligibility.

## SECTION D: AUTHORIZATION (Carefully read the statements below before you sign and date.)

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

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

**Tobacco Use Certification:** I certify my understanding and agreement to the following: "Tobacco Products" are cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip or any other products that contain tobacco, and a "Tobacco User" is a person who has used any Tobacco Products five or more times within the past three consecutive months. If I (or any of my covered dependents): 1) have used Tobacco Products as a Tobacco User; or 2) start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS will constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS will constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco user premium, if it is right for your health status and complies with your doctor's recommendations. For more information about this program, visit, [www.ers.state.tx.us/Employees/Health/Tobacco\\_Policy](http://www.ers.state.tx.us/Employees/Health/Tobacco_Policy).

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.state.tx.us/Insurance/Tobacco/Tobacco\\_User\\_Certification\\_Form/](http://www.ers.state.tx.us/Insurance/Tobacco/Tobacco_User_Certification_Form/), or change the certification using your online account at [www.ers.state.tx.us](http://www.ers.state.tx.us).

**If you selected "Waive + Opt-Out Credit"** (Not available for COBRA or Survivor participants):

I certify that I do not want the health plan coverage offered to me as an eligible participant. I am waiving my health plan coverage and certify that I have other health plan coverage with substantially equivalent coverage to the basic health plan. I understand waiving my state health insurance will cancel my prescription drug coverage and \$5,000 Basic Term Life Insurance policy. I will receive a credit of up to \$60 (or \$30 for part-time participants) that will be applied 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.state.tx.us](http://www.ers.state.tx.us).

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

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

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

(Parent or legal guardian may sign for minor child)

(mm-dd-yyyy)

## REQUIRED LEGAL NOTICES

### NOTICE OF COMPREHENSIVE COVERAGE FOR BREAST RECONSTRUCTION

In accordance with the Women's Health and Cancer Rights Act of 1998, each health plan offered under the Texas Employees Group Benefits Program covers:

- Reconstruction of a breast on which a mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications at all stages of mastectomy, including lymphedemas.

Standard copays, coinsurance, and deductibles will apply when appropriate. If you would like more information, please contact the appropriate health plan at the toll-free phone number listed below.

**HealthSelect of Texas:** (866) 336-9371, TTY: 711

**Consumer Directed HealthSelect:** (866) 336-9371, TTY: 711

**Community First Health Plans:** (877) 698-7032, TTY: (800) 390-1175

**KelseyCare powered by Community Health Choice:** (844) 515-4877, TTY: 711

**Scott & White Health Plan:** (800) 321-7947, TTY: (800) 735-2989

### THE EMPLOYEES RETIREMENT SYSTEM OF TEXAS SUMMARY NOTICE OF PRIVACY PRACTICES

The Employees Retirement System of Texas ("ERS") administers the Texas Employees Group Benefits Program, including your health plan,

pursuant to Texas law. THIS NOTICE DESCRIBES HOW ERS MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO YOUR OWN INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA") PRIVACY RULE. PLEASE REVIEW THIS NOTICE CAREFULLY.

**Uses and disclosures of health information:** ERS and/or a third-party administrator under contract with ERS may use health information about you on behalf of your health plan to authorize treatment, to pay for treatment, and for other allowable health care purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods. By law, ERS may use or disclose identifiable health information about you without your authorization for several reasons, including, subject to certain requirements, for public health purposes, for auditing purposes, for research studies, and for emergencies. ERS provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, ERS will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. ERS cannot use or disclose your genetic information for underwriting purposes. ERS may change its policies at any time. When ERS makes a significant change in its policies, ERS will change its notice and post the new notice on the ERS website at [www.ers.state.tx.us](http://www.ers.state.tx.us). Our full notice is available at [www.ers.state.tx.us/Former/HIPAA](http://www.ers.state.tx.us/Former/HIPAA). For more information about our privacy practices, contact the ERS Privacy Officer. ERS originally adopted its Notice of Privacy Practices and HIPAA Privacy Policies and Procedures Document April 14, 2003, and subsequently revised them effective February 17, 2010, and September 23, 2013.

**Individual rights:** In most cases, you have the right to look at or get a paper or electronic copy of health information about you that ERS uses to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. For all authorized or by law requests made by others, the requestor will be charged for production of medical records per ERS' schedule of charges. You also have the right to receive a list of instances when we have disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that ERS correct the existing information or add the missing information. You have the right to request that ERS restrict the use and disclosure of your health information above what is required by law. If ERS accepts your request for restricted use and disclosure then ERS must abide by the request and may only reverse its position after you have been appropriately notified. You have the right to request an alternative means of communications with ERS. You are not required to explain why you want the alternative means of communication.

**Complaints:** If you are concerned that ERS has violated your privacy rights, or you disagree with a decision ERS has made about access to your records, you may contact the ERS Privacy Officer. You also may send a written complaint to the U.S. Department of Health and Human Services. The ERS Privacy Officer can provide you with the appropriate address upon request.

**Our Legal duty:** ERS is required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this Notice, and obtain your acknowledgement of receipt of this Notice.

**Detailed Notice of Privacy Practices:** For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Office of the Privacy Officer or by visiting ERS' web site at

[www.ers.state.tx.us](http://www.ers.state.tx.us). If you have any questions or complaints, please contact the ERS Privacy Officer by calling toll-free (877) 275-4377 or by writing to ERS Privacy Officer, The Employees Retirement System of Texas, P.O. Box 13207, Austin, TX 78711-3207.

### SUMMARIES OF BENEFITS AND COVERAGE (SBC)

The Employees Retirement System of Texas (ERS) has created a Summary of Benefits and Coverage (SBC) for each health plan offered under the Texas Employees Group Benefits Program, excluding Medicare Advantage plans. Each SBC provides an overview of the benefits and services the health plan covers and what you can expect to pay for such services. Beginning July 5, 2016, you can access and print the SBCs at the following web address: [www.ers.state.tx.us/Insurance/SBC](http://www.ers.state.tx.us/Insurance/SBC). Paper copies of the SBCs are also available to you, free of charge, upon request. If you have any questions or would like to request a paper copy of an SBC, please contact the appropriate health plan at the toll-free phone number listed below.

Para obtener asistencia en Español, llame al:

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**Consumer Directed HealthSelect:** (866) 336-9371, TTY: 711

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