

NEW EMPLOYEE BENEFITS GUIDE



PLAN YEAR 2011

YOU HAVE 31 DAYS TO SIGN UP FOR INSURANCE COVERAGE —NO QUESTIONS ASKED.

• This booklet provides information on benefits for new employees of state agencies, higher education institutions*, Community Supervision & Corrections Department (CSCD), the Texas Municipal Retirement System (TMRS), the Texas County and District Retirement System (TCDRS), and the Windham School District.

• Sign up for your benefits now; restrictions may apply if you sign up later.

• For more information, visit www.ers.state.tx.us

Welcome to your new job. You will receive excellent benefits through the GBP (Texas Employees Group Benefits Program). The GBP is managed by ERS (Employees Retirement System of Texas) on behalf of the State of Texas and serves more than a half million employees, retirees, and family members.

If you are a state agency employee, you will become a member of the Employees Retirement System and contribute to the State's retirement plan. See pages 27-30 for information about the lifetime retirement benefit you will receive once you qualify.

For a limited time while you are a new employee, you can sign up for certain valuable benefits with no questions asked.

If you sign up for benefits when they first become available, you won't have to provide proof of good health, called evidence of insurability (EOI). EOI is an application process that requires you to provide information about your health; it doesn't require a physical exam. If you wait and go through the EOI process, you may not be approved for benefits.

Don't miss your first opportunity to enroll in benefits; later you will be limited. You can only sign up during the year if you have a qualifying life event (QLE), such as getting married or having a baby. Even then, proof of good health may be required if you do not have other health insurance.

GET YOUR PERSONAL BENEFITS INFORMATION AT ERS ONLINE

ERS OnLine is your link to your benefits information. Just go to the ERS website at www.ers.state.tx.us and click on "View My Benefits - User Login" at the top right

corner. Complete a few simple questions to register your online account and set up your username and password.

WE'RE HERE TO HELP YOU

Call ERS on weekdays (excluding holidays) from 7:30 a.m. to 5:30 p.m. CT at (512) 867-7711 in Austin or outside of Austin toll-free at (877) 275-4377.

ERS is always available 24/7 at www.ers.state.tx.us.

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accessHR

If you are an HHS Enterprise employee (DADS, DARS, DFPS, DSHS, HHSC, CPRIT): Please contact accessHR for information whenever this Guide advises you to contact your benefits coordinator. Call toll-free (888) 894-4747.

*not including Texas A&M University or the University of Texas systems

WELCOME NEW EMPLOYEE

ERS manages your insurance benefits under the Texas Employees Group Benefits Program (GBP).

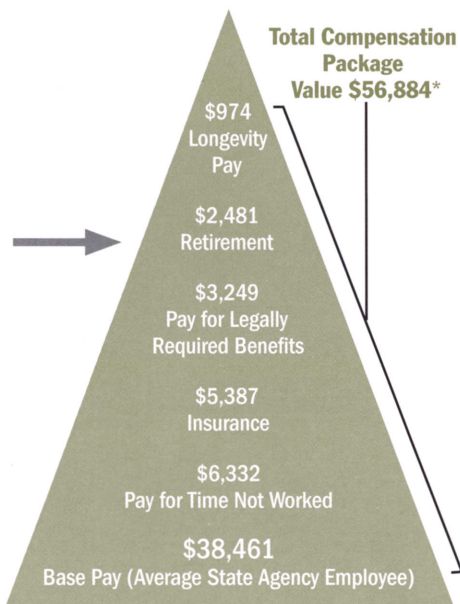
CONGRATULATIONS ON YOUR NEW JOB WITH THE STATE OF TEXAS

You have a valuable benefits package. For the average state agency employee, the total value of the State of Texas benefits package is equal to your base salary plus 32.4%.

WHEN CAN YOU SIGN UP FOR BENEFITS?

You and your dependents can sign up for some benefits the day you start working. See the chart on page 2 for enrollment decisions.

- You can sign up for most benefits right away, no questions asked.
- Full-time employees are automatically enrolled in health insurance at no cost after a waiting period.



*State Auditor's Office, Report on State Employee Benefits, February 2010; applies to employees of state agencies.

Your health and prescription drug coverage starts on the first day of the month after your 90th day on the job. This is called your health coverage waiting period.

If you are an employee of a state agency, you will become an ERS member and start a retirement account on the first of the month after your 90th day on the job.

NEW EMPLOYEE BENEFITS GUIDE

FOR A QUICK OVERVIEW OF YOUR NEW EMPLOYEE BENEFITS, SEE A MESSAGE FROM ERS EXECUTIVE DIRECTOR ANN FUELBERG. GO TO WWW.ERS.STATE.TX.US AND CLICK ON ABOUT ERS AT THE TOP.

OTHER ENROLLMENT OPPORTUNITIES:

- Annual Enrollment period in July allows you to make some changes and sign up for a TexFlex Flexible Spending Account for the new plan year (September 1 through August 31).
- Qualifying life events: During the plan year, a qualifying life event (QLE) such as marriage, divorce, or birth of a child may allow you to make changes within 31 days of the event*.
- Year-round enrollment: You can enroll in a TexaSaver 401(k) or 457 Plan or apply for Long-term Care Insurance and the State Kids Insurance Program (SKIP) at any time.

*60 days when your child loses eligibility for the Children's Health Insurance Program (CHIP).

Ready to Save? DISCOUNT PURCHASE PROGRAM AVAILABLE

Shop online and buy products and services such as computers and appliances, theme park tickets, and much more at discounted prices at www.DiscountProgramERS.com.

There is no enrollment period or membership fee. Just start shopping and save.

NEW EMPLOYEE ENROLLMENT DECISIONS AT-A-GLANCE

Proof of good health, also known as evidence of insurability (EOI), may be required for certain types of coverage.

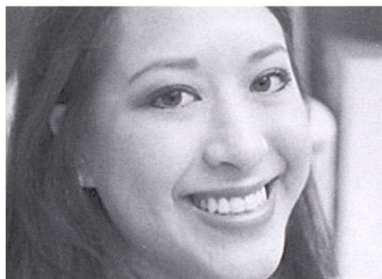
When to sign up	Coverage	Description	Eligible person	Next opportunity to sign up
First 31 days*, proof of good health never required	Dental coverage (p. 7)	Covers routine dental visits, various dental procedures, and equipment depending on which plan you select. 1 The State of Texas Dental Choice PlansSM , administered by HumanaDental Insurance Company. 2 HumanaDental DHMO , a member of the HumanaDental family of companies.	You and your eligible dependents	Annual Enrollment period or with a qualifying life event (QLE)
First 31 days*, no proof of good health required	Optional Term Life Insurance Elections I and II coverage (p. 9)	Life insurance in the amount equal to one or two times your annual salary.	You	Annual Enrollment period or with QLE (proof of good health required)
First 31 days*, proof of good health always required	Optional Term Life Insurance Elections III and IV coverage (p. 9)	Life insurance in the amount equal to three or four times your annual salary.	You	Annual Enrollment period or with QLE (proof of good health required)
First 31 days*, proof of good health never required	Voluntary Accidental Death and Dismemberment (p. 9)	You choose the amount of coverage up to \$200,000, which provides a benefit in the event of an accidental death or loss of a limb or eyesight.	You and your eligible dependents	Annual Enrollment period or with QLE
First 31 days*, no proof of good health required	Dependent Term Life (p. 9)	Provides a \$5,000 benefit in the event of your dependent's death.	Your eligible dependents	Annual Enrollment period or with QLE (proof of good health required)
First 31 days*, no proof of good health required	Disability Insurance (p. 10)	Short- and Long-term Disability Insurance Provides you with a portion of your income after a certain period of time if you are disabled and unable to work.	You	Annual Enrollment period or with QLE (proof of good health required)
First 31 days*, proof of good health never required	TexFlex (p. 12)	Save by spending pre-tax money on health and day care expenses; can also pay for expenses you have during your health coverage waiting period (1st 90 days).	You	Annual Enrollment period or with QLE
First 90 days*, no proof of good health required	Health and Prescription Drug coverage (p. 18)	You may enroll in this health and drug coverage based on the county where you live or work. 1 HealthSelectSM of Texas, administered by Blue Cross and Blue Shield of Texas (BCBSTX) and available in all Texas counties. 2 Two HMOs available in different Texas counties (see list on page 19).	You and your eligible dependents	Annual Enrollment period or with QLE (proof of good health may be required)
First 90 days*, no proof of good health required <i>(Proof of good health is always required for family members.)</i>	Long-term Care (p. 17)	Helps you pay for certain types of care not covered by your health plan if chronic illness or disability makes you unable to care for yourself for an extended time.	You and your eligible family members	After 90 days (proof of good health required) <i>(Proof of good health is always required for family members.)</i>
Anytime	State Kids Insurance Program (SKIP) (p. 25)	A supplement for your children's health insurance. If you qualify, you pay \$15 or \$25 per month for health premiums for your children under age 19.	Your eligible children	Year-round

*From date of hire

See page 32 for information on the **TexasSaver Program**. New state agency employees are enrolled automatically.

SIGN UP FIRST 31 DAYS

You can sign up for most benefits with no waiting period.



Did you transfer to your new job from another public state employer? Or have you had insurance with ERS without a break in coverage? If so, some of these enrollment rules may not apply. See page 35.

DURING YOUR FIRST 31 DAYS

Sign up for these benefits without any applications or questions.

- Dental coverage
- Optional Term Life Insurance at one or two times your annual salary*
- Voluntary Accidental Death and Dismemberment (AD&D) coverage
- Term Life Insurance for your dependents
- Short- and Long-term Disability Insurance
- TexFlex health care and day care accounts

**You can apply for an Optional Term Life Insurance policy at three or four times your annual salary, but you must go through the evidence of insurability application process.*

YOU ARE AUTOMATICALLY ENROLLED IN:

- HealthSelect health insurance coverage (at no cost for full-time employees)
- TexaSaver 401(k) account (see page 33)
- Defined benefit retirement (for state agency employees only)

YOUR HEALTH AND RETIREMENT WAITING PERIODS

- Your health coverage begins the first day of the month after your 90th day on the job.
- If you work at a state agency, you will contribute to an ERS retirement account on the first day of the month after your 90th day on the job.

Cost information is shown on pages 8, 11, 24, and 26.

Most employee out-of-pocket premiums are automatically paid with pre-tax dollars authorized by the Internal Revenue Code. This includes premiums deducted from your paycheck for health and dental coverage, Optional Term Life Insurance, and Voluntary AD&D. Premiums for Dependent Term Life and Disability insurance are paid with after-tax money, so that you do not pay tax on any benefits you may receive. Should you have Optional Term Life Insurance of more than \$50,000, a portion of that premium could be taxed.

CHOOSE FIRST 90 DAYS

You can sign up your dependents for health coverage without proof of good health.

DURING YOUR FIRST 90 DAYS

- Your health coverage begins the first day of the month following your 90th day on the job. You will automatically be enrolled in HealthSelectSM of Texas if you are a full-time employee. During your health coverage waiting period, you can switch to an HMO (if available) and/or sign up eligible dependents.
- You can sign up for Long-Term Care Insurance without proof of good health, also known as evidence of insurability (EOI). EOI is always required for family members.

• Sign up your dependents for health insurance coverage without proof of good health: HealthSelect or an HMO.

- Sign up for Long-term Care Insurance without proof of good health during your first 90 days.

- If you don't need the State's health insurance or prescription drug coverage now or in the future, and you can certify that you have comparable health insurance to what the State provides, you can waive health coverage and get the Health Insurance Opt-Out Credit to apply toward dental insurance and/or Voluntary Accidental Death and Dismemberment (AD&D) premiums. Note: TRICARE, Medicare, and other GBP coverage are not comparable health insurance. Carefully consider your decision to turn down health insurance coverage.

ANYTIME OF YEAR

- You can apply anytime for the State Kids Insurance Program (SKIP).
- You can apply for Long-term Care (LTC) Insurance with evidence of insurability (EOI).
- You can enroll your dependents in health insurance if they lose their other health insurance.

Need help understanding the deductions from your paycheck for group insurance coverage?

See page 36.

DECISIONS AS A NEW STATE EMPLOYEE

FIRST 31 DAYS

Dental Insurance

Optional Term Life Insurance

Dependent Term Life Insurance

Voluntary AD&D Insurance

Disability Insurance

TexFlex

FIRST 90 DAYS

Health Insurance for you and your eligible dependents

Long-term Care (LTC) Insurance for you (EOI is not required for you during this time. EOI is always required for family members.)

ANYTIME

State Kids Insurance Program

Long-term Care Insurance (with EOI)

Health insurance if you lose other health insurance.

INCLUDE DEPENDENTS

You may enroll your eligible dependents in the State's insurance plan.

- During your first 31 days, you can sign up your dependents in dental, Dependent Term Life, and Voluntary Accidental Death and Dismemberment (AD&D) coverage.

- To enroll your dependents in dental, health, or AD&D insurance, you must be enrolled in the same coverage.

- During your first 90 days, you can sign up your dependents in your health plan.

- Be prepared to show documents, such as birth and marriage certificates, to prove your dependent's eligibility.

WHO IS AN ELIGIBLE DEPENDENT?

Your spouse and your unmarried children under age 25 who meet one of the descriptions listed below can be enrolled in health care and other benefits, such as dental insurance and Dependent Term Life Insurance. Currently, your dependent's employment or school enrollment has no bearing on whether he or she can enroll in benefits.



Your eligible dependent can include:

- Your spouse as recognized by the State of Texas;
- Your natural or adopted child or stepchild—child is not required to live with you;
- Your foster child;
- Your court-ordered ward child who is under your protection or custody;

- A child related to you by blood or marriage is eligible if he or she was claimed as a dependent on your federal income tax return for the previous tax year, and will continue to be claimed on your federal income tax return for each calendar year; and
- A child acquired or born in the current calendar year is eligible if he or she is related to you by blood or marriage and will be claimed on your next federal income tax return and each calendar year in the future.

When you go to ERS OnLine to enroll your dependents, you must certify how each of your dependent children is eligible for GBP coverage. Dependents cannot be enrolled until the certification is completed. This online process is legally binding. Providing false information could result in the loss of benefits for you and your dependents. Intentionally providing false information may result in criminal penalties.

If you cannot provide documentation to prove that your dependents are eligible, you and your dependents could be permanently expelled from the insurance program, referred to law enforcement for a fraud investigation, and required to reimburse ERS for claims and premiums paid by the State of Texas.

LOG IN FOR 24/7 BENEFIT INFORMATION

With ERS OnLine you have 24/7 access to your benefits and personal information.

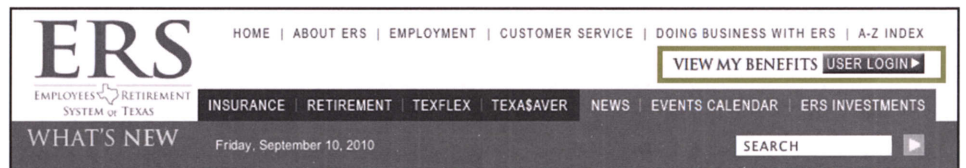
ENROLLING ONLINE IS EASY

To sign in

- Go to www.ers.state.tx.us and click on "View My Benefits–User Login" at the top right corner.
- Register your account and select your username and password. You can also select a security question to help you remember your password.
- After you log in, you will see your Member Home Page and Personal Information, which lists your email and mailing addresses.

Go to ERS OnLine to:

- Sign up for benefits.
- Update your personal information.
- Designate or change your beneficiary information.



Keep this information updated so that you will receive important communications from ERS such as your insurance ID card.

To update information

- If you forget your password, go to ERS OnLine and click on the "Forgot Password?" link. If we have your email address, you will receive a new password by email. If not, your password will be mailed to you.
- Update your information under My Personal Information at any time. Enter your phone number in ERS OnLine under **Home, Business, or Cellular** on the pull-down menu.
- Under My Beneficiaries, you can see who you have designated to receive benefits if you die. Make sure ERS has your beneficiaries' Social Security numbers under Beneficiary Summary. Request a change or add a beneficiary online. ERS will send you a confirmation form. You must sign and return the form in order for the change to take effect.

ERS ONLINE APPLICATIONS

- You can view your benefits enrollment, including your premium costs and coverage levels.
- ERS members can track their retirement account contributions and eligibility status.

Sign up for our digital subscription service

The digital subscription service is the best way to find out what's going on with ERS programs. Look for the green envelope at www.ers.state.tx.us. Subscribe to the topics, like ERS News, to have updates sent to your email address.

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NEED MORE HELP?
FOR INFO ON REGISTERING YOUR ACCOUNT, WATCH OUR ONLINE TUTORIALS. GO TO WWW.ERS.STATE.TX.US AND CLICK ON CUSTOMER SERVICE AND TUTORIALS.

PICK YOUR DENTAL PLAN

Sign up during your first 31 days.

CHOOSE FROM TWO DENTAL PLANS

You and your dependents can enroll in one of two dental plans.

The cost for each plan and other information is on the Dental Plans Comparison Chart on page 8. To see the service areas, network dentists, and benefits charts, visit the Dental section on the Insurance page at www.ers.state.tx.us.

You must be enrolled in dental coverage if you want your dependents to have dental coverage.

- Choose from two dental plans.
- See a summary of plan coverage on page 8.
- You can sign up during your first 31 days.
- Pay for out-of-pocket dental expenses with TexFlex- see page 12.

State of Texas Dental Choice PlanSM

The State of Texas Dental Choice PlanSM, the State's Preferred Provider Organization (PPO) plan, is administered by the HumanaDental Insurance Company. Available to you anywhere in the United States, the plan's benefits:

- Let you use any dentist, with your dental work covered according to a payment schedule.
- Help you pay less out-of-pocket if you use a participating dentist through the preferred provider network.

Dental DHMO

HumanaDental DHMO is available if you live or work in the covered service areas. DHMO benefits:

- Offer discounted charges on services by a primary care dentist (PCD) from a list of approved providers.
- Allow your dependents to live outside the DHMO service area and still be covered; however, they must return to the service area and use their PCD to receive dental care, except for emergency services.
- Let you and your covered dependents select different PCDs. To select a PCD, call HumanaDental toll-free at (877) 377-0987. An ID card will then be sent to you.

DO YOU NEED DENTAL COVERAGE?

- Do you have a dentist? Is your dentist listed as a provider in the DHMO or on the preferred provider network of the State of Texas Dental Choice PlanSM?
- What dental procedures do you have coming up, and what procedures are covered by the dental plans? What would you pay for a routine cleaning, filling, or crown with and without insurance?
- Is your estimate of dental expenses higher than what you would pay for insurance premium rates? If not, you could pay for dental expenses with a TexFlex health care account. You could also use the TexFlex health care account to cover your out-of-pocket costs if you join a dental plan. See page 12 for more information.

DENTAL PLANS COMPARISON CHART

	HumanaDental DHMO	State of Texas Dental Choice PlanSM Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
Dentists	Must use a network dentist. Note: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.	If you see a network dentist.	If you see a non-network dentist.
Deductibles	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
Monthly Premiums			
You Only	\$8.52	\$22.46	\$22.46
You & Spouse	\$17.05	\$44.92	\$44.92
You & Child(ren)	\$20.45	\$53.90	\$53.90
You & Family	\$28.98	\$76.36	\$76.36
Copays/Coinsurance	Primary Dentist – Copays vary according to service and are listed in the DMHO member handbook. Specialty Dentistry – You pay 75% of his/her usual and customary fee. DHMO pays nothing.	You pay nothing for Diagnostic and Preventive services. You pay 10% of the allowed amount for Basic services up to Maximum Calendar Year Benefit after the combined Basic/Major Services Deductible is met. You pay 50% of the allowed amount for Major services up to Maximum Calendar Year Benefit after the combined Basic/Major Services Deductible is met. You will not be charged for amounts over the allowed amount. After you reach the Maximum Calendar Year Benefit, you pay 100% until the next calendar year begins on January 1.	You pay 10% of the allowed amount for Preventive services up to Maximum Calendar Year Benefit after the Diagnostic and Preventive Deductible is met. You pay 30% of the allowed amount for Basic services up to Maximum Calendar Year Benefit after the combined Basic/Major Services Deductible is met. You pay 60% of the allowed amount for Major services up to Maximum Calendar Year Benefit after the combined Basic/Major Services Deductible is met. You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit, you pay 100% until the next calendar year begins on January 1.
Maximum Calendar Year Benefit	Unlimited	\$1,500 (excludes orthodontic services)	
Maximum Lifetime Benefit	Unlimited	\$1,500 for orthodontic services	
Average cost of cleaning/oral exams	Vary according to service and are listed in the DMHO member handbook. Up to two cleaning/oral exams per calendar year allowed.	No cost Up to two cleaning/oral exams per calendar year allowed.	10% of the allowed amount after deductible is met. Up to two cleaning/oral exams per calendar year allowed.
Orthodontic Coverage	Orthodontic services performed by a general dentist – 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 for dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available for 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.

The Dental Plans Comparison Chart is only a summary of the benefits offered by the two dental plans. See plan booklet for actual coverage and limitations.

Note: Prior to starting treatment, discuss with your dentist the treatment plan and all charges.

In the State of Texas Dental Choice PlanSM (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.

For more information, click on the Dental link at www.ers.state.tx.us/Insurance or go to HumanaDental.com/ers. You can also call State of Texas Dental Choice PlanSM (administered by HumanaDental Insurance Company)—(877) 377-0987; HumanaDental DHMO—(877) 377-0987; or TDD (telecommunications device for the deaf)—(800) 325-2025.

PROTECT YOUR FAMILY'S FUTURE

Sign up for valuable insurance benefits.

ADDITIONAL INSURANCE CAN PROTECT YOUR FAMILY

During your first 31 days on the job, you can enroll in Optional Term Life Insurance Elections I and II, Short- and Long-term Disability Insurance, and Dependent Term Life Insurance. Dearborn National™ administers these benefits for the Texas Employees Group Benefits Program (GBP). See premium rates on page 11.

BASIC LIFE INSURANCE PART OF HEALTH COVERAGE

Your state health coverage includes \$5,000 Basic Group Term Life Insurance with \$5,000 of Accidental Death and Dismemberment (AD&D) coverage provided for you at no cost.

- Sign up during your first 31 days with no questions asked.
- If you wait, you may not be able to sign up later.
- You can protect your family and your income with these valuable benefits.

YOU CAN GET MORE LIFE INSURANCE

You can buy more life insurance to protect your family in the event of your death.

During your first 31 days of employment, you can get Optional Term Life Election I or II (one or two times your annual salary). You can apply for Optional Term Life Election III or IV (three or four times your annual salary) and provide EOI. Your application must be approved. Each election provides an equal amount of AD&D coverage in case of an accidental death or dismemberment.

Your monthly premiums and the amount your beneficiary will receive depend on your age, salary, and the type of policy you purchase. (See rates on page 11.)

You can also apply when you have a qualifying life event (QLE) such as marriage or birth, or during the Annual Enrollment period, but EOI is required, so your coverage is not guaranteed.

DEPENDENT TERM LIFE INSURANCE

For a minimal monthly premium, you can enroll your eligible dependents in Term Life Insurance. The benefit includes \$5,000 term life with \$5,000 AD&D for each family member. The benefit will be paid to you upon the death of your covered dependents or in the event of certain accidental injuries.

You can sign up for this coverage within your first 31 days without EOI. You can also apply when you have a QLE or during the Annual Enrollment period, but EOI may be required so your coverage is not guaranteed. You can add a newborn within 31 days of birth without EOI.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Voluntary AD&D coverage can provide additional financial protection for you and your family in the event of certain accidental injuries or accidental death.

You can choose the amount you want, in increments of \$5,000, up to \$200,000, and can sign up for coverage for yourself only, or for you and your family.

The benefit pays your beneficiaries the full amount of your coverage upon your death. If your family member dies, you will receive a percentage of the coverage.

Sign up for this coverage within your first 31 days, if you have a QLE such as marriage or birth, or during the Annual Enrollment period. **EOI is never required for this benefit.**

MAINTAIN INCOME

Disability insurance helps pay your bills.

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SEE A VIDEO ABOUT
DISABILITY INSURANCE. GO TO
WWW.ERS.STATE.TX.US AND CLICK
ON LIFE AND DISABILITY UNDER THE
INSURANCE HEADING.

DISABILITY INSURANCE

If something happens to you and you are unable to work, how will you pay your bills after you use all of your sick leave? If you have disability insurance, your benefit will pay you a portion of your salary.

- The benefit pays part of your salary if you become disabled and can't work.
- Sign up in your first 31 days for guaranteed coverage.

During your first 31 days of employment, you can enroll in Short-term Disability Insurance and Long-term Disability Insurance without evidence of insurability (EOI). You (not your dependents) can enroll in one or both types of coverage.

If you had a medical condition in the three months prior to when your coverage starts, that condition is not covered for the first six months after enrollment.

You can sign up for this coverage within your first 31 days without EOI or apply during the Annual Enrollment period with EOI. If you have a qualifying life event (QLE) such as marriage or birth, you can apply but EOI will be required.

For more information, see the *Dearborn National™ Group Term Life Insurance and Optional Coverages Benefits Book for Active Employees* at www.dearborn-national.com/ers.

SHORT-TERM DISABILITY

Benefit Amount

Your benefit will be up to 66% of your insured monthly salary (maximum \$10,000) or \$6,600, whichever is less. For example, if your monthly salary is \$3,200, your benefit would provide you with up to \$2,112 per month while you're unable to work.

Your benefit will be less if you are receiving worker's compensation, disability retirement, or other disability benefits. It will always be at least 10% of your insured salary.

Benefit Period

Benefits are paid to you for up to five months after you have been certified as totally disabled by an approved practitioner, used all of your sick leave, extended sick leave, sick leave pool, or completed the waiting period of 30 consecutive days, whichever is greater. Your benefit must be approved by Dearborn National, which administers disability insurance for ERS. Benefits end when you return to work.

LONG-TERM DISABILITY

Benefit Amount

Your benefit will be up to 60% of your insured monthly salary (maximum \$10,000) or \$6,000, whichever is less. For example, if your monthly salary is \$3,200, your benefit would provide you with up to \$1,920 per month while you're unable to work.

The benefit is paid after you have been certified as totally disabled by an approved practitioner and used all of your sick leave, extended sick leave, sick leave pool, or completed the waiting period of 90 consecutive days, whichever is greater. Your benefit must be approved by Dearborn National, which administers disability insurance for ERS.

Your benefit will be less if you are receiving Social Security disability, Worker's Compensation, disability retirement, or other group disability benefits. It will always be at least 10% of your insured salary.

Benefit Period

Benefits are paid to you up to the maximum benefit period, which depends on your age when you become totally disabled:

Under 60	Payable to age 65*
60-64	Payable for 60 months
65-69	Payable to age 70*, or 12 months, whichever is greater
70 and over	Payable for 12 months

Benefits end when you return to work.

**Benefits end the first day of the plan month after you reach this age.*

OPTIONAL COVERAGE RATES—EMPLOYEES

NOTE: All premiums are monthly.

Optional Term Life* Premiums															
<p>• Election I = 1 x annual salary</p> <p>• Election II = 2 x annual salary</p> <p>After the first 31 days of employment, Elections I and II require approval through evidence of insurability.</p> <p>• Election III = 3 x annual salary</p> <p>• Election IV = 4 x annual salary</p> <p>Elections III and IV always require approval through evidence of insurability.</p> <p>Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary according to the table below:</p> <table style="margin-left: 20px; border: none;"> <tr><td>Age 70 - 74</td><td>65%</td></tr> <tr><td>Age 75 - 79</td><td>40%</td></tr> <tr><td>Age 80 - 84</td><td>25%</td></tr> <tr><td>Age 85 - 89</td><td>15%</td></tr> <tr><td>Age 90 and over</td><td>10%</td></tr> </table> <p>*Optional Term Life is limited to a maximum of \$400,000 or four times your salary, whichever is less.</p>	Age 70 - 74	65%	Age 75 - 79	40%	Age 80 - 84	25%	Age 85 - 89	15%	Age 90 and over	10%	Rate per \$1,000 of Annual Salary				
	Age 70 - 74	65%													
	Age 75 - 79	40%													
	Age 80 - 84	25%													
	Age 85 - 89	15%													
	Age 90 and over	10%													
	Age	Election I	Election II	Election III	Election IV										
	15-19	\$0.06	\$0.12	\$0.18	\$0.24										
	20-24	0.06	0.12	0.18	0.24										
	25-29	0.06	0.12	0.18	0.24										
	30-34	0.07	0.14	0.21	0.28										
	35-39	0.07	0.14	0.21	0.28										
	40-44	0.09	0.18	0.27	0.36										
	45-49	0.13	0.26	0.39	0.52										
	50-54	0.21	0.42	0.63	0.84										
	55-59	0.37	0.74	1.11	1.48										
	60-64	0.63	1.26	1.89	2.52										
65-69	1.03	2.06	3.09	4.12											
70-74	1.64	3.28	4.92	6.56											
75-79	2.68	5.36	8.04	10.72											
80-84	4.36	8.72	13.08	17.44											
85-89	7.54	15.08	22.62	30.16											
90+	11.74	23.48	35.22	46.96											

Dependent Term Life	Short- and Long-term Disability Insurance Premiums
<p>Active \$1.38/month (includes \$5,000 term life with AD&D coverage per dependent)</p>	<p>Short-term Disability Insurance \$0.26/\$100 of monthly salary</p> <p>Long-term Disability Insurance \$0.63/\$100 of monthly salary</p>

Voluntary Accidental Death and Dismemberment (Voluntary AD&D) Premiums				
You may apply for Voluntary AD&D coverage according to the following table:				
Your Age	Minimum Coverage	Maximum Coverage	Minimum Increments	You Only \$0.02/\$1,000 of coverage
Under age 70*	\$10,000	\$200,000	\$5,000	<p>You & Family \$0.04/\$1,000 of coverage</p> <p>For more detailed information about optional coverage benefits, see your benefits books available online at the ERS website.</p>
70 - 74*	6,500	130,000	3,250	
75 - 79*	4,000	80,000	2,000	
80 - 84*	2,500	50,000	1,250	
85 - 89*	1,500	30,000	750	
90+*	1,000	20,000	500	

*Employee's attained age as of September 1 of each year

Premiums for dental, Optional Term Life (up to a certain amount), and Voluntary AD&D insurance are taken out of your pay-check pre-tax, which lowers your taxable income.

ENJOY SAVING TAX MONEY WITH TEXFLEX

Call (866) FLEX-TEX to see how much you can save.

TEXFLEX: THE BEST WAY TO HELP YOU BUDGET HEALTH AND DAY CARE EXPENSES

TexFlex Flexible Spending Accounts let you pay for planned out-of-pocket health and day care costs tax-free.

You can sign up for a TexFlex health care account, day care account, or both during your first 31 days on the job. Use your account money to pay for doctor copays, dental visits, prescription drugs, and glasses and contact lenses. Or pay for certain over-the-counter (OTC) items such as reading glasses, first-aid supplies, and contact lens solution. You can use TexFlex

- To increase your take-home pay, sign up for one or both TexFlex accounts for health care and day care.
- Use your TexFlex health account money like an interest and tax free loan for health-related expenses.
- Starting January 1, 2011, federal law requires a doctor's prescription for reimbursement of some OTC medicines and drugs.

for day care for a child under age 13 or for adult day care expenses for qualifying individuals.

You decide up front how much to contribute to an account for health care or day care costs for the year. You contribute from your paycheck each month before income and FICA tax. You can pay for an eligible health care or day care expense with a TexFlex debit card or file for reimbursement later using your TexFlex contribution.

The minimum amount you can contribute to each type of TexFlex account is \$15 monthly and the maximum is \$416 monthly. If you are married but filing separately, and both you and your spouse have a TexFlex day care account, the maximum contribution, or household limit, is \$416 monthly.

During the plan year, you can only enroll in or drop TexFlex, or change your contribution amount, if you have a qualifying life event (QLE) and the change is consistent with the event. On September 1 of each year, you will be automatically re-enrolled in your TexFlex account at the same contribution amount unless you make a change during the Annual Enrollment period.

PayFlex is the TexFlex vendor that manages your account. For more information, visit www.ers.state.tx.us/texflex or call PayFlex toll-free at (866) FLEX-TEX or (866) 353-9839 between 7 a.m. and 7 p.m. CT, Monday through Friday, or Saturday, 9 a.m. to 2 p.m. CT.

LOW FEE CHARGED

You're charged a \$12 lump sum annual administration fee for each account, unless you enroll mid-year due to new employment or a QLE. In that case, you'll only be charged the fee for the months enrolled.

ACCESS YOUR ENTIRE ANNUAL HEALTH CONTRIBUTION UPFRONT

Need a dental procedure or elective surgery? Put money in TexFlex. When you enroll in a TexFlex health care account, the entire amount you contribute for the plan year is available upfront. You and your family members don't have to be enrolled in state health insurance to sign up for TexFlex. While you're in your health coverage waiting period, your TexFlex account can help if you have out-of-pocket medical expenses.

To see which expenses are considered eligible, visit www.ers.state.tx.us/texflex.

DAY CARE ACCOUNT HELPS CUT EXPENSES

If you pay for day care for a child under age 13 or for a qualifying adult individual, you can save hundreds of dollars on your taxes.

If you set up a day care account, you can spend up to the amount available in your day care account.

WITH TEXFLEX – REDUCE YOUR TAXABLE INCOME, TAKE HOME MORE MONEY

	Joan Enrolled in TexFlex	John Not enrolled in TexFlex
Annual Salary	\$38,461	\$38,461
TexFlex Enrollment	-\$5,400 (\$4,800 day care account and \$600 health care account)	\$0
Taxable Salary	\$33,061	\$38,461
Income Tax and FICA	-\$7,488	-\$8,771
After-tax Salary	\$25,573	\$29,750
Health and Day Care Expenses	Paid with tax-free account funds	-\$5,400 Paid out of salary
Take-home Income	\$25,573	\$24,350

Joan has \$1,223 more she can spend each year than John

Examples are for general information and guidance only.

You or your spouse cannot pay an older dependent to watch a younger dependent(s) – check specific eligibility rules on the TexFlex website for more information.

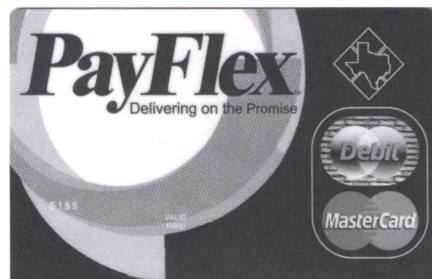
In most cases, depending on your income, you will save more in taxes with a day care account than by claiming the federal Child Care Tax Credit. You can call PayFlex and ask for an estimate of your tax savings, or use the Savings Calculator—go to www.ers.state.tx.us/textflex.

YOU HAVE UNTIL NOVEMBER 15, 2011 TO SPEND ACCOUNT MONEY

TexFlex is a use-it-or-lose-it program. The money you contribute to your TexFlex account doesn't roll over to the next plan year, so you need to use it all. You have until November 15, 2011, to spend your TexFlex money – and you have until December 31, 2011, to file claims for reimbursement.

AN EASY WAY TO PAY

The optional TexFlex debit card lets you pay for expenses directly from your TexFlex account. When you have an eligible TexFlex expense, you can use the card instead of paying with your own cash or credit card and then getting reimbursed later. The debit card can be used for



eligible expenses at merchants, doctor's offices, or day care providers that accept the card (check with your day care provider). Keep all debit card receipts in case you are asked for them.

If you elect a debit card, you'll be charged one \$15 annual administrative fee. This fee also covers additional cards, which is especially helpful for parents with children in college.

FILE CLAIMS ONLINE OR BY PAPER

You can submit your claims online through Express Claims or file paper claims with your receipts via mail or fax. You can also upload claim information directly from your insurance carrier's website. You can have your reimbursement direct deposited into your checking or savings account, or have a check mailed to your home. To set up direct deposit for your TexFlex account, go to www.ers.state.tx.us/textflex or call PayFlex toll-free at (866) 353-9839. Make sure to save **all** receipts from your health

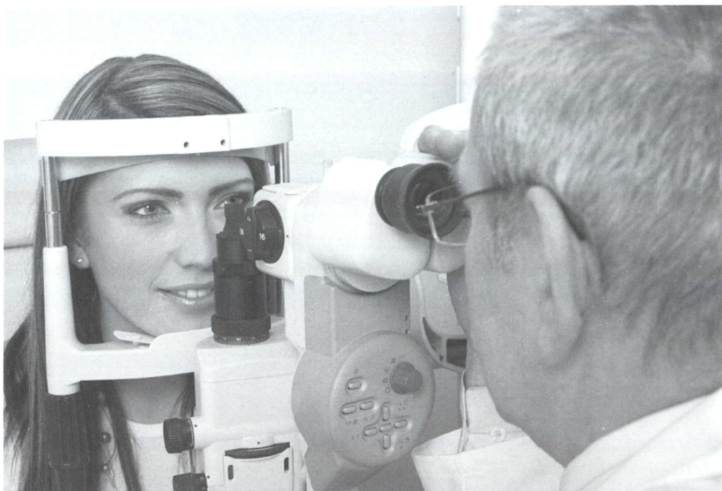
care and day care expenses so you can provide documentation with your reimbursement claim if needed.

Example:

Bill pays \$130 for x-rays and teeth cleaning. Later, he logs in to his account on the TexFlex website, fills out the online claim form, and then faxes it with the receipt from his dentist's office. Bill has set up direct deposit with PayFlex, so he receives the reimbursement for the claim in his checking account a few business days later.

ENROLL IN JUST A FEW STEPS

1. Decide how much you want to contribute to a TexFlex account (use the worksheets on pages 15 and 16). During your first 31 days of employment, log in to ERS OnLine on the ERS website. Click Benefits Enrollment under My Insurance Information.
2. Next to **Flex Spending Health or Flex Spending Day Care**, click Edit.
3. Tell us how often you are paid. If you are paid nine, 10, or 11 months in a year, choose the 9-month option. If you are paid 12 months in a year, choose the 12-month option. You can only choose the option that applies to you.
4. Enter how much you want to set aside in each account for the plan year. Include



WHAT IF YOU LEAVE EMPLOYMENT BEFORE AUGUST 31?

If you go on leave without pay or end your employment, you must pay the remainder of your TexFlex health care account annual contribution. In doing so, you can continue using the health care account for eligible expenses until November 15, 2011. You will not be able to use your debit card. The administrative fee will not be credited back to your account.

Your TexFlex day care account contributions end when you leave employment or go on leave without pay. You will be reimbursed the \$1 prorated administrative fee for each month left in the plan year. This amount will be added back into your account.

the administrative fee, which is \$12 for each account, or, if you are enrolling outside of the Annual Enrollment period, add \$1 times the number of months left in the plan year. If you want a TexFlex debit card, add \$15, or, if you are enrolling outside of the Annual Enrollment period add \$1.25 for each month left in the plan year.

5. Click “store” and then “submit” to save your changes. Once enrolled, you can check your account balance online anytime on the TexFlex website.

During the plan year, you can only enroll in TexFlex or change your TexFlex election if you have a QLE or during Annual Enrollment. For more information, visit www.ers.state.tx.us/texflex or call PayFlex toll-free at (866) 353-9839.

Select an Option

Waive
 Flex Day Care 12 Months
 Flex Day Care 9 Months

This plan requires that you specify an annual pledge amount.

Annual Pledge: 1

Specify selection for Flex Debit Card.

Yes. I do not have a card and would like one sent to me.
 Yes. I already have a card and want to continue using it.
 No. I do not want a card. 2

The card may be used for eligible FSA-Day Care and/or FSA-Health expenses, and one \$15 fee applies to the card, if you enroll in one or both accounts. For more information, go to www.ers.state.tx.us/texflex.

NEW EMPLOYEE BENEFITS GUIDE

SEE HOW ONE EMPLOYEE USES TEXFLEX AND THE DEBIT CARD. GO TO WWW.ERS.STATE.TX.US AND CLICK ON THE TEXFLEX HEADING.

WORKSHEET

TEXFLEX-HEALTH CARE

Use this worksheet to estimate your expenses for the plan year that ends August 31, 2011.

Listed below are some common health care account expenses.

For a complete list, go to www.ers.state.tx.us/Textflex.

HOW MUCH SHOULD I CONTRIBUTE TO TEXFLEX?

Health Care Account			
	Employee	Dependents	Total Cost
MEDICAL EXPENSES			
Prescription deductible and copays	\$	\$	\$
Over-the-counter medicines and drugs As of January 1, 2011, federal law requires a doctor's prescription for reimbursement of certain OTC items.			
Doctor visit copays and coinsurance			
Planned medical procedures			
Other eligible medical expenses (like durable medical equipment)			
Total medical expenses			\$
DENTAL EXPENSES			
Dental deductible and copays	\$	\$	\$
Crowns			
Dentures			
Coinsurance			
Orthodontia			
Root canal			
Other eligible dental expenses			
Total dental expenses			\$
VISION/HEARING EXPENSES			
Exams	\$	\$	\$
Frames, lenses, prescription sunglasses			
Contact lenses and cleaning solutions			
Hearing exams, hearing aids, and batteries			
Other eligible vision, hearing expenses			
Total vision/hearing expenses			\$
Administrative fee*			\$
Debit card fee (if you elect the card)**			\$
Total annual health care estimate			\$
Divide by the number of months paid			
Estimated monthly contribution			\$

12-month employee minimum: \$15 per month; maximum: \$416 per month; nine-month employee minimum: \$20 per month; maximum: \$555 per month. **Choose nine months if you are paid nine, 10, or 11 months out of the year.**

- Funds are available on the first day of enrollment.
- You cannot drop your health care account or decrease your contributions unless you are on a leave of absence protected by the Family Medical Leave Act or have a qualifying life event (QLE) that involves a death.
- You may increase your contributions with a QLE if the change is consistent with the event.

*Fee is \$12 if your first day of enrollment is in September. Fee is \$1 per month if your first day of enrollment is after September.

**Fee is \$15 if your first day of enrollment is in September. Fee is \$1.25 per month if your first day of enrollment is after September.

WORKSHEET

TEXFLEX-DAY CARE

Use this worksheet to estimate your expenses for the plan year that ends August 31, 2011.

Listed below are some common day care account expenses.

For a complete list, go to www.ers.state.tx.us/Texflex.

Day Care Account				
Activity	Monthly Cost	Number of months	Number of children/ adults	Total Cost
Day care expenses for children under 13, including before and after school care and summer camp	\$			\$
Adult day care for qualifying individuals				
Administrative fee*				\$
Debit card fee (if you elect the card)**				\$
Total annual day care estimate				\$
Divide by the number of months paid				
Estimated monthly contribution				\$

12-month employee minimum: \$15 per month; maximum: \$416 per month; nine-month employee minimum: \$20 per month; maximum: \$555 per month. **Choose nine months if you are paid nine, 10, or 11 months out of the year.** Note: If you have both a health care and day care account, only include the debit card fee for the health care account.

- You may only use the available balance in your day care account each month.
- You may change your contributions with a QLE if the change is consistent with the event.
- Check the eligible day care expenses list and Frequently Asked Questions. Go to www.ers.state.tx.us and click on the TexFlex heading.

*Fee is \$12 if your first day of enrollment is in September. Fee is \$1 per month if your first day of enrollment is after September.

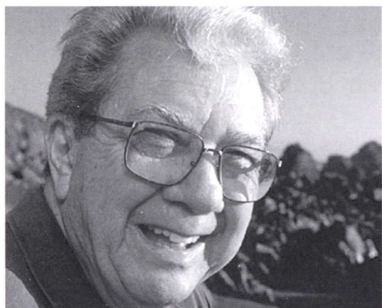
**Fee is \$15 if your first day of enrollment is in September. Fee is \$1.25 per month if your first day of enrollment is after September.

TexFlex Facts

- On average, people save 23% in taxes (assuming federal, state, and Social Security taxes), by paying out-of-pocket health care and day care expenses on a pre-tax basis through a flex plan. Actual savings depend on several variables, including state and local tax rates and tax bracket:
 - 15% tax bracket can save up to 22.65%
 - 27% tax bracket can save up to 34.65%
- You may participate in TexFlex even if you do not enroll in your employer's medical or dental plans.
- Financial planners and tax advisors advocate participation in flexible spending accounts.

CONSIDER LONG-TERM CARE INSURANCE

Sign up, no questions asked, during your first 90 days.



- Sign up during your first 90 days with no EOI.
- Family members can apply at any time of year; EOI is always required.
- LTC insurance provides certain benefits not covered by your medical plan.

SIGN UP NOW, HAVE PEACE OF MIND LATER

When most people think of Long-term Care, they think of nursing homes. However, Long-term Care (LTC) Insurance covers important services such as informal care assistance for daily living and homemaker services, for people of any age who might need help, even on a temporary basis.

During your first 90 days of employment, you can sign up for LTC insurance with guaranteed acceptance.* Later, you can apply for LTC insurance at any time, but you will have to provide proof of good health, called evidence of insurability (EOI), with John Hancock Life Insurance Company.

This benefit program was developed in partnership with and underwritten by John Hancock Life Insurance Company, under a policy issued to The Texas A&M University System.

LTC insurance helps pay for care that your health plan and Medicare are not designed to cover, such as community-based care, home health care, and hospice care.

You will have a 90-day waiting period before you receive benefits after you are certified as needing care. The amount of your premium depends on your age, and you pay your premiums directly to John Hancock.

If you are returning to work and have previous state employment, you may have to go through the EOI process to sign up. Contact John Hancock for more information.

FAMILY MEMBERS CAN APPLY

Certain family members can also apply for LTC insurance, even if you don't enroll yourself. They include:

- Spouses (age 18 or older)
- Parents and parents-in-law
- Grandparents

Your children are not eligible to apply. Family members must go through EOI and live in the United States (50 states, District of Columbia, and Puerto Rico) when their coverage begins.

HOW TO ENROLL

As a new employee, you will soon receive an enrollment packet from John Hancock. You can also apply by filling out the enrollment form at <http://ers.jhancock.com/> (username: ers; password: mybenefit).

If you don't have Internet access, call John Hancock Customer Service from 7:30 a.m. until 5:30 p.m. CT at (800) 400-9396 toll-free. For TTY, call (800) 225-1808 toll-free.

For general information about LTC insurance and to order a planning kit, go to www.ownyourfuturetexas.org.

* The rules about who qualifies for LTC insurance without EOI are different than those for other insurance in the Texas Employees Group Benefits Program (GBP). For more information, contact John Hancock at (800) 400-9396.

ENROLL IN HEALTH BENEFITS

Health insurance coverage starts automatically for full-time employees.

Health and other insurance benefits for employees and retirees are 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 those benefits beyond each fiscal year.

- If you are a full-time employee, the State pays 100% of your health insurance premium and 50% of the premium for eligible dependents.
- You can enroll your family during your first 90 days.
- Your coverage starts the first day of the month after your 90th day on the job.

SIGN UP FAMILY MEMBERS DURING YOUR FIRST 90 DAYS

Under current state law, the State of Texas automatically provides you with comprehensive health coverage that includes prescription drug benefits, \$5,000 Basic Group Term Life Insurance, and \$5,000 of Accidental Death and Dismemberment (AD&D) coverage. If you are a full-time employee eligible for benefits, your health coverage begins on the first of the month after your 90th day on the job. For example, if you start work on February 14, your health coverage will begin on June 1. The State pays all of the monthly premium cost for full-time employees and half of the dependent premium cost.

You can sign up your dependents during your first 90 days on the job without proof of good health, called evidence of insurability (EOI). This means that even if you or a family member have a chronic medical condition or recent surgery, coverage is guaranteed during your first 90 days.

You are automatically enrolled in HealthSelectSM of Texas. You may switch to a health maintenance organization (HMO) if one is available in the county where you live or work.

You must take action to turn down health coverage for yourself, if you are a full-time employee. Your dependents are not automatically enrolled. If you are a part-time employee, you will not be enrolled automatically. If you decide to enroll, the

State pays 50% of your premiums and 25% of your dependents' premiums.

If you turn down health coverage, you will not have health benefits, prescription drug coverage, or Basic Group Term Life Insurance with AD&D coverage. Also, if you decide to sign up for HealthSelect later, EOI may be required, and your acceptance is not guaranteed.

Full-time employees are automatically enrolled in health insurance with no premium cost.

HEALTHSELECTSM OF TEXAS

HealthSelect is administered by Blue Cross and Blue Shield of Texas (BCBSTX). HealthSelect lets you choose your provider and save money by using network benefits.

To use network benefits, choose a HealthSelect primary care physician (PCP) and have the PCP refer you to specialists and providers in the HealthSelect network. When you stay in the network, you reduce your costs—and the costs to your health plan.

The Plan Year 2011 HealthSelect benefits book and Texas provider directories are available on the BCBSTX HealthSelect website, www.bcbstx.com/hs. You can also get help locating HealthSelect physicians, specialists, or other providers by calling BCBSTX toll-free at (800) 252-8039.

HMO SERVICE AREAS

You can select an HMO if you live in the service area.

Community First Health Plans (San Antonio area)

Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson

Scott & White Health Plan (Central Texas area)

Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coke, Coleman, Concho, Coryell, Crockett, Falls, 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, Washington, and Williamson

HMOs

You can enroll yourself and your eligible dependents in an HMO if you live or work in a county served by an HMO. (See box at left.)

You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered. Services provided outside the network are covered only in emergencies.

You can enroll in an HMO without EOI.

**NEED HELP DECIDING BETWEEN
HEALTHSELECT AND AN HMO?
SEE THE HEALTH BENEFITS
COMPARISON CHART ON
PAGES 22 AND 23.**

CHOOSE YOUR PCP

If you enroll in an HMO or if you want HealthSelect network coverage, you must choose a PCP for yourself and your covered dependents. Each member of your family can have a different PCP. Select PCPs for yourself and your family early to get your new ID cards sooner. You can change your PCP anytime during the year.

You can find provider directories for HealthSelect and the HMOs on each plan's website, linked from Insurance at www.ers.state.tx.us. You can also call your health plan's customer service number to find available providers.

**Want to save hundreds
on your children's
health insurance?**

**Find out if you are eligible
for the State Kids Insurance
Program (SKIP) on page 25.**

NEED TREATMENT BEFORE YOU RECEIVE YOUR ID CARD?

If your health coverage begins and you have not received your ID card, you should be able to obtain health care and prescription drugs for yourself or your dependents by giving your provider or pharmacy the group number of your new plan, along with your Social Security number. Remember, your health coverage starts the first of the month after your 90th day of employment.

Group numbers are:

**HealthSelect
Medical
Blue Cross and Blue Shield
of Texas-38000
Prescription Drugs
Caremark-RX1292**

**Community First Health
Plans-0010180000**

Scott & White Health Plan-000058



PRESCRIPTION DRUG PROGRAM

From September 1 to August 31, you and each of your covered dependents have separate \$50 deductibles before the plan begins to cover drug costs. For example, if you have three dependents, you would have a total family deductible of \$200 per plan year for prescription medications if all of you fill at least \$50 worth of prescriptions.

HealthSelect and HMOs include three tiers of prescription drugs, shown at right. After you pay a \$50 deductible, you pay the copay based on the tier of the medication.

If you enroll in an HMO, call your HMO to ask what tier your medication is in or go to your HMO's website, linked from the ERS website.

If you enroll in HealthSelect, you can get drug information by going to the Caremark website, www.caremark.com/ers, or call Caremark's Customer Service 24/7 toll-free at (888) 886-8490. If you enroll in HealthSelect, you will get two ID cards in separate mailings—a medical card from BCBSTX and a prescription drug card from Caremark.

Generic drugs (usually Tier 1) save you money, so ask your doctor to prescribe a generic drug when possible or to prescribe the least expensive medication available. Your doctor will make the final decision about your medications.

When a generic drug is available and you get a brand-name drug, you will pay the generic copay plus the difference between the brand-name and generic drug costs.

Generic drugs are pharmaceutically and therapeutically the same as their brand-name counterparts.

PRESCRIPTION DRUG COPAYMENTS

	Tier 1	Tier 2	Tier 3
Deductible	Each participant must pay a \$50 annual deductible before copays apply. (Each plan year, September 1 to August 31)		
Participating retail non-maintenance	\$15 up to a 30-day supply	\$35 up to a 30-day supply if generic is not available*	\$60 up to a 30-day supply if generic is not available*
Participating retail maintenance	\$20 up to a 30-day supply	\$45 up to a 30-day supply if generic is not available*	\$75 up to a 30-day supply if generic is not available*
All carrier mail order programs	\$30 For 31-60 day supply	\$70 For 31-60 day supply if generic not available*	\$120 For 31-60 day supply if generic not available*
	\$45 For 61-90 day supply	\$105 For 61-90 day supply if generic not available*	\$180 For 61-90 day supply if generic not available*
HealthSelect Extended Days Supply (EDS) Pharmacy Network	\$30 For 31-60 day supply	\$70 For 31-60 day supply if generic not available*	\$120 For 31-60 day supply if generic not available*
	\$45 For 61-90 day supply	\$105 For 61-90 day supply if generic not available*	\$180 For 61-90 day supply if generic not available*

*If 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 the generic drug.

Deductible example:

Susan buys a Tier 1 maintenance prescription for the retail cost of \$40, which is part of her \$50 plan year deductible. When Susan refills her prescription, she will pay \$10 to complete the deductible and \$20 as her copay, with the plan paying the remaining \$10.

MAINTENANCE MEDICATIONS

Maintenance medications are long-term medications. You can purchase up to a 30-day supply of maintenance medications at a retail pharmacy for \$20 for Tier 1, \$45 for Tier 2, or \$75 for Tier 3. You can save if you purchase a larger supply of these medications through mail order.

FOR HEALTHSELECT MEMBERS

A number of participating retail pharmacies are part of the HealthSelect Extended Days Supply (EDS) Network. Pharmacies in the EDS network will fill a 31- to 90-day supply of maintenance medicines and charge no retail maintenance fee. If you do not use an EDS network pharmacy, you will only be able to fill up to a 30-day supply of medication at a retail location. Find participating providers on the Caremark website, www.caremark.com/ers.



YOU CAN DECLINE HEALTH INSURANCE

Consider carefully: If you waive health insurance coverage, you also lose prescription benefits and the Basic Group Term Life policy. You may never be able to enroll in the state health plan, depending on your health condition.

OPTION 1: DECLINE HEALTH INSURANCE, ELECT OPT-OUT CREDIT

Sign up for the Health Insurance Opt-Out Credit if you don't need the State's health insurance and prescription drug coverage now or in the future.

To qualify for the Opt-Out Credit, you must be:

1. eligible for the state contribution toward health insurance (100% for full-time employees, 50% for part-time employees) AND
2. able to certify that you have health insurance coverage that is equal to or better than the Texas Employees Group Benefits Program (GBP) coverage. For example, you can enroll in your spouse's health plan or another health plan.

This credit is not available to you if your other insurance is Medicare or TRICARE, or if you have GBP coverage as a dependent.

If you meet the conditions above and decline the State's health insurance, you will receive a monthly credit toward dental and/or Voluntary AD&D premiums* under the GBP. The credit is up to \$60 for full-time employees and up to \$30 for part-time employees.

Before you decline state-paid health insurance coverage, consider your decision carefully. You will lose the prescription benefits and the Basic Group Term Life policy included with your health insurance. **Important:** You may enroll in GBP health coverage with proof that you had other health coverage if you lose the other coverage and enroll within 31 days of losing the other coverage.

** Individuals who are not eligible for the state contribution toward their health insurance premium, such as adjunct faculty members, are not eligible for the Opt-Out Credit.*

OPTION 2: WAIVE HEALTH INSURANCE

If you don't want the Opt-Out Credit or health insurance, you can waive coverage and still enroll in optional benefits such as dental coverage, Long-term Care, and TexFlex.

HOW HEALTHSELECTSM OF TEXAS COMPARES TO HMOs

Effective September 1, 2010

Benefits	HealthSelect ¹			HMO
	In-Area		Out-of-Area ² Medicare eligible or Out-of-state residents	
	Network	Non-Network		
Calendar year deductible	None	\$500 individual \$1,500 family ³	\$200 individual, \$600 family ³	None
Out-of-pocket coinsurance maximum	\$2,000 per person ⁴ per calendar year	\$7,000 per person ⁴ per calendar year	\$3,000 per person ⁴ per calendar year	\$2,000 per person ⁴ per plan year
Lifetime maximum	None	\$1,000,000	None	None
Primary care physician required	Yes	No	No	Yes
Primary care physicians' office visits	\$25	40% ⁵	30% ⁵	\$25
Physicals	\$25 ⁷	40% ⁵	30% ⁵	\$25 ⁷
Specialty physicians' office visits	\$40	40% ⁵	30% ⁵	\$40
Eye exam, one per year per participant	\$40 ³	40% ^{3/5}	30% ^{3/5}	\$40 ⁸
Family planning services	\$40	40% ⁵	30% ⁵	\$40
Well woman exam	\$25/\$40 ^{3/7}	40% ^{3/5}	30% ^{3/5}	\$25/\$40 ^{7/8}
Speech and hearing testing/therapy	20% without office visit; \$40 copay plus 20% with office visit	40% ⁵	30% ⁵	20% without office visit; \$40 copay plus 20% with office visit
Allergy antigens/serum	20%	40% ⁵	30% ⁵	20%
Allergy injections	20% ⁶	40% ⁵	30% ⁵	20%
Allergy testing	20%	40% ⁵	30% ⁵	20%
Diagnostic x-rays, lab tests, and mammography	20%	40% ⁵	30% ⁵	20%
Office surgery and diagnostic procedures	20%	40% ⁵	30% ⁵	20%
Rehabilitative therapy	20% without office visit; \$40 copay plus 20% with office visit	40% ⁵	30% ⁵	20% without office visit; \$40 copay plus 20% with office visit
High-Tech Radiology (CT Scan, MRI, and Nuclear Medicine) ¹¹	\$100 plus 20%	\$100 plus 40% ⁵	\$100 plus 30% ⁵	\$100 plus 20%
Urgent Care Clinic	\$50 plus 20% Effective 6/1/10	40% ⁵ Effective 6/1/10	30% ⁵ Effective 6/1/10	\$50 plus 20% Effective 9/1/10
Chiropractic care				
a. Coinsurance	20% without office visit; \$40 copay plus 20% with office visit	40%	30%	N/A
b. Maximum benefit per visit	\$75	\$75	\$75	
c. Maximum visits each participant each calendar year	30	30	30	
Immunizations:				
0-6 years old	No charge without office visit; \$25 with office visit	No charge without office visit; 40% ⁵ with office visit	No charge without office visit; 30% ⁵ with office visit	No charge without office visit; \$25 with office visit
Age 7 and up	20% without office visit; \$25 with office visit	40% ⁵	30% ⁵	20% without office visit; \$25 with office visit
Maternity care:				
Dr. charges only; inpatient hospital copays will apply	\$40 ⁷ for first office visit	40% ⁵	30% ⁵	\$40 ⁷ for first office visit

This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect and the HMOs. Please refer to your health plan's benefits book or summary of benefits for a description of benefits. You may also contact your plan's customer service department for specific questions.

HOW HEALTHSELECTSM OF TEXAS COMPARES TO HMOs

Effective September 1, 2010

Benefits	HealthSelect ¹			HMO
	In-Area		Out-of-Area ² Medicare eligible or Out-of-state residents	
	Network	Non-Network		
Inpatient hospital (semi-private room and days board, and intensive care unit)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 per calendar year max per person ⁹)	\$150/day copay plus 40% ⁵ (\$750 copay max-up to 5 days per hospital stay, \$2,250 per calendar year max per person ⁹)	\$150/day copay plus 30% (\$750 copay max-up to 5 days per hospital stay, \$2,250 per calendar year max per person ⁹) Deductible waived for inpatient hospital charges.	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 per plan year max per person ⁹)
Emergency care	\$150 plus 20% (if admitted will apply to hospital copay)	40% ⁵	30% ⁵	\$150 plus 20% (if admitted will apply to hospital copay)
Outpatient surgery other than in physician's office	\$100 plus 20%	\$100 plus 40% ⁵	\$100 plus 30% ⁵	\$100 plus 20%
Bariatric Surgery ¹²	a. Separate Deductible \$5,000 b. Coinsurance 20% c. Lifetime max. \$13,000	N/A	N/A	N/A
Skilled nursing facility	20%; 60-day max. per calendar year ⁹	40% ⁵ ; 60-day/ \$4,200 max. per calendar year ⁹	No charge; 60-day/\$6,000 max. per calendar year (no deductible ⁹)	20%; 60-day max. per plan year
Hospice	20% ^{9/10}	40% ^{5/9/10}	30% (no deductible) ^{9/10}	20% No lifetime maximum
Home health care	20% ⁹	40%; 100 visits/ \$3,500 max. per calendar year ⁹	No charge; 100 visits/ \$5,000 max. per calendar year (no deductible ⁹)	20% No lifetime maximum
Hearing aids	← Plan pays up to \$500 per ear every three years. →			
Durable medical equipment	20%	40% ⁵	30% ⁵	20%
Ambulance services	20%	20% ⁵	30% ⁵	20%

1. Benefits are paid on allowable amounts; using providers who contract with BCBSTX will protect you from liability for amounts over the allowable amount.
2. Out-of-Area applies to members living outside of Texas, retirees 65 and over, and disabled retirees with Medicare.
3. Applies to calendar year, January 1-December 31; for treatment charges, one visit per calendar year.
4. Does not include copays.
5. After payment of deductible.
6. Except when performed during an office visit.

7. Copay depends on whether treatment is given by PCP or specialist; any doctor who is not your listed PCP is considered a specialist at the higher copay.
8. Applies to plan year, September 1-August 31; for treatment charges, one visit per plan year.
9. Preauthorization required.
10. \$18,000 lifetime maximum.
11. Outpatient testing only. Does not apply to inpatient services.
12. Active employees only; see health plan for additional requirements/ limitations.

PRESCRIPTION DRUGS

Deductible:	Each participant must pay a \$50 annual deductible before copays apply (for the plan year, September 1 to August 31).	
Participating pharmacies:	Copays for up to a 30-day supply of non-maintenance medications are \$15 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 \$20 for Tier 1 drugs, \$45 for Tier 2 drugs, and \$75 for Tier 3 drugs.	
Non-participating pharmacies:	For up to a 30-day supply, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. Deductible will be subtracted if not met.	HMOs may not provide benefits at non-participating pharmacies.
Mail Order:	If you order prescription drugs through the mail service program offered by your health plan, you pay the following copays for up to a 90-day supply: \$45 for Tier 1 drugs, \$105 for Tier 2 drugs, and \$180 for Tier 3 drugs.	
Important:	If you purchase a brand-name drug when a generic alternative is available (regardless of the reason), you will pay your generic copay plus the cost difference between the brand-name and the generic drug.	

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

HEALTH PREMIUM RATES • FULL-TIME EMPLOYEES

Effective September 1, 2010 • (NOTE: All premiums are monthly.)

In addition to the state contribution to your insurance rates, the State also pays \$2.22 per month for Basic Term Life with AD&D coverage for employees, which are included in these premiums.

PLAN NAME	PREMIUM	STATE PAYS	YOU PAY
HealthSelectSM of Texas			
You Only	\$ 413.26	\$ 413.26	\$ 0.00
You and Spouse	885.94	649.60	236.34
You and Children	729.78	571.52	158.26
You and Family	1,202.46	807.86	394.60
Community First Health Plans			
You Only	\$ 360.22	\$ 360.22	\$ 0.00
You and Spouse	771.94	566.08	205.86
You and Children	635.90	498.06	137.84
You and Family	1,047.62	703.92	343.70
Scott & White Health Plan			
You Only	\$ 438.02	\$ 438.02	\$ 0.00
You and Spouse	939.18	688.60	250.58
You and Children	773.58	605.80	167.78
You and Family	1,274.74	856.38	418.36

HEALTH PREMIUM RATES • PART-TIME EMPLOYEES AND GRADUATE STUDENTS/TEACHING ASSISTANTS

Effective September 1, 2010 • (NOTE: All premiums are monthly.)

In addition to the state contribution to your insurance rates, the State also pays \$1.11 per month for Basic Term Life with AD&D coverage for employees, which are included in these premiums.

PLAN NAME	PREMIUM	STATE PAYS	YOU PAY
HealthSelectSM of Texas			
You Only	\$ 413.26	\$ 206.63	\$ 206.63
You and Spouse	885.94	324.80	561.14
You and Children	729.78	285.76	444.02
You and Family	1,202.46	403.93	798.53
Community First Health Plans			
You Only	\$ 360.22	\$180.11	\$ 180.11
You and Spouse	771.94	283.04	488.90
You and Children	635.90	249.03	386.87
You and Family	1,047.62	351.96	695.66
Scott & White Health Plan			
You Only	\$ 438.02	\$219.01	\$ 219.01
You and Spouse	939.18	344.30	594.88
You and Children	773.58	302.90	470.68
You and Family	1,274.74	428.19	846.55

APPLY FOR STATE KIDS INSURANCE PROGRAM

Apply for SKIP at any time of year and pay much less for your children's health insurance.

Depending on your income, you could have health insurance for your children for as little as \$15 a month through the State Kids Insurance Program (SKIP). SKIP is a special program provided by the State of Texas to help lower-income employees afford health insurance for their children under age 19. If you qualify, the SKIP premium supplement will cover most of your eligible children's health insurance premiums while you pay only \$15 or \$25 per month.

With SKIP, your kids have the same health plan as you—for a lower cost. You pay less for your monthly premiums, saving hundreds of dollars each year. If your children have been covered under the Children's Health Insurance Program (CHIP), they lose eligibility when you become a state employee.

If approved for SKIP, your enrollment is for the plan year (September 1 through August 31). You must reapply each year. You will be notified when it's time to reapply.

- If you qualify, you pay only \$15 or \$25 a month for the health insurance premiums of your children under 19.
- Nothing about your health care changes except for the premium you pay.
- Apply anytime of year.

QUALIFYING FOR SKIP

There is no cost to apply for SKIP. You may qualify if you:

- Meet family income guidelines (see table);
- Have children eligible for state insurance under the age of 19 living with you in Texas;
- Are not eligible for Medicaid;
- Have children who are U.S. citizens or legal permanent residents; and
- Are an active employee eligible for health insurance in the Texas Employees Group Benefits Program.

APPLYING FOR SKIP

You can apply for SKIP at any time. Get a SKIP application and instructions at www.ers.state.tx.us; click on Forms under the Insurance heading. You can also ask your benefits coordinator for a copy.

Complete every section of the application and send it to the address at the top of the form. Your eligibility for SKIP is determined by the Texas Health and Human Services Commission (HHSC), not by ERS or your employer. If you are eligible for Medicaid, you will not qualify for SKIP. HHSC will review your application and send you a letter telling you if your children qualify for Medicaid or SKIP.

If your application is approved and your children are not currently covered by your health plan, they will be added automatically on the first of the month after you receive the SKIP approval letter and ERS is notified you have been approved. If you

are still in your health coverage waiting period, your children's health coverage and SKIP starts on the same day as your health coverage.

You may have children who meet the definition of an eligible dependent but not the definition of a child who can qualify for SKIP. Ask your benefits coordinator for help to add these children to coverage. You must do so within 31 days of your SKIP begin date. After 31 days, you will need to have a qualifying life event (QLE) to add your other children to coverage.

Read more on SKIP at www.ers.state.tx.us; click on SKIP under the Insurance heading. You can also call (877) KIDS-NOW or (877) 543-7669.

SKIP INCOME GUIDELINES EFFECTIVE APRIL 1, 2010 BEFORE TAXES

Family Size*	Annual Family Income	Monthly Family Income
2	\$29,148	\$2,429
3	36,624	3,052
4	44,100	3,675
5	51,588	4,299
6	59,064	4,922
7	66,540	5,545
8	74,028	6,169

* Add \$624 to the Monthly Family Income for each additional family member. "Family size" includes the employee, spouse, and all eligible dependents under the age of 19. The total number does not include children over the age of 19, grandparents, or other relatives who may be living in the household.

SKIP HEALTH PREMIUM RATES & CONTRIBUTIONS

Effective September 1, 2010 •

Premium includes \$2.22 for Basic Term Life with AD&D coverage.

SKIP MONTHLY PREMIUM RATES FOR FULL-TIME EMPLOYEES

PLAN NAME	PREMIUM	STATE PAYS	SKIP PAYS	YOU PAY	YOU SAVE
HealthSelectSM of Texas					
Group 1 You and Children	\$729.78	\$571.52	\$143.26	\$15.00	\$714.78
Group 1 You and Family	\$1,202.46	\$807.86	\$143.26	\$251.34	\$951.12
Group 2 You and Children	\$729.78	\$571.52	\$133.26	\$25.00	\$704.78
Group 2 You and Family	\$1,202.46	\$807.86	\$133.26	\$261.34	\$941.12
Community First Health Plans					
Group 1 You and Children	\$635.90	\$498.06	\$122.84	\$15.00	\$620.90
Group 1 You and Family	\$1,047.62	\$703.92	\$122.84	\$220.86	\$826.76
Group 2 You and Children	\$635.90	\$498.06	\$112.84	\$25.00	\$610.90
Group 2 You and Family	\$1,047.62	\$703.92	\$112.84	\$230.86	\$816.76
Scott & White Health Plan					
Group 1 You and Children	\$773.58	\$605.80	\$152.78	\$15.00	\$758.58
Group 1 You and Family	\$1,274.74	\$856.38	\$152.78	\$265.58	\$1,009.16
Group 2 You and Children	\$773.58	\$605.80	\$142.78	\$25.00	\$748.58
Group 2 You and Family	\$1,274.74	\$856.38	\$142.78	\$275.58	\$999.16

SKIP MONTHLY PREMIUM RATES FOR PART-TIME EMPLOYEES

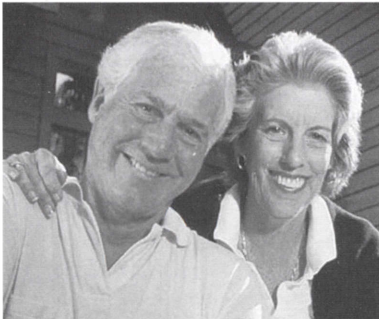
Premium includes \$1.11 for Basic Term Life with AD&D coverage.

PLAN NAME	PREMIUM	STATE PAYS	SKIP PAYS	YOU PAY	YOU SAVE
HealthSelectSM of Texas					
Group 1 You and Children	\$729.78	\$285.76	\$222.39	\$221.63	\$508.15
Group 1 You and Family	\$1,202.46	\$403.93	\$222.39	\$576.14	\$626.32
Group 2 You and Children	\$729.78	\$285.76	\$212.39	\$231.63	\$498.15
Group 2 You and Family	\$1,202.46	\$403.93	\$212.39	\$586.14	\$616.32
Community First Health Plans					
Group 1 You and Children	\$635.90	\$249.03	\$191.76	\$195.11	\$440.79
Group 1 You and Family	\$1,047.62	\$351.96	\$191.76	\$503.90	\$543.72
Group 2 You and Children	\$635.90	\$249.03	\$181.76	\$205.11	\$430.79
Group 2 You and Family	\$1,047.62	\$351.96	\$181.76	\$513.90	\$533.72
Scott & White Health Plan					
Group 1 You and Children	\$773.58	\$302.90	\$236.67	\$234.01	\$539.57
Group 1 You and Family	\$1,274.74	\$428.19	\$236.67	\$609.88	\$664.86
Group 2 You and Children	\$773.58	\$302.90	\$226.67	\$244.01	\$529.57
Group 2 You and Family	\$1,274.74	\$428.19	\$226.67	\$619.88	\$654.86

RETIRE WITH A LIFETIME BENEFIT

State agency employees automatically contribute to the retirement system after a waiting period.

Information on pages 27-30 does not apply to employees of the Community Supervision & Corrections Department, higher education institutions, the Windham School District, Texas County and District Retirement System, or the Texas Municipal Retirement System.



- Your retirement plan offers a lifetime benefit based on your salary and service credit.
- 6.5% of your monthly salary goes into a retirement account; the State currently contributes 6.95%.

This information is based on Texas state law as of September 1, 2009.

YOUR ERS RETIREMENT

As a state agency employee, you have the security of a retirement benefit that provides a lifetime of monthly payments when you qualify for retirement, based on your salary, service credit, and retirement date.

Starting after your 90th day of employment, on the first of each month:

- 6.5% of your monthly salary is deducted pre-tax and deposited into your personal state retirement account. If you are a law enforcement or custodial officer, you contribute an additional 0.5% to the Law Enforcement and Custodial Officer Supplemental Retirement Fund.
- The State contributes an amount equal to 6.95% of your salary to the ERS retirement fund (not your personal state retirement account).

IF YOU BEGAN WORK ON OR AFTER SEPTEMBER 1, 2009, AND YOU DON'T HAVE PRIOR STATE SERVICE ON ACCOUNT WITH ERS

You become “vested” and can receive a retirement benefit at age 65 if you work for the State for a minimum of 10 years and keep your retirement contributions with ERS. You are also vested with 10 years of service when you meet the Rule of 80*—when your age and service add up to 80. In both cases, you can purchase up to five years of military service to use toward the 10 years.

NEW EMPLOYEE BENEFITS GUIDE

SEE A STATE AGENCY EMPLOYEE DISCUSS THE VALUE OF THE RETIREMENT BENEFIT. GO TO WWW.ERS.STATE.TX.US AND CLICK ON RETIREMENT.

State Employees hired on or after 9/1/09

Highest average 48 months of salary
x
Service multiplier
(2.3% per year of service)
=
Monthly Standard Annuity

At an average salary of \$3,000 per month, you would earn a standard annuity of \$1,380 after 20 years of service

If you meet the Rule of 80 and retire before you are age 60, your annuity is reduced by 5% for each year you retire before age 60. This reduction is capped at 25%.

As a vested employee, you may qualify for insurance benefits at retirement. You can apply your unused sick and annual leave to your service credit to earn a higher payment.

**Judges, law enforcement officers, custodial officers, and elected state officials have a different retirement eligibility standard. Disability retirement also has a different standard.*

YOU HAVE A DEFINED BENEFIT PLAN

Your retirement program is a defined benefit pension plan. It is qualified under Section 401(a) of the Internal Revenue Code. Your eligibility to retire is determined by two factors: your age and service credit.

Once you qualify and retire, you will get a retirement check, called your annuity, every month for as long as you live. Your retirement is based on a formula authorized by the Texas Legislature.

The formula uses the average of your **highest 48 months salary** over your state career and your years and months of service. The percentage value of service, or multiplier, for regular class state employees is 2.3%. Your retirement benefit is not based on the amount of money in your retirement account. No cost of living adjustment or increase in annuity is guaranteed.

You can estimate the amount of your retirement annuity with the Annuity Estimator at www.ers.state.tx.us. After your birthday each year, ERS will also send you a Statement of Retirement Benefits that shows your earliest retirement date, retirement age, and projected annuity. You can download and print this statement at any time from your ERS OnLine account.

Notice: The New Employee Benefits Guide for Plan Year 2011 highlights eligibility requirements for insurance effective at the time of publication. Health and other insurance benefits for employees and retirees are 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 those benefits beyond each fiscal year.

HAVE YOU WORKED FOR A STATE AGENCY AND WITHDRAWN YOUR MONEY?

If you once worked for a state agency and withdrew your ERS retirement account money, you no longer have service credit for the time you worked. However, you can buy it back to help you retire earlier or increase your annuity. The cost is the refunded amount plus 10% interest for each fiscal year from the refund date to the purchase date. To buy back refunded ERS service, you must be a member of ERS or an entity that participates in the Proportionate Retirement Program (PRP). At least six months must have passed since the date of your withdrawal.

If you buy back your service credit, your retirement will still be based on the retirement rules for employees hired on or after September 1, 2009.

ADD SERVICE CREDIT TO INCREASE YOUR RETIREMENT BENEFIT

If you are eligible to buy service credit, you should buy it as early as possible, as an interest penalty is added every year. Added service increases your retirement check and helps you retire sooner.

You can purchase waiting period time to add to your service credit following your retirement account waiting period, which ends the first of the month after your 90th day on the job. ERS can estimate the cost of this waiting period service after you make your first retirement account contribution.

You can also add to your service credit by purchasing other service credit you may be eligible for: withdrawn ERS service and up to 60 months of active duty military service. You can also purchase up to three years of Additional Service Credit (ASC) if you are an active employee and have at least 10 years of actual ERS service credit (not counting military service).

Service credit can be purchased with lump sum payments or through a rollover from your TexaSaver Plan or other fund sources such as IRAs. You must purchase the service credit before you apply for retirement.

ARE YOU A LAW ENFORCEMENT OR CUSTODIAL OFFICER?

If you have 20 or more years of creditable service in the Law Enforcement and Custodial Officer Supplemental Retirement Program (LESCOSRF), you can get more retirement pay. Your Supplemental Retirement Program provides a higher retirement multiplier (2.8%) and different eligibility criteria. For more information, see the *Planning Your Retirement* book under Retirement at www.ers.state.tx.us. You are included in this Supplemental Retirement Program if you are one of the following:

- A “law enforcement officer” who has been commissioned by the Texas Department of Public Safety, Texas Alcoholic Beverage Commission, Texas Parks and Wildlife Department, or the Office of Inspector General at the Texas Youth Commission, and whose commission is recognized by the Texas Commission on Law Enforcement Officers Standards and Education.
- A “custodial officer” for the Texas Department of Criminal Justice (TDCJ) Institutional Division, certified as having normal duties that require you to have direct contact with inmates.
- A “parole officer or caseworker” employed and certified by the Board of Pardons and Paroles or TDCJ.

DISABILITY RETIREMENT AVAILABLE

Your retirement plan offers **occupational** and **nonoccupational disability retirement**. If you qualify, you could receive monthly benefits if you are permanently disabled and unable to continue working. You must meet certain conditions.

You must have at least one month service credit before you can apply for occupational disability retirement. A qualifying example for occupational disability retirement is when a state trooper in the line of duty is shot by a suspect, resulting in a permanently disabling injury.

You must have 10 years of service credit before you can apply for non-occupational disability retirement. A qualifying example of a non-occupational disability retirement is when an employee is diagnosed with a terminal illness and cannot continue employment with the State or any other employer in a position with comparable pay.

ERS must approve disability retirement benefits according to state law. The ERS Medical Board must certify that your disability is likely to be permanent and prevents you from continuing your current employment or any other occupation.

NEW EMPLOYEE BENEFITS GUIDE

GO TO ERS ONLINE AT
WWW.ERS.STATE.TX.US
TO GET PERSONALIZED PROJECTIONS FOR YOUR RETIREMENT.



DO YOU HAVE OTHER TEXAS RETIREMENT SYSTEM SERVICE?

Proportionate Retirement Program service

If you worked for any of the Texas retirement systems participating in the Proportionate Retirement Program (PRP), you may purchase withdrawn ERS service without being re-employed by the State. Also, if you are an ERS member, you may purchase withdrawn service from any of the retirement systems that participate in the PRP, including:

- Central Texas Community Health Centers (CTCH)-service must be certified by City of Austin Retirement System.
- City of Austin Retirement System
- City of Austin Police Retirement System
- El Paso City Employees' Pension Fund
- El Paso Firemen & Policemen's Pension Fund
- ERS
- Judicial Retirement System of Texas Plan I
- Judicial Retirement System of Texas Plan II
- Texas County and District Retirement System (TCDRS)
- Texas Municipal Retirement System (TMRS)
- Teacher Retirement System of Texas (TRS)

You can combine service from two or more of these systems to become eligible for retirement. Once you qualify, you will receive an annuity from each system when you retire based on your service with each system.

Have TRS Service? ERS service credit can work with TRS service credit

When you apply for retirement, you may transfer service between ERS and the Teacher Retirement System of Texas (TRS). To increase your annuity, you can purchase TRS service that you had previously withdrawn. You can then transfer this service to ERS when you retire. Buy it as early as possible – it costs more later. An ERS member with at least three years of ERS service can re-establish TRS service for transfer without becoming a TRS member. Likewise, a TRS member with at least three years of TRS service can re-establish ERS service for transfer without becoming an ERS member. TRS rules govern how much TRS service is creditable.

Buy your military service during your first year

After the first of the month following your 90th day at work, you can purchase up to 60 months of your active duty U.S. military service without paying interest. If you purchase military service after your first year of employment, you are charged 10% per year penalty interest.

You must have at least five years of regular ERS service (not counting the military service) credited before your purchased military service can be used to determine eligibility for service retirement or nonoccupational disability retirement benefits.

You cannot purchase active duty military service if you are eligible for military retirement based on 20 or more years of active military duty or its equivalent, or if you were dishonorably discharged from the military.

IF YOU BEGAN WORK PRIOR TO SEPTEMBER 1, 2009, AND WORKED LONG ENOUGH TO BECOME AN ERS MEMBER, OR IF YOU HAVE PRIOR STATE SERVICE AND LEFT YOUR MONEY ON ACCOUNT WITH ERS

You will become “vested” and can receive a retirement benefit at age 60 if you work for the State for a minimum of five years and keep your retirement contributions with ERS. You are also vested with five years of service when you meet the Rule of 80*—when your age and service add up to 80.

State Employees
hired before 9/1/09 or who had
money on account with ERS
as of August 31, 2009

Highest average 36 months of salary
x
Service multiplier
(2.3% per year of service)
=
Monthly Standard Annuity

At an average salary of
\$3,000 per month,
you would earn a standard annuity
of \$1,380 after 20 years of service.

To receive insurance benefits at retirement, you must work at least 10 years for the State and be age 65 or meet the Rule of 80. In both cases, you can purchase up to five years of military service toward the 10 years. You may apply your unused sick and annual leave to your service credit to reach retirement eligibility and to make your annuity larger.

**Judges, law enforcement officers, custodial officers, and elected state officials have a different retirement eligibility standard. Disability retirement also has a different standard.*

ADDITIONAL RESOURCES

Our website: www.ers.state.tx.us

The ERS website has information and tools to help you take advantage of your benefits. Use the A-Z index or Search function to find detailed information on ERS benefits and retirement.

Bookmark the website. It will link you to the health and dental carrier websites.

ERS OnLine

Access your personal account information 24/7 through ERS OnLine at www.ers.state.tx.us. Click on “View My Benefits–User Login” at the top right corner. Ask your benefits coordinator or call ERS for assistance logging in the first time.

Your Statement of Retirement Benefits

This statement provides you important retirement planning information including benefit estimates and vesting information. If you are an ERS member, you will receive the statement each year after your birthday.

Presentations and Fairs

Ready, Set, Retire! and Be BenefitWi\$e, conducted throughout the state, are free half-day seminars on insurance benefits, TexFlex, ERS retirement, and the TexaSaver 401(k) and 457 Plans. To register, go to the Events Calendar on www.ers.state.tx.us.

During summer, fairs are held in locations throughout the state to inform you of benefit options for the upcoming plan year.

Your annual Personal Benefits Enrollment Statement

Every summer, ERS will send you a personalized statement listing your current benefits and choices for the next plan year.

News About Your Benefits

This e-newsletter provides information on available programs, wellness, health

care plans, and other benefits. Your coordinator will let you know when it is available on the ERS website at www.ers.state.tx.us. Click on Newsletters under the News heading. You can also sign up for the digital subscription service topic **ERS News** to receive it directly.

Planning Your Retirement booklet

Find information on retirement eligibility, calculating retirement benefits, and your benefits after retirement. The booklet is available on the Retirement page at www.ers.state.tx.us.

Your benefits coordinator

See your benefits coordinator for help signing up for benefits if you work for a state agency, higher education institution, Community Supervision & Corrections Department, Windham School District, Texas County and District Retirement System, or the Texas Municipal Retirement System.

For Health & Human Services Enterprise employees

If you are an employee of the Department of Aging and Disability Services, Department of Assistive and Rehabilitative Services, Department of Family and Protective Services, Department of State Health Services, Texas Health and Human Services Commission, or the Cancer Prevention & Research Institute of Texas and you need help signing up for benefits as a new employee, contact accessHR at (888) 894-4747 toll-free or go to accesshr.hhsc.state.tx.us.

ERS Interactive Voice Response System

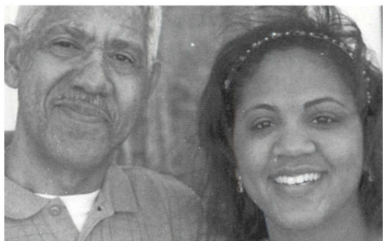
For 24/7 access to automated information on your insurance and retirement benefits, call (512) 867-7711 or toll-free (877) 275-4377.

TexaSaver Quarterly Statement

You will receive a statement each quarter from Great-West detailing your TexaSaver account balance and investment choices.

PROTECT YOUR BENEFICIARIES

Designate beneficiaries for your retirement account.



• Go to ERS OnLine to select a beneficiary.

• You can request to change your beneficiaries anytime.

• ERS will not change your beneficiary until you return a signed election form.

DESIGNATE BENEFICIARIES FOR YOUR STATE BENEFITS

When you sign up for benefits as a new employee, it's important to select the individuals who will receive your retirement account and life insurance benefits in the event of your death. To designate your beneficiaries, go to ERS OnLine at www.ers.state.tx.us or call ERS.

Before calling or going online, make sure you have your beneficiary's Social Security number (SSN), date of birth, and mailing address. In ERS OnLine, go to "My Beneficiaries" to enter, request a change, or update beneficiary information.

If ERS doesn't have your beneficiary's SSN, your survivor may have to wait longer to receive benefits, such as the \$5,000 Basic Term Life policy that is part of your health coverage.

**NEED TO DESIGNATE A BENEFICIARY FOR YOUR TEXA\$AVER ACCOUNT?
SEE NEXT PAGE.**

YOU CAN CHANGE YOUR BENEFICIARIES ANYTIME

If you are a state agency employee, when you go on ERS OnLine you will need to designate your beneficiaries for:

- ERS Active Account
- ERS Life Insurance

If you are not a state agency employee, you will need to designate beneficiaries for:

- ERS Life Insurance

2-STEP PROCESS

1. Designate your beneficiaries in ERS OnLine or by calling ERS.
2. Sign and return the designation form to ERS. ERS will send a confirmation notice when the form is processed.

SAVE EVEN MORE WITH THE TEXA\$AVER 401(k) AND 457 PLANS

Use Texa\$aver to build personal savings for retirement.

- State agency employees are automatically enrolled in the 401(k) Plan.
- Contact Texa\$aver to enroll, get investment advice, view investment options, or select your beneficiary at (800) 634-5091 or www.texasaver.com.

DESIGNATE A BENEFICIARY FOR TEXA\$AVER

If you have a Texa\$aver account, select your beneficiaries to receive any leftover account money if you should die before withdrawing all of it. If you have a 401(k) account and 457 account, your beneficiaries may be the same or different for each account.

To select your beneficiary:

- Print out the beneficiary form at www.texasaver.com.
- Complete and mail it to the address on the form.

New State of Texas employees are automatically enrolled in the 401(k) Texa\$aver Plan. Texa\$aver is a voluntary deferred compensation program that can help you save more for retirement.

Saving with Texa\$aver is easy. Contributions are deducted from your paycheck automatically—before income taxes are taken out. ERS administers the Texa\$aver Program and has partnered with Great-West Retirement Services (Great-West) to do the recordkeeping. Texa\$aver offers two Plans—the 401(k) Plan and the 457 Plan—that help you save more for retirement.

MEET YOUR RETIREMENT GOALS

Your state retirement annuity does not automatically increase to keep up with inflation.

It's helpful to think of your retirement plan as a three-legged stool, which includes your ERS retirement annuity, Social Security, and personal savings (such as your Texa\$aver account) or other investments.

To cover rising costs when you retire, you'll need to draw on your own personal savings and investments.

Unlike a traditional savings account, a Texa\$aver account lets you save for retirement and save on income taxes. Your Texa\$aver contributions are not taxed until you withdraw them from your account at retirement.

IT'S NEVER TOO EARLY

By investing early, your savings can grow without taxes over a longer period of time.

As you can see by looking at the chart below, the sooner you save, the more you have when you retire—see how much \$25 a month can grow.

WATCH YOUR MONEY GROW				
Monthly deposits	5 Years	10 Years	20 Years	30 Years
\$25	\$1,836	\$4,573	\$14,725	\$37,258
50	3,673	9,147	29,451	74,517
100	7,347	18,294	58,902	149,035
200	14,695	36,589	117,804	298,071
300	22,043	54,883	176,706	447,107
400	29,390	73,178	235,608	596,143
500	36,738	91,473	294,510	745,179

These are estimates based on regular monthly deposits earning 8% interest. These rates are for illustration only and do not represent actual or guaranteed rates of return.

PROGRAM ENROLLMENT

If you are not automatically enrolled, you can enroll in the 401(k) or 457 Plan (or both), if offered by your employer* at any time of the year. Enroll online or by telephone.

1. Choose which account—the 401(k), 457, or both—is right for you. View the 401(k)/457 comparison chart at www.ers.state.tx.us/texasaver/plans/chart.aspx. Part of the chart is shown on page 34.

2. Decide how much you want to put toward your retirement savings. This amount is deducted from your paycheck each month, before taxes. This is called your deferral.

3. Choose your investment from the funds offered within the TexaSaver Program.

4. Enroll at www.texasaver.com, or call (800) 634-5091.

NEW STATE AGENCY EMPLOYEES AUTOMATICALLY ENROLLED

All state agency employees hired after January 1, 2008, are automatically enrolled in the 401(k) Plan at 1% of their monthly salary in a Wells Fargo Advantage Dow Jones Target Date FundSM. Once auto enrolled, you may elect to stay in the Wells Fargo Advantage Dow Jones Target Date FundSM or select any other investment choices.

You can choose not to participate before your first deferral if you call Great-West at (800) 634-5091 within 30 days of employment. You can make other changes, including stopping enrollment, throughout the year.

Target Date Funds offer a simple solution to retirement investing by selecting an investment mix based on your birth date and expected retirement date.

** State agency employees can enroll in either or both of the TexaSaver 401(k) and 457 Plans. Employees of four-year higher education institutions can enroll in the 457 Plan. Community college employees can enroll in the 457 Plan if their college offers it (check with your benefits coordinator). TexaSaver is not available to Community Supervision & Corrections Department (CSCD) employees, Windham School District employees, and the employees in the Texas County and District Retirement System (TCDRS) and the Texas Municipal Retirement System (TMRS).*

INVESTMENT CHOICES

The TexaSaver 401(k) and 457 Plans offer the same investment choices, which offer a wide array of risk factors that enable you to invest at conservative, moderate, or aggressive levels. You should review all of the investment products offered within the TexaSaver Program to select choices that are right for your situation.

LOW PROGRAM FEES

TexasSaver has low fees based on the money you have in the program.

Account balance*	Monthly fee per participant per account	Annualized fee per participant per account
\$10.00 or less	No fees	No fees
Between \$10.01 and \$1,000.00	\$1.18	\$14.10
Between \$1,000.01 and \$16,000.00	\$3.99	\$47.90
Between \$16,000.01 and \$32,000.00	\$6.32	\$75.89
Between \$32,000.01 and \$48,000.00	\$9.49	\$113.83
Between \$48,000.01 and \$64,000.00	\$12.65	\$151.78
\$64,000.01 or more	\$15.81	\$189.72

*The Program administrative fee is based on your account balance.

INVESTMENT ADVICE

It is important to diversify your investment choices. By diversifying your investments, you may minimize your portfolio's risk and increase your return.

To help you to diversify, TexaSaver offers objective, personalized investment advice through the TexaSaver Advisor Service. Financial advisors can provide advice about investing your TexaSaver account money and a plan to help meet your retirement goals. You can speak with an advisor by calling (800) 634-5091.

TRANSFER MONEY INTO YOUR TEXASAVER ACCOUNT

If you have money in a previous employer's 401(k) or 457 Plan, you can transfer or consolidate your accounts into a TexaSaver account and take advantage of low fees. This makes it easy to grow your accounts and track your investments with TexaSaver.

You may also roll over all or a portion of the amount currently invested in an Individual Retirement Account (IRA) to your TexaSaver 401(k) Plan if the entire balance in the IRA is from pre-tax contributions and earnings.

For more information about transferring funds, go to the TexaSaver section at www.ers.state.tx.us and click on Rollovers.

CONTRIBUTION LIMITS

The most you can contribute from your salary to each account each year is \$16,500. If you are over age 50, you can make an additional contribution of \$5,500.

COMPARISON OF TEXA\$AVER 401(K) AND 457 PLANS

Offered by the Employees Retirement System of Texas

For more information on each Plan, call toll-free at (800) 634-5091.

	401(k) Plan	457 Plan
Eligibility	Part-time and full-time state employees upon date of hire or anytime thereafter. Excludes higher education employees.	Part-time and full-time state and higher education employees, upon date of hire or anytime thereafter.*
Maximum annual deferral for 2010	99% of 401(k) eligible compensation or \$16,500** per year, whichever is less. The 2010 annual contribution limit is \$22,000 if you are 50 or older. You may put money in the 401(k), 457, or both.	99% of 457 eligible compensation or \$16,500** per year, whichever is less. The 2010 annual contribution limit is \$22,000 if you are 50 or older. You may put money in the 401(k), 457, or both.
Transfer of funds to purchase service	You may purchase military service, Additional Service Credit, withdrawn service, or other eligible ERS service by transferring funds from your Texa\$aver 401(k) Plan. In order to be eligible, you must either have separated from service or have reached age 59 1/2 at the point you may make a rollover into the TRS plan to purchase service credited. This is not a taxable distribution.	You may purchase military service, Additional Service Credit, withdrawn, or other eligible ERS/ TRS service by transferring funds from your Texa\$aver account while employed. This is not a taxable distribution.
Rollovers in	If eligible, you may roll funds into the Texa\$aver Program from another eligible retirement plan. Money from a 401(k) plan, 403(b) plan, or eligible IRA can be rolled into the 401(k) Plan; only money from a 457 plan can be rolled into the 457 Plan.	
Age 50 and Over Catch-up Provisions	If you are age 50 or older, you may contribute an additional \$5,500** in 2010. You may not use this provision in a 457 Plan while using the 457 Three-Year Catch-up Provision. Amounts are adjusted for inflation.	
Three-year 457 Catch-up Provision (Cannot be used with the Age 50 and Over Catch-up in the 457 Plan.)	Not available in the 401(k) Plan.	Subject to eligibility if you have unused deferrals, the 457 Catch-up limit is \$33,000** in 2010. You may participate only in the three years before the taxable year in which you attain normal retirement age.
Loans	Loans may be approved for \$1,000 to \$50,000 (subject to Plan provisions). You must have an account balance of at least \$1,050, as there is a \$50 loan application fee. There is a \$2.08 monthly maintenance fee.	
Tax penalties	A 10% federal penalty tax applies to distributions made before age 59 1/2. A 50% federal tax penalty applies if Required Minimum Distributions aren't taken at age 70 1/2.	No 10% federal penalty tax applies to distributions made before age 59 1/2. A 50% federal tax penalty applies if Required Minimum Distributions aren't taken at age 70 1/2.

*Community college employees can enroll if their college offers the 457 Plan. ** Ceiling is adjusted each year per cost-of-living index. Amount shown is for 2010. Both plans are governed by the provisions of the Internal Revenue Code. The State of Texas 401(k) Plan began in 1985 and the 457 Plan began in 1974. For more information on each Plan, call Texa\$aver at (800) 634-5091.

TRANSFERS

Did you transfer to your new job from another State of Texas employer? Or have you had insurance with ERS without a break in coverage?

YOUR RETIREMENT ACCOUNT

If you transfer from one state agency to another within the same calendar month, you will not have a retirement account waiting period.

If you transfer to a state agency from a higher education institution, Community Supervision & Corrections Department (CSCD), Windham School District, Texas Municipal Retirement System (TMRS), or Texas County and District Retirement System (TCDRS), you will have a waiting period before your first contribution to your ERS retirement account. Your contributions start the first of the month after your 90th day on the job.

HEALTH COVERAGE

If you transfer from one entity in the Texas Employees Group Benefits Program (GBP) (state agencies, higher education institutions*, CSCD, Windham School District, TMRS, or TCDRS) to another with no break in coverage, you will not have a health coverage waiting period and will have 31 days to make health coverage changes. Your coverage begins the first of the next month unless you start on the first day of the month.

**If you were employed for 90+ days and you transfer directly from employment at Texas A&M University or the University of Texas systems, you do not have the health coverage waiting period.*

If you are enrolled in the GBP as a dependent, or if you are paying for your coverage in the GBP through COBRA, your coverage with your new employer starts the first of the month after your official hire date. You must pay the COBRA premium for the month in which you are hired to avoid the health coverage waiting period. All coverage, including optional coverage, will begin the first of the month following your employment date.

Your coverage date with your new employer depends on the date you actually begin employment.

Example 1

Sally leaves her old agency on November 5, 2010 and starts work at a new agency on November 8, 2010. She keeps her coverage through the end of November at the old agency, and her coverage with her new agency begins December 1, 2010, which is the first of the month after her first active duty date at her new agency. Her old agency will pay the state portion of her health insurance premium through November.

Example 2

Allen ends his employment at his old agency on November 19, 2010. He begins work at his new agency on December 6, 2010. He uses no paid vacation leave between November 19 and December 6. He will be covered by his old agency until November 30, 2010. Allen's hire date is December 6, 2010, because he was not

on state payroll on the last working day of the preceding month. Due to this break in coverage, he will have a health coverage waiting period, with his coverage starting on April 1, 2011.

He could prevent the waiting period by paying for COBRA coverage for December, with his coverage at his new agency beginning on January 1, 2011.

Example 3

Mark quits his job at his old agency on May 4, 2011 and goes on COBRA on June 1, 2011. He starts a new job at a new agency on October 3, 2011. To avoid the health coverage waiting period, he must pay his COBRA premiums through October. Mark's coverage as an active employee at the new agency will begin on November 1, 2011, without a waiting period.

Example 4

Edward works for a higher education institution and covers his spouse, Mary, as a dependent. Mary starts work with a state agency on January 14, 2011. In order for Mary to avoid a health coverage waiting period, she must remain on Edward's coverage as a dependent through January. Mary's insurance benefits as an active employee begins on February 1, 2011.

CONTACT INFORMATION

HEALTH PLANS

HealthSelectSM of Texas—
Blue Cross and Blue Shield of Texas
(800) 252-8039
TDD: (800) 735-2989
24/7 Nurseline: (888) 334-9473

Pharmacy benefits for HealthSelect—
Caremark
(888) 886-8490
TDD: (800) 231-4403

HMOs

Community First Health Plans
(an affiliate of the University Health System)
(877) 698-7032
Local: (210) 358-6262
TDD: (800) 390-1175
NurseLink: (210) 358-6262

Scott & White Health Plan
Temple: (800) 321-7947, (254) 298-3000
Bryan/College Station: (800) 791-8777,
(979) 268-7947
Georgetown: (800) 758-3012,
(512) 930-6040
Waco: (800) 684-7947, (254) 756-8000
San Angelo: (800) 321-7947,
(325) 659-7591
VitalCare Nurse advice line: (800) 975-6612

State Kids Insurance Program (SKIP)

Texas Health and Human Services
Commission
(877) KIDS-NOW/(877) 543-7669

TEXFLEX

PayFlex Systems USA, Inc.
(866) FLEX-TEX or (866) 353-9839
Toll-free Express Claims fax:
(866) 932-2567
Toll-free Paper Claims fax:
(866) 286-6897

OPTIONAL INSURANCE

Dental Plans

State of Texas Dental Choice PlanSM—
Administered by HumanaDental
Insurance Company
(877) 377-0987
TDD: (800) 325-2025

HumanaDental DHMO
Insured by DentiCare, Inc. dba
CompBenefits, a member of the
HumanaDental family of companies
(877) 377-0987
TDD: (800) 325-2025

Evidence of insurability

Fort Dearborn Life Insurance
Company
(800) 778-2281

Life, Disability, and Voluntary AD&D Insurance

Dearborn NationalTM
(800) 778-2281

Long-Term Care Insurance

John Hancock Life Insurance Co.
(800) 400-9396
TDD: (800) 255-1808

TEXA\$AVER 401(K) AND 457

**Texa\$aver and
Texa\$aver Advisor Service**
(800) 634-5091
TDD: (877) 606-4790
www.texasaver.com

ERS WEBSITE:

www.ers.state.tx.us

TO CALL:

In Austin (512) 867-7711
(877) 275-4377, toll-free

TO VISIT IN PERSON:

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

TO WRITE:

Employees Retirement System of Texas
Customer Benefits Division
P.O. Box 13207
Austin TX 78711-3207

Records of members, retirees and their beneficiaries are confidential. ERS will not release certain information about your account without your written authorization.

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