

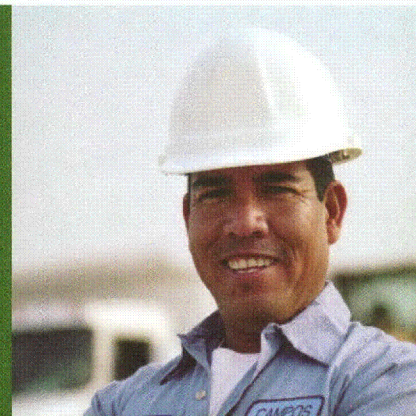
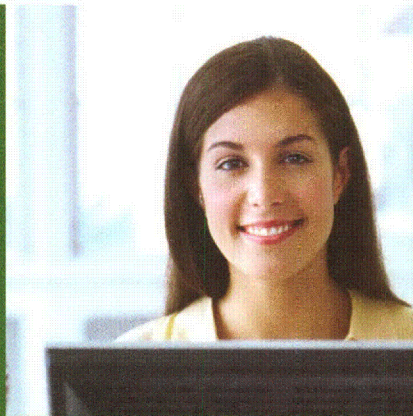
NEW EMPLOYEE Benefits Guide

PLAN YEAR 2016

September 1, 2015 - August 31, 2016



Photo courtesy of the
Texas Department of Criminal Justice



For state agency employees only

ERS
EMPLOYEES RETIREMENT
SYSTEM OF TEXAS

Employees Retirement System of Texas

Always available online at www.ers.state.tx.us

24/7 access to automated information on your
insurance and retirement benefits:

(877) 275-4377, TDD: 711.

Talk to a representative 7:30 a.m. to 5:30 p.m., Monday through Friday.

Published August 17, 2015



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**ERS SUPPORTS THE STATE WORKFORCE
BY OFFERING COMPETITIVE BENEFITS
AT A REASONABLE COST.**

New Employee Benefits Checklist

60 DAYS **First 60 Days** (from date of hire)

Health insurance

- Enrollment in HealthSelectSM of Texas is automatic for full-time employees
- Enroll in an HMO instead if you live or work in an eligible county
- Enroll eligible dependents
- Certify tobacco-use status for yourself and your covered dependents
- Opt out of or waive coverage

31 DAYS **First 31 Days** (from date of hire)

Dental plans

Enroll yourself and your dependents in a dental plan:

- HumanaDental DHMO
- State of Texas Dental Choice Plan
- State of Texas Dental Discount Plan

Optional Term Life Insurance

- Enroll in coverage of 1 or 2 times your annual salary
- Apply for coverage of 3 or 4 times your annual salary through evidence of insurability (EOI)

Voluntary Accidental Death & Dismemberment (AD&D)

- Enroll yourself or yourself and family

Dependent Term Life Insurance

- Enroll eligible dependents

Texas Income Protection Plan (TIPP) disability insurance

- Enroll in short-term disability
- Enroll in long-term disability

TexFlex flexible spending accounts

- Enroll in a TexFlex health care account
- Enroll in a TexFlex dependent care account

ERS Online Account

- Set up your online account at www.ers.state.tx.us
- Enter or verify your contact information
- Enroll yourself and dependents in coverage

Remember: If your address, phone number or email address change at any time during the year, log in to your account and update your information.

TEXA\$SAVERSM

401(k) / 457 Program

Voluntary Retirement Savings Account

As a state agency employee, you're automatically enrolled* in the 401(k) at 1% of your salary.

You can make changes to your account at any time.

- Enroll in a 457 plan
- Increase your savings contribution
- Choose not to participate

*If you transfer from another state agency, enrollment is not automatic

Information in this book is correct as of the publication date and is subject to change.

Designate beneficiaries

- Life insurance (once it's effective), including Basic Term Life Insurance
- ERS retirement account (after first contribution)
- Texa\$aver accounts(after first contribution)

You can have more than one beneficiary and can change your retirement account beneficiaries any time before retirement. You can change beneficiaries in your other plans at any time.

For ERS retirement and life insurance beneficiaries,

sign into your account at www.ers.state.tx.us. You'll need your beneficiaries':

- Social Security numbers,
- dates of birth and
- mailing addresses.

Then:

1. Designate the beneficiaries online.
2. Print out the forms from your email or get them from the mail.
3. Return the signed forms to ERS.

For Texa\$aver beneficiaries,

1. Visit www.texasaver.com.
2. Select the "401(k)" or "457" tab from the homepage.
3. Download a beneficiary form under "forms."
4. Complete the form.
5. Fax or mail it back to Empower Retirement.

Find detailed instructions at:

www.ers.state.tx.us/Customer_Support/Online/Update_Your_Beneficiaries/

Sign up for ERS news and updates



The New Employee Benefits Guide for Plan Year 2016 highlights benefits 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 with no obligation to provide these benefits beyond each fiscal year.

Health and Human Services Enterprise Employees

DADS, DARS, DFPS, DSHS, HHSC, CPRIT

The HHS Employee Service Center acts as your benefits coordinator. Contact the Center toll-free at (888) 894-4747.



Welcome

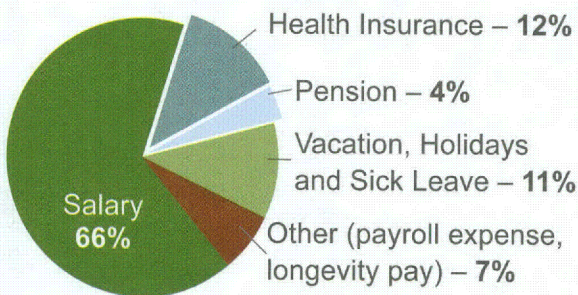
Congratulations on your new job!

You have a valuable benefits package. For the average state employee, the State of Texas benefits make up about one-third of your total compensation. These comprehensive benefits are designed to enhance your wellness and secure your future.

Average state employee total compensation = **\$60k**

- \$40K in salary
- \$20K in benefits

Employers and employees say that benefits are a major draw to state employment.



Source: Texas State Auditor's Office, State Employee Benefits as a Percentage of Total Compensation, April 2014

The decisions you make — some of which happen during a short window of time — will influence your health care, financial security and take-home pay. Read this guide to educate yourself and make informed choices in your first 31 to 60 days of employment. Your decisions may provide peace of mind and cost savings now and into the future.

ERS and your benefits

ERS administers some of the excellent benefits provided to you by the State of Texas and your employer. ERS manages your insurance benefits under the Texas Employees Group Benefits Program (GBP) and your retirement benefits. The GBP serves more than half a million employees, retirees, and their family members.

You are automatically enrolled in:

- HealthSelectSM of Texas health and prescription drug coverage if you're a full-time employee (Part-time employees are not automatically enrolled),
- \$5,000 Basic Term Life and AD&D insurance at no cost for full-time employees Part-time employees aren't automatically enrolled.
- a Texa\$aver 401(k) retirement savings account at an initial contribution rate of 1% of salary* and

- the ERS defined benefit retirement plan with an employee contribution of 9.5 % of salary.

NOTE: The Texas Legislature sets the contribution levels.

*If you transfer from another state agency, enrollment is not automatic.

For a limited time, new employees can sign up for certain benefits—no questions asked.

You and your eligible dependents can sign up for some benefits the day you start working.

If you enroll in certain life and disability benefits when they are first available, you won't need to produce evidence of insurability (EOI). EOI is an application process that requires you to provide information about your or your dependents' health. Even if you go through the EOI process, you or your dependents may not be approved for these benefits if you don't qualify.

Don't miss your first opportunity to enroll in benefits.

Otherwise, you will need to wait until you have a qualifying life event (QLE) or the next Summer Enrollment period.

- **Qualifying life events:** During the plan year, events such as marriage, divorce or birth of a child may allow you to make benefit changes that are consistent with the QLE guidelines and within 31 days of the event.*
- **Summer Enrollment:** You can make changes to your benefits for the new plan year (September 1 to August 31) without a QLE. EOI may be required for some benefits.

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

When do your benefits start?

For most state employees, health and prescription drug coverage starts on the first of the month following your 60th day of employment. If your 60th day of employment falls on the first day of the month, then your coverage starts on that day. For example, an employee hired on June 15, 2015, would have health coverage on September 1, 2015. This is your health coverage waiting period. The health coverage waiting period does not apply to:

- employees rehired with no break in coverage,
- return-to-work retirees enrolled in health coverage as a retiree,
- participants enrolled in GBP health coverage in accordance with the Consolidated Omnibus Budget Reconciliation act of 1985 (COBRA) on the date of hire or rehire,
- participants enrolled in GBP health coverage as a dependent of a GBP member on the date of hire or rehire, or
- participants who transfer from the University of Texas or Texas A&M University without a break in coverage.
- **Optional benefits** (dental, optional life elections 1 and 2, dependent life, AD&D, TIPP disability insurance and flexible spending) starts on your first day, if you enroll on your first day. Otherwise, benefits start on the first of the month after you enroll within 31 days of your hire date or are when you're approved through EOI (for optional life elections 3 and 4).
- **Texa\$aver 401(k)** account contribution starts after you've been automatically enrolled or you've voluntarily enrolled.
- **ERS retirement membership and contribution** starts with your first paycheck. Membership is mandatory. Return-to-work retirees cannot participate in the program.

For a quick overview of your new employee benefits, visit



[www.ers.state.tx.us/Employees/
New-Employee/Overview](http://www.ers.state.tx.us/Employees/New-Employee/Overview)



Enroll in health benefits

Full coverage for state employees

Under current state law, the State of Texas provides you with comprehensive health coverage that includes:

- prescription drug benefits,
- \$5,000 Basic Group Term Life Insurance and
- \$5,000 AD&D coverage.

The state pays 100% of the monthly premium contribution cost for full-time employees and 50% of dependent contributions.

You and any dependents you cover must be enrolled in the same plan.

Certify tobacco use

All participants enrolled in Texas Employees Group Benefits Program (GBP) health insurance plans must certify their status as tobacco users or non-users. Certify your and your dependents' statuses on your Benefits Election Form or through your ERS online account. If you don't certify, you'll be charged the tobacco-user premium. See page 8 for details.

Coverage based on employment status

Full-time employees—those working 30 hours or more per week—are automatically enrolled in HealthSelectSM of Texas. Your dependents aren't automatically enrolled in health coverage. If you want to cover them, you'll have to enroll them. 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 waive or opt out of health coverage for yourself if you're a full-time employee. If you waive or opt out of health coverage, remember that you won't have health benefits, prescription drug coverage or Basic Term Life Insurance with AD&D coverage.

Part-time employees—those working fewer than 30 hours per week—won't be enrolled automatically. If you enroll, the state pays 50% of your premiums and 25% of your dependents' premiums.

HealthSelectSM of Texas

HealthSelect is a point-of-service plan administered by UnitedHealthcare. HealthSelect lets you choose your providers and save money by using network benefits throughout Texas.

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 costs to the health plan, which help preserve GBP benefits for all participants. If you don't choose a PCP, you might end up paying more for services.

HMOs

You can enroll yourself and your eligible dependents in Community First Health Plans, KelseyCare powered by Community Health Choice or Scott & White Health Plan if you live or work in one of their service counties. See page 32 to see which counties have an available HMO.

You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered. Only emergency care services are covered outside the network, unless the health plan has authorized your treatment. View more information in the Health Plans Comparison Chart in the Resources section of this guide.



You must take action if...

You are a full-time employee and want to:

- enroll family members in health coverage.
- change coverage from HealthSelect to an HMO.
- opt out of health coverage.

You are a part-time employee and want to:

- enroll yourself and family in HealthSelect or an HMO.

You enroll dependents to health coverage and must:

- Provide documentation proving eligibility.

Choose your primary care physician

If you enroll in Community First Health Plans 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 any time during the year.

Scott & White Health Plan and KelseyCare powered by Community do not require you to select a PCP. However, you must use providers within those networks.

Referrals

If you're a HealthSelect participant and need to see a specialist doctor—someone other than your primary care physician—you may need to get a referral from your PCP. Certain chronic conditions, such as cancer or allergy treatment, may be eligible for a standing referral that does not limit you to 12 months or 12 visits.

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 covered dependents by giving your provider or pharmacy the group number of your new plan, along with your Social Security number.



Group Numbers

HealthSelect of Texas

- Medical: UnitedHealthcare 744260
- Prescription drugs: Caremark 1292

Community First Health Plans: 0010180000

Scott & White Health Plan: 000058

KelseyCare powered by Community: 15000

Tobacco use

If you're tobacco-free, congratulations! You're protecting your health AND saving money by not paying the tobacco-user premium.

If you or any dependents you cover through GBP health insurance use tobacco, however, you'll pay a higher tobacco-user premium. The additional premium depends on how many tobacco users you are covering. It ranges from \$30 to \$90 per month.

All participants enrolled in GBP health insurance plans must certify their status as tobacco users or non-users. GBP members and covered dependents who do not certify their tobacco-use status will be charged a monthly tobacco-user premium—even if they don't use tobacco.

Ready to quit?

Take advantage of the tobacco cessation programs offered by GBP health plans. If you're tobacco-free for at least three consecutive months, you won't pay the higher premiums if you re-certify as a tobacco non-user.

Tobacco premium alternative

If you're a tobacco user, you may be able to participate in the Choose to Quit program, which allows tobacco users to have their GBP tobacco-user premiums waived for the plan year. Program rules will apply.

For more information about the tobacco-user premium and Choose to Quit, see the ERS Tobacco Policy at www.ers.state.tx.us/Employees/Health/Tobacco_Policy or contact ERS toll-free at (877) 275-4377.

Opting out of health insurance

If you don't need GBP health insurance or prescription drug coverage, you can opt out or waive your coverage.

Carefully consider your decision to turn down health insurance coverage. If you decline health insurance coverage, you also lose prescription benefits and the Basic Term Life policy. You can still enroll in health insurance during Summer Enrollment or if you have a QLE of losing the other coverage.

Option 1: 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 of 100% for full-time employees and 50% for part-time employees. Individuals who are not eligible for the state contribution toward their health insurance premium, are not eligible for the Opt-Out Credit. AND
2. able to certify that you have health insurance coverage that is equal to or better than the 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 if you have GBP coverage as a dependent, or if you receive a state contribution for other insurance coverage.

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

Important: You may enroll in GBP health coverage if you lose the other coverage and enroll within 31 days of losing the other coverage.

Option 2: Waive health insurance

If you don't want the Opt-Out Credit or health insurance coverage, you can waive coverage but will not receive a credit to apply toward optional benefits such as dental and Voluntary AD&D.

Deciding between HealthSelect and an HMO?



Health benefits comparison charts in Resources (pages 28-30).



A rate calculator is available at www.ers.state.tx.us/Employees/Calculate-Rates

Prescription drug program

You and each of your covered dependents have separate \$50 prescription drug deductibles before the plan begins to cover drug costs. If you're in HealthSelect, the deductible is from January 1 to December 31. If you enroll in an HMO, it's from September 1 to August 31.

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

If you enroll in HealthSelect, you will get two ID cards in separate mailings—a medical card from UnitedHealthcare and a prescription drug card from Caremark.

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 don't use an EDS network pharmacy, you may have to pay a retail fee if you get more than a 30-day supply. HMOs network providers are separate from HealthSelect.

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 instead, 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.



Deductible example

An employee buys a Tier 1 maintenance prescription that costs \$40. That \$40 will count toward the \$50 plan year deductible. When refilling that prescription, the employee will pay \$10 to complete the deductible and \$10 as the copay, with the plan paying the remaining \$20.

How much will your prescription cost?



Visit your provider's website. Contact information is on the inside back cover.

Network pharmacy prescription drug copays

Deductible	Each participant must pay a \$50 annual deductible before copays apply (for the calendar year, January 1 to December 31).	HMO deductibles are for the plan year, September 1 to August 31.
Participating pharmacies	Copays for up to a 30-day supply of non-maintenance medications are \$10 for Tier 1 drugs, \$35 for Tier 2 drugs, and \$60 for Tier 3 drugs. For up to a 30-day supply of maintenance medication, you will be charged a retail maintenance copay of \$10 for Tier 1 drugs, \$45 for Tier 2 drugs, and \$75 for Tier 3 drugs.	
Non-participating pharmacies	For up to a 30-day supply, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. The deductible will be subtracted if not met.	HMOs may not provide benefits at non-participating pharmacies.
Extended Days Supply (EDS) network	If you order prescription drugs through an EDS network pharmacy, you pay the following copays for a 90-day supply: \$30 for Tier 1 drugs, \$105 for Tier 2 drugs, and \$180 for Tier 3 drugs.	Does not apply to HMOs.
Mail order	If you order prescription drugs through the mail service program offered by your health plan, you pay the following copays for a 90-day supply: \$30 for Tier 1 drugs, \$105 for Tier 2 drugs, and \$180 for Tier 3 drugs.	

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



Include dependents

31
DAYS

In the first 31 days, you can sign up your dependents in dental, Dependent Term Life Insurance, and AD&D coverage—as long as you are enrolled in the same coverage.

60
DAYS

During your first 60 days, you can enroll your eligible dependents in your health plan. Eligible dependents also may be enrolled in health insurance within 31 days of their losing other health insurance.

You must sign up your eligible dependents for health insurance coverage—their enrollment is not automatic.

Eligibility

You can enroll your spouse and your children under age 26 (including married children), who meet one of the descriptions listed on page 12, in health insurance. Other benefits, such as dental and Dependent Term Life Insurance, are available to your spouse and your eligible unmarried children under age 26. Currently, a dependent's employment or school enrollment has no bearing on benefits eligibility.

You must sign up your eligible dependents for insurance coverage—their enrollment is not automatic. If your children are 26 or older and disabled, you also can apply for coverage. Coverage isn't guaranteed.

Certification of dependent children

When you go to your ERS online account to enroll your dependent children, you must certify that they are eligible for coverage. Select your relationship to your dependents and answer the remaining questions to complete the certification process.

You won't be able to enroll your dependent children until this certification is complete.

This online certification 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.



Verification of all dependents

Once ERS processes your dependent's enrollment in health coverage, Aon Hewitt (our third-party administrator) will follow up with you to obtain copies of documents proving your dependents' eligibility. Documents dated after the dependent was enrolled will not be accepted, even if that date is before the date coverage began. ERS has contracted with Aon Hewitt to verify that every dependent enrolled is eligible for GBP coverage.

Aon Hewitt will mail a letter to you outlining the steps in the verification process, the dependents being verified, the types of documents to provide, and the due dates to submit documentation. You must respond or else your dependents will be dropped. If your dependent is found ineligible, ERS will remove him or her from all GBP coverage.

Certify tobacco-use status

When enrolling dependents in health coverage, you also must certify whether or not they use tobacco. Tobacco users pay monthly tobacco-user premiums. If you don't provide this certification, you'll automatically pay the tobacco-user premium. You must certify each dependent as a tobacco user or non-user.

Who can enroll?

Dependents must be eligible for coverage prior to enrolling. See the dependent eligibility chart on page 12 for information on documentation requirements. You'll get specific instructions on the documentation requirements for your dependent from Aon Hewitt.

Add disabled dependents

New employees can request to add a disabled dependent age 26 years or older to insurance coverage by completing the [Application to Request or Renew Health Coverage for a Disabled Dependent Child, at age 26 and Over](#), which can be found on the ERS website. If approved, coverage will be effective once your health coverage waiting period ends. Optional coverage becomes effective the first of the month following approval, if requested within the first 31 days of employment.

Texas Employees Group Benefits Program (GBP) dependent eligibility chart

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage. For example, if you add a common law spouse, you must have a government-issued Declaration of Informal Marriage and a current Federal Tax Return. You are required to provide a birth certificate to Aon Hewitt once you enroll a newborn child. A hospital-issued birth certificate will be accepted in place of a government-issued birth certificate for newborn children, three months of age or younger.

Dependent of the Participant (employee, retiree or other individual enrolled in program as recognized by Texas law)	Eligibility	Examples of Supporting Documents (these documents are required)
Spouse	Spouse as recognized by law	<ul style="list-style-type: none"> • Government-Issued Marriage Certificate AND • Current Federal Tax Return OR • Proof of Joint Ownership** Issued within last six months. OR • Government Issued Marriage Certificate only (if married in the last 12 months).
Common Law Spouse	Spouse as recognized by law	<ul style="list-style-type: none"> • Declaration of Informal Marriage with the County Courthouse AND • Current Federal Tax Return OR • Proof of Joint Ownership** Issued within last six months.
Biological Child*	Natural-born child	<ul style="list-style-type: none"> • Government Issued Birth Certificate
Adopted Child*	Child is eligible at time of placement.	<ul style="list-style-type: none"> • Adoption Certificate OR • Adoption Placement Agreement AND • Petition for Adoption
Stepchild*	Child is not required to live in participant's household.	<ul style="list-style-type: none"> • Government Issued Marriage Certificate OR • Declaration of Informal Marriage with the County Courthouse AND • Child's Government-Issued Birth Certificate AND • Current Federal Tax Return OR • Proof of Joint Ownership** Issued within last six months.
Child of Managing Conservator	Child is identified in the managing conservatorship granted to the participant.	<ul style="list-style-type: none"> • Managing conservatorship court document signed by judge.
Foster Child*	Child must not have other governmental insurance.	<ul style="list-style-type: none"> • Placement Order AND • Affidavit of Foster Child
Legal Ward Child*	Child is under the protection or in the custody of the participant.	<ul style="list-style-type: none"> • Court order signed by a judge appointing participant as the child's guardian (Documentation of legal Custody) AND • Government-Issued Birth Certificate
Other Child*	Child is related to participant by blood or marriage, and was claimed as dependent on participant's federal income tax return for previous tax year, and will continue to be claimed on participant's federal income tax return for every calendar year the child is covered. A child who is acquired or born in the current calendar year will be claimed and continued to be claimed on participant's federal income tax return for every calendar year the child is covered.	<ul style="list-style-type: none"> • Government-Issued Birth Certificate OR • Government-Issued Marriage License to prove family relationship AND • Current Federal Tax Return OR • Affidavit of Good Cause

*Child must be under age 26 for health insurance, and can be married or unmarried. Child must be under age 26 and unmarried for dental insurance and Dependent Term Life Insurance. Disabled dependent children age 26 and over may be eligible for insurance. For more information, visit the ERS website.

**See Documentation Requirements in the communications Aon sends you for examples of Joint Ownership documents. False information could lead to expulsion from the GBP and/or criminal prosecution.



Choose your dental plan

Identify your dental needs

You and your family have three dental options. There are two dental insurance plans and one dental discount plan. To pick a plan, ask yourself:

- Do you have a dentist? Is your dentist listed as a network provider in the plan?
- What dental procedures do you have coming up?
- What are the benefits for those procedures in each plan?
- What would you pay for a routine cleaning, filling, or crown with dental insurance or the dental discount plan?



Is your estimate of dental expenses lower than what you would pay for monthly dental rates? If so, 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 19 for more information.

31
DAYS

You and your eligible dependents can enroll in one of three dental plans:

- State of Texas Dental Choice PlanSM (insurance),
- HumanaDental DHMO (insurance), or
- State of Texas Dental Discount PlanSM (discount plan; not insurance).

You must be enrolled in dental benefits if you want your dependents to have dental benefits. You and your family must enroll in the same dental plan.

State of Texas Dental Choice PlanSM

The State of Texas Dental Choice Plan, the state’s preferred provider organization (PPO) plan, is administered by the HumanaDental insurance Company. You can use it anywhere in the United States.

The plan:

- lets you use any dentist, with your dental care covered according to a payment schedule, and
- helps you pay less out of your pocket if you use a dentist participating in the preferred provider network.

HumanaDental DHMO

The HumanaDental Dental Health Maintenance Organization (DHMO) is available if you live or work in Texas.

The plan:

- offers discounted charges on services by a primary care dentist (PCD) on the list of approved providers,
- allows your dependents who live outside the Texas service area to still be covered; however, they must return to the service area and use their PCD to receive dental care, except for emergency services and
- lets you and your covered dependents select different PCDs. For example, an employee in Austin could have a covered dependent who selects a PCD in Dallas while attending college. You must select a PCD to access benefits with this plan. Call HumanaDental to select one and have an ID card sent to you.

State of Texas Dental Discount PlanSM

The State of Texas Dental Discount Plan, administered by Careington International Corporation (Careington), is not dental insurance, but a discount program for dental services. Under this plan, participating dentists have agreed to accept a discounted fee from participants as payment-in-full for dental services performed.

You’re responsible for paying all charges directly to the dentist at the time services are provided. You can use the plan as much as you like on your dental care needs. You’ll even save on cosmetic services, such as braces and teeth whitening. You do not need to designate a primary care dentist. Because the dental discount plan is not insurance, there are no pre-authorizations, referrals, or claims. The Dental Discount Plan is available throughout the United States, excluding Vermont and U.S. territories, and in the United Kingdom.

Dental plan features

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



Dental insurance comparison chart in Resources (page 31)



Protect your family's future

Your GBP health coverage includes \$5,000 Basic Group Term Life Insurance with \$5,000 of AD&D coverage provided for you at no cost. You can buy more life insurance to protect your family in the event of your death.

Optional Term Life Insurance

Optional Term Life Election 1 or 2 (one or two times your annual salary) is available without EOI during the first 31 days of employment. If you do not sign up as a new employee, you can apply when you have a QLE or during the Summer Enrollment period, but coverage is not guaranteed.

You can apply for **Optional Term Life Election 3 or 4** (three or four times your annual salary) through EOI. The maximum coverage amount is \$400,000. You must go online to initiate the EOI process. There you will request instructions to complete the EOI process, be mailed or emailed to you. 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 level of coverage you purchase.

EOI is an application process that requires you to provide information about your or your dependents' health. Even if you go through the EOI process, you or your dependents may not be approved for benefits if you don't qualify.

In addition, you can enroll your dependents in Dependent Term Life Insurance and yourself and your family in Voluntary AD&D Insurance, also administered by Minnesota life.

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 covered family member. The benefit will be paid to you upon the death of your covered dependents or in the event of certain accidental injuries.

If you do not sign up as a new employee, you can apply through EOI when you have a QLE or during the annual enrollment period, but coverage is not guaranteed. Newborn coverage is guaranteed if the baby is added within 31 days of birth.



Photo courtesy of the Texas Department of Criminal Justice

Do you need life insurance?

About 16% of men and 10% of women die between age 35 and the typical retirement age.*

With this in mind, you should consider your family's future if something were to happen to you. Use Minnesota Life's Insurance Needs Calculator to help determine how much life insurance coverage you might need. On the site, you also can find the *Active Employees Benefits Book* for information on limitations and exclusions to Basic and Optional Term Life Insurance.

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, starting at \$10,000 up to \$200,000. You can sign up for coverage for yourself only, or for you and your eligible family members.

Accidental death benefit

In the event you die as the direct result of an accidental bodily injury, the benefit pays your beneficiaries the full amount of your coverage upon your accidental death.

If a covered family member dies in an accident, that dependent's Voluntary AD&D amount will be paid to you.

Dismemberment benefit

If you have an accident and suffer any of the covered injuries, such as loss of a hand, foot or sight of one eye in an accident, the benefit pays you up to the full amount of your coverage.

If an eligible family member loses a hand, foot or sight of one or both eyes in an accident, you receive a percentage of the benefit.

There's no EOI application for AD&D Insurance.

*Legislative Budget Board; Texas State Government Effectiveness and Efficiency Report; January 2013

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DAYS

You can enroll in Optional Term Life Insurance for up to four times your salary. Minnesota Life Insurance Company administers this benefit.

Use Minnesota life's insurance needs Calculator to help determine how much life insurance coverage you might need.
www.LifeBenefits.com/plandesign/ers



Maintain income

T.I.P.P.

Texas Income Protection Plan
For State Employees **ERS**

If something happens to you and you are unable to work, how will you pay your bills after you use your sick leave? If you have disability insurance, your benefit will pay you part of your salary. During your first 31 days of employment, you can enroll in short-term and long-term disability insurance offered through the Texas Income Protection PlanSM (TIPP), administered by Aon Hewitt.

You can enroll in one or both types of coverage. If you had a medical condition (including pregnancy) in the three months prior to when your coverage starts, that condition is not covered for the first six months after enrollment. If you wait and apply during the next annual enrollment period or when you have a qualifying life event (QLE), evidence of insurability (EOI) will be required.

Short-term disability

Benefit amount

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

Your benefit will be less if you are also receiving worker's compensation, disability retirement, or other disability benefits.

Benefit period

Once approved, benefits are paid to you for up to five months from the date of disability 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 30 consecutive days, whichever is greater.

Benefits end when you return to work or are no longer considered totally disabled under the plan.



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DAYS

Consider this...

64% of wage earners believe they have a 2% or less chance of being disabled for at least three months during their working careers. The actual odds for a worker entering the workforce today becoming disabled are about 25%.

The most common diagnoses for disability insurance are:

Short-term

- musculoskeletal and connective tissue disorders,
- injuries and poisonings and
- maternity.

Long-term

- musculoskeletal and connective tissue diseases,
- cancer and neoplasms
- injuries and poisonings.

Council for Disability Awareness, 2012

Long-term disability

Benefit amount

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

Your benefit will be less if you receive any Social Security disability, worker's compensation, disability retirement, or other group disability benefits.

Benefit period

Once approved, benefits are paid after you have been certified as totally disabled by an approved practitioner and you've used all of your sick leave, extended sick leave, sick leave pool or you've completed the waiting period of 180 consecutive days, whichever is greater.

Benefits are paid to you for up to the maximum benefit period, which depends on your age when you become totally disabled. Benefits end when you return to work, reach full Social Security retirement benefits age or are no longer considered totally disabled under the plan.

Learn more about applying for EOI



www.ers.state.tx.us/Customer_Support/FAQ/Insurance



Texas Income Protection Plan
www.texasincomeprotectionplan.com



Photo courtesy of Texas Parks and Wildlife

Save with TexFlex

Health care account

You can use the health care account to pay for:

- eligible medical expenses,
- copays,
- eligible dental expenses,
- glasses and contacts, and more.

You can enroll during Summer Enrollment and within 31 days of employment or a qualifying life event (QLE). Before you enroll, use the decision support tool on the TexFlex website to figure out how much to contribute annually to each account.

Your monthly health care account contribution can be between \$15 to \$212.

Carry over up to \$500 of your health care funds

Your TexFlex dependent care and health care account contributions are deducted from your paycheck before taxes. This pre-tax deduction lowers your taxable income, so you pay less in federal income taxes and Federal Insurance Contributions Act (FICA) taxes, which saves you money. To compare how you can save with the TexFlex Savings Calculator, visit www.ers.state.tx.us/Employees/Health/TexFlex_Health_Care/.

You have until the end of the plan year (August 31, 2016) to use your TexFlex health care funds. You can carry over up to \$500 in unused funds into the next plan year. Any unused funds greater than the carryover limit (\$500) are forfeited after the last day of the plan year. You will have until December 31, 2016 to submit claims for expenses incurred between September 1, 2015 and August 31, 2016.

If you carry over funds into Plan Year 2017 (September 1, 2016 to August 31, 2017), you can still contribute up to \$2,550 for that plan year.

Run-out period

This is the time period after the plan year is done when you can still file TexFlex health care claims from the previous plan year. You have until December 31, 2016 to submit claims for Plan Year 2016 health care expenses incurred between September 1, 2015 and August 31, 2016.

TEXFLEX

TexFlex, administered by ADP, offers health care and dependent care flexible spending accounts. With TexFlex, you can pay for planned out-of-pocket health care expenses up to \$2,550 per person or \$5,000 per household for dependent care expenses tax-free.

You can sign up for a:

- TexFlex health care account,
- TexFlex dependent care account, or
- both.

Review your health care and dependent care expenses over the last year. Estimate how much you'll spend for eligible expenses during the next plan year and decide up front how much to contribute to your account for health care and/or day care costs.

TexFlex facts

- You may participate in TexFlex even if you do not enroll in your employer's medical or dental plans.
- You can use your TexFlex health care account funds to pay for eligible medical expenses of your spouse and eligible children, even if they aren't enrolled in your health plan. Children are eligible up to age 26, regardless of marital status, school, or employment if you claim them as dependents on your tax return.
- 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. tax savings may vary based on your earned income and tax filing status.
- Financial planners and tax advisors encourage participation in flexible spending accounts.



Use the decision support tool on the TexFlex website

Easy way to pay

The TexFlex debit card lets you pay for eligible health care expenses directly from your TexFlex account. Instead of paying with your own cash or credit card and getting reimbursed later, the debit card can be used for eligible health care expenses at merchants such as pharmacies and doctor's offices who accept the card. You may be asked to provide an explanation of benefits or itemized statement to show that an expense is allowable. Keep all debit card receipts in case you are asked for them. If you enroll in the TexFlex health care account, you will receive a debit card at no charge. Contact ADP if you need to request additional cards.

Dependent care account

You can use the dependent care account to pay for:

- eligible day care expenses for your children younger than 13, including before- and after-school care and summer day camp, and
- adult day care for qualifying individuals.

You can only spend the amount that is in your account each month. Before you can request reimbursement, you must have received the care, not just paid for the service. You or your spouse cannot use TexFlex dependent care funds to pay an older dependent to watch a younger dependent(s)—check specific eligibility rules on the TexFlex website at www.ers.state.tx.us/Employees/Optional/TexFlex-Daycare. There's no carryover for TexFlex dependent care funds. Instead, you have a two and one-half month grace period after the end of the plan year to use your funds.

Run-out period

You will have until December 31, 2016 to submit dependent care claims for Plan Year 2016 expenses incurred between September 1, 2015 and November 15, 2016 .

Day care expenses for children who are 13 or older are not eligible claims for the TexFlex dependent care account.

Check specific eligibility rules at



www.ers.state.tx.us/Employees/Optional/TexFlex-Daycare.

Making changes to your TexFlex account

On September 1 of each year, you will be automatically re-enrolled in your TexFlex account(s) at the same annual contribution amount(s) unless you make a change during Summer Enrollment.

Once enrolled, you cannot make changes to your health or day care contributions during the plan year unless you have a qualifying life event (within 31 days of the event).

You can decrease or stop your contributions during the plan year with certain QLEs, such as divorce, death, change in employment status or a change in eligibility for your dependents. If your child turns 13 during the plan year, you can change your contributions to your TexFlex dependent care account without waiting until the next Summer Enrollment. Sign in to your account and begin under “Family Status Change.”

What if you leave employment?

If your employment ends at your agency before August 31, you don't have to continue making TexFlex health care account contributions through the end of the plan year after your termination date — unless you choose to continue your participation through COBRA.

Any eligible health expenses you have after termination are not reimbursed unless you choose to continue your participation through COBRA. You can submit claims for expenses you had between September 1 and your termination date. The deadline to submit claims is December 31 of the following year.

	Health care account	Day care account
Annual Maximum Contribution	\$2,550 per participant	\$5,000 per household
Submit claims online, through the mobile app, by fax or mail	Yes	Yes
Use the TexFlex debit card	Yes, no fee for the card ¹	No, all claims submitted online, by fax or mail.
Contributions availability	Full annual contribution is available starting September 1, 2015	Monthly; as funds are added to your account from paycheck
Carryover ²	Yes	No
Grace Period ³	No	Yes
Run out period ⁴	September 1 - December 31, 2015	September 1 - December 31, 2015

1. There is no fee for the card. You will receive one card and can request additional cards by calling TexFlex ADP Customer Care at toll-free (844) 884-2364.

2. Health care account funds, up to \$500, that carry over from the previous plan year to the new plan year. Any amount over \$500 will be forfeited. Does not apply to the dependent care account.

3. Allows an extra 2 ½-month period after August 31 in which you can incur new claims using the previous plan year funds.

4. Timeframe in which the participant can submit claims for reimbursement for services incurred during the previous plan year. The run-out period applies to both accounts.



Retirement

You start contributing 9.5% of your monthly salary to ERS in the first month of your state employment. The state also contributes 9.5% each month on your behalf. Then your employer contributes 0.5% of your base payroll. The contributions are combined when you retire.

As a state agency employee, you can earn the security of a retirement benefit that provides life-long monthly payments when you qualify for retirement. The benefit amount is based on your average salary, service credit and retirement date.

Once you qualify and retire, you'll get a retirement payment, called your annuity every month for as long as you live. If you leave state employment before you meet retirement eligibility, you can withdraw your personal contributions, plus 2% interest.

However, withdrawing your account upon separation of employment will cause you to lose your retirement benefits in the future. You can also leave your contributions with ERS. This preserves your service credit and future benefits.

Your retirement program is a defined benefit pension plan. It's qualified under Section 401(a) of the Internal Revenue Code. You can't withdraw your retirement contributions while actively employed. You can't take a loan against your ERS retirement account either.

Buy service credit to increase your retirement

If you're eligible to buy service credit, you should buy it as early as possible, as interest is added every year. Added service credit increases your retirement payment or may help you retire sooner than projected.

Waiting period

If you were ever a new state employee between September 1, 2003 – August 31, 2015, you had a waiting period. You can purchase this retirement waiting period to add to your service credit. ERS can estimate the cost.

Retirement eligibility contributions and benefits are different for law enforcement and custodial officers, elected state officials, district attorneys and judges. Find details online at www.ers.state.tx.us/Employees/Retirement/Eligibility.

Withdrawn (refunded) service

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 retirement payment. The cost is the total withdrawn amount plus 10% interest for each fiscal year from the refund date to the purchase date. To buy back withdrawn ERS service, you must be a member of ERS or participate in the Proportionate Retirement Program (PRP). At least six months must have passed since the date of your withdrawal.

Military service

Buy it in your first year

After your first month of employment when your first retirement contribution is with ERS, 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'll be charged 10% interest per year.

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

You can't purchase active duty military service if you're eligible for military retirement based on 20 or more years of active military duty, or if you were dishonorably discharged from the military.

Additional Service Credit (ASC)

You can buy up to three years of ASC if you:

- are an active employee,
- have purchased all service available to you, and
- have at least 10 years of actual ERS service credit (not counting military service).

The cost is based on actuarial factors such as your age, years of service and salary. It tends to be more expensive than withdrawn and military service.

Service credit can be purchased with:

- lump sum payments (check or money order),
- through a rollover from your Texa\$aver account, or
- other fund sources such as Individual Retirement Accounts (IRAs).

All service purchased must be made before you apply for retirement. Learn more about purchasing service credit by visiting www.ers.state.tx.us/Employees/Retirement/Service_Credit.

Count other Texas Retirement System service

Proportionate Retirement Program (PRP) service

If you worked for any of the Texas retirement systems that participate in the 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:

- 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 1
- Judicial Retirement System of Texas Plan 2
- 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 a retirement payment from each system when you retire based on your service with each system.



Teacher Retirement System (TRS) service

ERS and TRS service work together

When you apply for retirement, you may transfer service between ERS and TRS. To increase your monthly retirement payment, you can contact TRS about purchasing TRS service that you may have previously withdrawn. You can then transfer this service to ERS when you retire.

Buy it as early as possible — it costs more later. ERS members can re-establish TRS service for transfer without becoming a TRS member.

Likewise, a TRS member can re-establish ERS service for transfer without becoming an ERS member. TRS rules govern how much TRS service is creditable.

Once you retire, you need at least three years of ERS service credit to transfer the TRS time to your account.

Learn more at

 www.ers.state.tx.us/Employees/Retirement/Service_Credit



This information is written for employees hired on or after September 1, 2013, and is based on laws in effect at the time of publication.

If you were a contributing employee before September 1, 2013, and continue to have money on account with ERS, you have different retirement benefits than those hired on or after that date. If you're returning to state employment, it's important to find out if your benefits will be provided under a previous plan.



Estimate your retirement benefit

- Sign into your account at www.ers.state.tx.us,
- Click Access My Account on the upper right corner and register your account,
- Select Retirement Estimate under My Retirement Information, and
- Get your estimated retirement date and payment.



Plan ahead with Texa\$aver

Could you live on half of your current paycheck? Based on the ERS 2014 average standard state employee annuity, your ERS retirement, or pension, may replace only about 50% of your pre-retirement salary. Do you have a plan to fill the gap? Texa\$aver could help!

The Texa\$aver 401(k) / 457 Program is a voluntary deferred compensation program that can help you save more for retirement. Because your State of Texas retirement will not provide automatic cost-of-living increases, a Texa\$aver account (or other

personal retirement savings) could help you live more comfortably when you're no longer working. ERS administers the Texa\$aver Program, along with Empower Retirement which manages recordkeeping.

Call to request a free Texa\$aver welcome packet, or for more information on getting started.

Learn more

 www.texasaver.com  (800) 634-5091



Invest early and your savings can grow without taxes over a longer period of time. The sooner you start saving, the more you have when you retire. See how much \$25 a month could grow.

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.

401(k) and 457 retirement savings plans

Your retirement savings is like a three-legged stool, which includes your ERS retirement annuity, Social Security and personal savings (such as your Texa\$aver 401(k) and/or 457 plan account) or other investments. Your state retirement annuity does not automatically increase to keep up with inflation. So, if you rely on Social Security and your ERS retirement, you might have a financial gap in retirement income. To cover rising costs when you retire, you'll probably need to draw on your own personal savings like Texa\$aver and other investments. What's your plan?

Texa\$aver benefits

- Free one-on-one personal counseling
- Free financial workshops and group meetings
- Free online investment advice
- Customized digital planning tools
- Traditional before-tax and/or Roth after-tax contributions
- Flexible distribution options
- Direct deposit from your paycheck
- Investment options hand-picked by experts
- Funds that offer fee reimbursements
- Lower fees than other investment companies
- The option to do everything yourself online
- The option to have help from Advised Assets Group, LLC (AAG)
- A retirement plan to help provide a more secure future

Automatic enrollment

- As a new state agency employee, you're automatically enrolled in the 401(k) plan at 1% of your salary in the standard Wells Fargo Advantage Dow Jones Target Date FundSM. Contributions are deducted from your paycheck automatically—before income taxes are taken out. You can choose not to participate before your first deferral if you call Empower Retirement toll-free at (800) 634-5091 within 30 days of employment.
- You also can increase your contribution if you'd like to save more of your salary. You can make other changes, including stopping enrollment contributions, or changing how your account is invested, any time throughout the year.

- If you're transferring from another state agency and aren't already enrolled in Texa\$aver, enrollment is not automatic.

Professional retirement support

As a Texa\$aver participant, you'll have access to online investment advice from AAG — at no cost to you. They can discuss a retirement savings strategy and help answer other questions you may have, like:

- What's my retirement goal?
- How much should I save?
- What can I do now to have more money in retirement?
- What can I do today so I really can retire when I want?

Offered as part of your benefits package, Texa\$aver can help you at any time during your state employment. You can even stay in Texa\$aver after you no longer work for the state, and Texa\$aver can help you manage your retirement income.

Texa\$aver retirement options

- Purchase state service credit with Texa\$aver dollars
- Defer unused annual leave to Texa\$aver (to reduce taxes)
- Roll over partial lump sum payments
- Consolidate and roll over money from other qualified IRAs, 401(k) or 457 accounts
- Receive periodic withdrawals (monthly and quarterly options available)
- Receive partial withdrawals
- Receive a full withdrawal

Transfer money to Texa\$aver

Do you have retirement savings accounts from other jobs? You can transfer or "roll over" money from a qualified prior eligible employer's 401(k), 401(a), 403(b), or governmental 457 plan into the Texa\$aver 401(k) or 457 plan. You can also roll over money from an eligible individual retirement account (IRA). The Texa\$aver 401(k) and 457 plans accept Roth rollovers from other qualified plans as well, but you cannot roll over Roth IRAs to Texa\$aver.

You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitation of investment options.



Photo courtesy of the Texas Department of Criminal Justice

Employee transfers and rehires

Did you transfer to your new job from another state agency or higher education institution? Or have you had insurance with ERS without a break in coverage? If so, some enrollment rules may not apply.

Health coverage

If you transfer as an employee from one GBP entity to another with no break in coverage, you will not have a health coverage waiting period. You will have 31 days to make health coverage changes if you want to make them. Any coverage changes begin the first of the next month, unless you start your job on the first day of the month.

You are a member of the GBP while you're employed at:

- a state agency;
- a Texas public institution of higher education that is not part of the University of Texas or Texas A&M University systems;
- Community Supervision and Corrections Department (CSCD);
- Teacher Retirement System of Texas (TRS),
- Windham School District;
- Texas Municipal Retirement System (TMRS); or
- Texas County and District Retirement System (TCDRS).

If you were employed for 60 or more 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.

The health coverage waiting period does not apply if:

- you have GBP coverage as a dependent
- you transfer directly from the Texas A&M University or University of Texas systems, or
- you have GBP coverage through COBRA (you must pay the COBRA premium for the month in which you are hired).

QUESTIONS?

Please contact your benefits coordinator or HR representative. HHS enterprise employees can contact the HHS employee Service Center toll-free at (888) 894-4747 TTY, (866) 839-2747 7 a.m. to 7 p.m., Monday through Friday.



Resources

Employee health plans comparison chart

Benefits	HealthSelect ¹			HMOs	
	In-Area		Out-of-Area ²	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non- Network			
Calendar year deductible	None	\$500 per person \$1,500 per family	\$200 per person \$600 per family	None	None
Out-of-pocket coinsurance maximum ^{4,11}	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$3,000 per person per calendar year	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum ¹¹ (including deductibles, coinsurance and copays) ¹²	\$6,450 per person \$12,900 per family	None	\$6,450 per person \$12,900 per family	\$6,450 per person \$12,900 per family ³	\$6,450 per person \$12,900 per family ³
Primary care physician required	Yes	No	No	Contact your HMO	No
Primary care physicians' office visits	\$25	40%	30%	\$25	\$15
Mental health office visits**	\$25	40%	30%	\$25	\$25
Physicals*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	No charge
Specialty physicians' office visits	\$40	40%	30%	\$40	\$25

Employee health plans comparison chart

Benefits	HealthSelect ¹			HMOs	
	In-Area		Out-of-Area ²	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non- Network			
Routine eye exam, one per year per participant*	\$40	40%	30%	\$40 ^{3,6}	\$25
Family planning services*	20%	40%	30%	\$40 ^{3,6}	\$25
Routine preventive care*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	No charge
Speech and hearing testing/therapy	20% without office visit; \$40 copay plus 20% with office visit	40%	30%	20% without office visit; \$40 copay plus 20% with office visit	\$15 PCP or \$25 Specialist
Allergy antigens/serum, injections, and testing	No charge without office visit; \$25 or \$40 with office visit ⁵	40%	30%	20%	Allergy testing - \$15 PCP or \$25 Specialist Allergy serum - No charge
Diagnostic x-rays, lab tests, and mammography	20%	40%	30%	20%	No charge (physician office)
Office surgery and diagnostic procedures	20%	40%	30%	20%	\$15 PCP or \$25 Specialist
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{7,8,10}	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
Urgent care clinic	\$50 plus 20% copay	\$50 plus 40% copay	30% copay	\$50 plus 20% copay	\$50 copayment plus 20%
Chiropractic care					
a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%	30%	Not covered	Not covered
b. Maximum benefit per visit	\$75	\$75	\$75		
c. Maximum visits each participant each calendar year	30	30	30		
Immunizations all ages* Meningitis childhood, beginning in 7th grade	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	No charge
Maternity Care doctor charges only*; inpatient hospital copays will apply	\$0 for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	40%	30%	\$0 for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	No charge

Employee health plans comparison chart

Benefits	HealthSelect ¹			HMO	
	In-Area		Out-of-Area ²	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network			
Inpatient hospital (semi-private room and day's board, and intensive care unit) ⁷	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 30% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person).	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person ³)	\$150 per day copayment per admission, up to \$750 copayment max. per admission, \$2,250 copayment max per person per year plus 20%
Emergency care	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	30%	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copayment plus 20% (In-area and out-of-area covered at listed copayment. Copay is waived if admitted.)
Outpatient surgery other than in physician's office	\$100 plus 20%	\$100 plus 40%	\$100 plus 30%	\$100 plus 20%	\$150
Bariatric surgery ^{7,9}	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not Covered	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	Not covered
Skilled nursing facility ⁷	20%	40%	No charge (no deductible)	20%; 60-day max. per plan year ³	20%
Hospice ⁷	20%	40%	30% (no deductible)	20%	20%
Home health care ⁷	20%	40%; 100 visits max. per calendar year	No charge; 100 visits max. per calendar year (no deductible)	20%	20%
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).				
Durable medical equipment ⁷	20%	40%	30%	20%	20%
Ambulance services (non-emergency) ⁷	20%	20%	30%	20%	20%

¹ Benefits are paid on allowable amounts; using providers who contract with UnitedHealthcare 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 plan year, September 1 - August 31.

⁴ Does not include copays.

⁵ Copay depends on whether treatment is given by PCP or specialist.

⁶ For treatment charges, one visit per plan year.

⁷ Preauthorization required.

⁸ Outpatient testing only. Does not apply to inpatient services.

⁹ Active employees only; see health plan for additional requirements/limitations.

¹⁰ No copay if high-tech radiology is performed during ER visit or inpatient admission.

¹¹ Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a participant could pay up to \$6,450 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the \$2,000 coinsurance out-of-pocket maximum, he/she would pay \$4,450 in copayments, totaling \$6,450 in overall out-of-pocket expense.)

¹² Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

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

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

Dental insurance plans comparison chart

	HumanaDental DHMO	State of Texas Dental Choice Plan SM Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
Dentists	Must select a primary care dentist (PCD). Note: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.	In network/participating dentist	Out-of-network/non-participating dentist
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
Copays / Coinsurance*	Primary dentist – Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Specialty dentistry – You pay 75% of the dentist’s usual and customary fee. DHMO pays nothing.	Preventive and Diagnostic Services - You pay nothing. Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. Major Services - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1.	Preventive and Diagnostic Services - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services - You pay 30% coinsurance after meeting the Basic Services deductible. Major Services - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1.
Maximum Calendar Year Benefit	Unlimited	\$1,500 (includes orthodontic extractions)	\$1,500 (includes orthodontic extractions)
Maximum Lifetime Benefit	Unlimited	\$1,500 for orthodontic services	\$1,500 for orthodontic services
Average Cost of Cleaning / Oral Exams	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Up to two cleaning/oral exams per calendar year allowed.	You pay nothing. Up to two cleaning/oral exams per calendar year allowed.	10% of the allowed amount after deductible is met. Up to two cleaning/oral exams per calendar year allowed.
Orthodontic Coverage	Orthodontic services performed by a general dentist listed in the directory with an “O” treatment code – child - \$1,800, adult - \$2,100. Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

NOTE: This Comparison Chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less than the dentist’s usual charge. The Comparison Chart is only a summary of the benefits offered by the two dental insurance plans. See plan booklet for actual coverage and limitations. Prior to starting treatment, discuss with your dentist the treatment plan and all charges. In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.

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

Monthly premiums

Full-time employees

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 576.54	\$ 576.54	\$ 0.00
You + Spouse	1,237.02	906.78	330.24
You + Children	1,018.78	797.66	221.12
You + Family	1,679.26	1,127.90	551.36
Community First Health Plans			
You Only	\$ 496.46	\$ 496.46	\$ 0.00
You + Spouse	1,064.82	780.64	284.18
You + Children	877.02	686.74	190.28
You + Family	1,445.38	970.92	474.46
KelseyCare powered by Community Health Choice			
You Only	\$ 483.98	\$ 483.98	\$ 0.00
You + Spouse	1,038.02	761.00	277.02
You + Children	854.94	669.46	185.48
You + Family	1,408.98	946.48	462.50
Scott & White Health Plan			
You Only	\$ 572.58	\$ 572.58	\$ 0.00
You + Spouse	1,228.50	900.54	327.96
You + Children	1,011.74	792.16	219.58
You + Family	1,667.66	1,120.12	547.54

*Includes premium for Basic Term Life Insurance

Part-time employees, Graduate students/Teaching assistants, Post-doctoral and Adjunct faculty†

	Premium*	State Pays	You Pay
HealthSelect of Texas			
You Only	\$ 576.54	\$ 288.27	\$ 288.27
You + Spouse	1,237.02	453.39	783.63
You + Children	1,018.78	398.83	619.95
You + Family	1,679.26	563.95	1,115.31
Community First Health Plans			
You Only	\$ 496.46	\$ 248.23	\$ 248.23
You + Spouse	1,064.82	390.32	674.50
You + Children	877.02	343.37	533.65
You + Family	1,445.38	485.46	959.92
KelseyCare powered by Community Health Choice			
You Only	\$ 483.98	\$ 241.99	\$ 241.99
You + Spouse	1,038.02	380.50	657.52
You + Children	854.94	334.73	520.21
You + Family	1,408.98	473.24	935.74
Scott & White Health Plan			
You Only	\$ 572.58	\$ 286.29	\$ 286.29
You + Spouse	1,228.50	450.27	778.23
You + Children	1,011.74	396.08	615.66
You + Family	1,667.66	560.06	1,107.60

*Includes premium for Basic Term Life Insurance

†The state does not contribute to the cost of health insurance for adjunct faculty.

HMO service areas

If you live or work in a covered HMO service area, you may choose to enroll in that plan.

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

Tobacco-user premium

For every person in your household enrolled in health insurance—member or dependent—who is certified as a tobacco user or has not certified as a non-user, you will pay an additional tobacco-user premium of \$30, \$60 or \$90 each month, depending on how many tobacco users or non-certified family members you cover.

Tobacco users of Any Age and Adults Who Fail to Certify	Monthly Tobacco-user Premium
Member <u>or</u> Spouse <u>or</u> Children* Only	\$30
Member + Spouse <u>or</u> Member + Children* <u>or</u> Spouse + Children*	\$60
Family (Member + Spouse + Children*)	\$90

*The charge for a child is the same regardless of how many children in the household use tobacco or how many covered children are not certified.

If you are a tobacco user, you may be able to participate in an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations.

Please visit www.ers.state.tx.us/Employees/Health/Tobacco_Policy for more information.

Dental insurance

HumanaDental DHMO	Employee
You Only	\$ 9.59
You + Spouse	19.17
You + Children	23.01
You + Family	32.59

State of Texas Dental Choice Plan SM	Employee
You Only	\$ 24.28
You + Spouse	48.56
You + Children	58.28
You + Family	82.56

State of Texas Dental Discount PlanSM

Membership Level	Employee
You Only	\$ 2.25
You + Spouse	4.50
You + Children	5.40
You + Family	7.65

State of Texas Dental Discount Plan sample savings

Procedure description	Regular cost*	Your cost**	Your savings
Adult Cleaning	\$93	\$31	67%
Child Cleaning	\$64	\$23	64%
Routine Checkup	\$50	\$15	70%
Four Bitewing X-Rays	\$63	\$22	65%

*Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2012 FairHealth Report in Houston, Dallas and San Antonio.

**These fees represent the average of the assigned Careington Care 500 Series fees in Houston, Dallas and San Antonio. Percentages may vary by region. Prices subject to change.

Optional Term Life Insurance and Voluntary Accidental Death and Dismemberment Insurance (AD&D)

Optional Term Life Insurance [†]					
<p>After the first 31 days of employment, Elections 1 and 2 require approval through evidence of insurability (EOI). Elections 3 and 4 always require EOI approval. Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary as follows:</p> <p>Age 70-74 65% Age 75-79 40% Age 80-84 25% Age 85-89 15% Age 90+ 10%</p>	Monthly Rate per \$1,000 of Annual Salary				
	Age	Election 1 Annual Salary x 1	Election 2 Annual Salary x 2	Election 3 Annual Salary x 3	Election 4 [†] Annual Salary x 4
	Under 25	\$ 0.05	\$ 0.10	\$ 0.15	\$ 0.20
	25 - 29	0.05	0.10	0.15	0.20
	30 - 34	0.06	0.12	0.18	0.24
	35 - 39	0.06	0.12	0.18	0.24
	40 - 44	0.08	0.16	0.24	0.32
	45 - 49	0.12	0.24	0.36	0.48
	50 - 54	0.19	0.38	0.57	0.76
	55 - 59	0.33	0.66	0.99	1.32
	60 - 64	0.57	1.14	1.71	2.28
	65 - 69	0.93	1.86	2.79	3.72
	70 - 74	1.48	2.96	4.44	5.92
	75 - 79	2.41	4.82	7.23	9.64
	80 - 84	3.92	7.84	11.76	15.68
85 - 89	6.79	13.58	20.37	27.16	
90+	10.57	21.14	31.71	42.28	
Dependent Term Life Insurance					
\$1.38 per month for \$5,000 (includes \$5,000 AD&D coverage)					
AD&D					
You may apply for AD&D coverage according to the following table:					<p>You Only \$0.02 per \$1,000 of coverage</p> <p>You + Family \$0.04 per \$1,000 of coverage</p>
Age	Minimum Coverage	Maximum Coverage	Minimum Increments		
Under 70	\$ 10,000	\$ 200,000	\$ 5,000		
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		

[†]Optional Term Life Insurance is limited to a maximum of \$400,000 or four times your annual salary, whichever is less.

Texas Income Protection Plan (TIPP)

Short-term disability	\$0.30 per \$100 of monthly salary
Long-term disability	\$0.63 per \$100 of monthly salary

Comparison of the TexaSaver 401(k) and 457 plans

	401(k) plan	457 plan
Eligibility	Part-time and full-time state employees, upon date of hire or any time thereafter. Excludes higher education employees.	Part-time and full-time state employees, upon date of hire or any time thereafter.
Contribution Options	You have the flexibility to designate all or a portion of your contributions as either traditional before-tax or Roth after-tax contributions.	
Maximum Annual Deferral	99% of 401(k) eligible compensation or \$18,000 ¹ per year, whichever is less. The 2015 annual contribution limit is \$24,000 if you are 50 or older. You may put money in the 401(k), 457, or both as either before-tax or Roth contributions, or both. These limits are subject to change. Visit www.texasaver.com for updated annual contribution limits.	The 2015 annual contribution limit is \$18,000 ¹ per year. The limit is \$24,000 if you are 50 or older. You may put money in the 401(k), 457, or both as either before-tax or Roth contributions, or both. These limits are subject to change. Visit www.texasaver.com for updated annual contribution limits.
Transfer of Funds to Purchase Service	You may purchase military service, additional service credit, or refunded or other eligible ERS service by transferring funds from your TexaSaver account while employed. Teacher Retirement System (TRS) of Texas service may be purchased when distribution eligibility is met. This is not a taxable distribution.	You may purchase military service, additional service credit, or refunded or other eligible ERS/TRS service by transferring funds from your TexaSaver account while employed. This is not a taxable distribution.
Rollovers In²	If eligible, you may roll funds into the TexaSaver 401(k)/457 Program from another eligible retirement plan or individual retirement account (IRA). Roth IRAs are not accepted. Only designated Roth accounts from another eligible retirement plan can be rolled over into your TexaSaver 401(k) and 457 plans.	
Age 50 and Over Catch-up	If you are age 50 or older, you may contribute an additional \$6,000 ¹ in 2015 for a total of \$24,000 to each plan. This includes before- and after-tax contributions combined. You may not use this provision in the 457 plan while using the Special 457 Catch-up Provision.	
Special 457 Catch-up Provision <i>Cannot be used with the Age 50 and Over Catch-up in the 457 Plan</i>	Not available in the 401(k) plan.	Subject to eligibility. If you have unused deferrals, the Special 457 Catch-up limit is \$36,000 in 2015. You may participate only during 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 and IRS provisions). You must have an account balance of at least \$1,050, as there is a \$50 loan application fee that is deducted from the loan proceeds. There is a \$2.08 monthly maintenance fee assessed to your account until your loan is paid in full. Loans are prorated from before-tax and Roth contributions. Repayments are prorated back to each money type accordingly.	
Financial Hardship Withdrawals³ <i>Only allowed through approval when you have no other resources, including plan loans</i>	Reasons for hardship include purchase of primary residence, prevention of eviction or foreclosure from your primary residence, tuition expenses, non-reimbursed medical expenses, funeral expenses, or repair of damages to your principal residence.	Reasons for financial hardship include prevention of eviction or foreclosure from your primary residence, non-reimbursed medical expenses, funeral expenses, casualty loss, or similar extraordinary and unforeseeable circumstances.
Distributions While Employed for Before-Tax Contributions	You may take a distribution from your 401(k) plan after age 59½ while still employed without a 10% penalty; 20% will be withheld for federal income taxes unless the funds are rolled over to a qualified plan.	If your 457 plan account has less than \$5,000 and has been inactive for two years, you may take a de minimis distribution; 20% may be withheld for federal income tax purposes. You can take a distribution if you are 70½ and still employed.
Distributions After Separation From Employer for Before-Tax Contributions	You can start taking distributions after separation from state employment. You may roll over funds into other types of employer-sponsored plans, IRAs, or other eligible options. ² Lump-sum distributions have 20% automatically withheld for federal taxes. Periodic distributions are allowed.	You can start taking distributions after separation from state. You may roll over funds into other types of employer-sponsored plans, IRAs, or other eligible options. ² Lump-sum distributions have 20% automatically withheld for federal taxes. Periodic distributions are allowed.
Distributions From Roth Contributions	Roth money may be withdrawn tax-free no earlier than five taxable years after your first Roth contribution AND when you: a) reach age 59½, b) become disabled, or c) die. Otherwise, earnings on Roth contributions may be taxed as ordinary income when you take a distribution.	Roth money may be withdrawn tax-free no earlier than five taxable years after your first Roth contribution AND when you: a) reach age 59½ and separate from service with your employer, b) become disabled, or c) die. Otherwise, earnings on Roth contributions may be taxed as ordinary income when you take a distribution.
Required Minimum Distributions (RMDs)	Must begin no later than April 1 following the year in which you turn 70½, unless you are still employed.	
Tax Penalties	A 10% federal penalty tax applies to distributions made before age 59½. A 50% federal tax penalty applies if RMDs are not taken at age 70½, unless you are still employed by the state. This applies to both before-tax and Roth money types.	No 10% federal penalty tax applies to distributions of 457 money before age 59½. A 50% federal tax penalty applies if RMDs are not taken at age 70½, unless you are still employed by the state. This applies to both before-tax and Roth money types.

¹Ceiling is adjusted each year per cost-of-living index. Amount shown is for 2015.

²You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitation of investment options.

³Representatives of GWFS Equities, Inc. are not registered investment advisors and cannot offer financial, legal, or tax advice. Please consult with your financial planner, attorney, and/or tax advisor as needed.

Comparison of the Texa\$aver 401(k) and 457 plans continued

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.

Core securities, when offered, are offered by Texa\$aver Program through GWFS Equities, Inc.

Learn more about your State of Texas benefits

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

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

News About Your Benefits

This e-newsletter provides information on available programs, wellness, health care plans, and other benefits. You can sign up to receive this and other news by email at www.ers.state.tx.us/Customer_Support/Subscribe.

Your Statement of Retirement Benefits

After your birthday each year, ERS will send you a personalized statement that shows your earliest retirement date, retirement age, and projected annuity. This statement provides important retirement planning information, including benefit estimates and vesting information. If you are an ERS member, you can get an estimate of the amount of your retirement annuity by signing into your account at www.ers.state.tx.us.

Texa\$aver quarterly statement

You will receive a statement each quarter from Texa\$aver, administered by Empower Retirement, detailing your Texa\$aver account balance and investment choices.

Your annual Personal Benefits Enrollment Statement

Before Summer Enrollment every year, ERS will send you a personalized statement listing your current coverage, costs and choices for the next plan year.

Presentations and events

ERS holds various seminars, webinars, fairs, and other events throughout the year.

- **Ask ERS bi-monthly webinar:** On the first Tuesday every other month, you can ask questions and get the latest news from ERS.
- **Ready, Set, Retire!:** Conducted throughout the state and as a webinar, this a free half-day seminar on ERS retirement and the Texa\$aver 401(k) / 457 Program.
- **Medicare Preparation Seminars:** Conducted throughout the state and as a webinar, this presentation helps those approaching Medicare eligibility understand enrollment and how Medicare works with state health insurance.

To see a list of upcoming events or to register, go to www.ers.state.tx.us/Event-Calendars.

Your benefits coordinator

See your benefits coordinator or HR representative for help signing up for benefits.

ERS interactive voice response system

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

Contact information

Health insurance

HealthSelectSM of Texas

Administered by UnitedHealthcare

Group number – 744260

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

To speak to a nurse, call the number above and say “speak with a nurse.”

healthselectoftexas.welcometouhc.com

HealthSelectSM of Texas Prescription Drug Program

(pharmacy benefits for HealthSelect of Texas)

Administered by Caremark

Group number – RX1292

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

www.caremark.com/ers

Community First Health Plans

an affiliate of the University Health System

Group number – 0010180000

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

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

www.cfhp.com/members/ers2015

KelseyCare powered by Community Health Choice

Group #15000

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

Local: (713) 295-6792, Nurse Hotline (713) 442-0000

www.ERSKelseyCare.com

Scott & White Health Plan

Group number – 000058

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

LiveWell Nurse Advice: (877) 505-7947

ers.swhp.org

Dependent verification

Aon Hewitt

P.O. Box 1506

Lincolnshire, IL 60069-1506

(800) 987-6605

Optional benefits

Dental plans

State of Texas Dental ChoiceSM

Administered by HumanaDental

Insurance Company

Group number – 536957

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

humana.com/ers

HumanaDental DHMO

Insured by DentiCare, Inc., dba CompBenefits,

a member of the HumanaDental family of companies

Group number – 538226

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

humana.com/ers

State of Texas Dental Discount PlanSM

Administered by Careington International Corporation

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

www.txdentaldiscount.com

Life and Accidental Death & Dismemberment Insurance

Administered by Minnesota Life

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

www.lifebenefits.com/plandesign/ers

Texas Income Protection PlanSM (TIPP)

(short-term and long-term disability insurance)

Administered by Aon Hewitt

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

www.texasincomeprotectionplan.com

Disability evidence of insurability is administered by Minnesota Life. Contact information is listed above.

TexFlex

Administered by ADP, LLC

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

www.texflex-fsa.com

TexaSaverSM 401(k) / 457 Program

Administered by Empower RetirementTM

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

www.texasaver.com

Discount Purchase Program

Administered by Beneplace

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

www.DiscountProgramERS.com

