

ERSEMPLOYEES RETIREMENT
SYSTEM OF TEXAS

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Dental Plans

**Coverage
for COBRA/
COBRA
Disability**

You can drop your health insurance during Summer Enrollment or at any time. If you drop COBRA under the GBP, you cannot re-enroll later. You don't need health insurance to enroll in dental benefits.

If you enroll in a new health plan, you'll receive a new ID card. Don't use your new card until September 1. If you don't receive your ID card by September 1, call your health plan. See the last page for phone numbers.

COBRA/COBRA Disability

What's new this year?

- Health care costs continue to increase throughout the United States and in Texas. As a result, health insurance premiums will increase on September 1, 2015. See your Personal Benefits Enrollment Statement (PBES) for more information.
- Good news! HumanaDental DHMO insurance premiums will decrease on September 1, 2015. See your PBES for more information.
- The total network out-of-pocket maximum is \$6,450 per individual, and \$12,900 per family. Page 3
- The mental health office visit copay is reduced to \$25. Page 3
- Another option for Houston-area members! Starting September 1, 2015, KelseyCare powered by Community Health Choice (KelseyCare powered by CHC) will be available to eligible participants in the Houston area. Page 3

HealthSelectSM of Texas

- Medical and pharmacy deductibles, coinsurance and copays are included in the total network out-of-pocket maximum beginning January 1, 2016. Page 3
- You won't need a referral to see an ophthalmologist or optometrist. Page 3
- Your \$50 prescription drug deductibles are now based on a calendar year, which is from January 1 to December 31. As a result, deductibles for Plan Year 2015 will reset January 1, 2016, not September 1, 2015. Page 4
- Participants don't need to call a separate number to speak with a nurse—just call the main HealthSelect number, (866) 336-9371 (TTY 711) and simply say "speak with a nurse", anytime, day or night. The existing number will work for some time, but you should update it in your phone or on emergency lists as soon as possible. HealthSelect participants will receive a new ID card in the mail with the updated phone number listed.

Not sure which health or dental plan might be right for you and your family?

Compare your health and dental options online at www.ers.state.tx.us/SE. See your PBES for rates.

PLAN YEAR 2016

Summer Enrollment – your chance to make coverage changes

Your two-week Summer Enrollment phase will last from July 17 – July 31. Check your PBES for your coverage, options and the rates starting September 1. If you don't make a change, you will pay the premium on your statement each month starting September 1. ERS sends you a one-time notice with your monthly payment amount in August. You won't receive monthly bills.

COBRA provides certain former employees, retirees, spouses, former spouses and dependent children the right to temporary continuation of health coverage at group rates. This coverage is only available when coverage is lost due to certain events, such as voluntary or involuntary termination of employment for reasons other than gross misconduct. For more information on COBRA eligibility, see www.dol.gov/ebsa/cobra.html.

Automate your payments

Set up automatic withdrawal from your bank account by completing the "Automatic Withdrawal/Cancellation of Insurance Premiums" located on the ERS website at www.ers.state.tx.us/Employees/Forms.

ERS ONLINE ACCOUNT

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

Go to www.ers.state.tx.us and sign in to your online account. You'll need to register for an account, if you have not done so already.

For your current dependents and any you add to health insurance coverage, please ensure each dependent's Social Security number and date of birth are correct. Please also review and confirm that your contact information is listed correctly in your ERS online account. If you need to update information, you can update it online or call ERS.

Dependent eligibility and verification

When you select your online changes, you'll be asked to certify that each of your dependent children is eligible for Texas Employees Group Benefits Program (GBP) coverage—unless you've already certified each dependent. You can't enroll new dependent children until you complete the online certification. After you enroll any new dependents, including a spouse, in health coverage, you'll be required to provide documentation, such as a marriage license or birth certificate, verifying that each dependent is eligible.

Tobacco-use status

You're also required to certify whether or not you or your covered dependents use tobacco. This online certification is legally binding. If you have already certified yourself and your dependents, you don't have to recertify unless anyone's tobacco-use status has changed.

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

First, be sure to review your PBES that has information about your current coverage and provides you with additional coverage options that may be available. You can make coverage changes by filling out the form on the back of this guide, or by calling ERS between July 17 – July 31 toll-free at (866) 399-6908.



Did you know...

If you plan to add a dependent to your health coverage, you'll need to submit documentation proving that your dependent is eligible for coverage. Documents dated after the dependent was enrolled will not be accepted, even if that date is before the coverage start date. If you don't provide documentation by the requested deadline, your dependent could be dropped from coverage.

HEALTH MAINTENANCE ORGANIZATIONS (HMOS)

HMO service areas

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

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

KelseyCare powered by Community Health Choice

Starting September 1, 2015, KelseyCare powered by Community Health Choice (KelseyCare powered by CHC) will be available to eligible participants in the Houston area.

During Summer Enrollment, you can visit the KelseyCare powered by CHC website for more information, including:

- covered services,
- list of providers near you,
- what drugs are covered,
- appointment scheduling and
- after-hours nurse hotline.

HEALTH BENEFIT CHANGES – EFFECTIVE PLAN YEAR 2016

HealthSelect of Texas

Total network out-of-pocket maximum changes

- For PY16, the total network out-of-pocket maximum is \$6,450 per individual, and \$12,900 per family. This is for both in-area and out-of-area plans.
- There is an individual limit of \$6,450 per individual within the family, which means that no individual within the family will owe more than \$6,450 for out-of-pocket expenses. Once the family reaches \$12,900 in total network out-of-pocket expenses for the year, services are paid at 100% for the whole family.
- Starting January 1, 2016, the total network out-of-pocket maximum will include medical and pharmacy deductibles, coinsurance and copays. It does not include premiums.

Mental health benefits

- The copay for a mental health office visit is reduced from \$40 to \$25.

Other benefit enhancements

- Referrals will no longer be required to see ophthalmologists and optometrists.

PRESCRIPTION DRUGS

Your prescription drug benefit

If you are in an HMO, see the chart below for information on prescription drug coverage.

If you are in the HealthSelectSM of Texas Prescription Drug Program, you can get maintenance medications with no extra fee if you go to a retail pharmacy in the Extended Days Supply (EDS) network.

- Through the EDS network, HealthSelect members can buy 31- to 90-day supplies of maintenance drugs at certain retail pharmacies and pay no retail maintenance fees.
- This option is available at pharmacies that have agreed to match the health plan's mail service cost. Participating pharmacies include Brookshire, CVS, HEB, Kroger, Safeway stores (including Tom Thumb and Randalls), Sears/Kmart, Walmart and a number of independent pharmacies. See a full list of participating EDS network pharmacies at www.caremark.com/ers, or call Caremark toll-free at (888) 886-8490.

If a generic is available and you choose to buy the brand-name drug, you will pay the generic copay plus the cost difference between the brand-name and generic drugs.

NOTE: If you are in the HealthSelect of Texas Prescription Drug Program and go to a pharmacy that is not in the network, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. Your deductible will be subtracted if not yet met.

Your prescription drug deductible

- You and your covered dependents each have a \$50 deductible for prescription drugs.
- The HealthSelect \$50 prescription drug deductible is now based on a calendar year, which is from January 1 to December 31. Beginning January 1, 2016, this change aligns total network out-of-pocket maximum amounts for both medical and prescription benefits.
- For Plan Year 2015, the \$50 prescription deductible that began on September 1, 2014, will now carry participants through December 31, 2015.
- For Plan Year 2016, the \$50 prescription deductible is from January 1, 2016 to December 31, 2016.

Prescription drug benefits

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.

DENTAL PLANS

GBP dental plans

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

Three dental options

State of Texas Dental Choice PlanSM

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

HumanaDental DHMO

This is a dental health maintenance organization (DHMO) insurance plan administered by HumanaDental. If you live or work in the Texas service area, you can use the HumanaDental DHMO. You'll need to select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.

You can find a list of providers for the Dental Choice Plan or HumanaDental DHMO at HumanaDental.com/ers, or you can also call HumanaDental.

State of Texas Dental Discount PlanSM, administered by Careington International Corporation

This plan provides you with discounted prices on the usual charges for dental treatment and services at participating providers. It's different from a dental insurance plan. You can search for providers at careington.com/ers, or you can also call Careington.

Not sure which dental plan might be right for you and your family?

The following charts provide information about the Dental Discount Plan and dental insurance plans. See your PBES for dental rates.

DENTAL PLAN FEATURES

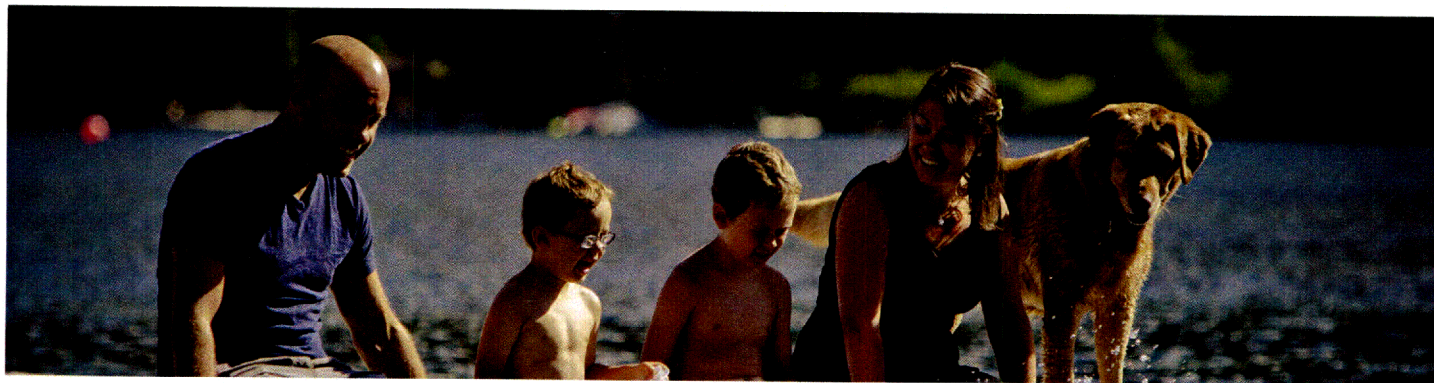
Plan Features	Dental Discount Plan	Dental Insurance
Claim forms and paperwork	X	✓
Copays	X	✓
Deductibles	X	✓
Annual maximums	X	✓
Limits on use	X	✓
Savings on cosmetic services	✓	X

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.



PROGRAM CONTACTS

Health Insurance

HealthSelectSM of Texas

Administered by UnitedHealthcare

Group number – 744260

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

myNurseLine: (866) 336-9371

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

members.cfhp.com

KelseyCare powered by Community Health Choice

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

Local: (713) 295-6792

Scott & White Health Plan

Group number – 000058

Toll-free: (800) 321-7947

TTD: (800) 735-2989

VitalCare Nurse Advice: (877) 505-7947

ers.swhp.org

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

TexFlex

Administered by ADP, LLC

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

www.texflex-fsa.com

TexaSaver 401(k) / 457 ProgramSM

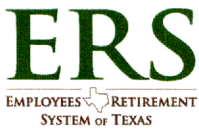
Administered by Empower RetirementTM

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

www.texasaver.com

Come see us around the state

See a list of Summer Enrollment fairs
at www.ers.state.tx.us/SE.



RETIREE/SURVIVING DEPENDENTS/COBRA SUMMER ENROLLMENT FORM

You may either enter your changes using your online account at www.ers.state.tx.us or send this completed form to:

Employees Retirement System of Texas
 P.O. Box 13207
 Austin, Texas 78711-3207
 (866) 399-6908 Toll-free

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

Information provided to the ERS is maintained for managing your benefits.

If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

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

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

SECTION B: INSURANCE COVERAGE (Mark boxes to indicate the coverage changes you want starting September 1, 2015.)

Medical Coverage	<input type="checkbox"/> Waive*	<input type="checkbox"/> HealthSelect SM of Texas	<input type="checkbox"/> HMO Name _____
	<input type="checkbox"/> Waive + Opt-Out (For retirees who can certify they have comparable coverage that is not Medicare.)		
	<input type="checkbox"/> Enroll/Drop Dependent (See Section C)		
Optional Coverage (May be elected without being enrolled in medical coverage.)			
Dental	<input type="checkbox"/> Waive	<input type="checkbox"/> HumanaDental DHMO	<input type="checkbox"/> State of Texas Dental Choice Plan SM
	<input type="checkbox"/> State of Texas Dental Discount Plan SM <input type="checkbox"/> Enroll/Add Dependent (See Section C)		
For retirees only			
Optional Life**	<input type="checkbox"/> Waive	Decrease Level to: <input type="checkbox"/> Election I <input type="checkbox"/> \$10,000	
Dependent Life**	<input type="checkbox"/> Waive	(To drop dependent see Section C)	
Tobacco User Certification: If you are enrolled or enrolling in a GBP health plan, have you used any type of tobacco product five or more times in the last three months? This includes but is not limited to cigarettes, pipes, cigars, cigarillos, snuff, or chewing tobacco products. <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Surviving dependents and COBRA participants who waive coverage may not re-enroll at a later date.

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

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

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

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health	Dental	Dep. Life	Tobacco User
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Relationship Code: Sp – Spouse D or S - Natural or adopted daughter or son O – Other than natural or adopted child. Includes stepchild, foster child, or ward child. If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at www.ers.state.tx.us or call ERS. For newly added dependents, you may be required to provide documentation to Aon Hewitt, a company that is working with ERS to conduct the dependent eligibility verification.

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

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

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

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

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco for three consecutive months, you must complete the Tobacco User Certification Form (ERS 2.933) available at www.ers.state.tx.us, or change the certification using your online account at www.ers.state.tx.us.

Participant's Signature: _____

Date Signed: _____

(Parent or legal guardian may sign for minor child)

(mm-dd-yyyy)

Required Legal Notices

NOTICE OF COMPREHENSIVE COVERAGE FOR BREAST RECONSTRUCTION

In accordance with the Women's Health and Cancer Rights Act of 1998, your health plan covers:

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

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

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

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

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

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

THE EMPLOYEES RETIREMENT SYSTEM OF TEXAS SUMMARY NOTICE OF PRIVACY PRACTICES

The Employees Retirement System of Texas ("ERS") administers the Texas Employees Group Benefits Program, including your health plan, pursuant to Texas law. THIS NOTICE DESCRIBES HOW ERS MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN

GET ACCESS TO YOUR OWN INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA") PRIVACY RULE. PLEASE REVIEW THIS NOTICE CAREFULLY.

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

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

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

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

Detailed Notice of Privacy Practices: For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Office of the Privacy Officer or by visiting ERS' web site at www.ers.state.tx.us. If you have any questions or complaints, please contact the ERS Privacy Officer by calling toll-free (877) 275-4377 or by writing to ERS Privacy Officer, The Employees Retirement System of Texas, P.O. Box 13207, Austin, TX 78711-3207.

SUMMARIES OF BENEFITS AND COVERAGE (SBC)

The Employees Retirement System of Texas (ERS) has created a Summary of Benefits and Coverage (SBC) for each health plan offered under the Texas Employees Group Benefits Program, excluding Medicare Advantage plans. Each SBC provides an overview of the benefits and services the health plan covers and what you can expect to pay for such services. Beginning June 29, 2015, you can access and print the SBCs at the following web address: www.ers.state.tx.us/Insurance/SBC. Paper copies of the SBCs are also available to you, free of charge, upon request. If you have any questions or would like to request a paper copy of an SBC, please contact the appropriate health plan at the toll-free phone number listed below. Para obtener asistencia en Español, llame al:

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

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

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

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