

# Retirees and Families Guide

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**Your two-week  
Annual Enrollment  
phase will last from  
June 30 – July 11.**

**Check out our  
Annual Enrollment  
resources online:  
[www.ers.state.tx.us/  
Employees/Annual\\_Enrollment/](http://www.ers.state.tx.us/Employees/Annual_Enrollment/)**

### What's new this year?

- Good news! Copayments for generic medications have been reduced. See page 12 for information.
- You and your eligible dependents can enroll in our new dental option, the State of Texas Dental Discount Plan<sup>SM</sup>. See the insert for details.
- Are you planning to add a dependent to your health coverage? You'll need to submit documentation proving that your dependent is eligible for coverage.
- Due to nationwide increases in health care costs, health insurance premiums will increase on September 1, 2014. See your Personal Benefits Enrollment Statement (PBES) for information.
- Scott & White Health Plan adds Walker County to its service area.
- The State of Texas Dental Choice Plan<sup>SM</sup> has enhanced its benefits: once the \$1,500 annual maximum is reached, the plan will pay 40% of covered expenses.

### Checklist: What can I do during Annual Enrollment?

#### Health Care

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

#### Dental Care

- Enroll yourself and your dependents in the new State of Texas Dental Discount Plan.
- Enroll in or make changes to your dental insurance plan.
- Add or drop your dependents from your dental insurance plan.

#### Life Insurance

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

NOTE: Some coverage requires proof of good health, also called EOI. Acceptance is not guaranteed.

## ERS ONLINE

### Take a few minutes to make changes online

Go to [www.ers.state.tx.us](http://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.

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

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 during your enrollment phase toll-free at (866) 399-6908.

### The ERS website got a facelift

Most of the website navigation will remain the same. However, there are some enhancements that will provide better access to information for our members. Key updates include:

- Your ERS account login button, Access My Account, is bigger and more prominently displayed.
- The homepage has been rearranged to help our members more quickly find the information they use most often.
- The layout and color scheme of the website changed.

ERS wants your feedback on the updated website. We posted a link to a survey on the ERS homepage. Let us know what you think!



EMPLOYEES RETIREMENT SYSTEM OF TEXAS



[www.ers.state.tx.us](http://www.ers.state.tx.us)



## HEALTH INSURANCE

### Your health insurance options

During Annual Enrollment, you can enroll or switch medical coverage with either HealthSelect<sup>SM</sup> of Texas or an HMO (if in an eligible area). Check out the comparison chart on the next page for more information.

If you enroll in a new health plan, you'll get a new ID card. Don't use your new card until September 1. If you don't get your ID card by September 1, contact your health plan.

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

### Do you have other health insurance?

If you have other health insurance that's as good as or better than what the State provides, you can drop your GBP health insurance and sign up for the Health Insurance Opt-Out Credit. The credit can apply toward dental insurance premiums, excluding the State of Texas Dental Discount Plan.

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

### Healthselect In-Area Participants need PCPs

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

### Medicare Advantage Plans

If you have a dependent enrolled in HealthSelect Medicare Advantage or KelseyCare Advantage, rates for those plans will stay the same through December 31, 2014. The rates may change on January 1, 2015, and the possible new rates would be available in the fall.

Do you have a covered dependent in Medicare? You can make enrollment changes for your dependent during your enrollment phase, shown on the enclosed PBES.

### Notice about insurance:

Funding for health and other insurance benefits for participants in the Texas Employees Group Benefits Program (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.

## HEALTH BENEFIT CHANGES – EFFECTIVE PLAN YEAR 2015

### HealthSelect of Texas

#### Out-of-Pocket Maximum Changes:

Under the HealthSelect in-area plan, an overall out-of-pocket maximum limit of \$6,350 for individuals and \$12,700 for families will go into effect on September 1, 2014, but limits do not start over until January 1, 2015.

- This total out-of-pocket maximum will include deductibles (if applicable), medical copays, and coinsurance. It does not include premiums.
- Currently there is no overall out-of-pocket maximum for the plan, so this is an added benefit to plan participants.
- The coinsurance out-of-pocket maximum of \$2,000 per individual that is currently in place will stay the same. The \$2,250 inpatient hospital copay maximum per individual per year also will stay the same.
- For more information, see the chart below.

### Mental Health Benefits:

- **Inpatient mental health services** will no longer have different pricing tiers based on the number of days as an inpatient. Now all inpatient mental health care (even for more than 30 days) is payable at 80% coinsurance at network providers.
- **Outpatient professional mental health services** will be subject to a \$40 copay, rather than the current 20% coinsurance. There will no longer be a limit on days of outpatient treatment.
- **Outpatient mental health facility benefits** will change to \$100 copay plus 20% coinsurance. There is no tiering or limit on days of treatment. There will no longer be an “intermediate benefits” category; instead, these charges will be paid under inpatient or outpatient benefits (depending on the location of services).

### Other Benefit Enhancements:

- The benefit for hearing aids will increase to \$1,000 per ear every 36 months (up from the previous benefit of \$500 per ear every 36 months).
- Breast pumps for nursing mothers will be covered at 100% of retail cost (limited to one per delivery). A participant will have to file a paper claim with a copy of the receipt for reimbursement.

### HealthSelect Annual Maximums

	In-Network		Out-of-Network		Out-of-Area	
	Individual	Family	Individual	Family	Individual	Family
Coinsurance out-of-pocket maximum	\$2,000**	\$2,000	\$7,000**	\$7,000	\$3,000	\$3,000**
Inpatient copayment maximum	\$2,250 **	\$2,250	\$2,250**	\$2,250	\$2,250	\$2,250**
Deductible <sup>1</sup>	\$0	\$0	\$500	\$1,500	\$200	\$600
Copayment maximum <sup>2</sup>						
Total out-of-pocket maximum	\$6,350	\$12,700	\$9,750	no limit	\$6,350	\$12,700

All amounts are up to that maximum and are **not mutually exclusive** from other out-of-pocket limits.

In-network Coinsurance is an actual limit. All others for in-network are in aggregate.

Out-of-network does not have a family benefit. The amounts apply to each individual. This is not a change from the Plan Year 2014 benefit structure.

The inpatient copayment maximums cross-apply between in-network and out-of-network.

<sup>1</sup>Not to exceed \$500 per individual for out-of-network and \$200 per individual for out-of-area.

<sup>2</sup>Copayment maximum amount varies, as there is not a limit other than total out-of-pocket maximum.

(An individual could owe up to \$6,350 in copayments alone if there was no coinsurance paid throughout the year. If an individual reaches the \$2,000 coinsurance maximum, he or she would owe \$4,350 in copayments.)

\*Bariatric services are not included in these maximums.

\*\*Limits are per participant.

## COMMUNITY FIRST HEALTH PLANS AND SCOTT & WHITE HEALTH PLAN

### Out-of-Pocket Maximum Changes:

For both the health maintenance organizations (HMOs), Community First Health Plans and Scott & White Health Plan, an overall out-of-pocket maximum limit of \$6,350 for individuals and \$12,700 for families will go into effect on September 1, 2014 and reset every plan year.

HMOs follow the plan year rather than the calendar year, so their out-of-pocket maximums will reset each September, while HealthSelect's reset each January.

- The coinsurance out-of-pocket maximum of \$2,000 per individual that is currently in place will stay the same. The \$2,250 inpatient hospital copay maximum per individual per year also will stay the same.
- This overall out-of-pocket maximum will include both medical and pharmacy copays and coinsurance. It does not include premiums. There are no deductibles under the HMOs.
- Currently there is no overall out-of-pocket maximum for the plan, so this is an added benefit to plan participants.
- For more information, see the chart below.



### Other Benefit Enhancements:

- The benefit for hearing aids will increase to \$1,000 per ear every 36 months (up from the previous benefit of \$500 per ear every 36 months).

### Community First Health Plans and Scott & White Health Plan Annual Maximums

	In-Network		Out-of-Area/Out-of-Network <sup>1</sup>	
	Individual	Family	Individual	Family
Coinsurance out-of-pocket maximum	\$2,000	\$2,000**	n/a	n/a
Inpatient copayment maximum	\$2,250	\$2,250**	n/a	n/a
Deductible <sup>1</sup>	\$0	\$0	n/a	n/a
Copayment maximum <sup>2</sup>				
Total out-of-pocket maximum	\$6,350	\$12,700	n/a	n/a

All amounts are up to that maximum and are not mutually exclusive from other out of pocket limits. This means that a Participant's total out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a Participant could pay up to \$6,350 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 \$4,350 in copayments, totaling \$6,350 in overall out-of-pocket expense.)

In-network coinsurance is an actual limit. All others for in-network are in aggregate.

<sup>1</sup>With the exception of Medical Emergency Services, out-of-network and out-of-area services are not covered by HMOs unless prior authorized by the health plan first.

<sup>2</sup>Copayment maximum amount varies as there is not a limit other than total out-of-pocket maximum.

(An individual could owe up to \$6,350 in copayments alone if there was no coinsurance paid throughout the year. If an individual reaches the \$2,000 coinsurance maximum, he or she would owe \$4,350 in copayments.)

\*\*Limits are per participant.

# UNDER 65 RETIREE HEALTH PLANS COMPARISON CHART

## Effective September 1, 2014

Benefits	HealthSelect <sup>1</sup>			HMO
	In-Area		Out-of-Area <sup>2</sup>	
	Network	Non-Network		
Calendar year deductible	None	\$500 per person \$1,500 per family <sup>3</sup>	\$200 per person, \$600 per family <sup>3</sup>	None
Out-of-pocket coinsurance maximum <sup>13</sup>	\$2,000 per person <sup>4</sup> per calendar year	\$7,000 per person <sup>4</sup> per calendar year	\$3,000 per person <sup>4</sup> per calendar year	\$2,000 per person <sup>4</sup> per plan year
Total Out-of-Pocket Maximum <sup>13</sup> (including deductibles, coinsurance and copays)	\$6,350 per person \$12,700 per family <sup>3</sup>	None	\$6,350 per person \$12,700 per family <sup>3</sup>	\$6,350 per person \$12,700 per family <sup>3</sup>
Lifetime maximum	None	None	None	None
Primary care physician required	Yes	No	No	Contact your HMO
Primary care physicians' office visits	\$25	40%	30%	\$25
Physicals*	No Charge	40%	Network provider - No Charge; Non-network provider - 30%	No charge
Specialty physicians' office visits	\$40	40%	30%	\$40
Routine eye exam, one per year per participant*	\$40	\$40	30%	\$40 <sup>7</sup>
Family planning services*	20%	40% <sup>3</sup>	30% <sup>3</sup>	\$40 <sup>7</sup>
Well woman exam*	No Charge	40%	Network provider - No charge; Non-network provider - 30%	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
Allergy antigens/serum, injections, and testing	No charge without office visit; \$25 or \$406 with office visit	40%	30%	20%
Diagnostic x-rays, lab tests, and mammography	20% <sup>6</sup>	40%	30%	20%
Office surgery and diagnostic procedures	20%	40%	30%	20%
High-tech radiology (CT scan, MRI, and nuclear medicine) <sup>8,9</sup>	\$100 copay plus 20% <sup>11</sup>	\$100 copay plus 40% <sup>11</sup>	\$100 copay plus 30% <sup>11</sup>	\$100 copay plus 20% <sup>11</sup>
Urgent care clinic	\$50 plus 20%	\$50 plus 40%	30%	\$50 plus 20%
Chiropractic care				
a. Coinsurance	20% <sup>5</sup> \$40 copay plus 20% <sup>5</sup> with office visit	40%	30%	
b. Maximum benefit per visit	\$75	\$75	\$75	
c. Maximum visits each participant each calendar year	30	30	30	Not covered

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

Benefits	HealthSelect <sup>1</sup>			HMO
	In-Area		Out-of-Area <sup>2</sup>	
	Network	Non-Network		
<b>Immunizations:</b>				
All ages* immunizations, Meningitis childhood, beginning in 7th grade	No charge	40%	Network provider - no charge; Non-network provider - 30%	No charge
<b>Maternity care:</b>				
Dr. charges only*; inpatient hospital copays will apply	\$0 for routine prenatal appointments \$25 or \$40 for first post-natal office visit	40%	30%	\$0 for routine prenatal appointments \$25 or \$40 for first post-natal office visit
Inpatient hospital (semi-private room and day's board, and intensive care unit)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person <sup>8</sup> )	\$150/day copay plus 40% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person <sup>8</sup> )	\$150/day copay plus 30% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person <sup>8</sup> ).	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person <sup>8</sup> )
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)
Outpatient surgery other than in physician's office	\$100 plus 20%	\$100 plus 40%	\$100 plus 30%	\$100 plus 20%
Bariatric surgery <sup>8,10</sup>	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
Skilled nursing facility	20%; 60-day max. per calendar year <sup>8</sup>	40% 60-day max. per calendar year <sup>8</sup>	No charge; (no deductible <sup>8</sup> )	20%; 60-day max. per plan year <sup>7,8</sup>
Hospice	20% <sup>8</sup>	40% <sup>8</sup>	30% (no deductible) <sup>8</sup>	20% <sup>8</sup>
Home health care	20% <sup>8</sup>	40%; 100 visits max. per calendar year <sup>8</sup>	No charge; 100 visits max. per calendar year (no deductible <sup>8</sup> )	20% <sup>8</sup>
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).			
Durable medical equipment	20% <sup>8,12</sup>	40% <sup>8,12</sup>	30% <sup>8,12</sup>	20% <sup>8</sup>
Ambulance services (non-emergent)	20% <sup>8</sup>	20% <sup>8</sup>	30% <sup>8</sup>	20% <sup>8</sup>

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

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

<sup>3</sup> Applies to calendar year, January 1-December 31.

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

<sup>5</sup> Charges could vary when performed during an office visit.

<sup>6</sup> Copay depends on whether treatment is given by PCP or specialist.

<sup>7</sup> Applies to plan year, September 1- August 31; for treatment charges, one visit per plan year.

<sup>8</sup> Preauthorization required.

<sup>9</sup> Outpatient testing only. Does not apply to inpatient services.

<sup>10</sup> Active employees only; see health plan for additional requirements/limitations.

<sup>11</sup> No copay if high-tech radiology is performed during ER visit or inpatient admission.

<sup>12</sup> \$2,500 limit on non-essential DME. Replacement limit of one every three years unless change in condition or physical status.

<sup>13</sup> Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a Participant's total out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a Participant could pay up to \$6,350 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 \$4,350 in copayments, totaling \$6,350 in overall out-of-pocket expense.)

Behavioral Care 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.

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

## ANNUAL ENROLLMENT FAIR SCHEDULE

ERS and its partners will be traveling around the State this summer, hosting fairs designed to help you make informed decisions when it comes to choosing your benefits. All fairs are free and open to all employees. You can attend any fair, not just fairs at your agency or institution.

All fair times are 9 a.m. - noon, with the presentation starting at 9:30 a.m. Webinar times are listed below.

**6/23/2014**

**Texas Department of Transportation (TxDOT)**  
5715 Canyon Dr  
Amarillo, 79110

**6/23/2014**

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

**6/23/2014**

**Webinar - 2:00 p.m.**

**6/24/2014**

**Texas Department of Agriculture (TDA)**  
1700 N Congress Ave  
Austin, 78701

**6/24/2014**

**Texas Department of Transportation (TxDOT)**  
135 Slaton Rd  
Lubbock, 79404

**6/25/2014**

**Texas Department of Insurance (TDI)/Division of Workers' Compensation**  
7551 Metro Center Dr Ste 100  
Austin, 78744

**6/25/2014**

**Tyler Junior College**  
1530 South Southwest Loop 323  
Tyler, 75701

**6/26/2014**

**Texas Legislative Council - REJ Conference Center**  
1501 N Congress Ave  
Austin, 78701

**6/26/2014**

**Texas Parks and Wildlife Department (TPWD)**  
4200 Smith School Rd  
Austin, 78744

**6/26/2014**

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

**6/27/2014**

**Austin Community College (ACC)**  
5930 Middle Fiskville Rd  
Austin, 78752

**6/27/2014**

**Texas State University (TSU)**  
601 University Dr  
San Marcos, 78666

**6/30/2014**

**Webinar - 11:00 a.m.**

**7/1/2014**

**Texas Capitol Complex - Capitol Extension**  
1100 Congress Ave  
Austin, 78701

**7/1/2014**

**Texas Tech University - Health Science Center**  
5001 El Paso Dr  
El Paso, 79905

**7/1/2014**

**Texas Department of Criminal Justice - Katy & E. Don Walker, Sr. Education**  
1400 19th St  
Huntsville, 77340

**7/2/2014**

**Texas Tech University - Health Science Center**  
3601 4th St  
Lubbock, 79430

**7/2/2014**

**Stephen F. Austin State University Student Center**  
1936 North St.  
Nacogdoches, 75962

**7/8/2014**

**Texas Department of Criminal Justice**  
1697 FM 980  
Huntsville, 77343

**7/8/2014**

**Webinar - 2:00 p.m.**

**7/9/2014**

**Texas Department of Insurance (TDI)**  
333 Guadalupe St  
Austin, 78701

**7/9/2014**

**El Paso Community College**  
9050 Viscount Blvd, Bldg A  
El Paso, 79925

**7/10/2014**

**Sul Ross University Morgan University Center**  
East Highway 90  
Alpine, 79832

**7/10/2014**

**Texas Education Agency (TEA)**  
1701 N Congress Ave  
Austin, 78701

**7/11/2014**

**Texas Commission on Environmental Quality (TCEQ)**  
12100 Park 35 Cir  
Austin, 78753



**7/11/2014**

Texas Department of  
Transportation (TxDOT)  
3901 East Highway 80  
Odessa, 79761

**7/14/14**

Health & Human Services  
Commission (HHSC)  
Winters Building,  
125C, 125W, 125E  
701 W 51st Street,  
Austin, 78751

**7/14/2014**

Dallas County Community  
College District  
(Brookhaven College)  
3939 Valley View Ln  
Farmers Branch, 75244

**7/14/2014**

Texas Department of  
Transportation (TxDOT)  
7600 Washington Ave  
Houston, 77007

**7/15/2014**

Texas Department of  
Transportation (TxDOT)  
200 E Riverside Dr  
Austin, 78704

**7/15/2014**

Texas Department of  
Transportation (TxDOT)  
1701 South Padre Island Dr  
Corpus Christi, 78416

**7/15/2014**

Texas Woman's University  
304 Administration Dr  
Denton, 76204

**7/16/2014**

Tarrant County  
College District  
300 Trinity River Cir  
Ft. Worth, 76102

**7/16/2014**

South Texas College  
3201 West Pecan Blvd  
McAllen, 78501

**7/17/2014**

Texas Department of  
Transportation (TxDOT)  
2501 SW Loop 820  
Ft. Worth, 76133

**7/17/2014**

Texas Department of  
Transportation (TxDOT)  
600 W Expw US 83  
Pharr, 78577

**7/18/2014**

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

**7/18/2014**

Texas Department of  
Transportation (TxDOT)  
4615 NW Loop 410  
San Antonio, 78229

**7/21/2014**

Texas Department of  
Transportation (TxDOT)  
4502 Knickerbocker Rd  
San Angelo, 76904

**7/21/2014**

Alamo Community College  
District (St. Philips College)  
1801 Martin Luther King Dr  
San Antonio, 78203

**7/22/2014**

Cisco College  
717 E Industrial Blvd  
Abilene, 79602

**7/22/2014**

Texas Department of  
Transportation (TxDOT)  
4625 East Highway 80  
(Daltrans Bldg)  
Mesquite, 75150

**7/23/2014**

DADS/Health and Human  
Service Commission (HHSC)  
801 S State Hwy 161  
Bank of America Bldg  
Grand Prairie, 75051

**7/23/2014**

Texas State Technical  
College (TSTC)  
3801 Campus Dr  
Waco, 76705

**7/24/2014**

Department of State Health  
Services - Region 2/3  
1301 South Bowen Rd, Ste 200  
Arlington, 76013

**7/24/2014**

Employees Retirement  
System (ERS)  
200 East 18th St  
Austin, 78701

**7/24/2014**

Webinar - 3:00 p.m.

**7/25/2014**

Texas Department of Public  
Safety (DPS)  
5805 North Lamar Blvd  
Austin, 78752

**7/25/2014**

Houston Community College  
5601 West Loop South  
Houston, 77081

**7/29/2014**

Health & Human Services  
Commission (HHSC)  
701 W 51st St  
Austin, 78751

**7/30/2014**

Health & Human Service  
Commission (HHSC)  
4900 North Lamar Blvd  
Austin, 78751

**7/24/2014**

Webinar - 2:00 p.m.

**7/31/2014**

Employees Retirement  
System (ERS)  
200 East 18th St  
Austin, 78701



## DISCOUNT

Purchase Program  
administered by BENEPLACE

### Purchase products and services at discounted prices.

ERS offers the Discount Purchase Program, which lets you buy products and services at discounted prices. Through an easy-to-use website operated by Beneplace, the Discount Purchase Program features everything from computers and home appliances to theme park tickets and more.

You don't need to register for the program and there is no membership fee.

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

## DENTAL PLANS

### GBP Dental Plans



What's new this year to help you keep smiling? The State of Texas Dental Discount Plan<sup>SM</sup>, administered by Careington International Corporation. The plan isn't insurance, but a discount program for dental services at the point of service. **You and your dependents cannot be enrolled in the dental discount program and a GBP dental insurance plan.** See the insert for details.

### The GBP also offers two dental insurance options:

State of Texas Dental Choice Plan<sup>SM</sup> preferred provider organization and the HumanaDental dental health maintenance organization (DHMO)

- Don't have dental? You can enroll in any of the three dental plans during Annual 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 Annual Enrollment.
- If you enroll in the DHMO, call HumanaDental to select a primary care dentist (PCD).

### Unsure which dental plan might be right for you and your family?

Use the **State of Texas Dental Choice Plan** anywhere in the United States or Canada. You can see any dentist or get a higher benefit by using a preferred provider.

If you live or work in the Texas service area, you can use the **HumanaDental DHMO**. You'll need to select a PCD from a list of approved providers. You and your enrolled dependents can choose different PCDs. You can find a list at **HumanaDental.com/ers**, or you can also call HumanaDental. See page 16 for information.

# DENTAL INSURANCE PLANS COMPARISON CHART

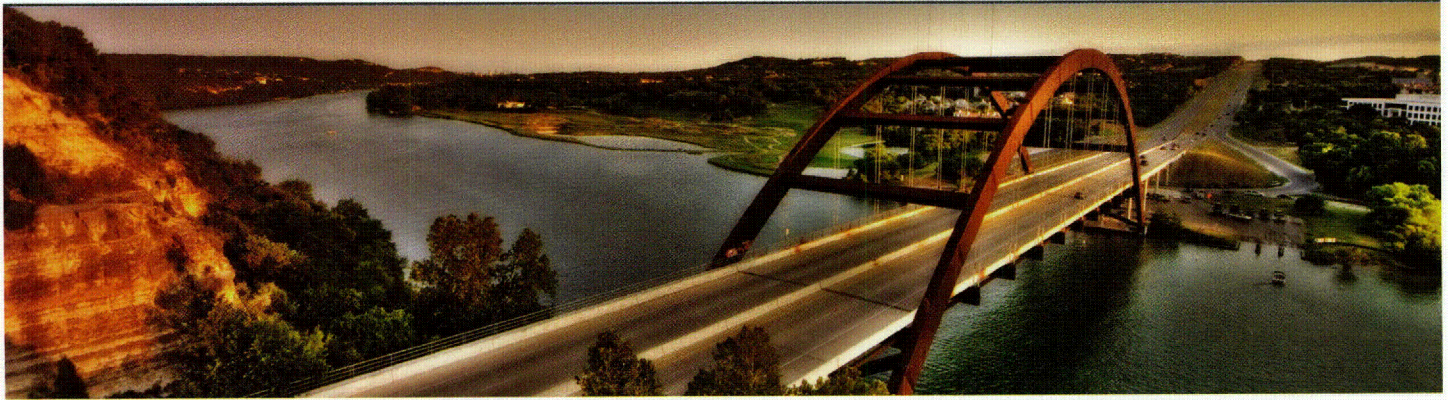
	HumanaDental DHMO	State of Texas Dental Choice Plan <sup>SM</sup> Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
<b>Dentists</b>	Must use a participating dentist. Note: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.	Network/participating dentist	Non-network/participating dentist
<b>Deductibles</b>	None	Preventive-Individual-\$0; Family-\$0 Combined Basic/Major/Prosthodontic -Individual-\$50; Family-\$150 Orthodontic services-no deductible	Preventive-Individual-\$50; Family-\$150 Combined Basic/Major/Prosthodontic -Individual-\$100; Family-\$300 Orthodontic services-no deductible
<b>Copays/ Coinsurance*</b>	<b>Primary dentist</b> – Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. <b>Specialty dentistry</b> – You pay 75% of his/her usual and customary fee. DHMO pays nothing.	<b>Preventive and Diagnostic Services</b> - You pay nothing. <b>Basic Services</b> - You pay 10% coinsurance after meeting the Basic Services deductible. <b>Major Services</b> - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for amounts over the allowed amount. After you reach the Maximum Calendar Year Benefit, you pay 60% until the next calendar year begins on January 1.	<b>Preventive and Diagnostic Services</b> - You pay 10% after meeting the Preventive and Diagnostic deductible. <b>Basic Services</b> - You pay 30% coinsurance after meeting the Basic Services deductible. <b>Major Services</b> - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit, you pay 100% until the next calendar year begins on January 1.
<b>Maximum Calendar Year Benefit</b>	Unlimited	\$1,500 (excludes orthodontic services)	\$1,500 (excludes orthodontic services)
<b>Maximum Lifetime Benefit</b>	Unlimited	\$1,500 for orthodontic services	\$1,500 for orthodontic services
<b>Average cost of cleaning/ oral exams</b>	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Up to two cleaning/oral exams per calendar year allowed.	No cost Up to two cleaning/oral exams per calendar year allowed.	10% of the allowed amount after deductible is met. Up to two cleaning/oral exams per calendar year allowed.
<b>Orthodontic Coverage</b>	Orthodontic services performed by a general dentist listed in the directory with an “0” treatment code – child - \$1,800, adult - \$2,100. Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

NOTE: This Schedule of Benefits reflects member 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 Dental Plans Comparison Chart is only a summary of the benefits offered by the two dental plans. See plan booklet for actual coverage and limitations. Prior to starting treatment, discuss with your dentist the treatment plan and all charges.

In the State of Texas Dental Choice Plan<sup>SM</sup> (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.

\*Amounts paid by the participant apply to the Maximum Calendar Year Benefit of \$1,500. Services received after the Maximum Calendar Year Benefit is reached will be paid at 40% coinsurance by the plan.



## PRESCRIPTION DRUGS

### Your Prescription Drug Benefit

If you are in Community First or Scott & White, see the chart below for information on prescription drug coverage.

If you are in the HealthSelect<sup>SM</sup> 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 a 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 Randall's), Sears/Kmart, Walmart, and

a number of independent pharmacies. See a full list of participating EDS network pharmacies on the Caremark website, [www.caremark.com/ers](http://www.caremark.com/ers), or call Caremark toll-free at (888) 886-8490.

You and your covered dependents each have a \$50 deductible for prescription drugs for the plan year, which is from September 1 to August 31.

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<sup>SM</sup> 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 paid.

### Prescription Drugs

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

## LIFE INSURANCE

### Life Insurance – Security For Your Family

#### APPLY NOW

This year, Optional Term Life Insurance and Dependent Term Life Insurance rates will stay the same.

#### Optional Term Life Insurance

- During Annual Enrollment, you may be able to apply for extra life insurance.
- Check out our online rate calculator or your Personal Benefits Enrollment Statement for details on your monthly premiums.
- Don't forget that you can update your ERS beneficiaries any time of the year, not just during Annual Enrollment.

Proof of good health, also known as evidence of insurability (EOI), is required. If you have Election 1 or 2, you can decrease your amount of Optional Term Life Insurance. NOTE: At age 70, term life coverage benefits automatically begin to reduce.

If approved before September 1, coverage begins on September 1. If approved after September 1, coverage begins the first of the month after ERS receives notification of the approval.

#### Dependent Term Life Insurance

You pay only \$3.05 a month to receive Dependent Term Life Insurance for your eligible dependents.

Coverage includes \$2,500 Term Life Insurance per person and is paid to you upon the death of your covered dependents.

#### Evidence Of Insurability

EOI is required when:

- You apply for Optional Term Life Insurance.
- You apply to add dependents to Dependent Term Life Insurance.

In the EOI application process, you provide information on the condition of your health or your dependent's

health. You don't need to reapply for coverage you already have. You can apply online or on paper. Apply early to ensure you get coverage – the deadline to initiate the application process is August 1.

Find detailed instructions on the online EOI process on our website: [www.ers.state.tx.us/Customer\\_Support/FAQ/Insurance/](http://www.ers.state.tx.us/Customer_Support/FAQ/Insurance/). If Minnesota Life does not receive the Life EOI application within 30 days, your coverage will remain at your current level and will not change. You can reapply for coverage during your next enrollment opportunity.

- Annual Enrollment is your chance to switch to active or retiree benefits.
- The change will begin September 1.

#### Should I Choose Active Or Retiree Benefits?

- If you elect benefits as an active employee, you have more options, including TexFlex and the Texas Income Protection Plan. Also, the Basic Term Life Insurance you receive with your health insurance increases from \$2,500 to \$5,000. If you have Dependent Term Life Insurance, it also increases from \$2,500 to \$5,000 per covered dependent.
- Do you have Optional Term Life Insurance? Your optional life insurance amounts are based on your annual salary. If you have a lower annual salary than when you retired and you choose active benefits, your Optional Term Life Insurance amount will be lowered permanently, even when you switch back to retiree status.
- Return-to-work retirees and their dependents, whether active or retired, cannot be in a Medicare Advantage Plan.

#### How Can I Switch?

See the benefits coordinator at your agency or contact the HHS Employee Service Center if you are an HHS Enterprise employee.

## PROGRAM CONTACTS

### Health Insurance

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

*Administered by UnitedHealthcare*

Group number – 744260

Toll-free: (866) 336-9371

TTY: 711

myNurseLine: (877) 731-8306

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

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

##### Prescription Drug Program

(pharmacy benefits for HealthSelect of Texas)

*Administered by Caremark*

Group number – RX1292

Toll-free: (888) 886-8490

TDD: (800) 231-4403

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

#### Community First Health Plans

*(an affiliate of the University Health System)*

Group number – 0010180000

Toll-free: (877) 698-7032

Local: (210) 358-6262

TDD: (210) 358-6080

NurseLink: (210) 358-6262

[www.cfhp.com/Members/ERS2014/index.aspx](http://www.cfhp.com/Members/ERS2014/index.aspx)

#### Scott & White Health Plan

Group number – 000058

Toll-free: (800) 321-7947

TDD / TTY: (800) 735-2989

VitalCare Nurse Advice: (877) 505-7947

<https://ers.swhp.org/>

### Optional Insurance

#### Dental Plans

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

*Administered by HumanaDental Insurance Company*

Group number – 536957

Toll-free: (877) 377-0987

TTY: 711

[www.humana.com/custom\\_clients/ers/plans/state.asp](http://www.humana.com/custom_clients/ers/plans/state.asp)

##### HumanaDental DHMO

*Insured by DentiCare, Inc, dba CompBenefits, a member of the HumanaDental family of companies*

Group number – 538226

Toll-free: (877) 377-0987

TTY: 711

[www.humana.com/custom\\_clients/ers/plans/dhmo.asp](http://www.humana.com/custom_clients/ers/plans/dhmo.asp)

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

*Administered by Careington International Corporation*

Toll-free: (844) 377-3368

TDD: 711

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

##### Life and Accidental Death & Dismemberment Insurance

(basic, optional, and dependent term life and AD&D) insurance; evidence of insurability for life and disability insurance)

*Administered by Minnesota Life*

Toll-free: (877) 494-1716

TDD: 711

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

##### Discount Purchase Program

*Administered by Beneplace*

TDD: (800) 683-2886

Local: (512) 346-3300

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

##### Texa\$aver

*Administered by Great West*

Toll-free: (800) 634-5091

TDD / TTY: (800) 766-4952

[texasaver.gwrs.com/login.do](http://texasaver.gwrs.com/login.do)



# RETIREE/SURVIVING DEPENDENTS/COBRA ANNUAL ENROLLMENT FORM

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

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

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

<b>SECTION A: MEMBER DATA</b> <i>(To be completed by participant.)</i>					
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-		(    )
E-mail Address	Mailing Address	<input type="checkbox"/> Check if New	City	State	ZIP Code    Eligibility County

<b>SECTION B: INSURANCE COVERAGE</b> <i>(Mark boxes to indicate the coverage changes you want starting September 1, 2014.)</i>			
<b>Medical Coverage</b>	<input type="checkbox"/> Waive*	<input type="checkbox"/> HealthSelect <sup>SM</sup> 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)		
<b>Optional Coverage</b> <i>(May be elected without being enrolled in medical coverage.)</i>			
<b>Dental</b>	<input type="checkbox"/> Waive	<input type="checkbox"/> HumanaDental DHMO	<input type="checkbox"/> State of Texas Dental Choice Plan <sup>SM</sup>
	<input type="checkbox"/> State of Texas Dental Discount Plan <sup>SM</sup> <input type="checkbox"/> Enroll/Add Dependent (See Section C)		
<b>For retirees only</b>			
<b>Optional Life**</b>	<input type="checkbox"/> Waive	Decrease Level to: <input type="checkbox"/> Election I <input type="checkbox"/> \$10,000	
<b>Dependent Life**</b>	<input type="checkbox"/> Waive	(To drop dependent see Section C)	
<b>Tobacco User Certification:</b> If you are enrolled or enrolling in a GBP health plan, have you used any type of tobacco product more than 5 times in the last 3 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.  
 Please Note: Carefully consider any decision to waive (turn down) coverage. You may never again be able to enroll in certain coverage, depending on your health condition.  
 \*\*To apply for Dependent Life or the \$10,000 Fixed Optional Life coverage, proof of good health, also called evidence of insurability (EOI), is required. Initiate the EOI process by signing into your online account at [www.ers.state.tx.us](http://www.ers.state.tx.us), or contact ERS.

<b>SECTION C: DEPENDENT PERSONAL DATA</b> <i>(and coverage choices.)</i>								
<b>Dependent Tobacco User Certification:</b> If your dependents are enrolled in a GBP health plan, you must certify below if your dependent used any type of tobacco product more than 5 times in the last 3 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 <b>Dependent Child Certification</b> form (ERS GI 1.081) available at <a href="http://www.ers.state.tx.us">www.ers.state.tx.us</a> or call ERS.								

**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 (5) or more times within the past three (3) 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. All premium charges will be prospective. I will not be refunded any part of the Tobacco User premiums. 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, and a physician says you or they can't quit, ERS must receive a completed Physician's Affidavit form (ERS 2.936) available at [www.ers.state.tx.us](http://www.ers.state.tx.us), or by calling ERS. 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 a Non-Tobacco User Affidavit Form (ERS 2.937) available at [www.ers.state.tx.us](http://www.ers.state.tx.us), or change the certification using your online account at [www.ers.state.tx.us](http://www.ers.state.tx.us).

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

(Parent or legal guardian may sign for minor child)

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

(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
- Prosthesis 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

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

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

The Employees Retirement System of Texas ("ERS") administers the Texas Employees Group Benefits Program, including your health plan, pursuant to Texas law. **THIS NOTICE DESCRIBES HOW ERS MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO YOUR OWN INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA") PRIVACY RULE. PLEASE REVIEW THIS NOTICE CAREFULLY.**

#### Uses and disclosures of health information:

ERS and/or a third-party administrator under contract with ERS may use health information about you on behalf of your health plan to authorize treatment, to pay for treatment, and for other allowable health care purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods. By law, ERS may use or disclose identifiable health information about you without your authorization for several reasons, including, subject to certain requirements, for public health purposes, for auditing purposes, for research studies, and for emergencies. ERS provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, ERS will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. ERS cannot use or disclose your genetic information for underwriting purposes. ERS may change its policies at any time. When ERS makes a significant change in its policies, ERS will change its notice and post the new notice on the ERS website at [www.ers.state.tx.us](http://www.ers.state.tx.us). Our full notice is available at [http://www.ers.state.tx.us/about/legislation/documents/hipaa\\_longform.pdf](http://www.ers.state.tx.us/about/legislation/documents/hipaa_longform.pdf).

For more information about our privacy practices, contact the ERS Privacy Officer. ERS originally adopted its Notice of Privacy Practices and HIPAA Privacy Policies and Procedures Document April 14, 2003, and subsequently revised them effective February 17, 2010, and September 23, 2013.

#### Individual rights:

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

#### Complaints:

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

#### Our Legal duty:

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

#### Detailed Notice of Privacy Practices:

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

#### Summaries of Benefits and Coverage (SBC)

The Employees Retirement System of Texas (ERS) has created a Summary of Benefits and Coverage (SBC) for each health plan offered under the Texas Employees Group Benefits Program, excluding Medicare Advantage plans. Each SBC provides an overview of the benefits and services the health plan covers and what you can expect to pay for such services. Beginning June 30, 2014, you can access and print the SBCs at the following web address:

[www.ers.state.tx.us/Insurance/SBC/](http://www.ers.state.tx.us/Insurance/SBC/). Paper copies of the SBCs are also available to you, free of charge, upon request. If you have any questions or would like to request a paper copy of an SBC, please contact the appropriate health plan at the toll-free phone number listed below.

Para obtener asistencia en Español, llame al:

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

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

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