

2022 Summer Enrollment Retirees and Families Guide

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Benefits to protect your health and future

The State of Texas offers a valuable benefits package to support your health and well-being in retirement.

Summer Enrollment is your chance to review your benefit elections and make any necessary changes. It is the only time each year you can make benefits changes unless you have a qualifying life event (see www.ers.texas.gov/Retirees/Life-Changes-for-retirees). You can drop coverage any time.



Need to make changes to your benefits?

You should make any needed changes to your benefits during your assigned Summer Enrollment phase. The assigned two-week enrollment phase for retirees and their covered dependents is **July 11–22**.

No changes? No action needed

If you want to keep your same coverage, **you don't need to do anything**. Your current benefits will stay the same. Benefit elections for the new plan year are effective September 1.

Since 2018, ERS health plan premiums have not increased more than 1%, and we have not decreased coverage or asked participants to pay more in out-of-pocket costs. This is because of continued financial support from the state and ERS' cost-management efforts. ERS uses experienced third-party health plan administrators to help keep costs down and maintain high-quality coverage for GBP participants.

WHAT'S NEW?

Increases to dental PPO and optional life insurance rates

Premiums for the following plans will increase:

- State of Texas Dental Choice PlanSM preferred provider organization (PPO)
- Optional Term Life Insurance
- Dependent Term Life Insurance

View all Plan Year 2023 rates at www.ers.texas.gov/pdfs/ratesheet-py23.

Changes to out-of-pocket maximums

The HealthSelect of Texas[®] and Consumer Directed HealthSelectSM health plans' total annual in-network out-of-pocket maximums (medical and pharmacy combined) will increase to \$7,050 per person per individual (up from \$7,000) and \$14,100 per family (up from \$14,000) to align with the IRS maximums.

TOBACCO-USE STATUS

Every participant enrolled in a GBP health insurance plan must certify their status as a tobacco user or non-user. **You only need to update your tobacco use status if you or a dependent's tobacco-use status has changed.**

A tobacco user is a person who has used any tobacco products five or more times within the past three consecutive months. Certified tobacco users pay a monthly tobacco user premium.

Tobacco products are all types of tobacco, including but not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip and all e-cigarettes and vaping products. If you or a covered family member uses these products, you are required to report it to ERS.

You can update your tobacco-use status during your Summer Enrollment phase through your ERS OnLine account, your agency or higher education institution's benefits coordinator or by returning the Tobacco Use Certification form to ERS. Failing to do so could result in losing your GBP health insurance coverage. If you are using the form to update your tobacco-use status, complete and print the certification form at www.ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933. Please note the form is not

necessary if you choose to update certification through your ERS OnLine account or your benefits coordinator.

Participants who change a certification to tobacco user during Summer Enrollment will have the first premium deducted from their October 1 paycheck (employees) or September 30 annuity check (retirees). For more information on the tobacco-user premium, see the Plan Year 2023 rate sheet (available online at www.ers.texas.gov/summer-enrollment-2022) or your Personal Benefits Enrollment Statement. Read about the tobacco policy at www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification.

If your or a dependent's tobacco use changes during the plan year, you should update the status in your account as soon as possible. You do not have to wait for Summer Enrollment to change the tobacco-use status.

Tobacco user premium alternative

If you are a tobacco user, you may qualify for an alternative to the tobacco user premium, if it complies with your doctor's recommendations. For more information on this alternative, called "Choose to Quit," view the ERS Tobacco Policy on ERS' website (see above).



HOW TO MAKE BENEFITS CHANGES

Update your elections online—fastest and available 24/7

Go online to make changes to your benefits anytime during your two-week enrollment phase:

1. Go to **www.ers.texas.gov**.
2. Click “My Account Login.”
3. Select “Proceed to Login” if you already have a username and password or “Register now” if you need to create an account.
4. After you log in, confirm that your contact information under “My Personal Information” is correct.
5. Click “Benefits Enrollment.” Confirm that the last four digits of the Social Security number and date of birth for each of your dependents are correct.
6. Click the “edit” box in front of the benefit election you want to change. You will need to do this for each election you want to change.
7. Click Submit to save all your changes from the main Benefits Enrollment page.
8. ERS will email you confirmation of your changes, if you have an email address in your ERS account. If you don’t have an email address in your ERS account, we will send a confirmation to your mailing address.

If you don’t have internet access

Call ERS toll-free at (866) 399-6908. Be sure to call during your two-week enrollment phase, **July 11–22**.

Remember

If you do not need to change your benefit elections or update your tobacco-use status, **you do not have to do anything**. Your current coverage and contributions will carry forward to the new plan year.

Retirees returning to work

If you are a **return-to-work retiree**, you can switch between retiree and active benefits during your Summer Enrollment phase to begin on September 1. Contact your agency’s or institution’s benefits coordinator or Human Resources office to do so. **Health and Human Services Enterprise employees**: Contact the HHS Employee Service Center before **July 22**.



Note: Like many organizations, the ERS Contact Center is facing pandemic-related staffing shortages. As a result, it may take us longer to answer calls. We sincerely apologize for any delays. We continue to do all we can to reduce wait times and provide the best service possible.

COVERAGE FOR DEPENDENTS

Your spouse and other eligible dependents can get health insurance and other coverage for an additional premium. However, you must be enrolled in a plan before you can enroll your dependents. Visit www.ers.texas.gov/PDFs/Dependent-eligibility-chart.pdf to learn more about benefits eligibility.

Certifying a dependent child

If you want to enroll dependent children in any insurance coverage, you will be asked to certify their eligibility before you submit your enrollment elections.

You can certify your dependent children in one of two ways:

- Log in to your ERS OnLine account and click the “Benefits Enrollment” link under *My Insurance Information*.
- or
- Complete and print the Dependent Child Certification form at www.ers.texas.gov/Retirees/Forms-for-retirees. You must complete a separate form for each dependent child to be covered.

Verifying eligible dependents for health coverage

When you enroll any dependent in health coverage, you must prove they are eligible through the dependent eligibility verification (DEV) process:

1. Enroll your eligible dependents in health coverage and, if needed, certify their eligibility as noted above.
2. ERS will send your information to Alight Solutions, ERS’ third-party administrator for dependent verification. Alight Solutions will mail you a letter outlining the steps you must take to verify that your dependent is eligible for coverage.

IMPORTANT: When you get a letter from Alight Solutions, open it right away! Carefully review the information and keep the deadline in mind.

3. Submit the necessary documents according to Alight’s instructions by the due date listed on the letter.

If you don’t submit the necessary documents or if you miss the deadline, your dependents will be ineligible and will lose coverage in all GBP plans. If you have questions about dependent eligibility verification, call Alight Solutions toll-free at (800) 987-6605 (TTY: 711).

Adding dependents previously not verified due to dependent eligibility verification (DEV)

If you have dependents who were not verified before because you missed the DEV deadline or could not provide the needed documents, you can add them during Summer Enrollment. To do so, you must submit documentation to ERS (not Alight) to prove your dependent’s eligibility. If the dependents’ eligibility is approved, coverage will begin Sept. 1, 2022.

You must provide copies of documents proving dependent eligibility (see required documents at ers.texas.gov/Benefits-at-a-Glance/Dependent-eligibility-chart.pdf), plus a note with:

- the name of the dependent(s) you are adding to coverage,
- specific coverage type(s) you are electing to add the dependent(s) to (for example: HealthSelect of Texas, State of Texas Dental ChoiceSM, etc.) and
- the GBP member’s name, last four SSN digits and contact phone number.

Mail, fax or email the documentation to ERS. (Do not mail the originals. Documents will not be returned to you.) ERS must get emailed or faxed documents by **July 22, 2022**. Mailed copies must be postmarked by **July 22, 2022**.

Mail: Employees Retirement System of Texas
P.O. Box 13207
Attn: Benefit Support Services
Austin, TX 78711-3207

Fax: (512) 867-7438

Email: erscustomer.service@ers.texas.gov

Adding coverage for a dependent previously not verified? Don’t miss this deadline

ERS must get complete and accurate documentation verifying that dependents are eligible for coverage by **July 22, 2022**.

YOUR HEALTH INSURANCE OPTIONS

View the health plan comparison chart included in your Summer Enrollment packet to compare commonly used medical, mental health and prescription drug benefits in the HealthSelect plans.

For more details on each plan, read the Master Benefits Plan Document on the HealthSelect website:

<https://healthselect.bcbstx.com/content/medical-benefits/index>.

Each plan's Summary of Benefits and Coverage (SBC) also provides an easy-to-understand overview of coverage. Plan Year 2023 SBCs will be available starting June 20, 2022.

Health insurance plan features at a glance	HealthSelect of Texas®	Consumer Directed HealthSelect SM
Key advantages	<ul style="list-style-type: none">• Lower out-of-pocket costs for in-network care• Copays for certain in-network services, like primary care provider (PCP) office visits• Large statewide network, and large nationwide network for those who live or work outside Texas	<ul style="list-style-type: none">• Tax-advantaged health savings account (HSA), with monthly contributions from the state• Large statewide and nationwide networks• Referrals not required• Lower monthly premium than HealthSelect of Texas for retirees who don't get a 100% state contribution and dependents
In-network preventive care covered at 100%	Yes	Yes
Prescription drug coverage	Yes	Yes
Key downside(s)	<ul style="list-style-type: none">• Referrals needed for most specialty care• Higher monthly premiums than Consumer Directed HealthSelect for retirees who don't get a 100% state contribution and dependents	<ul style="list-style-type: none">• Except for specific preventive services and a few limited items, the plan pays nothing until the deductible is met• Must meet IRS' eligibility guidelines to participate in the HSA
Might be good for people who...	<ul style="list-style-type: none">• Want to keep their out-of-pocket costs low• Don't mind getting referrals for specialty care• Are willing to pay higher premiums, if they part of their own or their dependents' premiums	<ul style="list-style-type: none">• Usually have low (or very high) health expenses• Can pay for medical and pharmacy expenses out of pocket until the deductible is met• Want the state's tax-free HSA contribution• Don't want to get referrals for specialty care

Health Insurance Opt-Out Credit

If you can certify that you have other health insurance that is equal to or better than coverage offered through ERS, you can sign up for the Health Insurance Opt-Out Credit. You must be eligible for the state contribution toward your health insurance premium to qualify for the Opt-Out Credit.

The credit is up to \$60 for full-time retirees and \$30 for part-time retirees. You can apply this credit to your vision and/or dental insurance premiums. There is no refund for any unused portion of the \$60 or \$30 credit.

The Health Insurance Opt-Out Credit is not available if:

- your only other insurance is Medicare,
- you have health insurance coverage through ERS as a dependent,
- you are not eligible for state contribution toward health premium, or
- you get a state contribution for health insurance coverage from another group benefit plan.

Opting out: What you should know

If you opt out of your health plan, you give up your prescription drug coverage and will no longer have the \$2,500 Basic Term Life coverage.

If you subsequently lose your other insurance coverage, it is considered a qualifying life event. As a result, you may enroll in health insurance offered through ERS if you sign up within 31 days of losing your other health insurance coverage.

HEALTHSELECT OF TEXAS AND CONSUMER DIRECTED HEALTHSELECT

Participants in HealthSelect of Texas or Consumer Directed HealthSelect have access to a network of more than 110,000 medical and mental health providers in Texas. Each plan includes a prescription drug program. ERS sets the plan benefits and pays claims. Blue Cross and Blue Shield of Texas (BCBSTX) manages the provider network, processes claims and provides customer service.

HealthSelect[®] of Texas

HealthSelect of Texas is a point-of-service health insurance plan. With this type of plan, you'll pay less if all of your medical care is handled by in-network providers. While the plan will cover out-of-network care, you will pay more—sometimes a lot more—than you pay for in-network care. (Learn about avoiding surprise medical bills at www.ers.texas.gov/Avoiding-Unexpected-Health-Costs.)

In this plan, you must designate a primary care provider (PCP) in the HealthSelect network and get referrals to specialists to get the highest level of benefit. If your providers are in the HealthSelect network, you do not have to meet a deductible and the plan begins to pay right away.

HealthSelect of Texas annual medical deductibles For Plan Year 2023

Deductibles are based on the calendar year and reset January 1. There is no deductible for in-network providers.

This does not include the annual \$50 per-person prescription drug deductible.

	In-network	Out-of-network
Individual	\$0	\$500
Family	\$0	\$1,500 (\$500 per participant)

See details about how the family deductible is applied in the HealthSelect of Texas Master Benefit Plan Document at <https://healthselect.bcbstx.com/content/publications-and-forms/index>.

Copays and coinsurance

HealthSelect of Texas participants are responsible for copays and/or coinsurance for doctor and hospital visits, procedures like outpatient surgery and other medical services. For example, if you have outpatient surgery at an in-network facility, you will owe a \$100 copay and 20% of the allowable amount.

Why do you need a PCP?

HealthSelect of Texas participants who live and work in Texas must get a referral from their designated primary care provider (PCP) to see specialists and get in-network benefits for specialist services. If you do not get a referral from your PCP, you will pay more for your treatment, even if the specialist is in the HealthSelect network.

Your PCP is a valued partner in your health care. They get to know you, your medical history and your lifestyle. If you have a medical issue, your PCP can make it easier and faster to get the care you need.

You do not need a referral from your PCP for:

- routine and diagnostic eye exams;
- OB-GYN visits;
- mental health services;
- chiropractic visits, occupational therapy, speech therapy and physical therapy;
- virtual visits through Doctor on Demand or MDLIVE for medical or mental health care; or
- urgent care centers and convenience care clinics.

Make the most of your HealthSelect benefits

Your health care coverage is not just about helping you when you're sick. Learn about programs and incentives to keep you well at www.healthselectoftexas.com.

A BCBSTX Personal Health Assistant also can answer questions about your plan's benefits and coverage and direct you to useful programs and tools. Call **(800) 252-8039 (TTY: 711)** toll-free, Monday through Friday from 7 a.m. to 7 p.m. CT, and Saturday from 7 a.m. to 3 p.m. CT.

To learn more about your prescription drug benefits, see page 8 of this guide, visit www.healthselectrx.com or call **(855) 828-9834 (TTY 711)**, 24 hours a day, 7 days a week.

CONSUMER DIRECTED

HealthSelect™

Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). The high deductible means you could have higher out-of-pocket costs before your health

plan begins to pay for your non-preventive medical services and prescription drugs. The plan covers in-network preventive services at 100%. It is available to GBP participants who are not enrolled in Medicare.

In this plan, you are responsible for all non-preventive health care costs, including prescription drug costs, until you meet the annual deductible. The deductible is based on the calendar year and resets on January 1.

Consumer Directed HealthSelect annual deductibles For Plan Year 2023 (includes prescription drugs)

Note: If you are enrolled in family coverage, the entire family deductible must be met before benefits are paid for any individual participant.

	In-network	Out-of-network
Individual	\$2,100	\$4,200
Family	\$4,200	\$8,400

After you meet the deductible, you pay coinsurance (20% in network, 40% out of network) for medical services and prescriptions. You do not have a copay for any services in this plan.

You don't need to designate a primary care provider (PCP) or get referrals to see specialists in Consumer Directed HealthSelect, and generally you will pay less for care—sometimes much less—if you see a provider who is in the network.

Health savings account

Consumer Directed HealthSelect participants can save money by setting up a health savings account (HSA) to pay eligible health care expenses. When you contribute to an HSA, you also save money on federal taxes by lowering your taxable income. While your HSA contributions cannot be deducted pre-tax from your monthly annuity payment, you can contribute to your HSA directly with after-tax funds, then claim your contributions when you file your taxes. Eligible plan participants also get a monthly contribution from the state.

Use money in your HSA to pay for qualified medical expenses for yourself, your spouse and eligible dependents, even if they aren't covered under your insurance. Learn more at www.hsastore.com/learn/taxes/who-can-i-cover-hsa and www.optumbank.com/all-products/medical-expenses.

All the money in your HSA carries over from one year to the next, and you keep the funds if you change health plans or opt out of GBP health coverage.

The IRS sets the maximum contribution amount each year (see chart). HSA contributions and limits may change from year to year, or based on eligibility requirements and the participant's age. Maximums include both pre-tax and post-tax contributions to an HSA. The state's contributions are deposited to accounts by the middle of the month.

HSA contributions and maximums*

Contribution	Individual Account	Family Account*
Calendar Year 2022 annual total maximum contribution (Jan. 1 – Dec. 31, 2022)	Up to age 54: \$3,650 Age 55 and older: \$4,650	\$7,300
Calendar Year 2023 annual total maximum contribution (Jan. 1 – Dec. 31, 2023)	Up to age 54: \$3,850 Age 55 and older: \$4,850	\$7,750
Fiscal Year 2023 annual state contribution (Sept. 1, 2022 – Aug. 31, 2023)	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)

*A family account includes the GBP participant plus any number of dependents enrolled in Consumer Directed HealthSelect.

If you are age 55 or older, you can contribute an additional \$1,000 each year.

Enrolling in Consumer Directed HealthSelect? Open an Optum Bank HSA as soon as possible

When you enroll in Consumer Directed HealthSelect through ERS OnLine, you will see a link to the Optum Bank website (www.optumbank.com) that allows you to immediately open a health savings account (HSA). If you don't open your HSA through ERS OnLine, Optum Bank will send you information about opening an account after you have enrolled in Consumer Directed HealthSelect. You must have an Optum Bank HSA to get the state's contribution; the state will not make deposits into an HSA at another bank.

Once you've opened your HSA, Optum Bank will send you a debit card to pay for eligible health care expenses. Be aware that you have access only to money that has accumulated in your HSA—not funds that have been pledged to be deposited in the future.

Review IRS guidelines or consult a tax advisor to make sure you are eligible to participate in a HSA. For more information, visit <https://texflex.payflex.com/texflex/frequently-asked-questions.html>.



PRESCRIPTION DRUG COVERAGE

Your health insurance plan includes coverage for prescription drugs. Optum Rx administers the prescription drug program for the HealthSelect plans. Learn more about Optum Rx at www.healthselectrx.com.

In HealthSelect plans, your prescription drug ID card is separate from your medical ID card. You may need to present your card when filling a prescription. Prescription drugs fall into three categories, called tiers. Under the HealthSelect Prescription Drug Program, there are different copays for each tier.

- Tier 1 prescriptions are usually inexpensive medications, such as generic drugs.
- Tier 2 prescriptions are usually lower-cost preferred brand-name drugs.
- Tier 3 prescriptions are non-preferred brand-name drugs with a higher cost.

You can lower your own health care costs, and those of the plan, by using generic drugs whenever possible.

Learn more

See the health plans comparison chart that came in your Summer Enrollment packet to compare prescription drug coverage in the different HealthSelect plans. Learn additional details about your prescription drug coverage on your plan's website or at www.ers.texas.gov/Active-Employees/Health-Benefits/Prescription-Drug-Programs.

Out-of-pocket limits on health expenses

To help protect you from extremely high health costs, HealthSelect of Texas and Consumer Directed HealthSelect have out-of-pocket maximums for care you get from in-network providers. This is the maximum amount you or your family will pay in one year for in-network copays, coinsurance and deductibles (as applicable) for covered medical and prescription drug expenses. If you reach this maximum, the plan will pay 100% of covered in-network provider and pharmacy expenses for the rest of the calendar year. There is no out-of-pocket maximum for out-of-network care.

The out-of-pocket maximums reset every calendar year (January 1). The chart below lists the out-of-pocket maximums for the health plans.

In-network out-of-pocket maximums for the HealthSelect plans (excluding Medicare plans)	
Calendar Year 2022 (Jan. 1 - Dec. 31, 2022)	\$7,000 individual \$14,000 family (GBP member + one or more covered family member)
Calendar Year 2023 (Jan. 1 - Dec. 31, 2023)	\$7,050 individual \$14,100 family (GBP member + one or more covered family member)

VISION INSURANCE



Your health insurance plan covers some vision and eye health services, including an annual eye exam and treatment for diseases of the eye (see chart below).

GBP health plans do not cover the cost of eyeglasses or contact lenses. For this type of coverage, you and your eligible dependents can enroll in State of Texas VisionSM for an additional monthly premium. (Besides the eye exam, any additional vision offerings through the health plans are value-added benefits. ERS does not guarantee the length of time that a specific value-added product will be offered.)

Administered by Superior Vision Services, State of Texas Vision covers an eye exam, contact lens fitting and other eyewear options. The plan includes an allowance for eyeglass frames or contact lenses, as well as discounts for LASIK. The State of Texas Vision plan gives you an annual \$200 retail allowance to use towards either contact lenses OR eyeglasses (frames and lenses) in the same plan year. For example, if you choose to use your \$200 allowance to purchase contact lenses, you will not have an allowance for eyeglasses for the remainder of the year. For a complete list of plan benefits and a list of providers, visit StateOfTexasVision.com.

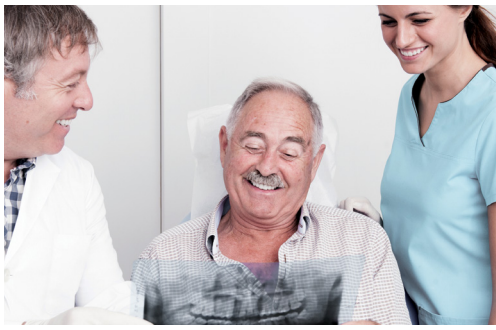
Vision coverage comparison chart, in-network services

Listed benefits are available for the plan year period, unless indicated. Benefits differ for out-of-network providers. See your health plan materials for details.

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect
Routine eye exam	\$15 copay	\$40 copay	After deductible is met: 20% coinsurance Before deductible is met: possibly the full cost of the exam
Frames	\$200 retail allowance in-network \$75 retail allowance out-of-network	Not covered	Not covered
Standard contact lens fitting*	\$25 copay	Not covered	Not covered
Specialty contact lens fitting*	\$35 copay	Not covered	Not covered
Single-vision lenses	\$10 copay	Not covered	Not covered
Bifocal lenses	\$15 copay	Not covered	Not covered
Trifocal lenses	\$20 copay	Not covered	Not covered
Progressives	\$70 copay	Not covered	Not covered
Polycarbonate	\$50 copay	Not covered	Not covered
Scratch coat (factory, single sided)	\$10 copay	Not covered	Not covered
Ultraviolet coating	\$10 copay	Not covered	Not covered
Tint	\$10 copay	Not covered	Not covered
Standard antireflective coating	\$40 copay	Not covered	Not covered
Contact lenses**	\$200 retail allowance in-network \$150 retail allowance out-of-network	Not covered	Not covered

*A contact lens fitting exam has its own copay and is separate from the eye exam copay. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a participant who wears toric, gas permeable, or multi-focal lenses.

**Contact lenses are in lieu of the eyeglass lenses and frame benefit. This allowance can be used once per plan year for either frames OR contact lenses. If you use the \$200 allowance for contact lenses, you cannot use it for eyeglass frames. All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances. If you purchase your frames or contacts from an out-of-network provider, you can be reimbursed at the out-of-network rate of up to \$75 retail for frames or up to \$150 retail for contact lenses.



DENTAL INSURANCE



State of Texas Dental Choice

The State of Texas Dental Choice PlanSM is a preferred provider organization (PPO) dental insurance plan. You can see any dentist you want, but you will pay less if you go to a dentist in one of two Delta Dental networks:

- Delta Dental PPO
- Delta Premier

All Delta Dental PPO and Delta Premier dentists are in-network providers. You get the same coverage in either network, but you may pay less for covered services in the Delta Dental PPO network. Delta Premier dentists can charge higher rates for the same covered services.

Benefits are available in the United States, Canada and Mexico, if you live in the United States.

DeltaCare[®] USA

DeltaCare[®] USA dental health maintenance organization

This is a dental health maintenance organization (DHMO) dental insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DeltaCare[®] USA network dentist in your area.
- You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from participating specialty dentists cost 25% less than the dentists' usual charges when specialty care is coordinated by your PCD.

What is a “smart” ID card?

To keep costs low, active employees who sign up for GBP dental insurance will not get an ID card, and participating Delta dentists shouldn't require them.

If you would like a card, you can download a virtual ID card to your smartphone through the Delta Dental app. You can also download and print your ID information from www.ERSdentalplans.com or call Delta Dental at (888) 818-7925 (TTY: 711), toll-free, and they will mail a paper copy to you.

Your covered dependents cannot access the Delta Dental app, and their names aren't listed on the ID card. Providers can verify your dependent's coverage using your dependent's name or your name and the plan ID number.

Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. See plan booklets for actual coverage and limitations. Delta Dental administers both plans. Before starting treatment, discuss the treatment plan and all charges with your dentist.

	State of Texas Dental Choice Plan PPO – In-Network	State of Texas Dental Choice Plan PPO – Out-of-Network	DeltaCare® USA DHMO (Services from participating PCDs only)
Dentists	In-network dentist	Out-of-network dentist	You must select a primary care dentist (PCD). NOTE: Not all in-network dentists accept new patients. Dentists are not required to stay on the plan for the entire year.
Deductibles	Preventive: Individual-\$0; Family-\$0 Combined Basic/Major: Individual-\$50; Family-\$150 Orthodontic services: no deductible In State of Texas Dental Choice, deductibles are based on the calendar year and reset on January 1.	Preventive: Individual-\$50; Family-\$150 Combined Basic/Major: Individual-\$100; Family-\$300 Orthodontic services: no deductible	None
Copays/ coinsurance	Preventive and Diagnostic Services: none Basic Services: 10% coinsurance after meeting the Basic Services deductible Major Services: 50% coinsurance after meeting the Major Services deductible There is no charge for anything over the allowed amount. After reaching the Maximum Calendar Year Benefit, the participant pays 60% until January 1.	Preventive and Diagnostic Services: 10% coinsurance after meeting the Preventive and Diagnostic deductible Basic Services: 30% coinsurance after meeting the Basic Services deductible Major Services: 60% coinsurance after meeting the Major Services deductible Participants may be required to pay the difference between the allowed amount and billed charges. Once the Maximum Calendar Year Benefit is reached, the participant pays 100% until January 1.	Primary care dentist (PCD): Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Specialty dentistry: 75% of the dentist’s usual and customary fee when specialty care is coordinated by the PCD (DHMO pays nothing)
Maximum calendar year benefits	\$2,000 per covered individual (includes orthodontic extractions) plus 40% after Maximum Calendar Year Benefit is met	Does not apply to orthodontic services provided by out-of-network dentists (plan pays \$0)	Unlimited
Maximum lifetime benefit	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
Average cost of cleaning / oral exams	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	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet Up to two cleaning/oral exams per calendar year allowed
Orthodontic coverage	50% of the allowed amount.	50% of the allowed amount Participants may be required to pay the difference between the allowed amount and billed charges.	Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code: child-\$1,800; adult-\$2,100 Orthodontic services performed by a specialist: 75% of the usual fee (plan pays \$0)

OPTIONAL TERM LIFE INSURANCE

Financial security for you and your family



Your health coverage through ERS includes \$2,500 of Basic Term Life Insurance at no cost to you. This limited coverage probably will not be enough to cover end-of-life and funeral costs or provide for any family who survive you. If you want your family or other people who depend on your salary to have more financial security if you die, you should consider additional life insurance.

Optional Term Life Insurance

If you had Optional Term Life Insurance when you retired, you were eligible to continue it at Election 1 or 2. If you had Election 3 or 4 at retirement, your coverage automatically changed to Election 2.

During Summer Enrollment, you can decrease or drop your current election from Optional Term Life Insurance to Retiree Fixed Optional Life Insurance without evidence of insurability (EOI). Once you decrease your coverage, you cannot increase it. If you don't already have life insurance, you can apply, with EOI, for the Retiree Fixed Optional Life Insurance \$10,000 Fixed Optional Life.

Learn more about your options at www.ers.texas.gov/Retirees/Optional-Add-on-Benefits/Optional-Life-Insurance.

Securian Financial's calculator at <https://www.securian.com/insights-tools/life-insurance-needs-calculator.html> can help you decide how much life insurance coverage you might need.

Dependent Term Life Insurance

For an additional monthly premium, you can apply through EOI (see information at right) to enroll your eligible dependents in dependent term life insurance.

If your dependents are approved, the benefit includes \$2,500 term life for each covered family member. The benefit will be paid to you upon the death of a covered dependent. Your monthly premium covers all your eligible dependents, but you must list each dependent on your policy.

Make premium payments easy on yourself

Set up automatic withdrawals from your bank account by completing the Automatic Withdrawal/Cancellation of Insurance Premiums form. Find it on the ERS website at www.ers.texas.gov/Former-Employees/Forms/Automatic-Withdrawal-Cancellation-of-Insurance_2945.

Evidence of insurability

When you request to enroll in additional life and/or dependent life insurance after your first 31 days of employment, you must provide evidence of insurability (EOI). Evidence of insurability is an application step in which you provide information about you or your covered dependents' health.

How to submit your EOI

Initiate the EOI process online after you request to enroll in life insurance. You can choose whether you want the EOI underwriter to communicate with you by email or mail. Then:

- The EOI underwriter will provide instructions for submitting your EOI application.
- You must answer all questions on the EOI application truthfully and completely. Missing information can delay the process.
- If needed, the EOI underwriter will request additional information to make a decision on your application.

For questions about the EOI process for life insurance EOI, please contact Securian toll-free at **(877) 494-1716**, Monday – Friday, 8 a.m. – 5 p.m.

Coverage start dates

If you initiate EOI during Summer Enrollment and are approved, your coverage will begin on:

- September 1, 2022, if the EOI approval is dated before September 1 or
- the first day of month following EOI approval if the approval is dated on or after September 1.

SUMMER ENROLLMENT FAIRS AND WEBINARS

ERS and plan administrators will host Summer Enrollment fairs around the state to help you make informed decisions about your benefits. You may attend any of the fairs—not just those at your agency or higher education institution. All in-person ERS presentations begin at 10:30 a.m. CT.

If you prefer not to attend an in-person event, ERS and GBP plan administrators will also host several hour-long Summer Enrollment webinars. You can participate in as many webinars as you wish from the convenience of your home, or anywhere you have internet access. Q&A sessions led by plan administrators will feature a brief overview of the plans followed by time for questions. (Plan representatives can answer general questions; if you have a specific question about your account or a claim, contact the plan's customer service number.)

Register for a Summer Enrollment event at <https://ers.texas.gov/Event-Calendars>.

PLEASE NOTE: In rare cases, ERS must cancel or change events due to issues beyond our control. When possible, we will provide notice of cancellations and/or changes on the ERS website. If you're planning to join a webinar, check the ERS Events webpage (www.ers.texas.gov/Event-Calendars) shortly before the event for any updates. Other webinars may be added. Visit the Summer Enrollment webpage at www.ers.texas.gov/summer-enrollment-2022 to check for schedule updates and to access webinar recordings.

In-person Summer Enrollment fairs (All fairs will run from 10 a.m. to 1 p.m. CT.)

Date	Host and Location
June 21	Texas Department of Transportation 1601 Southwest Parkway • Wichita Falls, 76302
June 22	Texas Department of Transportation 1365 N. Main St. • Paris, 75460
	Texas Commission on Environmental Quality 12100 Park 35 Circle • Austin, 78753
June 23	Texas Department of Transportation 4625 E. Highway 80 • Mesquite, 75150
June 24	Texas Department of Criminal Justice 491 State Highway 75 • Huntsville, 77320
June 28	Lone Star College 5000 Research Forest Dr. • The Woodlands, 77381
June 29	Houston Community College 5601 West Loop South • Houston, 77081
June 30	University of Houston – Victoria 3007 N. Ben Wilson St. • Victoria, 77901

Date	Host and Location
July 6	Texas Tech University Health Science Center 3601 4th St. • Lubbock, 79430
July 7	Amarillo College 2201 S. Washington St. • Amarillo, 79109
	Texas Parks and Wildlife Department 4200 Smith School Rd. • Austin, 78744
July 8	Texas Education Agency 1701 N. Congress Ave. • Austin, 78701
July 12	South Texas College 3201 W. Pecan Blvd. • McAllen, 78501
July 13	Texas State Technical College 1902 N. Loop 499 • Harlingen, 78550
July 15	College of the Mainland 1200 Amburn Rd. • Texas City, 77591

Summer Enrollment webinars

Register for a webinar at www.ers.texas.gov/Event-Calendars. Once you register, you will get the login information via email.

Topic	Presenter(s)	Dates and times (All times are Central, and all webinars last one hour.)		
Summer Enrollment Overview	ERS	June 20; 10 a.m. June 30; 2 p.m.	July 5; 10 a.m. July 11; 2 p.m.	July 18; 10 a.m.
HealthSelect of Texas®	Blue Cross and Blue Shield of Texas	June 20; 2 p.m.	June 28; 10 a.m.	July 14; 2 p.m.
Consumer Directed HealthSelect SM	Blue Cross and Blue Shield of Texas Optum Bank	June 21; 10 a.m.	July 8; 2 p.m.	July 13; 2 p.m.
HealthSelect SM Prescription Drug Program	OptumRx	July 1; 10 a.m.	July 15; 10 a.m.	
Dental Plans	Delta Dental	June 22; 10 a.m.	July 1; 2 p.m.	July 12; 2 p.m.
State of Texas Vision SM	Superior Vision	June 23; 10 a.m.	July 6; 2 p.m.	July 19; 10 a.m.
Term Life and AD&D Insurance	Securian Financial	June 24; 2 p.m.	July 6; 10 a.m.	July 21; 10 a.m.

CONTACTS

Health

Plan	Administrator	Phone number	Website
HealthSelect of Texas® Consumer Directed HealthSelectSM	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711) Nurseline: (800) 581-0368	www.healthselectoftexas.com
HealthSelectSM Prescription Drug Program	OptumRx	Toll-free: (855) 828-9834 (TTY: 711)	www.HealthSelectRx.com
Consumer Directed HealthSelect health savings account (HSA)	Optum Bank	Toll-free: (800) 791-9361 (TTY: 711)	www.optumbank.com

Dental

State of Texas Dental Choice PlanSM	Delta Dental Group Number – 20010	Toll-free: (888) 818-7925 (TTY: 711)	www.ERSdentalplans.com
DeltaCare® USA DHMO	Delta Dental Group Number – 79140		

Vision

State of Texas Vision	Superior Vision Services, Inc. Group number – 35040	Toll-free: (877) 396-4128 (TTY: 711)	www.StateofTexasVision.com
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Life and Accidental Death & Dismemberment Insurance

Optional Term Life Insurance Dependent Term Life Insurance	Securian Financial	Toll-free: (877) 494-1716 (TTY: 711)	www.lifebenefits.com/plandesign/ers
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Other programs

Discount Purchase Program	Beneplace	Toll-free: (800) 683-2886 (TTY: 711) Local: (512) 346-3300	www.Beneplace.com/ DiscountProgramERS
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If you do not need to make any changes,
it is not necessary to complete this form or contact ERS.

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

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: RETIREE DATA (To be completed by retiree.)

Retiree 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, 2022.)

Medical Coverage	<input type="checkbox"/> Waive	<input type="checkbox"/> HealthSelect of Texas®	<input type="checkbox"/> Consumer Directed HealthSelect SM
	<input type="checkbox"/> Waive + Opt-Out (For retirees who can certify they have comparable coverage that is not Medicare.)		
	<input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C)		
Optional Benefits (May be elected without being enrolled in health coverage.)			
Dental	<input type="checkbox"/> Waive	<input type="checkbox"/> State of Texas Dental Choice Plan SM	<input type="checkbox"/> DeltaCare® USA DHMO
	<input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C)		
Vision	<input type="checkbox"/> Waive	<input type="checkbox"/> State of Texas Vision SM	<input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C)
Optional Term Life Insurance**	<input type="checkbox"/> Waive	OR <input type="checkbox"/> Enroll \$10,000	Decrease Level to: <input type="checkbox"/> Election I* <input type="checkbox"/> \$10,000
Dependent Term Life Insurance**	<input type="checkbox"/> Waive	<input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C)	
Tobacco-User Certification: If you are enrolled or enrolling in a Texas Employees Group Benefits Program (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, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes / vaping products. <input type="checkbox"/> Yes <input type="checkbox"/> No			

*You must be currently enrolled in Optional Life x 2. Once you elect to decrease to Level I, you cannot increase the level of Optional Term Life Insurance at a later date.

**To apply for Dependent Term Life Insurance or the \$10,000 Retiree Fixed Optional Life Insurance coverage, evidence of insurability (EOI), is required. Initiate the EOI process by signing in to your ERS OnLine account at www.ers.texas.gov, 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, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes / vaping 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	Vision	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		XXX-XX-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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		XXX-XX-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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		XXX-XX-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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		XXX-XX-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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		XXX-XX-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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.texas.gov or call ERS. For dependents newly enrolled in health coverage, you may be required to provide documentation to Aight Solutions to verify your dependents' eligibility.

** If your dependent is Medicare eligible, contact ERS and provide their Medicare information. Once their Medicare information is updated, we can review their options.

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 User Certification: I certify my understanding and agreement to the following: **"Tobacco Product"** is defined as all types of tobacco, including but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes / vaping products, 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, <https://ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification>.

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 https://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933.pdf, or change the certification using your ERS OnLine account at www.ers.texas.gov.

If you selected "Waive + Opt-Out Credit":

I certify that I do not want the health plan coverage offered to me as an eligible participant. I am waiving my health plan coverage and certify that I have other health plan coverage with substantially equivalent coverage to the basic health plan. I understand waiving my state health insurance will cancel my prescription drug coverage and \$2,500 Retiree Basic Term Life Insurance policy. I will receive a credit of up to \$60 (or \$30 for part-time participants) that will be applied toward the cost of eligible optional coverage (dental and/or vision). The credit is in place of the state contribution for basic health coverage. Due to federal legislation Medicare members cannot receive the Opt-Out Credit. I am able to view the Health Insurance Opt-Out Credit applied toward my eligible optional coverage premium by signing in to my ERS OnLine account at www.ers.texas.gov.

I understand that if I am currently in a waived status, I must have a qualifying life event or wait until the next Summer Enrollment to enroll in medical or optional coverage offered to eligible participants.

Retiree's Signature: _____

Date Signed: _____

(mm-dd-yyyy)