

2022 Summer Enrollment Survivors 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.

Summer Enrollment is your chance to review your benefits elections and make any needed changes.

Need to make changes to your benefits?

You should make any needed changes to your benefits anytime during your assigned two-week Summer Enrollment phase. The assigned enrollment phase for survivors 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 benefits will stay the same. Benefit elections for the new plan year are effective September 1.





WHAT'S NEW?

Changes to out-of-pocket maximums

Starting Sept. 1, 2022, 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.



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.



HOW TO MAKE BENEFITS CHANGES

Complete the form included with this guide OR call ERS toll-free at (866) 399-6908.

Be sure to call during the two-week enrollment phase, **July 11–22**. You can change your benefits any time during this period.

Remember: If you've reviewed your current benefit elections and don't need to change anything or update your tobacco-use status, **you don't have to do anything**. Your current coverage will carry forward to the new plan year.

Benefits eligibility for survivors

Read about benefits eligibility for survivors at www.ers.texas.gov/Benefits-at-a-Glance/GBP-Eligibility.

Canceling coverage

Eligible survivors and/or dependents may cancel their GBP coverage at any time—you do not have to wait for the annual benefits enrollment period.

Please note: If you cancel your health coverage, you cannot re-enroll in health coverage later. If you drop your dental and/or vision coverage, you can re-enroll in dental and/or vision coverage as long as your health coverage is still in effect.



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TOBACCO-USE STATUS

Every participant enrolled in a GBP health insurance plan must certify their status as tobacco users or non-users. Please note 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. You don't need to use the form if you update

your 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. 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).

YOUR HEALTH INSURANCE OPTIONS

View the health plan comparison chart that came 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 dependents and part-time employees
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 dependents and part-time employees are higher	<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 their own or their dependents' premiums	<ul style="list-style-type: none">• Usually have low (or very high) health expenses• Can afford to 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

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 generally 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 who will manage your care and provide 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 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 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™

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)

	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. 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 <https://hsastore.com/learn/taxes/who-can-i-cover-hsa> and www.optumbank.com/all-products/medical-expenses.html.

You can make pre-tax contributions to your HSA through payroll deductions. If you are age 55 or older, you can contribute an additional \$1,000 each year. All the money in your HSA carries over from one year to the next, and you keep the funds if you change health plans.

The IRS sets the maximum contribution amount each year (see chart). HS 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 and any monthly contributions deducted from your paycheck 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

A tax-free health savings account (HSA) for health care expenses is an important feature of Consumer Directed HealthSelect. Optum Bank administers HSAs for ERS. However, because the State of Texas does not contribute to your HSA and your own contributions cannot be deducted from your ERS annuity check (if you receive one), you can open an HSA at any bank that offers them (including Optum Bank). If you already have an Optum Bank HSA, you can continue to use that account.

You have access only to money that has accumulated in your HSA—not funds that have been pledged to be deposited in the future.

According to IRS regulations, you must be enrolled in a high-deductible health plan (like Consumer Directed HealthSelect) to contribute to an HSA. Before enrolling in Consumer Directed HealthSelect, you should review IRS guidelines or consult a tax advisor to make sure you are eligible to participate in an HSA. Learn more at <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.

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 HealthSelectSM 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](https://www.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 and in the HealthSelect Secondary (Medicare) plan. 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)

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.

CONTACTS

Health

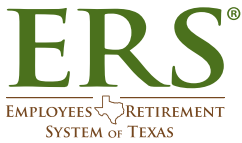
Plan	Administrator	Phone number	Website
HealthSelect of Texas® HealthSelectSM Out-of-State Consumer Directed HealthSelectSM	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711) Nurseline: (800) 581-0368	www.healthselectoftexas.com
HealthSelectSM Prescription 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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SURVIVING DEPENDENT SUMMER ENROLLMENT FORM

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: SURVIVING DEPENDENT DATA (To be completed by surviving dependent.)

Surviving Dependent: 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"/> 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)		
Tobacco-User Certification: If you are enrolled 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			

*Surviving dependents who waive medical coverage cannot re-enroll at a later date. The health, dental and vision coverage that an eligible survivor has on the date of the retiree's death continues automatically. The surviving spouse or other eligible dependents may: 1. drop health coverage at any time but cannot re-enroll in health coverage later, and 2. drop dental and/or vision coverage at any time and re-enroll in dental and/or vision coverage later, provided their health coverage is still in effect.

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	Tobacco User
<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"/> 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"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<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"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<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"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<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"/> D <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> M <input type="checkbox"/> F		XXX-XX-	<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: D or S - Natural or adopted daughter or son O - Other than natural or adopted child. Includes stepchild, foster child, or ward child.

Only eligible dependents at the time of the member's death are eligible to be covered as surviving dependents.

** Once a surviving dependent waives their medical coverage, the surviving dependent cannot re-enroll in medical coverage at a future date.

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.** 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.

I understand that if I, as a surviving dependent, waive my medical coverage, I cannot re-enroll in medical coverage at a future date. If I waive all coverage, medical and optional benefits, I cannot re-enroll in any coverage at a future date.

Surviving dependent's signature: _____
(Parent or legal guardian may sign for minor child)

Date Signed: _____
(mm-dd-yyyy)