



## Benefits to protect your health and future



As an employee of a State of Texas agency or higher education institution, you are eligible to participate in the Texas Employees Group Benefits Program (GBP), which provides valuable benefits for you and your family.

Summer Enrollment is your chance to review your benefits elections and make changes. It is the only time you can make benefit changes, unless you have a qualifying life event during the plan year.

See [ers.texas.gov](https://ers.texas.gov) → **Active Employees** → **Life Changes** for information on qualifying life events.

Please take this opportunity to refresh your knowledge about your coverage options. Consider any life changes you've had in the past year and think about what medical, dental or vision care services you or your family members might need in Plan Year 2025 (Sept. 1, 2024 – Aug. 31, 2025). View more details and premium rate sheets at [ers.texas.gov/se-2024](https://ers.texas.gov/se-2024).

Since 2018, ERS health plan premiums have not increased more than 1%, and ERS has maintained high-quality coverage in all plans. This is because of continued financial support from the Texas Legislature 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.



### Need to make changes to your benefits?

You should make any needed changes to your benefits during your assigned two-week Summer Enrollment phase.

Find the dates of your phase in the top left corner of your Personal Benefits Enrollment Statement, or go to [ers.texas.gov/se-2024](https://ers.texas.gov/se-2024).

### 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 Sept. 1.



**Note:** If you are enrolled in the TexFlex<sup>SM</sup> flexible spending account (FSA) program, it is always a good idea to double-check your annual elections to your health care or limited-purpose and/or dependent care FSAs to make sure the amount is still appropriate for you and your family. If you make no changes to your TexFlex election during Summer Enrollment, you will contribute the same amount to the same FSA(s) in Plan Year 2025 that you are contributing now. Annual maximum contribution amounts have changed since last year; please see the TexFlex section of this booklet for details.

# What's new?

## Improvements to short-term disability insurance

The Texas Income Protection Plan<sup>SM</sup> (TIPP) will implement enhancements to short-term disability coverage beginning Sept. 1. See page 14 for information about updates.

## Changes to flexible spending account (FSA) contribution and carryover limits

The IRS establishes the maximum carryover amounts and annual contribution limits for flexible spending accounts. For Plan Year 2025, these amounts have increased for the health care and limited-purpose FSAs. You will need to update your contribution amount to take advantage of the additional tax savings.

Spending Account Type	Plan Year 2025 Maximum Contribution Amount	Plan Year 2025 Maximum Carryover Amount
Health care FSA	\$3,200 (\$150 increase)	\$640 (\$30 increase)
Limited-purpose FSA	\$3,200 (\$150 increase)	\$640 (\$30 increase)

The maximum contribution for dependent care FSA remains the same, at \$5,000 a year per household. The dependent care FSA does not allow carryover, but has a grace period to spend any remaining funds through November 15. See page 12 for more information.

## New well-being programs coming this fall

This fall, ERS will launch Buena Vida, a new well-being platform. The web- and app-based program connects you to all your wellness benefits in one convenient place. It offers personalized content for physical, mental and financial health.

You'll be able to:

- Earn rewards for engaging in healthy activities
- Join individual, agency-level and statewide fitness challenges
- Personalize the well-being resources to meet your needs
- Connect with other users on the platform

Learn more and receive wellness updates through the ERS Wellness Newsletter by texting TXERS Wellness to 468-311 to subscribe or scan the QR code.



In addition, Blue Cross and Blue Shield of Texas will have three new condition management programs starting Sept. 1: Hello Heart, Hinge Health and Learn to Live. Learn more about them at a Summer Enrollment fair or HealthSelect webinar. See our event calendar at [ers.texas.gov](https://ers.texas.gov) → [View event calendars](#) → [Annual Enrollment Events](#).

The program is not available to members enrolled in Medicare.

## Changes to out-of-pocket maximums

Beginning Jan. 1, The HealthSelect of Texas<sup>®</sup> and Consumer Directed HealthSelect<sup>SM</sup> health plans' total annual in-network out-of-pocket maximums (medical and pharmacy combined) will increase to \$8,050 per individual (up from \$7,500) and \$16,100 per family (up from \$15,000) to align the IRS maximums.

# How to make benefits changes

Update your elections online— fastest method, available 24/7

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

1. Go to [ers.texas.gov](https://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**.”
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**” after each change and then again from the main Benefits Enrollment page to save all your changes.
8. ERS will email you confirmation of your changes, provided you have an email address listed in your ERS account. If you don’t have an email address in your ERS account, ERS will send a confirmation to your mailing address. Please save confirmation of your changes. This can help the benefits counselors should you contact ERS with any account issues.

## If you don’t have internet access

Contact the Human Resources office or benefits coordinator at your agency or higher education institution. HHS Enterprise employees can submit changes through the HHS Enterprise Employee Service Center at (888) 894-4747 (TTY: (866) 839-2747).

or

Call ERS toll-free at (866) 399-6908 (TTY: 711). Be sure to call during your two-week enrollment phase listed on your Personal Benefits Enrollment Statement. The benefits counselors will work extended hours during Summer Enrollment, from 7:30 a.m. to 7 p.m., CT, Monday through Friday.

## Retirees returning to work

If you are a return-to-work retiree, you can switch between retiree and active benefits to begin on Sept. 1. Contact your agency’s benefits coordinator or Human Resources staff during your Summer Enrollment phase. Texas Health and Human Services employees, contact the HHS Employee Service Center at (888) 894-4747 (TTY: (866) 839-2747).

To learn about the differences between retiree and active employee benefits, talk with your Human Resources staff or visit [Retirees](#) → [My ERS Retirement](#) → [State of Texas Retirement](#) → [Benefits for return-to-work retirees](#).

## Two-factor authentication for ERS OnLine is here



ERS members have the option to enroll in two-factor authentication.

Two-factor authentication (2FA) is a security method that requires the user to provide additional verification to gain access to ERS OnLine.

### How does it work?

In addition to a username and password to gain access to ERS OnLine, 2FA requires an email address or mobile phone number to verify your identity by sending a code. This extra step helps protect your information from cyberattacks. Find out how to enroll at [ers.texas.gov](https://ers.texas.gov) → [Employee News](#) → [Two-factor authentication for ERS OnLine](#).

### Voluntary protection

There is no penalty for not enrolling in two-factor authentication. However, ERS highly recommend 2FA because the additional verification provides additional security and decreases the possibility of your account being hacked.

### Questions?

If you have questions regarding 2FA or need help updating the contact information for your ERS account, please call (877) 275-4377 (TTY: 711).



### Remember

If you’ve reviewed and don’t need to change your benefit elections, adjust your annual TexFlex flexible spending account contributions or update your tobacco-use status, you don’t have to do anything. If you do nothing, your current coverage and contribution levels will apply to the new plan year.

# 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. You can add them during your Summer Enrollment phase.

To learn to learn which dependents are eligible for ERS benefits, visit [ers.texas.gov](https://ers.texas.gov) → **Active Employee** → **Eligibility**.

## Certifying a dependent child

If you want to enroll dependent children in any insurance coverage, you must 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 [ers.texas.gov](https://ers.texas.gov) → **Active Employees** → **Find Forms**. You must complete a separate form for each dependent child to be covered. Submit the completed form(s) to your benefits coordinator or, if you work for HHS, to the HHS Employee Service Center.

## Verifying eligible dependents for health coverage

When you enroll any dependent in health coverage for the first time, you must prove they are eligible through the dependent eligibility verification process. If the dependent was previously verified, you don't need to go through the process again if you are re-enrolling them in health coverage.

1. Enroll your eligible dependents in health coverage and certify dependent child(ren), as noted above. (Certifying eligible dependent children is separate from verifying eligible dependents.)
2. ERS will send your information to Alight Solutions, ERS' third-party administrator for dependent eligibility 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 considered ineligible and they 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 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. When you send copies of the required documents, you also must include a note with:

- your name, last four digits of your SSN and contact phone number,
- the name of the dependent(s) you are adding to coverage and
- the specific coverage type(s) you are electing to add the dependent(s) to (for example: HealthSelect of Texas, State of Texas Dental Choice Plan<sup>SM</sup>, etc.)

See a list of required documents at [ers.texas.gov](https://ers.texas.gov) → **Active Employees** → **Eligibility** → **Eligibility Requirements**.

Mail, fax or email the documentation to ERS. (Do not mail the originals. Documents will not be returned to you.)

**ERS must receive emailed or faxed documents by July 19, 2024.**

Mailed copies must be postmarked by July 19, 2024.

**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](mailto:erscustomer.service@ers.texas.gov)

If ERS approves your dependents' eligibility, their coverage will begin Sept. 1, 2024.

## Adding coverage for a dependent who previously missed the deadline or failed DEV?

ERS must get complete and accurate documentation verifying that dependents are eligible for coverage by **July 19, 2024**. Please be sure to provide documentation by the deadline.



# 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 two HealthSelect<sup>SM</sup> plans available to active employees who aren't eligible for Medicare: HealthSelect of Texas point-of-service plan and Consumer Directed HealthSelect high-deductible health plan.

For more details on each plan, read the Master Benefits Plan Document at [HealthSelectofTexas.com](https://www.healthselectoftexas.com) → **Medical Plans and Benefits**. Need help choosing a plan? Use the “Plan Decision Tool” at [HealthSelectofTexas.com](https://www.healthselectoftexas.com) → **Medical Plans and Benefits** → **HealthSelect Plans**.

Each plan's Summary of Benefits and Coverage also provides an easy-to-understand overview of coverage. Plan Year 2025 SBCs will be available on the HealthSelect website by June 17, 2024.

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

## 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 monthly credit is up to \$60 for full-time employees and \$30 for part-time employees. You can apply this credit to your dental, vision and/or Voluntary Accidental Death & Dismemberment (AD&D) insurance premiums. There is no refund for any unused portion of the \$60 or \$30 credit. When you opt out of your health plan, you are also giving up your prescription drug coverage, Basic Term Life Insurance and AD&D coverage.

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 the state contribution, or
- you get a state contribution for health insurance coverage from another group benefit plan.

## Waiving health coverage: What you should know



If you waive your health coverage, you also give up your prescription drug coverage and will no longer have the \$5,000 Basic Term Life and \$5,000 AD&D coverages.

If you waive your GBP health insurance and later lose your other health coverage due to a valid qualifying life event, 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 broad network of 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<sup>of Texas</sup>



HealthSelect of Texas is a point-of-service health insurance plan. With this type of plan, you generally pay less if in-network providers handle all of your medical care.

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 [ers.texas.gov](https://ers.texas.gov) → **Active Employees** → **Health Benefits** → **Understanding 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 benefits. 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 Calendar Year 2025

Deductibles are based on the calendar year and resets Jan. 1. There is no medical 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 [HealthSelectofTexas.com](https://HealthSelectofTexas.com) → **Publications and Forms**.

## 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 pay a \$100 copay and 20% of the allowable amount.

## Your PCP

To receive the highest level of benefits, HealthSelect of Texas participants who live and work in Texas must get a referral from their designated PCP to see most specialists. If you do not have a referral on file with BCBSTX 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<sup>®</sup> or MDLIVE<sup>®</sup> 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 [healthselectoftexas.com](https://healthselectoftexas.com).

A BCBSTX Personal Health Assistant can also 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 [HealthSelectRx.com](https://HealthSelectRx.com) or call (800) 935-7189 (TTY 711), 24 hours a day, 7 days a week.

Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). A 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 care services at 100%. It is available to GBP participants who are not enrolled in Medicare.

In this plan, you pay 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 Jan. 1.

## Consumer Directed HealthSelect annual deductibles

For Calendar Year 2025 (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 PCP or get referrals to see specialists and you will likely pay less for care 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 not reimbursed from another source. HSAs have three federal tax advantages: contributions are tax-free; funds used to pay for eligible medical expenses are not taxed; and earnings on HSA funds can grow tax-free. Eligible plan participants also get a monthly contribution from the state.

Use account funds 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 [HSAstore.com](https://www.HSAstore.com) and [Store.Optum.com](https://www.Store.Optum.com) → **See what's eligible**. At age 65, you can use HSA funds for any reason, but funds used for something other than eligible medical expenses are subject to federal income tax.

You can make pre-tax contributions to your HSA through payroll deductions. All the funds in your HSA carry over from one year to the next, and you keep the funds (including state contributions) if you change health plans or leave state employment. Members can invest HSA funds once the account has more than \$2,000.

The IRS sets the maximum contribution amount each year (see chart). If you are age 55 or older, you can contribute an additional \$1,000 each year. HSA contributions and limits may change each year, or based on eligibility requirements and the participant's age. Maximums include both pre-tax and post-tax contributions to an HSA. All state and paycheck contributions are deposited to accounts by the middle of the month.

## HSA contributions and maximums

Contribution	Individual Account	Family Account*
Calendar Year 2024 annual total maximum contribution (Jan. 1 – Dec. 31, 2024)	Up to age 54: \$4,150 Age 55 and older: \$5,150	\$8,300
Calendar Year 2025 annual total maximum contribution (Jan. 1 – Dec. 31, 2025)	Up to age 54: \$4,300 Age 55 and older: \$5,300	\$8,550
Fiscal Year 2025 annual state contribution (Sept. 1, 2024 – Aug. 31, 2025)	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)

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

## Setup an HSA

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 ([optumbank.com/](https://www.optumbank.com/)) that allows you to immediately open an 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 you pledged to deposit 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, see [OptumBank.com](https://www.OptumBank.com).

# Prescription drug coverage



Your health insurance plan includes coverage for prescription drugs. Express Scripts administers the prescription drug program for the HealthSelect plans. Learn more about Express Scripts at [HealthSelectRx.com](https://www.healthselectrx.com).

Your prescription drug ID card is separate from your medical ID card. You may need to present your prescription drug ID 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 typically lower-cost 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.

## 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 (Jan. 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)	
<b>Calendar Year 2024</b> (Jan. 1 – Dec. 31 2024)	<b>\$7,500 individual</b> <b>\$15,000 family</b> (GBP member + one or more covered family member)
<b>Calendar Year 2025</b> (Jan. 1 – Dec. 31, 2025)	<b>\$ 8,050 individual</b> <b>\$ 16,100 family</b> (GBP member + one or more covered family member)

## Does your medication require prior authorization?

If your medication requires a prior authorization, Express Scripts may reach out to your provider to get more information. Please remind your provider to respond as quickly as possible. If Express Scripts is unable to reach them, they may contact you for assistance. Please keep in mind:

- If Express Scripts leaves you a message, to protect your privacy, they may not include full details, such as the name of the medication.
- Medications that didn't require prior authorization under the previous administrator may require it now.

To find out if your medications require prior authorization or step therapy, or have quantity limits, go to [HealthSelectRx.com](https://www.healthselectrx.com) and click on Preferred Drug List, or call a customer care representative toll-free at (800) 935-7189, (TTY: 711).

## Learn more



See the health plans comparison chart 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 [ers.texas.gov](https://ers.texas.gov) → [Active Employees](#) → [Health Benefits](#) → [Learn more about health coverage for active employees](#) → [Prescription drug programs](#).



## Tobacco-use status



Every participant enrolled in a GBP health insurance plan must certify their status as a tobacco user or non-user. You need to update your tobacco-use status only if your 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. Failing to certify as a tobacco user 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 [ers.texas.gov](https://ers.texas.gov) → **Active Employees** → **Find Forms**. Turn in the completed form(s) to your benefits coordinator or, if you work for HHS, to the HHS Employee Service Center.

Participants who change a certification to tobacco user during Summer Enrollment will have the first premium deducted from their Oct. 1 paycheck. For more information on the tobacco-user premium, see the Plan Year 2025 rate sheet (available at [ers.texas.gov/se-2024](https://ers.texas.gov/se-2024)) or your Personal Benefits Enrollment Statement. Read about the tobacco policy at [ers.texas.gov](https://ers.texas.gov) → **Active Employees** → **Health Benefits** → **Read about ERS' tobacco policy**.

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).

## Vision insurance



Vision benefits are an easy way for you and your dependents to maintain healthy vision and eyes. With State of Texas Vision<sup>SM</sup>, you can save money on eye exams and eyewear for you and your family with a small monthly premium and low copays.

EyeMed Vision Care, LLC. is the administrator of State of Texas Vision. Plan participants have access to EyeMed's INSIGHT network, which includes independent, national and regional retailers and online providers.

State of Texas Vision offers one comprehensive eye exam per covered participant at any time during the Plan Year. Comprehensive eye exams can help detect subtle changes or signs associated with systemic diseases, such as diabetes and hypertension. These exams can also detect vision issues like cataracts or glaucoma, but serious eye conditions will only be covered by your GBP health plan.

The State of Texas Vision plan gives you an annual \$200 retail allowance to use toward either eyeglass frames or contact lenses, but not both. For example, if you use your \$200 allowance to purchase contact lenses, you will not have an allowance for eyeglass frames for the remainder of the plan year. For a complete list of plan benefits and a list of providers, visit [StateofTexasVision.com](https://StateofTexasVision.com). See the Vision Plan Comparison Chart at [ers.texas.gov/se-2024](https://ers.texas.gov/se-2024) to see how State of Texas Vision compares to your GBP health plan.

# Dental insurance



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

The State of Texas Dental Choice Plan 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. If you receive a covered service in Canada or Mexico, it will be processed as an out-of-network benefit. If you are traveling outside of the U.S., Canada or Mexico and need a covered service on an emergency basis, it will be processed as an out-of-network benefit, reimbursable in U.S. currency.

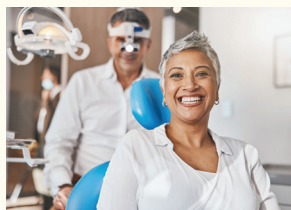
## DeltaCare<sup>®</sup> USA

### DeltaCare<sup>®</sup> 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<sup>®</sup> 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.

### “Smart” ID card, if you want one



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](http://www.ERSdentalplans.com) or call Delta Dental toll-free at (888) 818-7925 (TTY: 711) 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 at [ERSdentalplans.com](https://www.ersdentalplans.com) 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)
<b>Dentists</b>	<b>In-network dentist</b>	<b>Out-of-network dentist</b>	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.
<b>Deductibles</b>	<b>Preventive:</b> Individual-\$0; Family-\$0 <b>Combined Basic/Major:</b> Individual-\$50; Family-\$150 <b>Orthodontic services:</b> no deductible  In State of Texas Dental Choice, deductibles are based on the calendar year and reset on January 1.	<b>Preventive:</b> Individual-\$50; Family-\$150 <b>Combined Basic/Major:</b> Individual-\$100; Family-\$300 <b>Orthodontic services:</b> no deductible	None
<b>Copays / coinsurance</b>	<b>Preventive and Diagnostic Services:</b> none <b>Basic Services:</b> 10% coinsurance after meeting the basic services deductible <b>Major Services:</b> 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.	<b>Preventive and Diagnostic Services:</b> 10% coinsurance after meeting the preventive and diagnostic deductible <b>Basic Services:</b> 30% coinsurance after meeting the basic services deductible <b>Major Services:</b> 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.	<b>Primary care dentist (PCD):</b> Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. <b>Specialty dentistry:</b> 75% of the dentist’s usual and customary fee when specialty care is coordinated by the PCD (DHMO pays nothing)
<b>Maximum calendar year benefits</b>	\$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
<b>Maximum lifetime benefit</b>	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
<b>Average cost of cleaning / oral exams</b>	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
<b>Orthodontic coverage</b>	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.	<b>Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code:</b> child–\$1,800; adult–\$2,100 <b>Orthodontic services performed by a specialist:</b> 75% of the usual fee (plan pays \$0)

# Flexible spending account program

## TEXFLEX<sup>SM</sup>

By participating in one or more of the TexFlex flexible spending accounts (FSAs), you can set aside pre-tax dollars from your paycheck to cover eligible out-of-pocket health care and/or dependent care expenses. Your TexFlex contribution is automatically withdrawn from your paycheck and deposited into your account each month.

## How it works

There are three types of FSAs:

- **A health care FSA** pays for eligible health, dental and vision expenses for both you and your eligible dependents. Examples of eligible health care expenses include copays, deductibles, coinsurance and some over-the-counter items not covered by your health insurance. Consumer Directed HealthSelect<sup>SM</sup> participants cannot have a health care FSA.
- **A limited-purpose FSA** pays for eligible dental and vision expenses for both you and your eligible dependents. Only Consumer Directed HealthSelect participants can have a TexFlex limited-purpose FSA.
- **A dependent care FSA** pays for the care of children or disabled adults while you're at work. Examples of eligible expenses include after-school care, nursery school, preschool, summer day camp and adult daycare. Eligible children must be under age 13. Eligible adults (or children age 13 and older) must be unable to care for themselves.

You can view a list of eligible expenses or use the eligible expense search tool by visiting [TexFlexERS.com](https://www.texflexers.com) → [Program Resources](#).

During your Summer Enrollment phase, you can change the amount you contribute to your FSA. After you review your annual election needs, if you do not make a change during Summer Enrollment, the annual amount you contribute to your account(s) next plan year will stay the same as this plan year.

After you enroll in a TexFlex health care or limited-purpose FSA, you will get a debit card in the mail. You can use it to pay for eligible out-of-pocket expenses not reimbursed by another source, but you cannot use it to pay for dependent care. There is no cost to you to use the debit card.

If eligible, active employees can enroll in either a health care FSA or a limited-purpose FSA and also enroll in a dependent care FSA. See the chart on page 13 for rules that apply to each type of account.

## Why contribute to an FSA?

Contributions to a flexible spending account are deducted before you pay income taxes. Because FSAs lower your taxable income, you save on taxes. Learn more about the plans and their tax savings features at [TexFlexERS.com](https://www.texflexers.com) → [Program Resources](#).

Because TexFlex FSAs are tax-free, the IRS requires all purchases with TexFlex funds to be validated. Inspira Financial, the TexFlex plan administrator, may ask you to submit proof that you used your TexFlex debit card to pay for eligible expenses. Be sure to save your receipts or explanation of benefits. Find other helpful tips for using your TexFlex debit card on the TexFlex Program Resources page at [TexFlexERS.com](https://www.texflexers.com).

## Leftover TexFlex dollars?

Current health care FSA and limited-purpose FSA participants can carry over up to \$610 in unused funds from Plan Year 2024 (ending Aug. 31, 2024) to Plan Year 2025 (starting Sept. 1, 2024). **Any unused Plan Year 2024 funds over \$610 will be forfeited.** Claims must be submitted before the end of the runout period ending Dec. 31, 2024. If you have a health care FSA or limited-purpose FSA in Plan Year 2025, you can carry over up to \$640 from Plan Year 2025 (ending Aug. 31, 2025) to Plan Year 2026 (starting Sept. 1, 2025).

The dependent care FSA does not have a carryover, but participants have a 2½-month grace period after the plan year ends to incur eligible dependent care expenses. For the current plan year that ends Aug. 31, 2024, dependent care FSA participants can incur eligible expenses through Nov. 15, 2024. Any Plan Year 2024 funds not incurred by Nov. 15, 2024 will be forfeited. Claims must be submitted before the end of the runout period ending Dec. 31, 2024. The grace period will apply to the dependent care FSA for Plan Year 2025. Participants can incur eligible Plan Year 2025 expenses through Nov. 15, 2025 and will need to submit claims before the runout period ending Dec. 31, 2025.



# Flexible spending accounts in Plan Year 2025

## Health care, limited-purpose and dependent care

	Health care FSA	Limited-purpose FSA (Consumer Directed HealthSelect participants only)	Dependent care FSA
<b>Eligible expenses</b> See complete list at <a href="http://texflex.inspirafinancial.com/">texflex.inspirafinancial.com/</a>	<ul style="list-style-type: none"> <li>Copays, coinsurance and other out-of-pocket medically necessary charges not covered by insurance or reimbursed by another source</li> <li>Prescription drug deductible and copays</li> <li>Over-the-counter medicine</li> </ul>	<ul style="list-style-type: none"> <li>Vision and dental expenses not covered by insurance or reimbursed by another source</li> </ul>	<ul style="list-style-type: none"> <li>Day care, after-school care and summer day camp for dependent children under age 13</li> <li>Adult day care programs for qualifying individuals</li> </ul>
<b>Maximum contribution</b>	\$3,200	\$3,200	\$5,000 per household
<b>Funds availability</b>	Full election available Sept. 1	Full election available Sept. 1	Funds available monthly as contributions are made
<b>Debit card (no fee)</b>	Yes	Yes	No
<b>Carryover of funds or grace period</b>	Up to \$640 in carryover is allowed from Plan Year 2025 (ending Aug. 31, 2025) to Plan Year 2026 (starting Sept. 1, 2025). Unspent Plan Year 2025 funds above \$640 will be forfeited.	Up to \$640 in carryover is allowed from Plan Year 2025 (ending Aug. 31, 2025) to Plan Year 2026 (starting Sept. 1, 2025). Unspent Plan Year 2025 funds above \$640 will be forfeited.	There is a 2 ½-month grace period from Sept. 1 through Nov. 15, 2025. Any Plan Year 2025 funds not spent by Nov. 15, 2025 will be forfeited.
<b>Runout period</b>	Submit claims for eligible expenses you paid between Sept. 1, 2024 and Aug. 31, 2025 by Dec. 31, 2025	Submit claims incurred for eligible expenses you paid between Sept. 1, 2024 and Aug. 31, 2025 by Dec. 31, 2025.	Submit claims for eligible expenses you paid between Sept. 1, 2024 and Nov. 15, 2025 by Dec. 31, 2025.

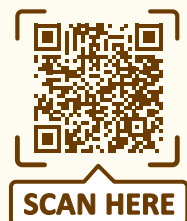
## TEXA\$AVER<sup>SM</sup> 401(k) / 457 Program

While you can open and make changes to a Texa\$aver 401(k) or 457 account anytime, Summer Enrollment is a great time to think about your personal retirement savings and enroll in a Texa\$aver account or make changes to your contribution amounts.

Your State of Texas Retirement annuity and Social Security benefits are only part of a financially secure retirement. With Texa\$aver, you can boost your retirement savings through a tax-advantaged account that offers investment flexibility and lower-than-average fees. Learn more at [Texasaver.com](http://Texasaver.com).

### Questions about Texa\$aver?

Texa\$aver Retirement Plan Advisors are available to answer individual account questions and help you with your retirement planning goals. Visit the Texa\$aver website at [Texasaver.com](http://Texasaver.com) → [Plan resources](#) → [Retirement Advisors Map](#) to schedule an online meeting, or contact a representative toll-free at (800) 634-5091, Monday – Friday, 7 a.m.– 6 p.m. CT. You can also scan the QR code to see your region's advisor and their contact information.



# Disability insurance



## What is disability insurance?

TIPP offers short-term and long-term disability coverage that protects your income by paying a percentage of your paycheck if you become disabled and can't work due to a medical illness, injury, or pregnancy. TIPP is an optional benefit and is only available to active employees who can choose to enroll in one or both plans.

## Enhancements to TIPP coverage beginning Sept. 1



For Plan Year 2025, the ERS Board of Trustees has approved certain program enhancements to the Texas Income Protection Plan (TIPP) to continue to support the financial security and overall well-being of employees and their families. These changes will provide added flexibility related to when employees can access benefits, without increasing plan contribution rates.

## Short-term disability plan shortens waiting period

The waiting period required by the short-term disability plan will reduce from 30 calendar days to 14 calendar days. This means you can begin receiving disability coverage sooner, but you will still need to exhaust your sick leave, if any, before your coverage begins. This is a great benefit for those with limited sick leave.

## How TIPP works with state agencies' paid parental leave

TIPP benefits and paid parental leave for state agency employees (not higher education employees) will coordinate to provide supplemental coverage for eligible maternity claims.

- Paid parental leave for state agency employees pays 40 days of leave for parents of newborn or newly adopted children. Paid days are based on the employee's work schedule and not calendar days.
- TIPP coverage for an eligible maternity claim begins for a covered mother once she completes the waiting period and/or exhausts her sick leave. TIPP coverage will not apply if sick leave is more than the Maximum Benefit Period. However, a covered new mother who gave birth and is eligible for state agency paid parental leave does not have to exhaust paid parental leave to start getting TIPP payments.

**Note:** ERS does not administer paid parental leave. To learn if you are eligible for paid parental leave, talk to your agency's benefits coordinator.

## How it works

	Short-term disability coverage	Long-term disability coverage
<b>Monthly benefits</b>	<p>Provides a maximum benefit of 66% of your monthly salary, up to a \$6,600 benefit each month if your monthly salary is more than \$10,000.</p> <p><b>Example:</b> Your monthly salary is \$4,000, The most you will receive is \$2,640 per month (66% of your salary).</p>	<p>Provides a maximum of 60% of your monthly salary, up to a \$6,000 benefit each month if your monthly salary is more than \$10,000</p> <p><b>Example:</b> Your monthly salary is \$4,000. The most you will receive is \$2,400 per month (60% of your salary).</p>
<b>Potential benefit reduction</b>	<p>Benefits are reduced if you get other disability payments (Social Security Disability Insurance, Workers' Compensation payments, ERS disability retirement benefits, Teacher Retirement System of Texas disability retirement benefits and/or other disability payments). The minimum benefit is 10% of your monthly salary.</p>	<p>Benefits are reduced if you get other disability payments (Social Security Disability Insurance, Workers' Compensation payments, ERS disability retirement benefits, Teacher Retirement System of Texas disability retirement benefits and/or other disability payments). The minimum benefit is 10% of your monthly salary.</p>
<b>When do benefits start?</b>	<p>After a waiting period of 14 consecutive days (starting Sept. 1, 2024; 30 days before Sept. 1, 2024); any sick leave must be used during the 14-day waiting period.</p>	<p>After a waiting period of 180 consecutive days or after you've used all your sick leave (whichever is longer); any sick leave must be used during the 180-day waiting period.</p>
<b>How long are benefits paid?</b>	<p>Up to 166 days after the completion of your waiting period, but may vary depending on sick leave exhaustion.</p>	<p>Until you are able to return to work or until you reach your maximum benefits period (based on the age you become disabled) or based on the condition causing your disability.</p> <p><b>Note:</b> For some mental diseases and disorders, the maximum benefit period for disability is two years. If you become disabled at age 69 or older, benefits are payable for up to 12 months.</p>

## Enrolling in TIPP

Please review the plan documents before applying for TIPP disability insurance. Only active employees can enroll. TIPP coverage is not available to family members. Pre-existing conditions are subject to certain exclusions. If you drop your TIPP coverage, you won't be able to re-enroll unless you're a new hire or provide evidence of insurability (EOI) during Summer Enrollment or when you have a Qualifying Life Event (QLE).

## Using your sick leave

You must use all of your sick leave (including extended sick leave, sick leave pool and donated sick leave) or complete a waiting period (14 days for short-term starting Sept. 1, 2024, 180 days for long-term), whichever is longer, before disability benefits will be paid. If you have questions about leave policies, including FMLA and paid parental leave, please consult with Human Resources staff at your organization.

# Life insurance



Your health coverage through ERS includes \$5,000 of Basic Term Life Insurance, with \$5,000 of Accidental Death & Dismemberment (AD&D) coverage at no cost to you.

This limited coverage probably will not be enough to cover end-of-life and funeral costs or provide for family members 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

During Summer Enrollment, you can apply for additional life insurance through evidence of insurability, or EOI (see information at right), in increments based on your annual salary, with a matching amount of AD&D insurance. You may choose from one to four times your annual salary, up to \$400,000 in coverage.

Securian Financial Group, Inc. is the administrator for ERS' basic and optional life insurance plans. Securian's calculator at [lifebenefits.com/plandesign/ers](https://lifebenefits.com/plandesign/ers) → **Calculate** can help you decide how much life insurance coverage you might need. The Plan Year 2025 monthly premium is based on your coverage election, your salary, and age on Sept. 1, 2024.

## 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 with AD&D insurance.

If your dependents are approved, the benefit includes \$5,000 term life with \$5,000 AD&D for each covered dependent. The benefit will be paid to you upon the death of a covered dependent or in the event of certain accidental injuries. Your monthly premium covers all your eligible dependents, but you must list each dependent on your policy.

## Voluntary AD&D Insurance

Voluntary Accidental Death & Dismemberment (AD&D) Insurance can provide additional financial protection for you and your family in the event of certain accidental injuries or accidental death. You can choose insurance from \$10,000 up to \$200,000 in increments of \$5,000.

You can sign up for coverage alone or include family. EOI is not required for AD&D coverage.

- If you die as the direct result of an accidental bodily injury, your beneficiaries receive the full coverage amount.
- Enrolled family members are covered at partial benefit levels.
- If you have an accident and suffer any of the covered injuries, such as loss of a hand, a foot or sight of at least one eye, you will receive a benefit up to the full amount of coverage.
- If an insured family member loses a hand, a foot or sight of at least one eye in an accident, they will receive a percentage of the benefits if you have coverage for that family member.

## Evidence of insurability

If you wait until after your first 31 days of employment to request enrollment in Optional Term Life, Dependent Term Life and/or TIPP disability insurance, you must provide evidence of insurability (EOI). EOI is an application process in which you provide information about your health or that of your dependents. You or your dependents may be denied coverage based on information in the EOI application.

### How to submit your EOI

Initiate the EOI process online after you request to enroll in life and/or disability 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, contact Securian toll-free at (877) 494-1716, Monday – Friday, 8 a.m. – 5 p.m. CT.

For questions about the EOI process for disability insurance, contact TIPP toll-free at (855) 604-6230, Monday – Friday, 7 a.m. – 7 p.m. CT.

### Coverage start dates

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

- Sept. 1, 2024, if the EOI approval is dated before Sept. 1 or
- the first day of month following EOI approval if the approval is dated on or after Sept. 1.



# Contacts

## Health

Plan	Administrator	Phone number	Website
<b>HealthSelect of Texas®</b> <b>HealthSelect<sup>SM</sup> Out-of-State</b> <b>Consumer Directed</b> <b>HealthSelect<sup>SM</sup></b>	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711) Nurseline: (800) 581-0368	<b>healthselectoftexas.com</b>
<b>HealthSelect<sup>SM</sup> Prescription Drug Program</b>	Express Scripts	Toll-free: (800) 935-7189 (TTY: 711)	<b>HealthSelectRx.com</b>
<b>Consumer Directed HealthSelect health savings account (HSA)</b>	Optum Bank	Toll-free: (800) 791-9361 (TTY: 711)	<b>optumbank.com/</b>

## Dental

<b>State of Texas Dental Choice Plan<sup>SM</sup></b>	Delta Dental Group Number – 20010	Toll-free: (888) 818-7925 (TTY: 711)	<b>ERSdentalplans.com</b>
<b>DeltaCare® USA DHMO</b>	Delta Dental Group Number – 79140		

## Vision

<b>State of Texas Vision<sup>SM</sup></b>	EyeMed Vision Care, LLC Group Number - 1050072	Toll-free: (844) 949-2170 (TTY: 711)	<b>StateofTexasVision.com</b>
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## Life and Accidental Death & Dismemberment Insurance

<b>Basic Term Life Insurance</b> <b>Optional Term Life Insurance</b> <b>Dependent Term Life Insurance</b> <b>Voluntary AD&amp;D Insurance</b>	Securian Financial Group, Inc.	Toll-free: (877) 494-1716 (TTY: 711)	<b>lifebenefits.com/plandesign/ers</b>
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## Short-term and long-term disability insurance

<b>Texas Income Protection Plan<sup>SM</sup> (TIPP)</b>	Alight, Inc. Evidence of Insurability underwritten by Guardian Life Insurance	Plan administrator - Toll-free: (855) 604-6230 (TTY: 711) EOI underwriting questions - <b>Requested_Information@glic.com</b>	<b>texasincomeprotectionplan.com</b>
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## Other programs

<b>TexFlex<sup>SM</sup> flexible spending account (FSA) program</b>	Inspira Financial	Toll-free: (866) 353-9839 (TTY: 711)	<b>TexFlexERS.com</b>
<b>Texasaver<sup>SM</sup> 401(k) / 457 Program</b>	Empower Retirement	Toll-free: (800) 634-5091 (TTY: (800) 766-4952)	<b>texasaver.com</b>
<b>Discount Purchase Program</b>	Beneplace	Toll-free: (800) 683-2886 (TTY: 711) Local: (512) 346-3300	<b>Beneplace.com/ DiscountProgramERS</b>

# Summer Enrollment fairs and webinars



ERS and plan administrators will be at 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.** You do not need to register to attend an in-person event.

If you can't attend an in-person event, ERS and GBP plan administrators will also host several hour-long webinars throughout Summer Enrollment. You can participate in as many webinars as you wish from the convenience of your desk or anywhere you have internet access. Summer Enrollment webinars will provide a brief overview of all Texas Employees Group Benefits Program plans and any benefits changes in the upcoming plan year. Webinars about specific plans will feature an overview of the plan followed by Q&A with the plan administrator. (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 webinar at [ers.texas.gov](https://ers.texas.gov) → **View Event Calendars** → **Annual Enrollment Events**.

**PLEASE NOTE:** In rare cases, ERS must cancel or change events due to issues beyond our control. When possible, ERS will provide notice of cancellations and/or changes on the ERS website. If you're planning to attend a Summer Enrollment fair or join a webinar, check the ERS Events webpage shortly before the event for any updates and parking information.



## Webinars during Summer Enrollment

Register for a webinar at [ers.texas.gov/Event-Calendars](https://ers.texas.gov/Event-Calendars). Once you register, you will get the login information via email.

All webinar times are Central Time.

Topic	Presenter(s)	Dates and times	
Summer Enrollment overview	ERS	June 17 at 10 a.m.	July 15 at 10 a.m.
HealthSelect of Texas®	Blue Cross and Blue Shield of Texas	June 17 at 3 p.m.	July 1 at 3 p.m.
Consumer Directed HealthSelect <sup>SM</sup>	Blue Cross and Blue Shield of Texas Optum Bank	June 21 at 10 a.m.	July 9 at 10 a.m.
HealthSelect <sup>SM</sup> Prescription Drug Program	Express Scripts	June 18 at 3 p.m.	July 1 at 10 a.m.
Dental Insurance	Delta Dental	June 24 at 10 a.m.	July 11 at 3 p.m.
State of Texas Vision <sup>SM</sup>	EyeMed	June 20 at 10 a.m.	July 12 at 3 p.m.
Term Life and AD&D Insurance	Securian Financial	June 28 at 3 p.m.	July 8 at 10 a.m.
Texas Income Protection Plan <sup>SM</sup>	Alight, Inc. (formerly ReedGroup)	June 20 at 3 p.m.	July 9 at 3 p.m.
TexFlex <sup>SM</sup>	Inspira Financial	June 21 at 3 p.m.	July 8 at 3 p.m.



## In-person Summer Enrollment fairs

All fairs are from 10:30 a.m. to 1:30 p.m. local time. The ERS hour-long presentation starts at 11 a.m. If you're an active employee, your agency may be hosting a private fair that's not listed below. Contact your Human Resources department for information.

**June 10**  
**Texas Department of Transportation – Training Center**  
135 Slaton Road,  
Lubbock, 79404

**June 12**  
**El Paso Community College Administrative Services Center – Building A**  
9050 Viscount Blvd.,  
El Paso, 79925

**June 12**  
**Midland College Allison Fine Arts Building – Wagner and Brown Auditorium**  
3600 N. Garfield St.,  
Midland, 79705

**June 13**  
**State of Texas Services Center – Presentation in Room 104**  
622 S. Oakes St.,  
San Angelo, 76903

**June 20**  
**Texas Department of Criminal Justice Walker County Fairgrounds – Committeeman's Room**  
3925 St. Hwy. 30 W.,  
Huntsville, 77340

**June 26**  
**Austin Community College Highland Campus, Building 2000 Room 1550 – Presentation Hall**  
6101 Highland Campus Drive,  
Austin, 78752

**June 26**  
**South Texas College Student Union Ballroom – Room 2.100**  
3201 W. Pecan Blvd., Building U  
McAllen, 78501

**June 27**  
**Texas State Technical College Learning Resource Center**  
1902 N. Loop 499,  
Harlingen, 78550

**June 27**  
**Alamo Colleges District ACCESS Building Boardroom and Room Broadway 100**  
2222 N. Alamo St.,  
San Antonio, 78215

**July 2**  
**Tarrant County College – TRTR Trinity River Campus Rooms 4202-C, 4212-C and 4216-C**  
300 Trinity Campus Circle,  
Fort Worth, 76102

**July 9**  
**North Central Texas College Leo and Mabel Scott Health Science Center Building 2400**  
1525 W. California St.,  
Gainesville, 76240

**July 10**  
**Employees Retirement System of Texas**  
1836 San Jacinto Blvd.  
Ninth floor  
Austin, 78701  
*Parking available in the building's garage, entrance on 18th St.*

**July 10**  
**Texas Department of Transportation VTC Training Room**  
1365 N. Main St.,  
Paris, 75460

**July 11**  
**Texarkana College James Henry Russell STEM Complex – Math Building**  
2500 N. Robison Road.,  
Texarkana, 75599

**July 12**  
**Texas State Technical College ITC Building**  
2650 E. End Blvd. S.,  
Marshall, 75672

**July 16**  
**Brazosport College Dow Academic Center (DAC) Building**  
500 College Blvd.,  
Lake Jackson, 77566

**July 17**  
**College of the Mainland – Conference Center Building 21, Room 135 A, B and C**  
1200 N. Amburn Road,  
Texas City, 77591

**July 18**  
**Lone Star College Community Building Star Ballroom**  
5000 Research Forest Drive,  
The Woodlands, 77381

**July 19**  
**Texas Department of Transportation**  
7600 Washington Ave.,  
Houston, 77007

The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ERS provides free language aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, and other formats), qualified interpreters, and written information in other languages.

If you need these services, call: 1-877-275-4377, TDD: 711.

If you believe that ERS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax or email:

Mail: Section 1557 Coordinator Employees Retirement System of Texas  
P.O. Box 13207, Austin, Texas 78711. Fax: 512-867-3480.

Email: [1557coordinator@ers.texas.gov](mailto:1557coordinator@ers.texas.gov)

For more information visit: <http://www.ers.texas.gov>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail, or email:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Mail: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201.

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Please visit <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html> for details.

ATTENTION: Language assistance services, free of charge, are available to you.	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。	توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں -	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ.