



Benefits to protect your health and future

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

Summer Enrollment is your chance to review your 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. You can drop coverage anytime.

See ers.texas.gov → **Retirees** → **Life Changes** for information on qualifying life events.



Need to make changes to your benefits?



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

The assigned two-week enrollment phase for retirees and their covered dependents is **July 8 – 19**.

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.

Retirees returning to work

If you are a return-to-work retiree, you can switch between retiree and active benefits during your Summer Enrollment phase. Your benefits would begin Sept. 1. Contact your agency or institution's benefits coordinator or Human Resources office to make the change. Health and Human Services Enterprise employees: Contact the HHS Employee Service Center at (888) 894-4747 (TTY: (866) 839-2747) **before July 19**. To learn about the differences between retiree and active employee benefits, talk with your HR department or visit **Retirees** → **My ERS Retirement** → **State of Texas Retirement** → **Benefits for return-to-work retirees**

What's new?

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
- Choose well-being resources to meet your needs
- Connect with other users on the platform

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 ers.texas.gov → **View event calendars** → **Annual Enrollment Events**.

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.



The program is not available to members enrolled in Medicare.

Changes to out-of-pocket maximums

Beginning Jan. 1, 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 \$8,050 per individual (up from \$7,500) and \$16,100 per family (up from \$15,000) to align with 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.
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, then go to **“Home.”**
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 one, we will send a confirmation to your mailing address. Please save confirmation of your changes. This can help the benefits counselors should you contact us with any account issues.

If you don't have internet access

Call ERS toll-free at (866) 399-6908 (TTY: 711) during your two-week enrollment phase, July 8-19, from 7:30 a.m. – 7 p.m. CT, Monday through Friday.

Two-factor authentication for ERS OnLine is here



ERS members have the option to enroll in two-factor authentication (2FA), 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 → **Retiree News** → **Two-factor authentication for ERS OnLine**.

Voluntary protection

There is no penalty for not enrolling in 2FA. However, we highly recommend 2FA because it 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).

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 which dependents are eligible for ERS benefits, visit 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 (DEV) form at 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 ERS.

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 (DEV) process. If the dependent was previously verified, you don't need to go through the process again if you are reenrolling 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 coverage for a dependent who previously missed the deadline or failed 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. See a list of required documents at ers.texas.gov → **Active Employees** → **Eligibility** → **Eligibility Requirements**. When you send copies of the required documents, you also must include a note with:

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

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

If ERS approves your dependents' eligibility, their coverage will begin Sept. 1, 2024. 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 medical, mental health and prescription drug benefits in the two HealthSelectSM plans available to participants 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 on the HealthSelect website at [HealthSelectofTexas.com](https://www.healthselectoftexas.com) → **Medical Plans and Benefits**. 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 [®]	Consumer Directed HealthSelect SM of Texas
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 • Monthly premiums for dependents and part-time employees are higher than Consumer Directed HealthSelect 	<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 dependent or part-time employee 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 deductible is met • Want the state's tax-free HSA contribution • Don't want to get referrals for specialty care

Health Insurance Opt-Out Credit

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

The credit is up to \$60 for full-time retirees and \$30 for part-time retirees. You can apply this credit to your vision and/or dental insurance premiums. There is no refund for any unused portion of the \$60 or \$30 credit. When you opt out of your health plan, you are also giving up your prescription drug coverage and Basic Term Life Insurance 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.

Waive or opt out: What you should know



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

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

HealthSelect of Texas and Consumer Directed HealthSelect

Participants in HealthSelect of Texas or Consumer Directed HealthSelect have access to a 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[®] of Texas



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 → **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 reset 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 Benefits Plan Documents at 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 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 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 7 of this guide, visit 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 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 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

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

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 in Consumer Directed HealthSelect. Also, you will likely 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 saving account (HSA) to pay eligible health care expenses. When you contribute to an HSA, you 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 you, 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.**

All the funds in your HSA carry over from one year to the next, and you keep the funds if you change health plans or opt out of GBP health coverage. When you turn 65 and enroll in Medicare, you can keep your HSA and use the money in it, even though you can no longer contribute to the account or participate in the Consumer Directed HealthSelect health plan.

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. Maximums include all contributions to an HSA. The state's contributions are deposited to accounts by the middle of the month.

HSA contributions and maximums

Contribution	Individual Account	Family Account*
Calendar Year 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.

Set up an HSA

Open an Optum Bank HSA as soon as possible. Each month, ERS will take part of the state's health insurance premium contribution (\$45 for individual coverage, \$90 for family) and deposit it in your Optum Bank HSA. When you enroll in Consumer Directed HealthSelect through ERS OnLine, you will see a link to the Optum Bank website (**OptumBank.com**) that allows you to immediately begin the process to 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 an HSA.

For more information on HSAs, visit **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)	
Calendar Year 2024 (Jan. 1 – Dec. 31 2024)	\$7,500 individual \$15,000 family (GBP member + one or more covered family member)
Calendar Year 2025 (Jan. 1 – Dec. 31, 2025)	\$ 8,050 individual \$ 16,100 family (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 → [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 → **Retirees** → **Find Forms**

Participants who change a certification to tobacco user during Summer Enrollment will pay the tobacco user premium starting Sept. 1. If your premiums are deducted from your annuity, the tobacco user premium will deduct from your Oct. 1 check. For more information on the tobacco-user premium, see the Plan Year 2024 rate sheet (available at ers.texas.gov/se-2024) or your Personal Benefits Enrollment Statement. Read about the tobacco policy at 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 VisionSM, you can save money on eye exams and eyewear for you and your family with a small monthly premium and low copays. (Your GBP health plan covers diagnosis and treatment of eye diseases and injuries, but it doesn't cover eyeglasses or contacts.)

Benefits are offered through EyeMed Vision Care, LLC. Plan participants have access to EyeMed's INSIGHT network, which includes independent, national and regional retailers and online providers.

The State of Texas Vision plan 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. See the Vision Plan Comparison Chart at 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 PlanSM

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.

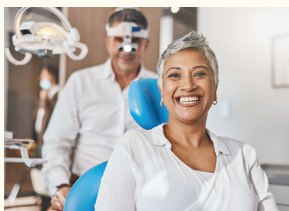
DeltaCare[®] USA

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.

ID cards



You will get an ID card in the mail, although 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 **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)
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)

Life insurance

Financial security for you and your family

Your health coverage through ERS includes \$2,500 of Basic Term Life Insurance at no cost to you. Additional life insurance can supplement this limited coverage to help pay for end-of-life and funeral costs or provide for any family who survive you. As your family's financial needs change, you should re-evaluate how much life insurance coverage you need. For example, if your children are no longer financially dependent on you or you've paid off large debts like a mortgage, you might think about decreasing your coverage.

Optional Term Life Insurance

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

As a retiree, you can decrease your current election, waive your coverage or change from Optional Term Life Insurance to Retiree Fixed Optional Life Insurance without evidence of insurability (EOI) any time of the year—including during Summer Enrollment.

Once you decrease your coverage, you cannot increase it. If you don't already have Optional Term Life insurance, you can apply for the Retiree Fixed Optional Life Insurance coverage of \$10,000 through EOI during Summer Enrollment.

Learn more about your options at ers.texas.gov → **Retirees** → **Optional Add-on Benefits** → **Optional Term Life**.

Securian Financial's calculator at lifebenefits.com/plandesign/ers → **Calculate** can help you decide how much life insurance coverage you might need.

Dependent Term Life Insurance

For an additional monthly premium, you can apply through EOI (see information at right) to enroll your eligible dependents in Dependent Term Life Insurance.

If your dependents are approved, the benefit includes \$2,500 term life for each covered family member. The benefit will be paid to you upon the death of a covered dependent. Your monthly premium covers all your eligible dependents, but you must list each dependent on your policy. As a retiree, you can drop Dependent Term Life insurance at any time—including during Summer Enrollment.

Make premium payments easy on yourself

If you pay your insurance premiums directly to ERS, you can set up automatic withdrawals from your bank account by completing the Automatic Withdrawal/Cancellation of Insurance Premiums form. Find it on the ERS website at ers.texas.gov → **Former Employees** → **Automatic Withdrawal Cancellation of Insurance Premiums**.

Evidence of insurability

When you request to enroll in Optional Term Life or Dependent Term Life Insurance during Summer Enrollment, 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 Optional Term Life or Dependent Term Life insurance. You can choose whether you want the EOI underwriter to communicate with you by email or mail. Then:

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

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

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 → **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. 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 SM	Blue Cross and Blue Shield of Texas Optum Bank	June 21 at 10 a.m.	July 9 at 10 a.m.
HealthSelect SM 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 SM	EyeMed	June 20 at 10 a.m.	July 12 at 3 p.m.
Term life insurance	Securian Financial	June 28 at 3 p.m.	July 8 at 10 a.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.

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

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	healthselectoftexas.com
HealthSelectSM Prescription Drug Program	Express Scripts	Toll-free: (800) 935-7189 (TTY: 711)	HealthSelectRx.com
Consumer Directed HealthSelect health savings account (HSA)	Optum Bank	Toll-free: (800) 791-9361 (TTY: 711)	optumbank.com/

Dental

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

Vision

State of Texas VisionSM	EyeMed Vision Care, LLC Group Number - 1050072	Toll-free: (844) 949-2170 (TTY: 711)	StateofTexasVision.com
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Life insurance

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

Discount Purchase Program	Beneplace	Toll-free: (800) 683-2886 (TTY: 711) Local: (512) 346-3300	Beneplace.com/ DiscountProgramERS
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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

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

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

SECTION A: RETIREE DATA (to be completed by retiree)

Retiree Name: First, MI, Last			Last 4 digits of Social Security Number/National ID (SSN)		Phone Number		Home	Cell
			XXX-XX-		()			
Email Address	Mailing Address	Check if New	City	State	ZIP Code	Eligibility County		

SECTION B: INSURANCE COVERAGE (Mark boxes to indicate the coverage changes you want starting Sept. 1, 2024.)

Health Insurance	Waive	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM	
	Waive + Opt-Out (for retirees who can certify they have comparable coverage that is not Medicare)			
	Enroll/Add/Drop Dependent (See Section C.)			
Optional Benefits (You may elect these without being enrolled in health insurance.)				
Dental	Waive	State of Texas Dental Choice Plan SM	DeltaCare [®] USA DHMO	
	Enroll/Add/Drop Dependent (See Section C.)			
Vision	Waive	State of Texas Vision SM	Enroll/Add/Drop Dependent (See Section C.)	
Optional Term Life Insurance**	Waive	OR	Enroll in \$10,000	Decrease to: Election I* \$10,000
Dependent Term Life Insurance**	Waive	Enroll/Add/Drop Dependent (See Section C.)		
<p>Tobacco-User Certification: If you are enrolled or enrolling in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months? This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes / vaping products. Yes No</p>				

*You must be currently enrolled in Optional Life Election 2. Once you decrease to Election I (or \$10,000 fixed coverage), you cannot increase your Optional Term Life Insurance at a later date.

**To apply for Dependent Term Life Insurance or the \$10,000 Retiree Fixed Optional Life Insurance coverage, evidence of insurability (EOI) is required. Initiate the EOI process by signing in to your ERS OnLine account at www.ers.texas.gov, or contacting ERS.

SECTION C: DEPENDENT PERSONAL DATA AND COVERAGE CHOICES

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

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health**	Dental	Vision	Dep. Life	Tobacco User
Sp D		M		XXX-XX-	Yes	Yes	Yes	Yes	Yes
S O		F		XXX-XX-	No	No	No	No	No
Sp D		M		XXX-XX-	Yes	Yes	Yes	Yes	Yes
S O		F		XXX-XX-	No	No	No	No	No
Sp D		M		XXX-XX-	Yes	Yes	Yes	Yes	Yes
S O		F		XXX-XX-	No	No	No	No	No
Sp D		M		XXX-XX-	Yes	Yes	Yes	Yes	Yes
S O		F		XXX-XX-	No	No	No	No	No

*Relationship Code: Sp – Spouse D or S - Natural or adopted daughter or son O – Other than natural or adopted child. Includes stepchild, foster child, or ward child. If you are adding a child to any coverage, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at www.ers.texas.gov or call ERS. For any dependent newly enrolled in health coverage, a contracted third party will contact you by mail about providing required documentation to Alight Solutions to verify their eligibility.

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

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

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

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

Tobacco User Certification: I certify my understanding and agreement to the following: **“Tobacco Product”** is defined as all types of tobacco, including but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes / vaping products, and a **“Tobacco User”** is a person who has used any Tobacco Products five or more times within the past three consecutive months. If I (or any of my covered dependents): 1) have used Tobacco Products as a Tobacco User; or 2) start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS will constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS will constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco user premium, if it is right for your health status and complies with your doctor’s recommendations. For more information about this program, visit, <https://ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification>.

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco for three consecutive months, you must complete the Tobacco User Certification Form (ERS 2.933) available at https://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933.pdf, or change the certification using your ERS OnLine account at www.ers.texas.gov.

If you selected “Waive + Opt-Out Credit”:

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

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

Retiree’s Signature: _____

Date Signed: _____

(mm-dd-yyyy)