



Benefits to protect your health and future

The State of Texas offers a valuable benefits package to support you and your family.

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



Need to make changes to your benefits?

You should make any needed changes to your benefits anytime during your assigned two-week Summer Enrollment phase. The assigned enrollment phase for survivors is **July 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.

What's new?

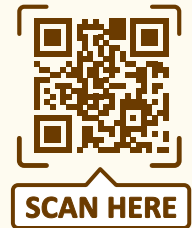
New well-being programs coming this fall

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

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. Visit 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

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



Complete the form included with this guide OR call ERS toll-free at (866) 399-6908. Be sure to call during the two-week enrollment phase, **July 8–19**. You can change your benefits any time during this period. The benefits counselors will work extended hours during Summer Enrollment, from 7:30 a.m. to 7 p.m. CT, Monday through Friday.

Canceling coverage

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



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

Remember



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

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 (MBPD) on the HealthSelect website at [HealthSelectofTexas.com](https://www.healthselectoftexas.com) → **Medical Plans and Benefits**.

Each plan's Summary of Benefits and Coverage (SBC) 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
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

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 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 Benefits Plan Document 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. 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

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 6 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

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.

Use money in your HSA to pay for qualified medical expenses for you and your eligible dependents, even if they aren't covered under your insurance. Learn more [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 carries over from one year to the next, and you keep the funds if you change health plans.

The IRS sets the maximum contribution amount each year (see chart). If you are age 55 or older, you can contribute an additional \$1,000 each year. HSA contributions and limits may change from year to year, or based on eligibility requirements and the participant's age.

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. Each month, ERS will take part of your monthly premium payment (\$45 for individual coverage, \$90 for family) and deposit it in your Optum Bank HSA. We won't make deposits to accounts at any other bank, only Optum Bank.

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.

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 on HSAs, visit [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.

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 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. Review 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 → **Active Employees** → **Find Forms**. Turn in the completed form(s) to ERS.

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**.

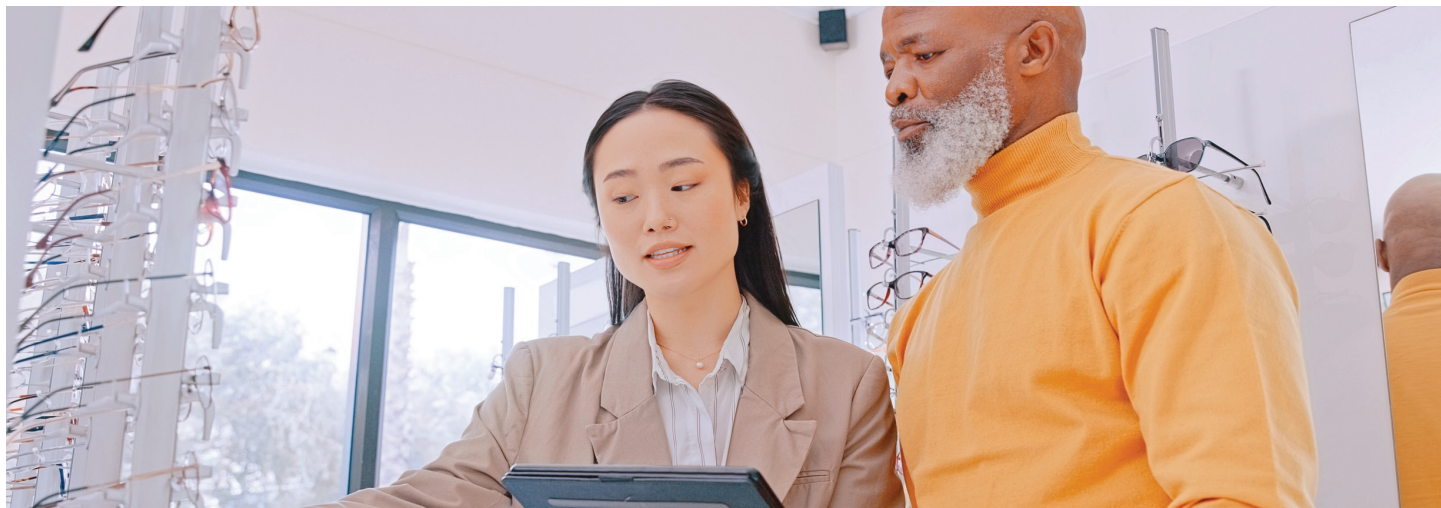
If your or a dependent's tobacco use changes during the plan year, you should update the status in your account as soon as possible. You do not have to wait for Summer Enrollment to change the tobacco-use status.

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 Vision, you can save money on eye exams and eyewear for you and your family with a small monthly premium and low copays.

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.

State of Texas Vision plan gives you an annual \$200 retail allowance to use toward either contact lenses or eyeglass frames in the same plan year. 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. 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.



Please note: If you need treatment for disease or trauma to the eye, consult your health plan's Master Benefits Plan Document for coverage details.



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)

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.



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

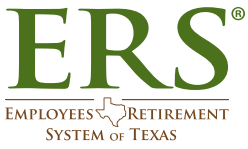
Plan	Administrator	Phone number	Website
HealthSelect of Texas® HealthSelectSM Out-of-State Consumer Directed HealthSelectSM	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711) Nurseline: (800) 581-0368	healthselectoftexas.com
HealthSelectSM Prescription Drug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

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: SURVIVING DEPENDENT DATA *(to be completed by surviving dependent)*

Surviving Dependent: First, MI, Last		Last 4 digits of Social Security Number/National ID (SSN)		Phone Number		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	<input type="checkbox"/> Waive* <input type="checkbox"/> HealthSelect of Texas® <input type="checkbox"/> Consumer Directed HealthSelect SM
	<input type="checkbox"/> Drop Dependent (See Section C.)
Optional Insurance <i>(You may elect these without being enrolled in health insurance.)</i>	
Dental	<input type="checkbox"/> Waive <input type="checkbox"/> State of Texas Dental Choice Plan SM <input type="checkbox"/> DeltaCare® USA DHMO <input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C.)
Vision	<input type="checkbox"/> Waive <input type="checkbox"/> State of Texas Vision SM <input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C.)
Tobacco-User Certification: If you are enrolled in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months? This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes / vaping products. Yes No	

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

SECTION C: DEPENDENT PERSONAL DATA AND COVERAGE CHOICES

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

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

*Relationship Code: D or S - Natural or adopted daughter or son O – Other than natural or adopted child. Includes stepchild, foster child, or ward child. Only eligible dependents at the time of the member's death are eligible to be covered as surviving dependents.

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

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

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

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

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

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

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

Surviving dependent's signature: _____

(Parent or legal guardian may sign for minor child)

Date Signed: _____

(mm-dd-yyyy)