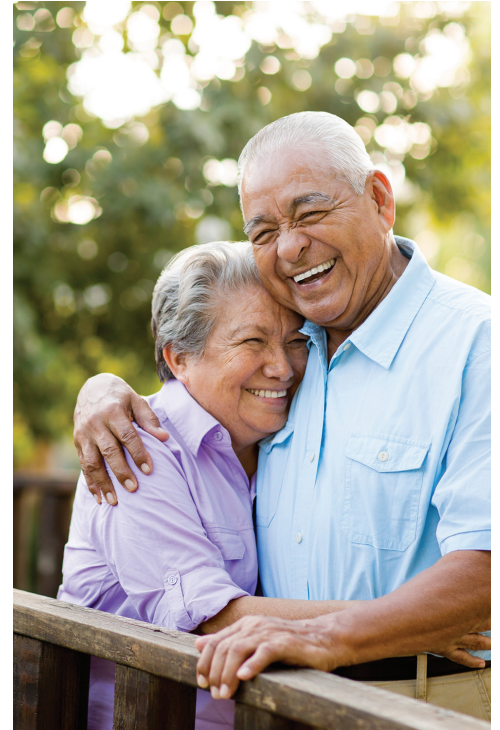


Inside:

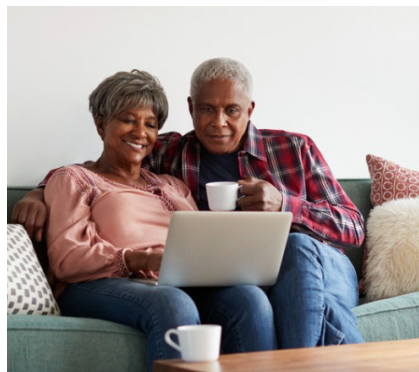
- Pg. 2:** What's new
- Pg. 3:** How to make benefits changes
- Pg. 4:** Covering dependents
- Pg. 6:** Your health insurance options
- Pg. 9:** Prescription drug coverage
- Pg. 10:** Dental insurance
- Pg. 12:** Vision insurance
- Pg. 13:** Life insurance (for retirees only)
- Pg. 15:** Fall Enrollment fairs and webinars
- Pg. 16:** Contact Information



Benefits to protect your health and future

The Texas Employees Group Benefits Program (GBP) offers benefits to State of Texas retirees and their eligible dependents and survivors.

If you are a retiree eligible for Medicare, Fall Enrollment is your chance to make changes to your benefit elections. Even if you're keeping your current coverage, this guide will help refresh your knowledge about your benefits. It's important to understand your health plan and other insurance choices, and your share of their cost.



Review your coverage

Review your current coverage and see benefits options and premium rates in your Personal Benefits Enrollment Statement included in this packet, and in your ERS OnLine account.

No changes? If you're keeping the same coverage, you don't need to do anything. Your current choices will stay the same.

Important dates

Oct. 30 – Nov. 17:
Make changes to
your benefits.



Benefit elections for the new plan year are effective Jan. 1, 2024.

Fall Enrollment page on the ERS website



View premium rates and other enrollment information at ers.texas.gov/FE-2023.

WHAT'S NEW FOR PLAN YEAR 2024

Note: Your Jan. 1 premium is on your Personal Benefits Enrollment Statement in this packet.



Plan administrator changes

- Jan. 1, 2024: Express Scripts Medicare® (PDP) starts as the administrator for HealthSelectSM Medicare Rx.
- Sept. 1, 2023: EyeMed Vision Care, LLC (EyeMed) started as the administrator of the State of Texas VisionSM program.

See the insert in this packet for more information. More details on the change to the new prescription drug administrator will be available in November and December.

Why do we make plan administrator changes?

ERS is required to solicit for new administrator and insurer contracts for the benefits programs we offer.

We understand the changes can be inconvenient, but they help us save millions—even billions—of dollars. The changes also help us to continue offering reasonable premiums and fees while maintaining appropriate care for you and your family.

Increases to HealthSelectSM Medicare Advantage Plan preferred provider organization (MA PPO) rates



For those who pay health insurance premiums, HealthSelect MA PPO rates will increase about 5–7%. The increase is the result of rising medical and prescription costs. Find more details about your premiums in your Personal Benefits Enrollment Statement (PBES).

Despite the increase, the HealthSelect MA PPO premiums are still lower than they were in 2020, before UnitedHealthcare became the insurer for the plan. In addition to continuous cost-management efforts by ERS and UnitedHealthcare, ERS' competitive bidding process to select the new prescription drug plan administrator, Express Scripts Medicare, prevented a higher increase.



Increases to dental HMO rates

DeltaCare® USA dental health maintenance organization (DHMO) plan premiums will increase. This is a return to Plan Year 2022 rates after a one-year decrease due to a COVID-19-related refund from Delta Dental.



Changes to out-of-pocket maximums

The HealthSelectSM Secondary health plans' total annual in-network out-of-pocket maximums (medical and pharmacy combined) increases to \$7,500 for individual coverage (up from \$7,050) and \$15,000 for family coverage (up from \$14,100) to align with the IRS maximums.

HOW TO MAKE BENEFITS CHANGES

Review your Personal Benefits Enrollment Statement in this packet. See premium rate sheets at ers.texas.gov/FE-2023.

If you're a Medicare-eligible retiree: make changes in your ERS OnLine account by phone, or by mailing or emailing a completed form.

If you're a survivor: make changes by phone, or by mailing or emailing a completed form.

Note: If you make changes by email, you must scan your completed enrollment form and send it ERScustomer.service@ers.texas.gov. If you don't use the form, or if you email it to a different address, we might not be able to process your new benefits elections.

ERS OnLine

(for retirees only—not applicable to survivors)

NOTE: If you did not activate your ERS OnLine account before you retired or within 90 days after, you will need to call ERS at (866) 399-6908 (TTY: 711) to register or reactivate your account.

Go online to make changes to your benefits anytime during fall enrollment:

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.
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 a current email address is listed in ERS OnLine. If you don't have an email address listed in your ERS account, we will send a confirmation to your mailing address. Please save the confirmation of your changes. This can help benefits counselors assist you, should you contact us with any account issues.

By mail or email

Complete the form located in the back of this guide, then mail it to the address on the form. The form must be postmarked no later than Nov. 17, 2023. You can also scan and email the completed form to ERScustomer.service@ers.texas.gov.

By phone

Call ERS toll-free at (866) 399-6908 (TTY: 711), Monday through Friday, 8 a.m. – 5 p.m. CT. Be sure to call from Oct. 30 to Nov. 17.

Making updates outside of Fall Enrollment as a Medicare-eligible retiree

Within 31 days of a Qualifying Life Event, you can:

- add new coverage;
- make changes to your benefit elections; and
- enroll your eligible dependent in coverage.

Anytime, you can:

- switch between the HealthSelectSM Medicare Advantage Plan PPO (MA PPO) and HealthSelectSM Secondary plans;
- drop any coverage for you or your dependents; and
- make the following changes from your ERS OnLine account:
 - mailing address, phone number or email address;
 - designate or update beneficiaries; and
 - certify whether anyone enrolled in a GBP health plan uses tobacco and recertify when their status changes.

See more about ERS OnLine at ers.texas.gov/account-login.



Remember

If you don't need to make changes, you don't need to do anything. Your current coverage will roll over to the new plan year.

CERTIFYING AND VERIFYING NEWLY ADDED DEPENDENTS (retirees only)

NOTE: Survivors cannot add new dependents to coverage.

Certifying dependent children for coverage

You must certify eligibility for any dependent children you want to enroll in any insurance coverage. You must do this before you can add new dependent children.

There are two ways to certify dependent children:

- Log in to your ERS OnLine account and click “Benefits Enrollment” under My Insurance Information.

or

- Complete and print the Dependent Child Certification form for each dependent child to be covered and mail to ERS at the address on the form. Find the form at ers.texas.gov/Retirees/Forms-for-retirees.

Verifying a dependent for health insurance coverage

When you enroll a spouse or child in health insurance for the first time, you must submit documents to prove they are eligible. **Important: If you don’t submit the necessary documents by the deadline, your dependents will be ineligible and will lose coverage in all GBP plans. They will not be eligible for COBRA.** If you are re-enrolling a dependent who was previously verified for health coverage, you don’t need to go through the process again.

1. Enroll your eligible dependents in health coverage and certify any dependent child(ren), as noted above. (**Note:** Certifying eligible dependent children is separate from verifying eligible dependents.)

2. ERS will send your information to Alight Solutions, the 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. Follow Alight’s instructions to submit the necessary documents by the due date noted in the letter.

For questions about the dependent eligibility verification process, call Alight Solutions toll-free at (800) 987-6605 (TTY: 711), Monday – Friday, 7 a.m. – 7 p.m. CT.

Adding dependents previously not verified through dependent eligibility verification process

If you tried to add dependents to health coverage before, but couldn’t because you missed the verification deadline or were unable provide the needed documentation, you can add them during Fall Enrollment. To do so, you must submit documentation to ERS (not Alight) to prove your dependent’s eligibility.

Find a list of supporting documents at <https://www.ers.texas.gov/PDFs/Dependent-eligibility-chart.pdf>. Send your documents along with a note stating:

- the name of the dependent(s) you are adding;
- specific coverage type(s) you want to add them to (examples: HealthSelect of Texas, State of Texas Dental Choice, etc.); and
- the GBP member’s name, last four digits of their SSN and phone number.

Mail, fax or email the documentation to ERS. (Do not mail the originals. We cannot return the documents to you.) Emailed or faxed documents must arrive no later than **Nov. 17, 2023**. Mailed copies must be postmarked by **Nov. 17, 2023**.

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 Jan. 1, 2024.

What about private Medicare Advantage or Part D plans?

You may have seen ads for private Medicare Advantage or Part D prescription drug plans. Your GBP Medicare Advantage plan provides nationwide coverage and benefits beyond Original Medicare. The HealthSelect Medicare Advantage PPO (MAPPO) plan is a custom group plan that you cannot get anywhere else. It is designed exclusively for eligible retirees of ERS. (When you provided your Medicare Beneficiary Identifier to us, we enrolled you in HealthSelect Medicare Rx, even if you chose not to be enrolled in HealthSelect Medicare Advantage.)

You cannot be enrolled in HealthSelect Medicare Advantage and/or HealthSelect Medicare Rx at the same time you're enrolled in a private Medicare Advantage and/or Part D plan. **If you enroll in a private Medicare Advantage plan and/or a private Part D plan, you'll be dis-enrolled from the HealthSelect MA PPO and/or HealthSelect Medicare Rx. Please think carefully before enrolling in a Medicare Advantage or Part D plan that isn't offered by ERS.**

Medicare and your State of Texas health insurance

If you are a retiree (or you are not actively working) and are enrolled in HealthSelect of Texas (including the HealthSelect Secondary plan), and you are eligible for Medicare, your state health insurance is considered your secondary coverage, even if you are not signed up for Medicare. You're responsible for the portion of the medical claim that Medicare would have covered as your primary health insurer, which could be significant.

Enroll in Medicare as soon as you can to keep your costs as low as possible. The same is true for your covered dependent. Once you or your dependent enrolls in Medicare, be sure to contact ERS with your or their Medicare information.

Waiving your health care coverage: What you should know

If you waive your GBP health insurance, you'll also cancel your prescription drug coverage and your \$2,500 Basic Term Life Insurance coverage. (Basic Term Life Insurance is not available to survivors.) Medicare-eligible retirees can re-enroll in coverage during the next Fall Enrollment period, or if they have a qualifying life event. Survivors who waive their health coverage can't ever re-enroll.



See details about your benefits



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

CHOOSE FROM TWO TYPES OF HEALTH INSURANCE PLANS



HealthSelectSM Medicare Advantage Plan preferred provider organization (MA PPO)

- UnitedHealthcare[®] insures this plan.
- You and your Medicare-eligible dependents must be enrolled in Medicare Parts A and B.
- You must keep paying your federal Medicare Part B premiums.
- It includes prescription drug coverage through HealthSelect Medicare Rx.

The MA PPO is a Medicare Advantage plan, also known as Medicare Part C. It includes benefits under Medicare Parts A and B plus extra programs. It also includes Medicare Part D prescription drug coverage through HealthSelect Medicare Rx. This plan doesn't have medical deductibles, and typically doesn't have copays or coinsurance if you see providers who accept Medicare.

You have the same level of in-network and out-of-network benefits as long your providers accept Medicare. In-network providers submit claims for you. For convenience without upfront costs, choose providers willing to bill UnitedHealthcare. If they won't bill UnitedHealthcare directly, you may have to pay out of pocket, then submit a claim for reimbursement.

This plan offers extra benefits at no cost to you, such as the popular SilverSneakers[®] program. Carriers may stop or change these programs at any time without notice.

HealthSelectSM Secondary

- Blue Cross and Blue Shield of Texas administers this plan.
- It is open to anyone eligible for ERS health insurance who is also eligible for Medicare: retirees, dependents and survivors.
- It includes prescription drug coverage through HealthSelect Medicare Rx.

HealthSelect Secondary is not a Medicare Advantage plan, and it costs more than the MA PPO plan. In most cases, HealthSelect Secondary pays secondary to Original Medicare. In some cases, it pays primary to Original Medicare, such as for a service Medicare doesn't cover.

If you pay premiums for your or a dependent's health insurance, your premiums will be higher in HealthSelect Secondary than in the HealthSelect MA PPO plan. You also could have higher out-of-pocket costs. HealthSelect Secondary has a \$200 per person (or \$600 per family) annual medical deductible and coinsurance. Medicare usually pays 80% of covered services once you meet the deductible. After Medicare has paid its portion, the HealthSelect Secondary plan usually pays either 70% of the plan's allowable amount or the amount remaining to be paid on the claim, whichever is less. You're responsible for the rest.



Remember: If you are a Medicare-eligible retiree, HealthSelect Secondary is considered your secondary coverage, even if you haven't signed up for Medicare yet. You're responsible for the portion that Medicare would have covered.



What if I have other health insurance?

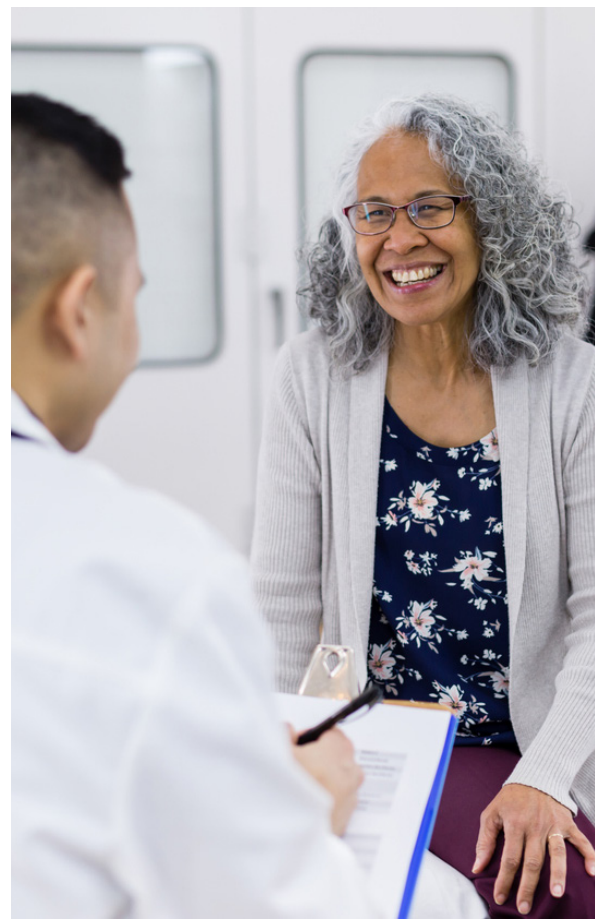
If you're a retiree and have other health insurance (excluding Medicare) that's as good as or better than what the state provides, you can opt out of the state-provided health insurance and elect the Health Insurance Opt-Out Credit. The credit is up to \$60 per month for full-time retirees or up to \$30 per month for part-time retirees. The credit can apply toward dental and/or vision insurance premiums. There is no refund for any unused portion of the \$60 or \$30 credit.

You can elect the Opt-Out Credit by logging in to your ERS OnLine account or by checking the applicable boxes on the form at the back of this guide. You can also call ERS during Fall Enrollment. If you choose the Health Insurance Opt-Out Credit, you won't have prescription drug coverage and Basic Term Life Insurance. If you opt out of GBP health insurance and later lose your other insurance coverage, it is considered a qualifying life event. You could then enroll in health insurance offered through ERS if you sign up within 31 days.

Survivors are not eligible for the Opt-Out Credit.

Dependents not eligible for Medicare

A "split household" is when you're eligible for Medicare, but a covered dependent isn't yet eligible. You can enroll in the HealthSelect MA PPO while your dependent remains enrolled in HealthSelect of Texas. Once your dependent enrolls in Medicare, call ERS with their Medicare information and we'll enroll them in the same health plan as you, including HealthSelect Medicare Rx prescription drug coverage.



Tobacco-use status

Anyone enrolled in GBP health insurance must certify their status as tobacco users or non-users.

- A tobacco user is a person who has used any tobacco products five or more times within the past three consecutive months.
- Tobacco products are all types of tobacco, including 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 and pay a monthly premium. Failing to do so could cause you to lose your GBP health insurance coverage. You only need to update the status when and if it changes.

You can certify your status during Fall Enrollment through your ERS OnLine account or by calling ERS at (866) 399-6908 (TTY: 711). Participants who change their certification to tobacco user during Fall Enrollment will have the first premium apply in January 2024.



If you'd rather print and mail the completed form, find it at <https://ers.texas.gov/pdfs/forms/tobacco-user-certification-ers2933>.

Tobacco user premium alternative

You may qualify for an alternative to the tobacco user premium called "Choose to Quit." For more information, view the tobacco policy at ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification.



RETURNING TO WORK FOR THE STATE

If you're a return-to-work retiree, you can switch between retiree and active employee benefits during Fall Enrollment. To do so, you must contact your agency's benefits coordinator before Nov. 17, 2023. HHS Enterprise employees: Contact the HHS Employee Service Center toll-free at (888) 894-4747. Coverage is effective Jan. 1, 2024.

PRESCRIPTION DRUG COVERAGE



Express Scripts Medicare® (PDP) will be the administrator of the HealthSelect Medicare Rx prescription drug program starting Jan. 1, 2024. UnitedHealthcare will continue to manage the program through Dec. 31, 2023. See the insert or visit ers.texas.gov/what-s-happening-now/healthselect-rx-transition.



Medicare-enrolled retirees, dependents and survivors who have GBP medical coverage and are enrolled in Medicare Part A and/or Part B are automatically enrolled in HealthSelect Medicare Rx. This plan is a Medicare Part D prescription drug program.

In this plan, prescription drugs fall into three categories, called tiers. There are different copays for each:

- Tier 1 are usually low-cost medications, such as generic drugs.
- Tier 2 are usually cheaper, preferred brand-name drugs.
- Tier 3 are costlier, non-preferred brand-name drugs.

Opting for generics lowers your costs and those of the plan. Note: the formulary will change on Jan. 1, meaning that some drugs might change tiers, and participants might pay more or less for the same drug starting Jan. 1. The formulary for Express Scripts Medicare PDP will be available at www.express-scripts.com/ERSMedicareRx beginning Oct. 30.

Covered dependents who aren't yet eligible for Medicare and are covered by a HealthSelect of Texas plan have different prescription drug coverage through the HealthSelectSM Prescription Drug Program (PDP), administered by Express Scripts, beginning Jan. 1, 2024. See the prescription drug benefit chart online at ers.texas.gov/FE-2023 for details.

Beginning Oct. 30, you can call Express Scripts Medicare (PDP) toll-free at (866) 264-4676 (TTY 711). Customer service associates will be able to answer general transition-related questions, provide information about pharmacies in your network and the covered cost of your medication.

Prescription drug deductibles

You and your covered dependents each have a yearly \$50 prescription drug deductible. It's based on the calendar year and resets each Jan. 1.

Buying prescriptions: Know your options

You can get maintenance medications—ones you take on a long-term basis for chronic conditions—with no extra fee if you go to a retail pharmacy in your prescription drug program's Extended Days' Supply (EDS) network. You'll pay the plans lower mail service cost. More information about network pharmacies will be available in November. If a generic drug is available and you choose to buy the brand-name drug, you will pay the generic copay plus the cost difference between the brand name and generic drugs.

Learn more



The health plans comparison chart in this packet is an overview of medical and prescription drug coverage available to Medicare-eligible participants. For an overview of what's available to your non-Medicare-eligible dependents, see the Health Plans Comparison Chart at ers.texas.gov/FE-2023. For more information, read the Master Benefit Plan Documents on the plan's website. Note: Consumer Directed HealthSelectSM is not available to dependents of Medicare-eligible retirees.

Take note



You can decline HealthSelect Medicare Rx coverage. If you do, you won't have any prescription drug coverage through the GBP. A covered dependent can't decline coverage unless the eligible member who covers them also declines it.

DENTAL INSURANCE



State of Texas Dental Choice PlanSM

This is a preferred provider organization (PPO) dental insurance plan. You can see any dentist you want, but you generally pay less if you stay in one of these networks:

- Delta Dental PPO
- Delta Premier

You get the same coverage in either network. Delta Premier dentists can charge higher rates for the same covered services, so you might pay less in the Delta Dental PPO network.

Visit an in-network dentist to ensure you don't pay more than what's covered by Delta Dental. Out-of-network dentists could charge more.

Dental services performed outside the United States will be processed as an out-of-network benefit, reimbursable to the participant in U.S. currency.

DeltaCare[®] USA

DeltaCare USA

This is a health maintenance organization 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 the list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from in-network specialty dentists cost 25% less than the dentists' usual charges when your PCD coordinates specialty care.



Check the Discount Purchase Program for dental discounts

The Discount Purchase ProgramSM, administered by Beneplace, offers dental discount programs and discounted dental services. View them at [beneplace.com/discountprogramers/](https://www.beneplace.com/discountprogramers/). You'll need to register using your email address.

DENTAL PLANS COMPARISON CHART

This is a summary of benefits. See plan booklets for actual coverage and limitations.

	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 Jan. 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)

VISION INSURANCE



EyeMed started as the new administrator of the State of Texas Vision plan on Sept. 1. See the insert for more information about the change, or visit ers.texas.gov/what-s-happening-now/state-of-texas-vision-transition.

GBP health insurance plans cover some vision and eye health services, including an annual eye exam and treatment for diseases of the eye. They don't cover the cost of eyeglasses or contact lenses. For these, you and your eligible dependents can enroll in State of Texas Vision, for an additional monthly premium.

State of Texas Vision covers an annual eye exam, contact lens fitting and other eyewear options. The plan includes an annual \$200 retail allowance for eyeglass frames or contact lenses and discounts for LASIK. Search the EyeMed provider network at www.StateofTexasVision.com.

Vision coverage comparison chart, in-network services

Vision plan participants have access to EyeMed's INSIGHT network which includes independent, national and regional retailers and online providers. All allowances are retail; you are responsible for any charges in excess of the retail allowances, minus available discounts. Discounts are not funded benefits and may vary or change based on provider or manufacturer. Search the EyeMed provider network at member.eyemedvisioncare.com/stateoftexasvision.

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam services		
Exam	\$15 copay ¹	Up to \$40 after \$15 copay
Contact Lens Fit and Follow-Up²		
Fit and Follow-up – Standard	\$25 copay ¹	Up to \$100
Fit and Follow-up – Premium	\$35 copay ¹	Up to \$100
Frame		
Frame	\$200 retail allowance; 20% off amount over \$200	Up to \$75
Lenses		
Single Vision	\$10 copay ¹	Up to \$30
Bifocal	\$15 copay ¹	Up to \$45
Trifocal	\$20 copay ¹	Up to \$60
Progressive – Standard ³	\$70 copay plus bifocal \$15 ¹	Not covered
Lens Options		
Polycarbonate - Standard	\$40 copay ¹	Not covered
Scratch Coating - Standard Plastic	\$10 copay ¹	Not covered
Tint - Solid and/or Gradient	\$10 copay ¹	Not covered
UV Treatment	\$10 copay ¹	Not covered
Anti-Reflective Coating - Standard	\$40 copay ¹	Not covered
Contact Lenses		
Contacts - Elective	\$200 allowance	Up to \$200
Contacts - Medically Necessary	\$0 copay	Up to \$210
OTHER		
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call (800) 988-4221	Not covered
Retinal Imaging	You are responsible for 100% of the cost, which is up to \$39 for EyeMed customers.	Not covered

¹ Covered in full after copay is met.

² A Contact Lens Fit and Follow-Up has its own copay and is separate from the eye exam copay. Standard Contact Lens Fit and Follow-up applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Premium Contact Lens Fit and Follow-up applies to new contact wearers and/or a participant who wears toric, gas permeable, or multi-focal lenses.

³ Standard progressive lenses are covered in full after a \$70 progressive lens copay and the \$15 bifocal lens copay. Premium progressive lenses are covered up to the in-network plan payment for standard progressive lenses.

LIFE INSURANCE (RETIREES ONLY)

Life insurance isn't available to survivors. If you're a retiree enrolled in GBP health coverage, your health insurance comes with Basic Term Life Insurance that pays \$2,500 to your beneficiary upon your death. The following are options for additional coverage.

Optional Term Life Insurance

If you were enrolled in Optional Term Life Insurance when you retired, you could continue it at Election 1 or 2. If you had Election 3 or 4, your coverage was automatically changed to Election 2, unless you chose Election 1, Retiree Fixed Optional Life Insurance (\$10,000 policy) or chose to waive your optional life coverage.

IMPORTANT: Optional Term Life Insurance coverage decreases starting at age 70. Premiums don't decrease and, in fact, increase as you age and/or when the plan must make premium increases. When the coverage amount drops to \$10,000 or below, the plan switches to the Retiree Fixed Optional Life Insurance. This has both a fixed benefit and a fixed monthly premium that doesn't increase as you age, but could change when the plan must make premium increases.

During Fall Enrollment or anytime during the plan year, you can decrease your current Optional Term Life Insurance coverage without evidence of insurability (EOI), from Election 2 to Election 1 or to Retiree Fixed Optional Life Insurance. Once you decrease coverage, you cannot increase it later. You also have the option to drop coverage at any time.

If you aren't currently enrolled in a GBP optional life insurance plan, during Fall Enrollment you can apply through EOI for Retiree Fixed Optional Life Insurance. You can also apply outside of Fall Enrollment within 31 days of a qualifying life event. Find more information at ers.texas.gov/Retirees/Life-Changes-for-retirees.



Dependent Term Life Insurance

For an additional monthly premium, you can apply through EOI 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 one on your policy.

Additional benefits for life insurance participants

Life insurance participants can access lifestyle benefits such as financial counseling and estate planning. Visit web1.lifebenefits.com/sites/lbwem/ers/resources/lifestyle-benefits to learn more. These are value-added benefits. ERS doesn't guarantee availability.

EVIDENCE OF INSURABILITY

What is EOI?

When you request to enroll yourself and/or an eligible dependent in life insurance coverage, you must provide evidence of insurability (EOI). EOI is an application process in which you provide information about your health or the health of your dependents. It's required when you apply for Retiree Fixed Optional Life Insurance or add a dependent to Dependent Term Life Insurance.

Following your enrollment request, start the EOI process through ERS OnLine or by calling us. After that:

- The EOI underwriter provides instructions for submitting your EOI application.
- You answer all questions on the EOI application honestly and completely. Missing information can delay the process.
- The EOI underwriter may request additional information before making a decision.

The underwriter must receive your application within 30 days, or they'll deny coverage. They may also deny coverage based on the information provided on your application. You can apply again during the next Fall Enrollment or within 31 days of a qualifying life event.

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.



Coverage start dates

If you start EOI during Fall Enrollment and get EOI approval before Jan. 1, your coverage begins on Jan. 1. If EOI is approved on or after Jan. 1, coverage begins the first of the month after the EOI approval date.

TEXA\$AVERSM 401(k) / 457 PROGRAM FOR RETIREES

Texa\$aver is not available to survivors.

TEXA\$AVERSM 401(k) / 457 Program

Return-to-work retirees can set aside pre-tax or Roth after-tax dollars from their paychecks by enrolling in the Texa\$aver 401(k) / 457 program.

When you retired, you had the option to keep your money with the Texa\$aver program. If you did, you can continue to take advantage of the competitive fees and guidance you enjoyed as an active employee. Schedule a free appointment with a Retirement Plan Advisor (www.texasaver.com) to discuss your options throughout retirement:

- Leave your money in your 401(k) or 457 program as is.
- Receive periodic payments, like getting a paycheck in retirement.
- Take a partial lump-sum distribution(s); withdraw what you need when you need it, or take all of the money in a single lump-sum distribution.
- Roll funds from another qualified plan or IRA into your Texa\$aver account.

Texa\$aver distributions and withdrawals

While you don't need to do anything to keep your Texa\$aver account(s), once you reach age 73, you must start taking required minimum distributions.

To initiate a distribution from your Texa\$aver account after you retire, download, complete and submit a Distribution/Direct Rollover Request form from the Texa\$aver website (www.texasaver.com).

Texa\$aver account withdrawals may be subject to regular income tax. A 10% early withdrawal penalty may apply to withdrawals made before age 59½. The 10% federal early withdrawal penalty doesn't apply to 457 plan withdrawals, except for withdrawals attributable to rollovers from another type of plan or account.

If you have questions, call Texa\$aver toll-free at (800) 634-5091, Monday – Friday, 8 a.m. – 7 p.m. CT. You can also visit www.texasaver.com.

FALL ENROLLMENT FAIRS AND WEBINARS

ERS and plan administrators will be at Fall Enrollment fairs and will host webinars to help you make informed decisions about your benefits. You may attend any of these in-person or virtual events. New administrators Express Scripts Medicare (PDP) and EyeMed will be at all Fall Enrollment fairs and will host webinars to answer your questions about the administration changes.

Fall Enrollment webinars will provide a brief overview of all GBP 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.)



Staying Connected: ERS is hosting its popular biennial Staying Connected fairs during Fall Enrollment! ERS Executive Director Porter Wilson and other speakers will be at Fall Enrollment fairs in the Austin, Dallas-Fort Worth and Houston areas. Staying Connected fairs are noted in the fair schedule below.

Note: Occasionally, due to weather or other issues beyond our control, ERS may cancel or change an event. When possible, we'll provide notice of a cancellation or change on the ERS website. Be sure to check ers.texas.gov the morning of the event for any updates.

Fall Enrollment Fairs

All Fall Enrollment fairs are from 10:00 a.m. to 1:30 p.m. CT, and will include an hour-long ERS presentation. You don't have to register to attend an in-person event.

Date	Host and Location
Oct. 31	Education Service Center 1314 Hines San Antonio, TX 78208
Nov. 1	Hays CISD Performing Arts Center 979 Kohlers Crossing Kyle, TX 78640
Nov. 3	Education Service Center 1111 West Loop 289 Lubbock, TX 79416
Nov. 7	El Paso Community College 9050 Viscount Blvd El Paso, TX 79925

Date	Host and Location
Nov. 8	Hilton Arlington 2401 E Lamar Blvd Arlington, TX 76006
Nov. 14	Texas Department of Transportation – Houston District 7600 Washington Ave. Houston, TX 77007
Nov. 15	Employees Retirement System of Texas 1836 San Jacinto Blvd. Austin, TX 78701
Nov. 16	Department of Family Protective Services 1919 Austin McAllen, TX 78501

Fall Enrollment webinars

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

Topic	Presenter(s)	Dates and times		
		(All times are Central, and all webinars last one hour.)		
Fall Enrollment Overview	ERS	Oct. 30, 10 a.m.	Nov. 6, 10 a.m.	Nov. 17, 10 a.m.
HealthSelect Medicare Rx	Express Scripts	Oct. 30, 1 p.m.	Nov. 10, 10 a.m.	Nov. 13, 1 p.m.
HealthSelect Medicare Advantage	United Healthcare	Nov. 2, 10 a.m.	Nov. 17, 1 p.m.	
HealthSelect Secondary	Blue Cross and Blue Shield of Texas	Nov. 2, 1 p.m.	Nov. 13, 10 a.m.	
Dental Plans	Delta Dental	Nov. 9, 1 p.m.		
Life Insurance	Securian Financial	Nov. 6, 1 p.m.	Nov. 10, 1 p.m.	
State of Texas Vision	EyeMed	Nov. 9, 10 a.m.		

CONTACTS

Health insurance

Plan	Administrator	Phone number	Website
HealthSelect MA PPO	UnitedHealthcare Group number – 13546	Toll-free: (855) 853-0453 (TTY: 711)	www.HealthSelect-MAPPO.com
HealthSelect Secondary HealthSelect of Texas (for dependents not eligible for Medicare)	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711)	healthselectoftexas.com
HealthSelect Medicare Rx (for Medicare-enrolled participants)	UnitedHealthcare until Dec.31, 2023; Express Scripts Medicare beginning Jan. 1, 2024. See the enclosed insert for helpful information.	Toll-free: (855) 828-9834 (TTY: 711) Express Scripts Medicare: (866) 264-4676	www.hsmedicarerx.com
HealthSelect Prescription Drug Program (for dependents not enrolled in Medicare)	OptumRx until Dec.31, 2023; Express Scripts beginning Jan.1, 2024	Toll-free: (855) 828-9834 (TTY: 711) Express Scripts: (800) 935-7189	www.HealthSelectRx.com

Dental insurance

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

Vision insurance

State of Texas Vision	EyeMed Vision Care, LLC Group number – 1050072	Toll-free: (844) 949-2170 (TTY: 711)	www.StateofTexasVision.com
------------------------------	---	---	--

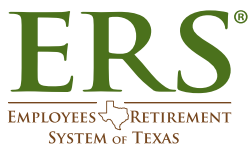
Life insurance

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

Other programs

Texa\$aver 401(k) / 457 Program	Empower Retirement™	Toll-free: (800) 634-5091, TTY: (800) 766-4952	www.texasaver.com
Dependent eligibility verification	Alight Solutions	Toll-free: (800) 987-6605 TTY: 711	www.yourdependentverification.com/plan-smart-info/
Discount Purchase Program	Beneplace	Toll-free: (800) 683-2886 Local: (512) 346-3300	www.beneplace.com/discountprogramERS

NOTE: Return-to-work retirees who are thinking about switching to active employee benefits can contact their HR department or ERS for information on TexFlexSM flexible spending accounts, Texas Income Protection PlanSM disability insurance and Voluntary Accidental Death and Dismemberment.



RETIREE FALL ENROLLMENT FORM

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

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

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

SECTION A: MEMBER DATA (To be completed by participant)

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

SECTION B: BENEFITS OPTIONS (Mark boxes to indicate the benefits changes you want beginning January 1, 2022)

Health Coverage	Waive*	HealthSelect of Texas®	HealthSelect SM MA PPO			
	Medicare No. (From Medicare Card)	Medicare Part A Effective Date ____/____/____				
		Medicare Part B Effective Date ____/____/____				
	Waive + Opt-Out (For retirees who can certify they have comparable coverage that is not Medicare.)					
	Enroll/Drop Dependent (See Section C)					
Optional Benefits (May be elected without being enrolled in health coverage.)						
Dental	Waive	DeltaCare® USA DHMO	State of Texas Dental Choice Plan SM			
	Enroll/Drop Dependent (See Section C)					
Vision	Waive	State of Texas Vision SM		Enroll/Drop* Dependent (See Section C)		
Optional Term Life Insurance*	Waive	OR	Enroll \$10,000	Decrease Level to:	Election I	\$10,000
Dependent Term Life Insurance*	Waive	Enroll/Drop Dependent (See Section C)				
Tobacco user Certification: If you are enrolled or enrolling in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months?						
This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products.						
Yes No						

*To apply for Dependent Term Life Insurance or the Retiree Fixed \$10,000 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 by contacting ERS.

SECTION C: DEPENDENT PERSONAL DATA (and benefits choices)

Dependent Tobacco-user Certification: If your dependents are enrolled in a GBP health plan, you must certify below if they 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 S O		M F			Yes No	Yes No	Yes No	Yes No	Yes No
Sp D S O		M F			Yes No	Yes No	Yes No	Yes No	Yes No
Sp D S O		M F			Yes No	Yes No	Yes No	Yes No	Yes No
Sp D S O		M F			Yes No	Yes No	Yes No	Yes No	Yes No
Sp D S O		M F			Yes No	Yes No	Yes No	Yes No	Yes No

*Relationship Code: **Sp** – Spouse; **D** or **S** - Daughter or son (natural or adopted)
O – Other than natural or adopted child. Includes stepchild, foster child or ward.

If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at www.ers.texas.gov or call ERS. For newly added dependents, you may be required to provide documentation to Alight Solutions, a company that is working with ERS to conduct the dependent eligibility verification.

SECTION D: AUTHORIZATION (Read the statements below carefully 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 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 Use 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, and dip; and all electronic cigarettes and vaping products and a "tobacco user" is a participant who has used a tobacco product or tobacco products five or more times during the preceding three 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 may 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 may 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, www.ers.texas.gov/Employees/Health/Tobacco_Policy.

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco during the preceding three months, you must complete the Tobacco User Certification form (ERS 2.933) available at http://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933, or change the certification using your 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 Basic Term Life Insurance policy. You must certify that you have comparable health coverage to the basic health plan. A credit of up to \$60 (or \$30 for part-time participants) is applied toward the cost of eligible optional coverage (dental and vision). The credit is in lieu 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 QLE or wait until the next Fall Enrollment to enroll in medical coverage offered to eligible participants.

Participant's Signature: _____

Date Signed: _____

(mm-dd-yyyy)

You may either contact ERS 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 the ERS is maintained for managing your benefits.

If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

SECTION A: SURVIVING DEPENDENT DATA *(To be completed by surviving dependent)*

Surviving Dependent: First, MI, Last			Last 4 digits of Social Security Number/National ID (SSN)		Phone Number	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 January 1, 2022.)*

Medical Coverage	Waive*	HealthSelect of Texas®	HealthSelect SM MA PPO
	Medicare No. (From Medicare Card)		Medicare Part A Effective Date ____/____/____
			Medicare Part B Effective Date ____/____/____
	Drop Dependent (See Section C)		
Optional Benefits <i>(May be elected without being enrolled in health coverage.)</i>			
Dental	Waive	State of Texas Dental Choice Plan SM	DeltaCare® USA DHMO
	Add/Drop** Dependent (See Section C)		
Vision	Waive	State of Texas Vision SM	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 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: drop health coverage at any time but cannot re-enroll in health coverage later, and/or

**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 O		M F		XXX-XX-	No	No	No	Yes No
D S O		M F		XXX-XX-	No	No	No	Yes No
D S O		M F		XXX-XX-	No	No	No	Yes No
D S O		M F		XXX-XX-	No	No	No	Yes No
D S O		M F		XXX-XX-	No	No	No	Yes No

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

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

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

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

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

Tobacco Use 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, and dip; and all electronic cigarettes and vaping products and a "tobacco user" is a participant who has used a tobacco product or tobacco products five or more times during the preceding three 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 may 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 may 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, www.ers.texas.gov/Employees/Health/Tobacco_Policy.

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco during the preceding three months, you must complete the Tobacco User Certification form (ERS 2.933) available at http://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933, or change the certification using your 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: _____ Date Signed: _____
(Parent or legal guardian may sign for minor child) (mm-dd-yyyy)