

Sept. 1, 2024 – Aug. 31, 2025

Plan Year 2025 for participants not eligible for Medicare

See other side for **Medicare-eligible** participants.

In Plan Year 2025 there are no premium rate increases for any plans.

Health Insurance

Plan	Surviving spouse only	Surviving children only	Surviving spouse and children
HealthSelect of Texas [®]	\$ 716.00	\$ 479.40	\$ 1,195.40
Consumer Directed HealthSelect SM	680.20	455.42	1,135.62

HealthSelect of Texas[®] and Consumer Directed HealthSelectSM are administered by Blue Cross and Blue Shield of Texas (BCBSTX). Contact BCBSTX at **(800) 252-8039 (TTY: 711)**. Surviving dependents enrolled in HealthSelect of Texas or Consumer Directed HealthSelect are automatically enrolled in a prescription drug program administered by Express Scripts. Contact Express Scripts at **(800) 935-7189 (TTY: 711)**.

Dental Insurance

Plan	Surviving spouse only	Surviving children only	Surviving spouse and children
State of Texas Dental Choice Plan SM	\$ 28.73	\$ 40.22	\$ 68.95
DeltaCare [®] USA DHMO	9.59	13.43	23.02

Administered by Delta Dental: (888) 818-7925 (TTY: 711)

Vision Insurance

Plan	Surviving spouse only	Surviving children only	Surviving spouse and children
State of Texas Vision SM	\$ 4.61	\$ 5.30	\$ 9.91

Administered by EyeMed Vision Care, LLC. (844) 949-2170 (TTY: 711)

Tobacco Certification

Texas law authorizes ERS to charge a premium to any person enrolled in a Texas Employees Group Benefits Program (GBP) health plan who uses tobacco products. Enrolled participants must certify their tobacco use or non-use status. You will pay \$30 or \$60 each month in additional health insurance premiums, depending on how many tobacco users you cover. For information about the Choose to Quit tobacco premium alternative, visit [www.ers.texas.gov/employees/Health/Tobacco_Policy/](http://www.ers.texas.gov/employees/health/tobacco_policy/).

Surviving spouse only	Surviving children only	Surviving spouse and children
\$ 30.00	\$ 30.00	\$ 60.00

The Summaries of Benefits and Coverage (SBCs) for HealthSelect of Texas and Consumer Directed HealthSelect provide an overview of covered benefits and services and what you can expect to pay for such services. Access and print SBCs at <https://healthselect.bcbstx.com/publications-and-forms>. Paper copies of the SBCs are available at no charge upon request.

If you have questions or would like a paper copy of an SBC, please contact Blue Cross and Blue Shield of Texas the toll-free number below.

Para obtener asistencia en Español, llame al: (800) 252-8039 (TTY: 711)

For more information about the health, dental and vision plans, and to certify tobacco use or non-use, please visit www.ers.texas.gov.

Effective Jan. 1 – Dec. 31, 2024
Plan Year 2024 for participants eligible for Medicare

See other side for participants **not eligible for Medicare.**

When you enroll in Medicare Parts A and B and provide ERS with your Medicare information and effective dates, we will enroll you in HealthSelectSM Medicare Advantage Plan, a preferred provider organization (MA PPO). If you don't provide ERS with your Medicare information to enroll in HealthSelect MA PPO, or if you choose to opt out of HealthSelect MA PPO, we will enroll you in HealthSelectSM Secondary.

Health Insurance

Plan	Medicare-enrolled surviving spouse only	Medicare-enrolled surviving children only	Medicare-enrolled surviving spouse and children
HealthSelect MA PPO (insured by UnitedHealthcare)	\$ 227.24	\$ 227.24	\$ 454.48
HealthSelect Secondary (administered by Blue Cross and Blue Shield of Texas)	716.00	479.40	1,195.40

Surviving dependents enrolled in HealthSelect MA PPO or HealthSelect Secondary are automatically enrolled in HealthSelectSM Medicare Rx, a prescription drug program administered by Express Scripts. You can contact Express Scripts at **(800) 935-7189 (TTY: 711)**. Contact UnitedHealthcare at **(877) 275-4377 (TTY: 711)**. Contact Blue Cross and Blue Shield of Texas at **(800) 252-8039 (TTY: 711)**.

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The Summaries of Benefits and Coverage (SBC) for HealthSelect Secondary provides an overview of covered benefits and services and what you can expect to pay for such services. Access and print SBCs at <https://healthselect.bcbstx.com/publications-and-forms>. Paper copies of the SBCs are available at no charge upon request.

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