

Sept. 1, 2024 – Aug. 31, 2025

Plan Year 2025 for participants not eligible for Medicare

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

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/.

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

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. Plan Year 2025 SBCs are available at www.healthselectoftexas.com.

If you have questions or would like a paper copy of an SBC, please contact BCBSTX at 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, 2025
Plan Year 2025 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 HealthSelect® 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, you will be enrolled 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)	\$ 237.44	\$ 237.44	\$ 474.88
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. Contact Blue Cross and Blue Shield of Texas at **(800) 252-8039 (TTY: 711)**. Contact UnitedHealthcare at **(855) 853-0453**. Express Scripts Medicare® is the plan administrator for prescription drug benefits. Contact them at **(866) 264-4676 (TTY: 711)**.

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

The Summary 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. The Plan Year 2025 SBC is available at **www.healthselectoftexas.com**.

If you have questions of would like a paper copy of the SBC, please contact BCBSTX at the toll-free number below. Para obtener asistencia en español, llame al: (800) 252-8039 (TTY: 711)

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