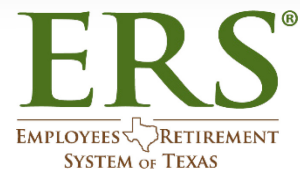
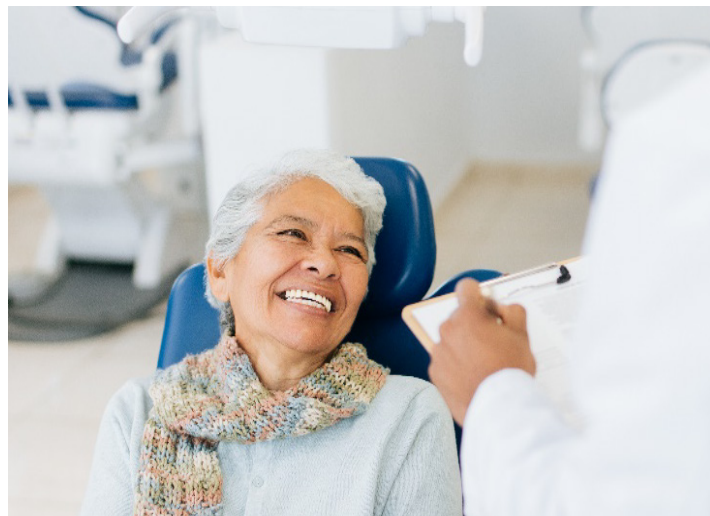
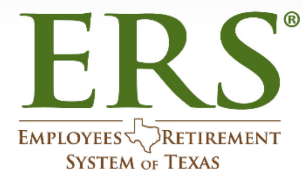


Know your optional benefits





Dental Benefits



Dental insurance

Insurance Plan	Primary Care Dentist Required?	Deductible	Copays/ Coinsurance	Maximum Calendar Year Benefit
State of Texas Dental Choice Plan PPO	No – but the plan pays more if you use an in-network dentist.	Yes – amounts differ for in-network and out-of-network dentists.		\$2,000 (includes orthodontic extractions)
DeltaCare USA DHMO	Yes – make sure there is a PCD in your area.	No	Yes – they vary by service.	Unlimited

Dental plans comparison chart

Visit our ERS homepage ers.texas.gov

Premium Rates

Find out how much I pay for coverage each month:

- [Employees and survivors](#)
- [Retirees](#)
- [Review frequently asked questions about your health plans premium](#)

Plan Year 2024:

- [Plan Year 2024 Health Plans Comparison Chart - not eligible for Medicare \(pdf\)](#)
- [Plan Year 2024 Dental Plans Comparison Chart \(pdf\)](#)
- [Plan Year 2024 Vision Comparison Chart \(pdf\)](#)

DENTAL INSURANCE AND COMPARISON CHART

Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. See plan booklets at 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 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)

as Dental Choice PlanSM
of provider organization (PPO) dental insurance plan. dentist you want, but you generally pay less if you use networks:
PPO
coverage in either network. Delta Premier dentists rates for the same covered services, so you might Delta Dental PPO network.
dentist to ensure you don't pay more than what's Dental. Out-of-network dentists could charge more.
performed outside the United States will be processed ork benefit, reimbursable to the participant in U.S.

SA
maintenance organization dental insurance plan.
lies only to dentists in the Texas service area. Before ke sure there is a DeltaCare USA network dentist in
use a primary care dentist (PCD) from the list of iders. You and your enrolled dependents can choose
in-network specialty dentists cost 25% less than the charges when your PCD coordinates specialty care.

nt Purchase Program for dental discounts
rogramSM, administered by Beneplace, offers dental ounted dental services. View them at beneplace.com/ ill need to register using your email address.

9/06/2023

Dental insurance information



**State of Texas
Dental Choice PPO**
Group Number – 20010

DeltaCare[®] USA

**DeltaCare USA
DHMO**
Group Number – 79140



Call: (888) 818-7925 (TTY: 711)



Visit: www.ERSdentalplans.com

Email: ersdentalinfo@delta.org

**Lower cost for
routine eye exam**



**Providers available
in all 50 states**

**Save money using
in-network providers**



**Apply your benefits
to your order**

\$200 Allowance toward
frames or contacts



Participating retailers:

- LensCrafters
- Texas State Optical (TSO)
- Pearle Vision
- Walmart Vision Center
- Target Optical
- Sam's Club Optical

Vision plan comparison chart

Visit our ERS homepage ers.texas.gov

Premium Rates

Find out how much I pay for coverage each month:

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- **Retirees**
- [Review frequently asked questions about your health plans premium](#)

Plan Year 2024:

- [Plan Year 2024 Health Plans Comparison Chart - not eligible for Medicare \(pdf\)](#)
- [Plan Year 2024 Dental Plans Comparison Chart \(pdf\)](#)
- **[Plan Year 2024 Vision Comparison Chart \(pdf\)](#)**

ERS VISION COMPARISON CHART

STATE OF TEXAS VISION Vision benefits are an easy way for you and your dependents to maintain healthy vision and eyes. With State of Texas Vision¹, you can save money on eye exams and eyewear for you and your family with a small monthly premium and low copays.

State of Texas Vision administrator change
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.

State of Texas Vision covers an eye exam and includes an annual \$200 retail allowance to use towards either contact lenses OR eyeglasses (frames and lenses) in the same plan year. For example, if you choose to use your \$200 allowance to purchase contact lenses, you will not have an allowance for eyeglasses for the rest of the year.

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 at retail value; 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. Visit 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	Up to \$40 after \$15 copay
Contact Lens Fit and Follow-Up²		
Fit and Follow-up - Standard	\$25 copay	Up to \$100
Fit and Follow-up - Premium	\$35 copay ³	Up to \$100
Frame		
Frame	\$200 retail allowance; 20% off amount over \$200	Up to \$75
Lenses		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$15 copay	Up to \$45
Trifocal	\$20 copay	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 \$30 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 toxic, 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.

vision-comparison-chart-fe-py24 9/6/2023

Vision insurance information



State of Texas Vision

EyeMed Vision Care

Group number – 1050072



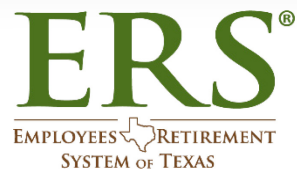
Call: (844) 949-2170; (TTY: 711)



Visit: www.StateofTexasVision.com



Life Insurance Benefits



Retiree optional life insurance

Optional Life

- Election 1 or 2 (cannot enroll after retirement)
- Retiree \$10,000 Fixed Optional Life (EOI required if you don't already have optional life insurance)

Dependent Term Life

- Pays you in the event your dependent passes away (EOI required)



Log in to your ERS account to designate or update beneficiaries at anytime.

Life insurance changes

Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary as follows:

Age	Percentage
70-74	65%
75-79	40%
80-84	25%
85-89	15%
90+	10%



Optional Term Life and Dependent Term Life Insured by Securian



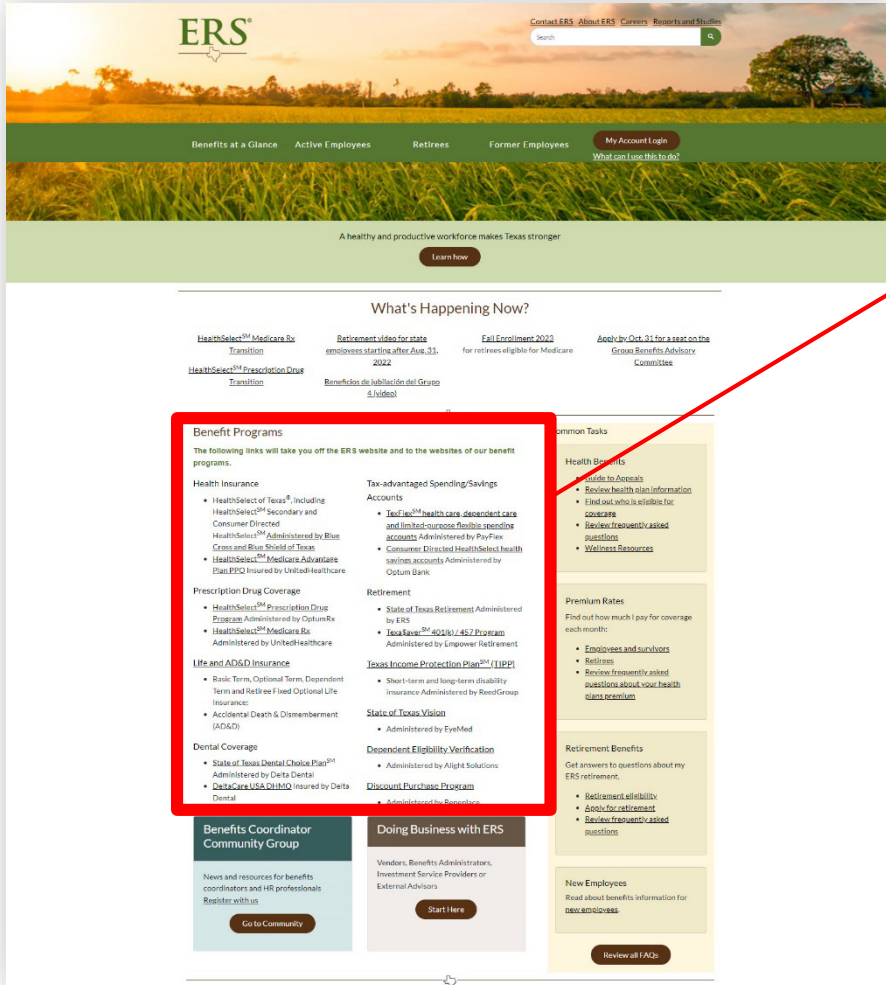
Call: Toll-free: (877) 494-1716 (TTY:711)



Visit: Web1.lifebenefits.com/sites/lbwem/ers

Explore your options on our site

Visit ers.texas.gov



Benefit Programs

The following links will take you off the ERS website and to the websites of our benefit programs

Health Insurance

- [HealthSelect of Texas](#)[®], including HealthSelect Secondary Administered by Blue Cross and Blue Shield of Texas
- [Consumer Directed HealthSelect](#)SM Administered by Blue Cross and Blue Shield of Texas
- [HealthSelect](#)SM Medicare Advantage Plan PPO Insured by UnitedHealthcare

Tax-advantaged Spending/Savings Accounts

- [TexFlex](#)SM health care, dependent care and limited-purpose flexible spending accounts Administered by PayFlex
- [Consumer Directed HealthSelect health savings accounts](#) Administered by Optum Bank

Retirement

- [State of Texas Retirement](#) Administered by ERS
- [TexaSaver](#)SM 401(k) / 457 Program Administered by Empower Retirement

Prescription Drug Coverage

- [HealthSelect](#)SM Prescription Drug Program Administered by OptumRx
- [HealthSelect](#)SM Medicare Rx Administered by UnitedHealthcare

Life and AD&D Insurance

- Basic Term, Optional Term, Dependent Term and Retiree Fixed Optional Life Insurance;
- Accidental Death & Dismemberment (AD&D)

Dental Coverage

- [State of Texas Dental Choice Plan](#)SM Administered by Delta Dental
- [DeltaCare USA DHMO](#) Insured by Delta Dental

Texas Income Protection PlanSM (TIPP)

- Short-term and long-term disability insurance Administered by ReedGroup

State of Texas Vision

- Administered by Superior Vision

Dependent Eligibility Verification

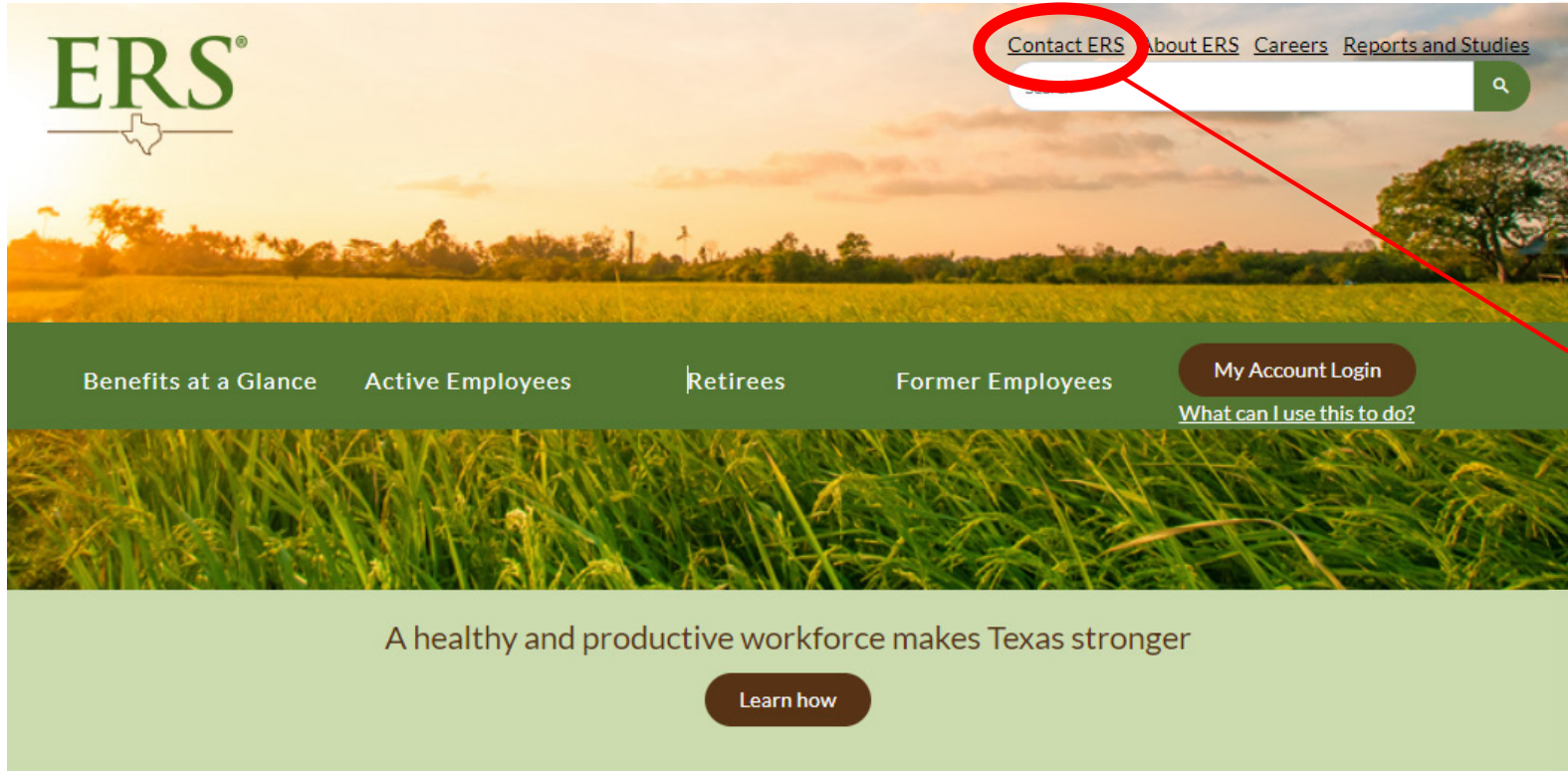
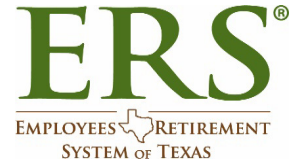
- Administered by Alight Solutions

Discount Purchase Program

- Administered by Beneplace

Contact ERS

Visit our ERS homepage ers.texas.gov



Contact ERS

Additional Resources

Physical Address
200 E. 18th St.
Austin, Texas 78701
7:30 a.m. - 5:00 p.m., Monday - Friday
Drop box available 24/7
[Driving directions and parking instructions](#)
ERS is a tobacco free facility.

Phone
(877) 275-4377 (Toll-Free)
TTY: 711 or (800) 735-3269
7:30 a.m. - 5:30 p.m., Monday - Friday

Mailing Address
P.O. Box 13207
Austin, Texas 78711-3207

Fax
(512) 867-7438
When you need to send a fax to ERS, please include a cover sheet that includes only:

- Your name,
- Your contact information,
- Your Employee ID or the last four digits of your Social Security number and
- A brief explanation of the issue.

Email
Emails are answered as soon as possible. You must use your email address that is on file with ERS to receive personal account information. For an immediate response, please call 7:30 a.m. - 5:30 p.m., Monday - Friday.

We are NOT able to do the following by email:

- Change insurance coverage
- Update account information (including, but not limited to: mailing address, phone number or email address)
- Begin the retirement application process
- Call you or schedule a callback
- Schedule an in-person meeting with a retirement counselor. (You can discuss your retirement and complete the application process by calling us. You do not need to schedule a visit. [If you prefer to make an appointment, please click here.](#))

Fields marked with an asterisk are required.

Select a Topic:*

Retirement
 Insurance
 General

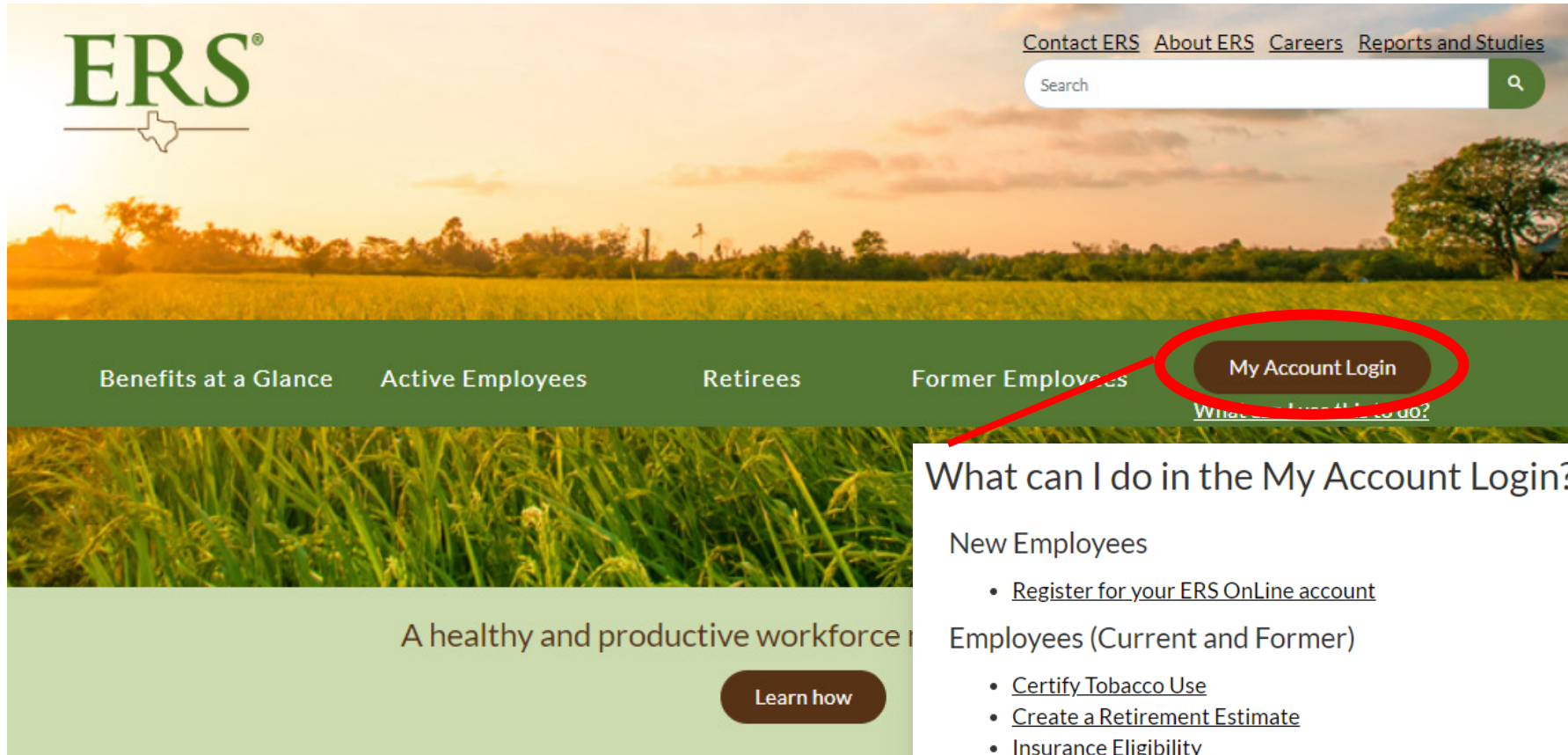
First Name:*

Last Name:*
Last four (4) digits of your SSN:*
Contact Number:*
Email (For account specific information, you MUST use your email address that is on file with ERS):*
Confirm Email:*
Enter Remarks (300 character limit):*
Enter security code:

Submit

Log in to your account

Visit our ERS homepage ers.texas.gov



What can I do in the My Account Login?

<p>New Employees</p> <ul style="list-style-type: none">• Register for your ERS OnLine account <p>Employees (Current and Former)</p> <ul style="list-style-type: none">• Certify Tobacco Use• Create a Retirement Estimate• Insurance Eligibility• Request a Power of Attorney• Update Your Beneficiaries• Update Your Contact Information	<p>Retirees</p> <ul style="list-style-type: none">• Certify Tobacco Use• Change Retiree Newsletter Mail Options• Insurance Eligibility• Manage Your Annuity Payments• Update Your Beneficiaries• Update Your Contact Information
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THANK YOU

