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# Know your optional benefits





# **Dental Benefits**





# **Dental Plan Options**





You must enroll before enrolling eligible dependents.

DeltaCare® USA



# **Dental Insurance**



Insurance Plan	Primary Care Dentist Required?	Deductible	Copays/ Coinsurance	Maximum Calendar Year Benefit
State of Texas Dental Choice Plan PPO	No*	Yes**		\$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

<sup>\*</sup> The plan pays more if you use an in-network dentist.

<sup>\*\*</sup> Amount differs for in-network and out-of-network dentists.



# 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 comparison charts

General comparison of coverage for employees in Texas vision plans:

- Plan Year 2022 Health Plan Comparison Chart Inc.
- Plan Year 2021 Health Plan Comparison Chart (no
- Plan Year 2021 Health Plan Comparison Chart (el
- Dental Plans Comparison Chart (PY22)
- Vision Comparison Chart (PY22)

	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/participating dentist	Out-of-network/non-participating dentist*	You must select a primary care dentist (PCD).  NOTE: Not all participating 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	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.	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. DHMO pays nothing.
Maximum calendar year benefits	\$2,000 per covered individual (includes orthodontic extractions)	\$2,000 per covered individual (includes orthodontic extractions)	Unlimited
Maximum lifetime benefit	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited



# **Dental Insurance Info**





# 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



# Vision Benefits









# 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
- Pearle Vision
- Target Optical
- Texas State Optical (TSO)
- VisionWorks

- Walmart Vision
  Center
- Sam's Club Optical
- Costco Optical



# Vision plan comparison chart

Contact lenses<sup>2</sup>

ERS®
EMPLOYEES RETIREMENT
SYSTEM OF TEXAS

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 guestions about your health plans premium

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect
Routine eye exam	\$15 copay	\$40 copay	After deductible is met: 20% coinsurance;
	Vio sopay	Vic sepay	Before deductible is met: possibly the full cost of the exam
Frames	\$200 retail allowance	Not covered	Not covered
Standard contact lens fitting <sup>1</sup>	\$25 copay	Not covered	Not covered
Specialty contact lens fitting <sup>1</sup>	\$35 copay	Not covered	Not covered
Single-vision lenses	\$10 copay	Not covered	Not covered
Bifocal lenses	\$15 copay	Not covered	Not covered
Trifocal lenses	\$20 copay	Not covered	Not covered
Progressives	\$70 copay	Not covered	Not covered
Polycarbonate	\$50 copay	Not covered	Not covered
Scratch coat (factory, single sided)	\$10 copay	Not covered	Not covered
Ultraviolet coating	\$10 copay	Not covered	Not covered
Tint	\$10 copay	Not covered	Not covered

Not covered

Not covered

\$40 copay

\$200 allowance

### Plan comparison chart

General comparison of coverage for employees vision plans:

- Plan Year 2022 Health Plan Comparison
- Plan Year 2021 Health Plan Comparison ( Tint
- Plan Year 2021 Health Plan Comparison ( Standard anti-reflective coating)
- Dental Plans Comparison Chart (PY22)
- Vision Comparison Chart (PY22)

Not covered

Not covered



## Vision Insurance





### **State of Texas Vision**

Superior Vision Services Inc.

Group number – 35040





Call: (877) 396-4128 (TTY:711)





Email: erscontact@superiorvision.com

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# Life Insurance Benefits





# **Retiree Optional Life Insurance**



### **Optional Life**

- Election 1 or 2
- Retiree \$10,000 Fixed Optional Life (EOI required)

### **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%



## Life Insurance





# **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**







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#### Benefit Programs

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

#### Health Insurance

Visit ers.texas.gov

- HealthSelect of Texas<sup>®</sup>, including HealthSelect Secondary Administered by Blue Cross and Blue Shield of Texas
- Consumer Directed HealthSelect<sup>SM</sup>
   Administered by Blue Cross and Blue Shield of Texas
- HealthSelect<sup>SM</sup> Medicare Advantage Plan PPO Insured by UnitedHealthcare

#### Prescription Drug Coverage

- HealthSelect<sup>SM</sup> <u>Prescription Drug Program</u>
   Administered by OptumRx
- HealthSelect<sup>SM</sup> 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<sup>SM</sup> Administered by Delta Dental
- <u>DeltaCare USA DHMO</u> Insured by Delta Dental

### Tax-advantaged Spending/Savings Accounts

- <u>TexFlex<sup>SM</sup> health care, dependent care and limited-purpose flexible spending accounts</u>
   Administered by PayFlex
- Consumer Directed HealthSelect health savings accounts Administered by Optum Bank

#### Retirement

- State of Texas Retirement Administered by ERS
- <u>Texa\$aver<sup>SM</sup> 401(k) / 457 Program</u>
   Administered by Empower Retirement

#### <u>Texas Income Protection Plan SM (TIPP)</u>

 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

#### 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) 735-2989 7:30 a.m. - 5:30 p.m., Monday - Friday

#### Mailing Address

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

#### Fax

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
- . 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.):\*

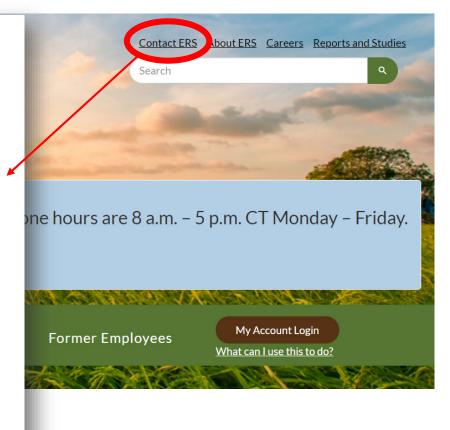
#### Confirm Email:\*

Enter Remarks (300 character limit):\*

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Enter security code:

Submit



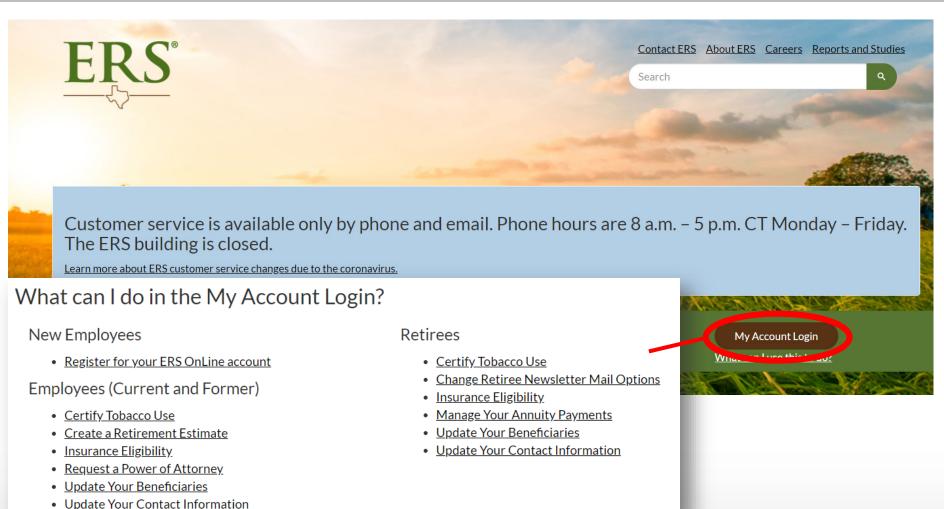


# Log in to your account

Visit our ERS homepage ers.texas.gov







# THANK YOU

