

NEW EMPLOYEE Benefits Guide



PLAN YEAR 2018

September 1, 2017 - August 31, 2018

For employees of:

Higher education institutions
(except the University of Texas and Texas A&M University systems)

Community Supervision and Corrections Department

Teacher Retirement System

Texas Municipal Retirement System

Texas County & District Retirement System

Windham School District



A message from ERS Executive Director Porter Wilson



Congratulations on your new job! I want to be among the first to welcome you to your new position in public service.

The Employees Retirement System of Texas administers some of the excellent benefits provided to you by the State of Texas and your employer. These comprehensive benefits are designed to help you enhance your wellness and secure your future.

You have a limited window of time to make important decisions about your benefits. I encourage you to read this guide to educate yourself and make informed choices in your first 31 to 60 days of employment.

At ERS, we're proud to support excellence in public service by administering health insurance, retirement and other benefits to you and your family.

This New Employee Benefits Guide provides the information you need to make the most of your retirement, insurance and related benefits offered by the State of Texas. For more information, visit the ERS website at www.ers.texas.gov.

Sincerely,

Porter Wilson
Executive Director
Employees Retirement System of Texas

The *New Employee Benefits Guide* for Plan Year 2018 highlights benefits that are effective at the time of publication. Health and other insurance benefits for employees and retirees are subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits with no obligation to provide these benefits beyond each fiscal year.

Employees Retirement System of Texas

Always available online at www.ers.texas.gov

24/7 access to automated information on your insurance and retirement benefits:

(877) 275-4377, TDD: 711. Talk to a representative 7:30 a.m. to 5:30 p.m. CT, Monday through Friday.

Published September 2017.

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Go Online
 For a quick overview of your new employee benefits, visit
www.ers.texas.gov/Employees/New-Employee/Overview/

**ERS OFFERS COMPETITIVE BENEFITS
 TO ENHANCE THE LIVES OF ITS MEMBERS.**

Understand your health plan options

Choosing the right health insurance may be the most important decision you make about your benefits. You have a responsibility to understand how you can use your benefits, like health insurance, to help protect your family's health and finances.

As a higher education employee, you have options when it comes to health insurance. No matter where you live, you can choose HealthSelectSM of Texas or, if you're not enrolled in Medicare, Consumer Directed HealthSelectSM. Depending on what county you live or work in, you might be able to choose one of the health maintenance organizations (HMO): Community First Health Plans in the San Antonio area, KelseyCare powered by Community Health Choice in the Houston area or Scott & White Health Plan in central Texas.

All the health plans are network-based. This means you'll save money – sometimes a lot of money – if you go to doctors and other providers in the plan's network. The two HealthSelect plans have a large network of more than 50,000 primary care physicians (PCP), specialists, hospitals and other providers across Texas. The HMOs have smaller networks that are limited to certain counties.

All plans also require cost sharing. Both the State of Texas, as the employer, and you pay for coverage and care. The state pays 100% of the monthly premium for eligible full-time employees and 50% of the premium for eligible dependents. The state pays 50% of the premium for eligible part-time employees and 25% of the premium for their eligible dependents.

You also might pay out of pocket for some of your care — through copays, coinsurance, deductibles for prescriptions, and in some cases, deductibles for medical care. How much you pay depends on the plan you choose. With the Consumer Directed HealthSelect high-deductible plan, you could have much higher out-of-pocket costs. However, this plan also gives you the chance to save money tax-free in a health savings account (HSA) for health care costs and includes a monthly contribution from the state to your HSA. The HSA is portable, meaning you keep the account and all the funds in it if you leave state employment. In addition, you don't have to use the money during the plan year – you can save it as long as you want and use it when you decide to.

Which plan is best for you and your family? The table on the next page shows features of each plan.

Go Online

Set up an ERS account online

With an online ERS account, you can check your coverage, update contact information and do other benefits-related activities at any time of the day or night, without having to call or visit ERS. Once you have your user name and password (usually given to you on your first day of employment), follow these steps to set up an account:

1. Go to www.ers.texas.gov.
2. Click on Access My Account.
3. Enter your username and password
4. Verify your contact information




Because you are a new employee, your human resources representative will likely enroll you and your dependents in coverage you choose. However, with your online account, you will be able to update your elections on your own during the next open enrollment period.

Don't forget to update your ERS Online Account if you move or have other life changes.

While you're on the ERS site, sign up for ERS news and updates.



Health insurance plan features

	Point-of-service plan	High-deductible plan with HSA	HMOs
			  
Key Advantage(s)	<ul style="list-style-type: none"> • Low out-of-pocket costs for in-network care • Large, statewide network 	<ul style="list-style-type: none"> • Tax-free savings in health savings account (HSA), with monthly contribution from the state • Large, statewide network • Referrals not needed 	<ul style="list-style-type: none"> • Low out-of-pocket costs for in-network care • Lower monthly premiums
In-Network Preventive Care Covered at 100%	Yes	Yes	Yes
Prescription Drug Coverage	Yes	Yes	Yes
Key Downside(s)	<ul style="list-style-type: none"> • Referrals needed for most specialty care • Higher monthly premiums for dependents and part-time employees 	Possibly high out-of-pocket costs for non-preventive care (plan pays nothing until deductible is met)	<ul style="list-style-type: none"> • Limited regional network • Plan pays nothing for out-of-network care (except emergencies)
Might be good for people who ...	<ul style="list-style-type: none"> • Want to keep their out-of-pocket costs low • Don't mind getting referrals for specialty care • Are willing to pay higher dependent or part-time employee premiums 	<ul style="list-style-type: none"> • Usually have low (or very high) health expenses • Can afford to pay up to thousands in out-of-pocket costs (especially if emergency or chronic care is needed) • Want the state's tax-free HSA contribution • Don't want to get referrals for specialty care 	<ul style="list-style-type: none"> • Want to keep their out-of-pocket costs low • Don't mind getting all non-emergency care from a small, regional network • Want to pay a lower dependent or part-time employee premiums

Getting started: signing up for your benefits



Please Note!

Unless you opt out of health coverage or select another plan, ERS will enroll you in HealthSelect of Texas.

Also, if you don't enroll in optional benefits **during your first 31 days on the job**, you will have to wait until the annual Summer Enrollment period or until you experience a qualifying life event (QLE) to do so. If you wait, coverage in some plans is not guaranteed. See the note on page 5 – EOI information.

As a State of Texas employee, you will automatically be enrolled in:

- the **HealthSelect of Texas** point-of-service health plan, which includes prescription drug coverage
- **\$5,000 Basic Term Life and AD&D insurance** – this comes with your health insurance (part-time employees pay half the cost of their Basic Term Life).

You have a choice

If you don't want to enroll in HealthSelect, you may choose one of the following health insurance plans:

- Consumer Directed HealthSelect, a high-deductible health plan paired with a tax-free health savings account
- a health maintenance organization (HMO), if you live or work in one of the counties they serve;

You can also enroll in:

- one of three dental plans;
- State of Texas Vision;
- additional life insurance for yourself and/or for eligible dependents;
- accidental death and dismemberment (AD&D) insurance;
- short-term and/or long-term disability coverage through the Texas Income Protection PlanSM (TIPP);
- a TexaSaver 457 plan; and/or
- up to three TexFlex flexible spending accounts.

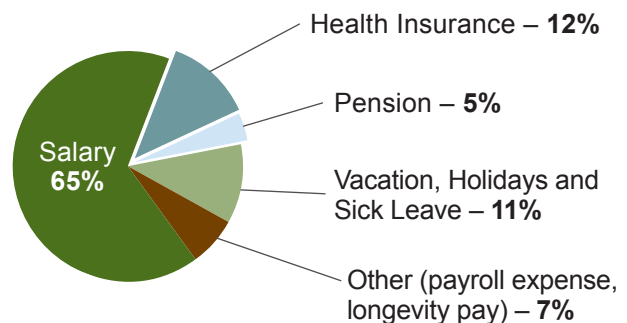
What are your benefits worth?

For the average state employee, the State of Texas benefits package makes up more than one-third of his or her total compensation.

Average state employee total compensation = \$66,000

- \$43,000 in salary
- \$23,000 in benefits

Employers and employees say that the benefits are a major draw to state employment.



Source: Texas State Auditor's Office, State Employee Benefits as a Percentage of Total Compensation, April 2016

✔ Benefits Checklist

✔ Within 31 days of your hire

Enroll yourself and your eligible dependents in optional coverage. You cannot enroll your dependents if you don't enroll in any of these optional benefits.

Dental plans

- HumanaDental DHMO
- State of Texas Dental Choice preferred provider organization or
- State of Texas Dental Discount Plan

Vision insurance

- State of Texas Vision

Optional Term Life Insurance

- Coverage at 1 or 2 times your annual salary
- Coverage of 3 or 4 times your annual salary, through evidence of insurability (EOI)

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

- Just yourself or yourself and family

Dependent Term Life Insurance

- Coverage for eligible dependents

Texas Income Protection Plan (TIPP) disability insurance

- Short-term disability insurance
- Long-term disability insurance

TexFlex flexible spending accounts

- Health care flexible spending account (not available to Consumer Directed HealthSelect participants)
- Dependent "day" care flexible spending account
- Limited flexible spending account (available only to Consumer Directed HealthSelect participants)
- Commuter spending account

✔ Within 60 days of your hire

Health insurance

Change your health insurance from HealthSelect of Texas, and enroll your eligible dependents (full-time employees are automatically enrolled in HealthSelect of Texas). If you are a part-time employee, enroll yourself and/or your eligible dependents.

- HealthSelect of Texas (dependents and part-time employees are not automatically enrolled) or
 - Consumer Directed HealthSelect or
 - an HMO, if you live or work in an eligible county or
 - Opt out of or waive health coverage (full-time employees).
- AND
- Enroll eligible dependents and complete dependent child certification.
 - Certify tobacco-use status for yourself and any covered dependents age 18 and older.

At any time

Texa\$aver voluntary retirement savings account

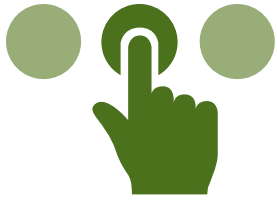
- Enroll in a 457 plan
- Increase your 457 plan savings contribution

If you have a qualifying life event (QLE) – for example, you get married or divorced or you have a child – you can make certain benefit changes within 31 days of that QLE. You don't have to wait for Summer Enrollment. If you need to drop a dependent from GBP coverage – for example, if your child gets other coverage – you will have the 31-day window to do so. If your child loses Medicaid or CHIP eligibility, you will have 60 days to sign them up for GBP health coverage.

Please Note: No Questions Asked for 31 days

If you want additional life insurance coverage and disability insurance, now is the best time to sign up. If you sign up within your first month of employment, you will not need to provide evidence of insurability (EOI). EOI is an application process during which you must provide information about your or your dependents' health. If you wait, you run the risk of not qualifying for these benefits based on those EOI results. Don't miss your 31-day window of opportunity!

Health Insurance Options



Depending on where you live, you have two or three options when choosing a health plan. Each type of plan has advantages and disadvantages – you have to decide which is right for you. If you need help choosing, see the table on page 3 and Health Plans Comparison chart on page 12, or use the online decision tool at <https://healthselect.bcbstx.com/content/healthselect-plans/index#plan-selector>. Dependent premium information is on page 26.

HealthSelect of Texas and Consumer Directed HealthSelect

No matter where you live or work, you can choose between HealthSelect of Texas and Consumer Directed HealthSelect plans for yourself and your eligible dependents. With both plans, you have access to a network of more than 50,000 doctors, hospitals and other providers throughout Texas. Both plans include a comprehensive prescription drug program administered by OptumRx.

HealthSelect^{of Texas}

Here are some key features of the HealthSelect of Texas plan:

- You do not have to meet an annual medical deductible if your provider is in the HealthSelect network. You will have to pay a \$500 deductible per person, or \$1,500 deductible per family if you go out-of-network.
- When you enroll in HealthSelect or Consumer Directed HealthSelect, you receive prescription drug coverage through a plan administered by OptumRx. You will have to meet a \$50 per person deductible. This deductible resets at the beginning of the calendar year. (The plan year for health benefits follows ERS' fiscal year calendar – September through August.)
- You are responsible for copays and/or coinsurance for doctor and hospital visits and other medical services, such as outpatient surgery and high-tech radiology.
- To keep your costs as low as possible, you need to name a primary care physician (PCP) and get referrals from your PCP to see in-network specialists. If you do not get a referral from your PCP, you could pay more for your treatment, even if the provider is in the HealthSelect network.

You do not need a referral for:

- eye exams (both routine and diagnostic),
- ob/gyn visits,
- mental health counseling,
- chiropractic visits,
- occupational therapy, speech therapy and physical therapy, and
- virtual visits, urgent care centers and convenience care clinics.



Please Note

You can opt out of health insurance coverage — and get credit.

If you can certify that you already have health insurance that is equal to or better than that offered through ERS, you can sign up for a monthly Health Insurance Opt-Out Credit of up to \$60 for full-time employees and \$30 for part-time employees.

- The credit helps pay your dental insurance and/or Voluntary Accidental Death & Dismemberment premiums. It cannot be used for the State of Texas Dental Discount Plan or State of Texas Vision.
- The credit is not available if your other insurance is Medicare, you have health insurance coverage through ERS as a dependent or you receive a state contribution for other insurance coverage.

Important: If you opt out of an ERS health plan, you give up your prescription coverage and will no longer have Basic Term Life and AD&D coverage.

If you lose your other coverage, you can enroll in a one of the health insurance plans offered through ERS. Losing coverage is a qualifying life event, and you will have 31 days to enroll in and ERS health plan.

CONSUMER DIRECTED

HealthSelect™

Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). The high deductible means you could have higher out-of-pocket costs before your health plan begins to pay for any care, except preventive care.

Here are some key features of the Consumer Directed HealthSelect plan:

- You do not need to designate a PCP or get referrals to specialists.
- The monthly dependent premium is a bit lower than HealthSelect of Texas, but you pay the full cost of doctor visits, prescriptions, hospital stays and any other non-preventive health services or products until you have reached the annual deductible. (See deductible amounts below.)
- After you meet the deductible, you pay coinsurance (20% in-network, 40% out-of-network) for medical services and prescriptions, rather than a copay.
- Your deductibles for individual and family coverage reset on January 1 of the calendar year. (The plan year for health benefits follows ERS' fiscal year calendar – September through August.)

2018 Deductible (includes prescriptions)	Individual Coverage	Family Coverage
In-network	\$2,100	\$4,200
Out-of-network	\$4,200	\$8,400

Health savings account (HSA)

An HSA allows you to set money aside, tax-free, and use the funds to pay for eligible out-of-pocket health expenses.

- You can use your HSA funds for qualified medical expenses for yourself, your spouse and eligible dependents. The IRS defines qualified medical expenses. Visit www.hsacenter.com/what-is-an-hsa/qualified-medical-expenses/ for more information.
- To help cover your out-of-pocket health costs, the state makes a monthly contribution to the HSA of every eligible member enrolled in Consumer Directed HealthSelect: \$45 for an individual (\$540 per year) or \$90 for a family (\$1,080 per year) in Plan Year 2018.
- You can make pre-tax contributions to your HSA through payroll deductions. The IRS sets the maximum contribution amount each year. See the table below for maximum contributions.
- All the money in your HSA carries over from one year to the next – there is no use-it-or-lose-it rule — and you can keep the funds if you change health plans or even leave state employment.

HSA contributions and maximums* for 2018

Description	Individual Account	Family Account**
Annual maximum contribution January 1, 2018 - December 31, 2018	\$3,450	\$6,900
Annual state contribution	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)
Annual maximum participant contribution	\$2,810	\$5,820

*HSA contributions and limits may change from year to year, or based on eligibility requirements and the participant's age. Maximums are set by the IRS and include both pre-tax and post-tax contributions to an HSA.

**Includes the member plus any number of dependents enrolled in Consumer Directed HealthSelect.



Go Online

Enrolling in Consumer Directed HealthSelect? Open an HSA ASAP!

If you enroll in Consumer Directed HealthSelect, you will need to open your HSA as soon as possible so state payments and other funds can be deposited into your account. Optum Bank manages the HSA program. You can go to OptumBank.com to open an account or call them to get an application mailed to you. Once you open the account, Optum Bank will send you a debit card to pay for eligible health expenses. You will have access only to the amount of money that has accumulated in your HSA, and not funds that you have pledged to deposit.



Deductible defined

A **deductible** is the amount you pay for health care services before your insurance plan starts to pay. If you have a \$500 deductible, for example, you must pay the first \$500 of covered services yourself.

Health Maintenance Organizations (HMOs)



If you live or work in an eligible county, you may decide to enroll in an HMO. These regional plans have smaller networks than the HealthSelect plans, but they provide the same care and services as HealthSelect and generally have lower dependent premiums.

- You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered, unless the health plan has authorized your treatment. Only emergency care services are covered outside the network.
- HMOs have their own prescription drug coverage. The annual \$50 per person drug deductible resets on September 1.

HMO Plan	Service Area	Counties
Community First Health Plans	San Antonio area	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson
KelseyCare powered by Community Health Choice	Houston area	Brazoria, Fort Bend, Galveston, Harris and Montgomery
Scott & White Health Plan	Central Texas	Austin, Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Travis, Walker, Waller, Washington, and Williamson

Please Note

You must select a primary care physician (PCP) if you enroll in HealthSelect of Texas or the Community First Health Plans HMO. If you don't choose a PCP, you may end up paying more for services.

You do not need to designate a PCP if you enroll in Consumer Directed HealthSelect, Scott & White Health Plan or KelseyCare powered by Community Health Choice, or if you're in HealthSelect of Texas and live or work outside Texas. Once you've enrolled, your health plan will mail an ID card to you.

If you are HealthSelect of Texas participant and need to see a specialist — someone other than your primary care physician — you will need to get a referral from your PCP.



Copays defined

A **copay** is a **fixed amount** you pay for a covered health service, usually at the time you receive the service. For example, HealthSelect of Texas has a \$25 copay per visit to your in-network PCP for non-preventive care. If you see your PCP for a sore throat, you will pay \$25 before you leave the doctor's office.

Prescription drug coverage

Your health insurance plan includes coverage for prescription drugs. If you are enrolled in HealthSelect of Texas or Consumer Directed HealthSelect, you will receive separate ID cards for medical (Blue Cross and Blue Shield of Texas) and prescription drug (OptumRx) coverage. HMOs have their own prescription plans and will send just one ID card for both medical and prescription coverage.

Prescription drugs fall into three categories, called tiers, with different copays for each tier.

- Tier 1 prescriptions are usually inexpensive medications, such as generic drugs.
- Tier 2 prescriptions are usually lower-cost preferred brand-name drugs.
- Tier 3 prescriptions are non-preferred brand-name drugs with a high cost.

	HealthSelect of Texas	Consumer Directed HealthSelect	HMOs
Deductible	\$50 for each covered individual (January 1 - December 31)	\$2,100 per individual and \$4,200 per family (in combined medical and pharmacy expenses) using in-network pharmacies (January 1 - December 31)	\$50 for each covered individual (September 1 - August 31)
Copays: In-network	Up to a 30-day supply of Non-maintenance medications: Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 Maintenance medications*: Tier 1: \$10, Tier 2: \$45, Tier 3: \$75	20% coinsurance after the annual deductible is met	Up to a 30-day supply of Non-maintenance medications: Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 Maintenance medications*: Tier 1: \$10, Tier 2: \$45, Tier 3: \$75
Copays: Out-of-network	Copay plus 40% coinsurance for all three tiers	40% coinsurance after the annual out-of-network deductible is met	Does not apply
Extended Days Supply (EDS)**	90-day supply: Tier 1: \$30, Tier 2: \$105, Tier 3: \$180	20% coinsurance after the annual deductible is met.	Does not apply
Mail order	Yes	Yes	Yes
Brand-name drug payment	If a generic drug is available and you choose the brand-name drug, you will pay the Tier 1 copay or coinsurance, as applicable, plus the difference in cost to the plan between the brand-name drug and the generic drug.		

*A retail maintenance fee is an additional charge for filling a 30-day supply or less of maintenance medications, which are prescriptions you take regularly.

**An Extended Days Supply (EDS) means a pharmacy can dispense up to a 90-day supply of maintenance prescription drugs at one time.

To find out which pharmacies are in each plan's network, visit the HealthSelect Prescription Drug Plan or HMO plan website or call the plan. (Find website addresses and contact information on page 32.)



Coinsurance defined

Coinsurance is similar to a copay, but it's **not a fixed amount**. It's a percentage of the overall cost of a service or product. Coinsurance works differently in HealthSelect of Texas and the HMOs than in Consumer Directed HealthSelect:

- In HealthSelect of Texas and the HMOs, there is usually coinsurance on hospital stays and procedures like outpatient surgery. For example, if you have outpatient surgery at an in-network facility, you'll owe 20% of the overall cost. If the surgery costs \$2,000, you'll owe \$400. You will usually get a bill after the procedure.
- In Consumer Directed HealthSelect, you'll pay coinsurance for everything – doctor visits, procedures, prescriptions – after you've met the annual deductible. For in-network care, the coinsurance is 20% of the cost. For out-of-network, it's 40%. So, if you've met the deductible and go to an in-network doctor for a sore throat and the overall cost is \$100, you'll pay \$20 coinsurance. (If you have not met the deductible, you'll pay the full amount: \$100.) If you go to an out-of-network doctor after meeting the deductible, you'll pay 40% of the overall cost. Your overall cost may be higher, though – you may have to pay \$130 because the out-of-network doctor hasn't agreed to a lower rate. So, in this out-of-network example, you'd pay \$52 (40% of \$130) for the visit. It pays to stay in the network!



You must certify—whether you use tobacco or not

Tobacco-use status

If you receive health benefits from ERS, you must certify your status as a tobacco user. A tobacco user is a person who has used any tobacco products five or more times within the past three consecutive months. If you or any of your dependents use tobacco and enroll in a state health care plan, you will have to pay a higher premium.

Note: You will need to certify your status only once, unless your status changes. If you and your dependents don't certify your status, you will be charged a monthly tobacco-user fee, whether you use tobacco or not. This online certification is legally binding.

Ready to quit?

All health plans offered through ERS cover programs and prescription drugs that will help you quit. If you remain tobacco-free for three consecutive months, you can re-certify as a tobacco non-user and won't have to pay the higher premiums anymore.

Tobacco premium alternative

If you are a tobacco user, you may qualify for an alternative to the Tobacco User Premium, if it complies with your doctor's recommendations. For more information, see the ERS Tobacco policy on ERS website at <http://www.ers.texas.gov/Tobacco-Policy-and-Certification> or contact ERS toll-free at (877) 275-4377.

Dependent coverage and eligibility

Your spouse and other qualified dependents can receive health insurance and other coverage for an additional premium. Please remember that you must enroll in a plan before you can enroll your dependents in that plan.

Your dependents must meet certain criteria to be eligible. Please see page 11 to review eligibility criteria. You can also go online at <https://www.ers.texas.gov/New-Employee/Insurance-Eligibility> to learn more about who qualifies for insurance coverage.

Certifying dependent children

If you enroll a child or children through your online ERS account, you will be asked to certify each one before you submit your enrollment elections.

If you enroll your children with help from your benefits coordinator/HR department or the HHS Employee Service Center, or by sending a paper enrollment form to ERS yourself, you must fill out, sign and return the Dependent Child Certification. You can get a Dependent Child Certification form:

- from your benefits coordinator/HR department or the HHS Employee Service Center or
- at www.ers.texas.gov/Events/Children/. On the page, click on "Dependent Child Certification" near the top right corner to access the form. You can fill it out online and print it; or print it and fill in the information in ink.

Whether you certify your children online or with a paper form, the certification is legally binding. If you submit false information, you could lose your benefits and so could your dependents. If you intentionally provide false information, you may face criminal penalties.

Verifying all dependents

Once ERS processes your dependents' enrollment in health coverage, Alight Solutions (our third-party administrator) will contact you to get the documents needed to verify that every dependent you enrolled is eligible for coverage. Alight will mail you a letter that outlines the steps in the verification process. The letter will list names of the dependents being verified, the documents needed to do so and the due date for sending those documents.

Important: If you get a letter from Alight Solutions, open it right away! Be sure to carefully review the information they provide and keep the deadline in mind. If you don't send the right documents or send documents after the deadline, your dependents may be found ineligible and dropped from all coverage.

If you have questions about dependent eligibility verification, contact the Alight Solutions Dependent Verification Center toll-free at (800) 987-6605.

Dependent eligibility chart

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage. If you are unable to supply the documents listed below, please contact Aight Solutions Customer Service.

NOTE: You must provide a birth certificate to enroll a newborn child. Aight Solutions will accept a hospital-issued birth certificate for a child age three months or younger.

Dependent of the Participant (employee, retiree or other individual enrolled in program as recognized by Texas law)	Eligibility	Examples of Supporting Documents (these documents are required)
Spouse	Spouse as recognized by law	<ul style="list-style-type: none"> • Government-issued marriage certificate and • Current federal tax return OR • Proof of joint ownership** issued within last six months OR • Government-issued marriage certificate only (if married in the last 12 months)
Common Law Spouse	Spouse as recognized by law	<ul style="list-style-type: none"> • Declaration of informal marriage with the county courthouse AND • Current federal tax return OR • Proof of joint ownership** issued within last six months
Biological Child*	Natural-born child	<ul style="list-style-type: none"> • Government-issued birth certificate (see note above)
Adopted Child*	Child is eligible at time of placement.	<ul style="list-style-type: none"> • Adoption certificate OR • Adoption placement agreement AND • Petition for adoption
Stepchild*	Child is not required to live in participant's household.	<ul style="list-style-type: none"> • Government-issued marriage certificate OR • Declaration of informal marriage with the county courthouse AND • Child's government-issued birth certificate AND • Current federal tax return OR • Proof of joint ownership** issued within last six months
Child of Managing Conservator*	Child is identified in the managing conservatorship granted to the participant.	<ul style="list-style-type: none"> • Managing conservatorship court document signed by judge
Foster Child*	Child must not have other governmental insurance.	<ul style="list-style-type: none"> • Placement order AND • Affidavit of foster child
Legal Ward Child*	Child is under the protection or in the custody of the participant.	<ul style="list-style-type: none"> • Court order signed by a judge appointing participant as the child's guardian (documentation of legal custody) AND • Government-issued birth certificate
Other Child*	<p>Child is related to participant by blood or marriage, was claimed as dependent on participant's federal income tax return for previous tax year, and will continue to be claimed on participant's federal income tax return for every calendar year the child is covered.</p> <p>A child who is acquired or born in the current calendar year will be claimed and continue to be claimed on participant's federal income tax return for every calendar year the child is covered.</p>	<ul style="list-style-type: none"> • Government-issued birth certificate (see note above) OR • Government-issued marriage license to prove family relationship AND • Current federal tax return OR • Affidavit of good cause

*Child must be under age 26 for health insurance, and can be married or unmarried. Child must be under age 26 and unmarried for dental coverage, State of Texas Vision and Dependent Term Life Insurance. Disabled dependent children age 26 and over may be eligible for insurance. For more information, visit the ERS website.

**See the Documentation Requirements in the communications Aight Solutions sends you for examples of Joint Ownership documents. False information could lead to expulsion from the GBP and/or criminal prosecution.

Employee health plans comparison chart

Benefits	HealthSelect SM of Texas ¹				Consumer Directed HealthSelect SM 1		HMOs	
	In-Area		HealthSelect SM of Texas Out-of-State ²		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Calendar year deductible	None	\$500 per person \$1,500 per family	None	\$500 per person \$1,500 per family	\$2,100 per person \$4,200 per family	\$4,200 per person \$8,400 per family	None	None
Out-of-pocket coinsurance maximum⁴	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$2,000 per person per calendar year	\$7,000 per person per calendar year	None	None	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum¹⁰ (including deductibles, coinsurance and copays) ¹¹	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	**\$13,100 per person \$26,200 per family	\$6,550 per person \$13,100 per family ³	\$6,550 per person \$13,100 per family ³
Primary care physician required	Yes	No	No	No	No	No	Community First - yes Scott & White - no	No
Primary care physicians' office visits	\$25	40%	\$25	40%	20%	40%	\$25	\$15
Mental health care								
a. Outpatient physician or mental health provider office visits	\$25 copay	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	\$25	\$25
b. Hospital Mental health inpatient stay (copay is \$150 per day, up to a maximum of \$750 per admission and a maximum of \$2,250 per calendar year.)	20% coinsurance after copay	40% coinsurance after copay and you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance after copay and you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	20% coinsurance (plus \$150 a day copay per admission)	20% coinsurance (plus \$150 a day copay per admission)
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	\$25 copay (prior authorization required)	\$25 copay
Physicals*	No charge	40%	No charge	40%	No charge	40%	No charge	No charge
Specialty physicians' office visits	\$40	40%	\$40	40%	20%	40%	\$40	\$25
Routine eye exam, one per year per participant*	\$40	40%	\$40	40%	20%	40%	\$40 ^{3,6}	\$25 ³
Routine preventive care*	No charge	40%	No charge	40%	No charge	40%	No charge	No charge
Diagnostic x-rays, lab tests, and mammography	20%	40%	20%	40%	20%	40%	20%	No charge* (physician office)
Office surgery and diagnostic procedures	20%	40%	20%	40%	20%	40%	20%	\$15 PCP or \$25 Specialist
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{7,9,12}	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 20%	\$100 copay plus 40%	20%	40%	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)

Benefits	HealthSelect SM of Texas ¹				Consumer Directed HealthSelect ^{SM1}		HMOs	
	In-Area		HealthSelect SM of Texas Out-of-State ²		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Urgent care clinic	\$50 copay plus 20%	\$50 copay plus 40%	\$50 copay plus 20%	\$50 copay plus 40%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%
Maternity Care doctor charges only*; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	40%	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	40%	No charge for routine prenatal appointments 20% for first post-natal visit	40%	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	No charge
Chiropractic Care								
a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%	20%; \$40 copay plus 20% with office visit	40%	20%	40%	CFHP: 20%; \$40 copay SWHP: 20%; \$40 copay plus 20% with office visit	\$25 copay
b. Maximum benefit per visit	\$75	\$75	\$75	\$75	\$75	\$75	CFHP-\$75/ SWHP - None	-
c. Maximum visits Each participant Per calendar year	30	30	30	30	30	30	CFHP-30; SWHP-35 (maximum manipulative therapy visits)	30
Inpatient hospital (semi-private room and day's board, and intensive care unit)¹²	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	20%	40%	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person ³)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person)
Emergency care	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	20%	20%	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copay plus 20% (if admitted copay will apply to hospital copay)
Outpatient surgery other than in physician's office	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 20%	\$100 copay plus 40%	20%	40%	\$100 copay plus 20%	\$150 copay plus 20%
Bariatric surgery^{8, 8A, 11}	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	Not covered	Not covered	Not covered	Not covered
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).				Plan pays up to \$1,000 per ear every three years (after deductible is met).		Plan pays up to \$1,000 per ear every three years (no deductible).	
Durable medical equipment¹²	20%	40%	20%	40%	20%	40%	20%	20%
Ambulance services (non-emergency)¹²	20%	20%	20%	20%	20%	20%	20%	20%

¹ Benefits are paid on allowable amounts; using providers who contract with Blue Cross Blue and Shield of Texas will protect you from liability for amounts over the allowable amount. ² HealthSelect Out-of-State applies to employees and retirees under age 65 and their eligible dependents who live or work outside of Texas. You cannot enroll in Out-of-State coverage unless your work or home address is outside of Texas. ³ Applies to plan year, September 1 - August 31.

⁴ Does not include copays. ⁵ Copay depends on whether treatment is given by PCP or specialist. ⁶ For treatment charges, one visit per plan year. ⁷ Outpatient testing only. Does not apply to inpatient services. ⁸ Active employees only; see health plan for additional requirements/limitations. ^{8A} The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. ⁹ No copay if high-tech radiology is performed during ER visit or inpatient admission. ¹⁰ Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a participant could pay up to \$6,550 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the \$2,000 coinsurance out-of-pocket maximum, he/she would pay \$4,550 in copayments, totaling \$6,550 in overall out-of-pocket expense.) ¹¹ Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

¹² Preauthorization required. Mental Health Benefits follow those of medical and surgical benefits listed in this chart. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans and the HMOs. Contact the plan's customer service department for specific questions. *Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services. **Effective calendar year

When do my benefits start?

Coverage of your optional benefits – dental, vision, optional life elections 1 and 2, dependent life, AD&D, TIPP disability insurance and TexFlex flexible spending accounts – begins right away:

- If you enroll on your first day, coverage begins that day.
- If you enroll within 31 days of your hire date, coverage begins on the first day of the month after you were hired.
- For optional life elections 3 and 4, coverage begins when you are approved through evidence of insurability (EOI). Learn more about EOI on page 5.
- Health insurance and prescription drug coverage begin the first day of the month following your 60th day of employment. If your 60th day of employment fall on the first of the month, health coverage begins on that day. For example, if you are hired on March 2, your 60th day will be May 1st. Your health coverage begins then- you don't have to wait until June 1st.

This waiting period does not apply if you:

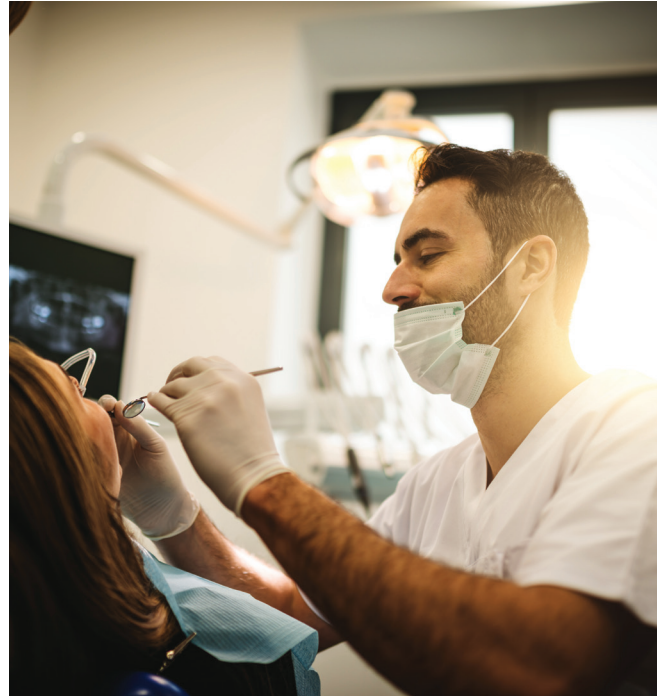
- were rehired without a break in GBP health coverage,
- transferred from another GBP agency or institution without a break in GBP coverage,
- transferred from the University of Texas or Texas A&M University without a break in coverage,
- are a return-to-work retiree enrolled in Texas Employees Group Benefits Program (GBP) health coverage as a retiree,
- are enrolled in GBP health coverage as a dependent or through COBRA on the date of hire or rehire, or
- are rehired on or after September 1, 2015 and returned to employment at the same state agency within 90 days of leaving active military duty.

If you are in one of the categories above, please notify your human resources department within 31 days of your hire date so you can start receiving your health benefits. For those starting mid-month, coverage under your new employer begins the first of the next month.

If you do not have a waiting period, you will have 31 days to make health coverage changes if you choose to do so. Those changes will begin the first day of the next month.

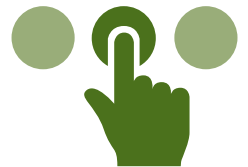
However, if you transferred as an employee from one GBP entity to another with no break in service, start your job on the first day of the month and change your health coverage that day, the change takes place immediately.

What is the GBP? You'll find the answer on page 25.



Dental Plans

For an additional premium, you may enroll in one of the three dental plans listed on the next page.



You must enroll in a dental plan before you can add dependents and your dependents must be enrolled in the same plan as you.



Go Online

Find a list of providers for the State of Texas Dental Choice Plan or HumanaDental DMHO at <https://our.humana.com/ers/>.

State of Texas Dental Choice

This is a preferred provider organization (PPO) dental insurance plan.

- You can see any dentist, but you will pay less if you see one who is in the HumanDental PPO network.
- Benefits can be used in the United States and Canada, and Mexico if you live in the United States.



HumanaDental Dental Health Maintenance Organization

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a HumanaDental DHMO network dentist in your area who is accepting new patients. For a list of providers visit <https://our.humana.com/ers/> or call HumanaDental.
- You must select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from participating specialty dentists cost 25% less than the dentist's usual charge.



State of Texas Dental Discount PlanSM

This is not a dental insurance plan.

- You receive discounted prices – 20% to 60% off – on usual charges for dental treatment and services at participating providers.
- There are no claim forms, copays, deductibles, annual maximums or limits on use.
- You must see a dentist in the State of Texas Dental Discount Plan network to use your discount.
- Discounted services include cosmetic procedures, including teeth whitening.



Dental discount plan features

Plan Features	Dental Discount Plan	Dental Insurance
Claim forms and paperwork	–	✓
Copays	–	✓
Deductibles	–	✓
Annual maximums	–	✓
Limits on use	–	✓
Savings on cosmetic services	✓	–

Higher ed employees

Dental insurance plans comparison chart

	HumanaDental DHMO ¹	State of Texas Dental Choice Plan SM Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
Dentists	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.	In-network/ participating dentist	Out-of-network/ non-participating dentist ²
Deductibles	None	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
Copays/ coinsurance	Primary dentist - Copays vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Specialty dentistry - You pay 75% of the dentist's usual and customary fee. DHMO pays nothing.	Preventive and Diagnostic Services - You pay nothing. Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. Major Services - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. ³	Preventive and Diagnostic Services - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services - You pay 30% coinsurance after meeting the Basic Services deductible. Major Services - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. ³
Maximum calendar year benefit	Unlimited	\$1,500 per covered individual (includes orthodontic extractions)	\$1,500 per covered individual (includes orthodontic extractions)
Maximum lifetime benefit	Unlimited	\$1,500 per covered individual for orthodontic services	\$1,500 per covered individual for orthodontic services
Average cost of cleaning / oral exams	Vary according to service and are listed in the "Schedule of Dental Benefits" booklet Up to two cleaning/oral exams per calendar year allowed	You pay nothing. 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
Orthodontic coverage	Orthodontic services performed by a general dentist listed in the directory with an "0" treatment code – child - \$1,800, adult - \$2,100 Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

NOTE: The comparison chart is a summary of the benefits offered by the two dental insurance plans. See plan booklet for actual coverage and limitations. Prior to starting treatment, discuss with your dentist the treatment plan and all charges.

¹ This comparison chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less than the dentist's usual charge.

² In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.

³ Services received after the maximum calendar year benefit is reached will be paid at 40% coinsurance by the plan.



Your health plan covers some vision and eye health services, including an eye exam and treatment for eye diseases. Most health plans do not cover the cost of eyeglasses or contact lenses.

Enroll yourself and your dependents in State of Texas Vision for an additional monthly premium. For a set copay amount, State of Texas Vision offers an eye exam, contact lens fitting and other options (such as single vision lenses or ultraviolet coating). State of Texas Vision offers an allowance on the cost of eyeglasses or contact lenses, as well as discounts for LASIK. For a complete list of plan benefits and a list of providers, visit www.stateoftexasvision.com.

Vision coverage comparison chart

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect	Community First HMO	KelseyCare powered by Community HMO	Scott & White HMO
Routine eye exam	\$25 copay	\$40 copay ¹	20% coinsurance ²	\$40 copay ³	\$15 PCP/ \$25 Specialist	\$40 copay
Frames	\$150 retail allowance	Not covered	Not covered	\$125 retail allowance ⁴	Not covered	Not covered
Standard contact lens fitting	\$25 copay	Not covered	Not covered	\$125 allowance	Not covered	Not covered
Specialty contact lens fitting	\$35 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Single-vision lenses	\$10 copay	Not covered	Not covered	100% covered	Not covered	Not covered
Bifocal Lenses	\$15 copay	Not covered	Not covered	100% covered	Not covered	Not covered
Trifocal lenses	\$20 copay	Not covered	Not covered	100% covered	Not covered	Not covered
Progressives	\$70 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Polycarbonate	\$50 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Scratch coat (factory, single sided)	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Ultraviolet coating	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Tint	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Standard anti-reflective coating	\$40 copay	Not covered	Not covered	Not covered	Not covered	Not covered
Contact lenses⁵ (conventional or disposable)	\$150 allowance	Not covered	Not covered	\$125 Allowance	Not covered	Not covered

All benefits listed are available annually, unless indicated, using network providers.

¹ This is for network providers only in the HealthSelect of Texas In-Area plan. Benefits differ for non-network providers and the out-of-area plan. See your health plan materials for details.

² After the deductible is met, you will pay 20% coinsurance for network providers only (40% coinsurance for non-network providers).

³ Members can go to any Community First network doctor for their eye exam.

⁴ Cost savings when using OptiCare vision providers. Frame discounts are not available if the frame manufacturer prohibits the discount.

⁵ Contact lenses are in lieu of eyeglass lenses and frames benefit.

All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.

Note: Besides the eye exam, the additional offerings through the health plans are value added benefits. ERS does not guarantee the length of time that a specific value added product will be offered.

Life, AD&D and disability insurance

Optional Term Life Insurance

Your health coverage through ERS includes \$5,000 Basic Group Term Life insurance with \$5,000 of accidental death and dismemberment (AD&D) coverage at no cost. You can purchase additional life insurance coverage in increments based on your annual salary.

If you select **Optional Term Life Election 1 or 2** (one or two times your annual salary), you will not have to supply evidence of insurability (EOI) during the first 31 days of employment. If you do not sign up as a new employee, you can apply when you have a qualifying life event or during the Summer Enrollment period, but coverage is not guaranteed.

You can apply for **Optional Term Life Election 3 or 4** (three or four times your annual salary) up to \$400,000. You will have to submit your application through EOI, a process that requires you to provide information about your health. Coverage is not guaranteed; you or your dependents may not be approved for benefits based on the information included in your EOI.

Each Optional Term Life election provides an equal amount of additional Accidental Death and Dismemberment (AD&D) coverage. Your monthly premiums for this insurance will vary depending upon your age, salary, and the level of coverage you purchase. Please see the second page of your Optional Term Life benefits brochure at web1.lifebenefits.com/public/lbwem/F75102-3.pdf and calculate your premiums using the easy-to-follow instructions.

Dependent Term Life Insurance

You can enroll your eligible dependents in term life insurance for an additional premium. The plan includes \$5,000 term life with \$5,000 AD&D for each covered family member. You will receive the benefit when your covered dependents die or are injured.

If you do not sign up as a new employee, you can apply for this insurance when you have a qualifying life event or during the Summer Enrollment period, but you will have to supply EOI and coverage is not guaranteed. The only exception: If you have a newborn, you may enroll him or her in the insurance without supplying EOI.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Voluntary AD&D coverage can provide additional financial support when there is an accidental injury or death. You can choose insurance in increments of \$5,000, starting at \$10,000 up to \$200,000. You will not have to provide evidence of insurability (EOI) for AD&D Insurance.

You can sign up for coverage for yourself only, or for you and your eligible family members.

- If you die as the direct result of an accidental bodily injury, your beneficiaries will receive the full amount of your coverage upon your accidental death.
- If a covered family member dies in an accident, you will receive the amount of that dependent's Voluntary AD&D.
- If you have an accident and suffer any of the covered injuries, such as loss of a hand, foot or sight of one eye, you will receive a percentage of the full amount of your coverage.
- If an eligible family member loses a hand, foot or sight of one or both eyes in an accident, you receive a percentage of the benefit.

Disability insurance

When you can't work, the Texas Income Protection PlanSM (TIPP) pays you a portion of your salary.

If you have signed up for short-term disability insurance, you can receive up to 66% of your monthly salary or \$6,600, whichever is less, for up to five months (a maximum of 150 days). For example, if your monthly salary is \$4,000, your short-term disability will be up to \$2,640 per month; if your monthly salary is \$11,500, your short-term disability will be \$6,600.

If you have signed up for long-term disability insurance, you can receive up to 60% of your monthly salary or \$6,000, whichever is less, until you are able to return to work or until you reach your Maximum Benefit Period (see <https://reedgrouptipp.com/pdf/TIPP-usersguide.pdf>, page 9, for more information).

You must use all of your sick leave (including extended sick leave, donated sick leave and sick leave pool) or complete the 30-day waiting period, whichever option is longest, before disability payments will be paid. Pre-existing conditions are subject to exclusions. This coverage is not available for family members.

First 31 days: No Questions Asked

If you want additional life insurance coverage and disability insurance, now is the best time to sign up because you will not have to provide evidence of insurability (EOI). EOI is an application process during which you must provide information about you or your dependents' health. Don't miss your 31-day window of opportunity! If you wait, you run the risk of not receiving these benefits based on your or your dependents' EOI results.

Go Online

Designate your beneficiaries

Although you aren't required to do so in your first month, it's a good idea to designate your beneficiaries for your retirement, life insurance and Texa\$aver accounts as soon as you can. For life insurance, log on to your ERS Online account. You will need to provide your beneficiaries' Social Security numbers, date of birth, and mailing addresses.

You can find instructions at <http://www.ers.texas.gov/Shared-Content/Account-Beneficiaries>

Up-close

THOMAS BARKER-WHITE Statewide Intake Supervisor

For 20 years, Thomas Barker-White has worked for the Texas Department of Family and Protective Services (DFPS), currently as a statewide intake supervisor overseeing a staff of nine.

Barker-White and his wife, Lutishia, a former state employee, value their ERS-administered health and retirement benefits.

They set aside money for retirement through Texa\$aver to prepare for their retirement. They believe it is a good benefit for employees who don't trust their own judgment with investments.

But five years ago, the most important benefit became short-term and long-term disability insurance.

In 2011, Lutishia became disabled due to arthritis and related injuries. Her disability insurance payments made up for a portion of the income she lost when she could no longer work.

As a result, the couple was able to manage their finances without any substantial changes.

Having both short-term and long-term disability insurance made a huge difference by providing the financial support the couple needed when one of them could no longer work, says Barker-White.

"I know people who work in the private sector who do not have access to disability insurance through their employer.



They can buy it on their own, but the premium is not as reasonable as what we have paid as state employees."

Barker-White appreciates that the state covers the full cost of the employee's health insurance premium. It's another valuable benefit that makes working for the state attractive, he says.

"Having good insurance coverage is so important. You may never need it (and I hope you don't), but if you do, you are probably REALLY going to need it. Life can come at you quick, so it's best to cover all your bases."

TEXFLEX

TexFlex flexible spending accounts (FSA) allow you to set aside money from your paycheck, pre-tax, to pay for eligible health, dependent care and commuting expenses. This reduces your taxable income.

TexFlex contributions are automatically withdrawn from your paycheck and deposited into your account each month. Before you enroll, you may want to use the tools located on the Resources section of the TexFlex website (follow this link) to figure out how much to contribute annually to each account.

Once your account is set up, you will be able to change your TexFlex contribution only during Summer Enrollment (unless you have a qualifying life event during the plan year). If you

do not make a change during Summer Enrollment, your account elections will stay the same.

This restriction does not apply to the Commuter Spending Account. You can make changes to your Commuter Spending Account elections at any time.

TexFlex offers four types of accounts and active employees might be eligible to enroll in up to three of them at a given time. The following charts show how each type of account can be used and the rules that apply.

After you enroll in a TexFlex health care, dependent care, commuter or limited FSA (see box), you will receive a debit card in the mail. You can use it to pay for eligible expenses. There is no cost to you to use the debit card.



Please Note

How to pay with TexFlex

If you have a **TexFlex health care account** or a **TexFlex commuter account**, you will receive a debit card to pay eligible expenses immediately after you receive services. You can also submit a claim online or by mail or fax.

If you have a **TexFlex dependent care account**, you must submit a claim for reimbursement after the services have been provided. **You cannot use a TexFlex debit card to pay dependent care eligible expenses.**

If you submit a claim for reimbursement online or by mail or fax, TexFlex will deposit the funds into your bank account or mail you a check.

Keep your receipts

Because TexFlex accounts are tax-free, the Internal Revenue Service requires all purchases with TexFlex funds to be validated. WageWorks, the new TexFlex plan administrator, may ask you to submit proof that you used your TexFlex funds to pay for eligible expenses. Please be sure to **SAVE YOUR RECEIPTS** — even if you use your debit card.

Commuter spending account comparison chart

	Transit	Parking
Eligible expenses	Public transportation expenses used to commute to and from work (bus, train, subway and vanpool)	Parking expenses near your workplace or a place from which you commute by public transit to work
Maximum contribution	\$255 per month, per participant	\$255 per month, per participant
Funds availability	Monthly as contributions are made from your paycheck	
Debit card (no fee)	Yes	
Carryover of funds	Unused funds carry over month to month	
Runout period	No deadline to use funds as long as you are actively employed	



Employees enrolled in Consumer Directed HealthSelect can enroll in an LFSA. (Retirees aren't eligible). You can use the FSA to purchase eligible out-of-pocket dental and vision expenses only. Visit www.spendingaccounts.info/texflex-fsa-adp/downloads/Limited-FSA-Fact-Sheet.pdf for more information.

TexFlex offers four types of accounts, and active employees might be eligible to enroll in up to three of them at a given time. The following charts show how each type of account can be used, and the rules that apply.

Flexible spending accounts comparison chart

	Health Care Account	Limited Account	Dependent Care Account
Eligible expenses (for a complete list see plan website)	<ul style="list-style-type: none"> Your portion of medically necessary charges, including copays and coinsurance Prescription drug deductible 	<ul style="list-style-type: none"> Vision and dental expenses not covered by insurance 	<ul style="list-style-type: none"> Day care, After-school care, and Summer day camp for dependent children under age 13 Adult day care for qualifying individuals
Maximum contribution	\$2,600 per participant, per fiscal year	\$2,600 per participant, per fiscal year	\$5,000 per household, per fiscal year
Funds availability	Full election available Sept. 1	Full election available Sept. 1	Funds available monthly as contributions are made
Debit card (no fee)	Yes	Yes	No
Carryover of funds or grace period	Carryover up to \$500 after Aug. 31	Carryover up to \$500 after Aug. 31	Grace period (extra time to incur expenses) from Sept. 1 to Nov. 15
Runout period*	Submit claims incurred between Sept. 1, 2016 and Aug. 31, 2017 by Dec. 31, 2017	Submit claims incurred between Sept. 1, 2016 and Aug. 31, 2017 by Dec. 31, 2017	Submit claims incurred between Sept. 1, 2016 and Nov. 15, 2017 by Dec. 31, 2017

*Extra time allowed to submit claims for PY17 account

Up-close

SERENA ZETINA Information Specialist



As a benefits educator at ERS, Serena Zetina helps active employees and retirees understand which benefits options are right for them. For this mother of three, TexFlex makes sense.

“With three growing boys, I know I’m going to spend money on health and dependent care throughout the year,” she says. “TexFlex allows me to put aside money tax-free for those expenses and lowers my taxable income.”

“My kids seem to get sick like clockwork in November, just when I’m starting to make my holiday shopping list. That’s when I’m glad I have my TexFlex health care flexible spending account to pay for doctor visits and medicine. By setting aside a certain amount from my paycheck each month, I know the money will be there when I need it.”

“With the dependent care flexible spending account, I don’t have to wait for the tax benefit at the end of the year. I can set aside up to \$5,000 pre-tax each year, which is \$2,000 more than the federal child care credit. That means more money in your pocket!”

Retirement

Most of your employee benefits, including health, dental, life, vision, disability and flexible spending accounts, are offered through ERS. Your retirement rules

depend on your employer. Each retirement system has specific rules. Contact your system to see when you'll begin contributing.

Employer	Retirement system or plan	Contact information
Community Supervision and Corrections Departments (CSCDs)	Texas County & District Retirement System (TCDRS)	(800) 823-7782 www.tcdrs.org
Higher education institutions	Teacher Retirement System (TRS) or Optional Retirement Program (ORP) through the Texas Higher Education Coordinating Board	TRS: (800) 223-8778, www.trs.texas.gov or (512) 427-6101 http://www.theccb.state.tx.us/
TCDRS	TCDRS	(800) 823-7782 www.tcdrs.org
Texas Municipal Retirement System (TMRS)	TMRS	(800) 924-8677 www.tmrs.org
TRS	TRS	(800) 223-8778 www.trs.texas.gov
Windham School District	TRS	(800) 223-8778 www.trs.texas.gov

Plan ahead with Texa\$aver 457 plan

If you work for a higher education institution, you may be eligible to participate in the Texa\$aver 457 plan. Texa\$aver is a voluntary deferred compensation program that can help you save more for retirement. Your retirement may not provide automatic cost-of-living increases, so a Texa\$aver account (or other personal retirement savings) could help you live more comfortably when you're no longer working. ERS administers the Texa\$aver Program, along with Empower Retirement, which manages recordkeeping.



Texa\$aver is not available to employees of CSCD, TCDRS, TMRS or Windham School District



Contact your benefits coordinator or HR representative to find out if your higher education institution participates.



Call to request a free Texa\$aver welcome packet, or for more information on getting started. Learn more: www.texasaver.com



(800) 634-5091

Up-close

PAM PAGE Human Resources Director at Cisco College

When talking with prospective employees, Pam Page addresses the elephant in the room right away. As the human resources director at Cisco College, Pam tells her prospects that, while she may not be able to pay what private industry and even some other colleges might, Cisco College offers benefits that beat most others, hands down.

Pam knows this from experience. At one point in her career, Page worked for a large, well-regarded insurance company in Austin, Texas. It was a wonderful place to work, with good benefits and great pay, she recalled. Still, the company “did not pay 100 percent of my health care premiums for me and 50 percent for dependents,” Page said. The Texas Employees Group Benefits Program (GBP), which offers a few health insurance options, does include that level of premium payments for eligible full-time employees. “I’m very proud to be able to present this kind of benefit to my employees—it’s unparalleled,” she stated.

For her part, Page discovered right away how important such a generous health care plan could be. Eight years ago, shortly after she and her Air Force husband had settled in Cisco, Page learned she had breast cancer. “I was and am a healthy person, so it came as a shock,” Page said. Although still reeling from the diagnosis and being so new to her job, Page remembers her sense of relief from having enrolled in HealthSelectSM of Texas. She understood that, as long as she stayed in-network, she would be able to afford treatment, and she found a wealth of participating providers from which to choose.

“Every doctor recommended to me that I checked on was in the network. My breast surgeon oncologist, Baylor Imaging Center, and post-surgical oncologist were in the plan, as was the radiation oncologist in Abilene and the plastic surgeon who would provide reconstructive surgery after my lumpectomy,” said Page. “There was never a time when I had to worry; I could focus on getting well.”

And getting well was something Page was determined to do. She is a mother of two adult children and a grandmother of three. Today, one grandson is a teenager, another is getting ready to turn six and the third is just turning four. “My second grandson was born during my breast cancer fight,” said Page. “I was so fortunate to have just started working for the State of Texas and have the health coverage. I have lived to see my third grandson born. I am truly blessed beyond measure.



Pam Page answers some frequently asked questions

My doctor isn’t in-network. What do I do?

You could find another doctor. That’s one solution.

Here’s another approach: You could ask your doctor why he or she isn’t in the provider network. Just ask: ‘Say, I notice that you aren’t on the provider list. Are you interested in being credentialed with Blue Cross and Blue Shield of Texas?’ If you don’t ask, you won’t know. You may be surprised. It may be in your doctor’s best interest to become a network provider.

If I don’t have a deductible, why do I have to pay something when I go to the doctor?

What most HealthSelectSM of Texas members pay for doctor visits isn’t a deductible. A deductible means you pay 100% of the cost of your care, up to a certain amount, before your insurance benefits kick in. Unless you have enrolled in Consumer Directed HealthSelectSM, you do not have a deductible for your medical coverage, so long as you visit an in-network doctor. But you do have copays for doctor visits. For example, if you have a sore throat, you go to your primary care physician (PCP) and pay your copay, which is \$25. The rest of the costs associated with your appointment – your doctor’s time, any medical tests and so on – are paid for by your plan. (You do have an annual \$50 per-person prescription drug deductible.)

Copays are unrelated to deductibles or coinsurance. You’ll always have to pay copays, except for preventive care – like annual checkups or flu vaccines – which is covered at 100% at in-network providers.

TEXA\$AVER

457 Plan

Enroll at any time

You can enroll in the 457 plan at any time, online or by phone. Contact Empower Retirement toll-free at (800) 634-5091 to request a free TexaSaver Enrollment Kit for more information on getting started with the program.

Four-year higher education institution employees and community college employees can enroll in the 457 plan through traditional before-tax or Roth after-tax contribution options, if their institutions offer it. Contributions are deducted from your paycheck automatically.

457 Retirement Savings Plans

Your retirement savings is like a three-legged stool, which may include your employer retirement plan, Social Security and personal savings (such as your TexaSaver 457 plan account) or other investments. Your employer-based retirement plan may not automatically increase to keep up with inflation. So, if you rely on Social Security or your employer-based retirement, you might have a financial gap in retirement income.

To cover rising costs when you retire, you'll probably also need to draw on your own personal savings like TexaSaver and other investments. What's your plan?



Invest early and your savings can grow without taxes over a longer period of time. The sooner you start saving, the more you have when you retire. See how much \$25 a month could grow.

TexaSaver benefits

- Free one-on-one personal counseling
- Free financial workshops and group meetings
- Free online investment advice
- Customized digital planning tools
- Traditional before-tax and/or Roth after-tax contributions
- Flexible distribution options
- Direct deposit from your paycheck
- Investment options hand-picked by experts
- Funds that offer reimbursements
- Lower fees than other investment companies
- The option to do everything yourself
- The option to have help from Advised Assets Group, LLC (AAG) with everything you do
- A plan to help provide a more secure future

Transfer money to TexaSaver

Do you have retirement savings accounts from other jobs? You can transfer, or “roll over” money from a qualified prior eligible employer’s 401(k), 401(a), 403(b) or governmental 457 plan into the TexaSaver 457 plan. You can also roll over money from an eligible individual Retirement account (IRA). The TexaSaver 457 plan accepts Roth rollovers from other qualified plans as well, but you cannot roll over Roth IRAs to TexaSaver.

You are encouraged to discuss rolling money from one account to another with your financial advisor or planner, considering any potential fees and/or limitation of investment options.

Call to request a free TexaSaver welcome packet, or for more information on getting started. Learn more:



www.texasaver.com



(800) 634-5091

Up-close

JOHN SNEED State of Texas Retiree



Before he retired in August 2016, John Sneed headed up the State Preservation Board (SPB), which maintains the Texas Capitol and other treasured historical and architectural resources. He is proud of his almost 28 years of state service, stating that his work was always “interesting and challenging.” Along with eight years as the executive director of the SPB, Sneed worked at the Texas Department of Agriculture, General Land Office and Office of the Lieutenant Governor. “I know the responsibilities of state employees are important and make a difference in people’s lives,” said Sneed. “State employees help to make Texas a better place.”

If he is enjoying retirement now, it is the result of a long-term strategy. “I am a big believer in the

three-legged stool, and that has been a primary strategy to meet my retirement goals. My defined benefit is now in place and my wife and I have consistently contributed to our Texa\$aver accounts.”

What is the GBP?

Employees of State of Texas agencies and many higher education institutions can participate in the Texas Employees Group Benefits Program (GBP). Created by the 72nd Legislature, the GBP offers insurance and other related benefits that help State of Texas employees and their families live healthy, financially secure lives.

More than half a million Texans participate in the GBP plans ERS administers.

You are a member of the GBP while you’re employed at:

- a state agency,
- a Texas public institution of higher education that is not part of the University of Texas or Texas A&M University systems,
- Community Supervision and Corrections Department (CSCD),
- Teacher Retirement System of Texas (TRS),
- Windham School District,
- Texas Municipal Retirement System (TMRS) or
- Texas County and District Retirement System (TCDRS).

Monthly premiums

Full-time Employees and Retirees Not Eligible for Medicare

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 621.90	\$ 621.90	\$ 0.00
You + Spouse	1,334.54	978.22	356.32
You + Children	1,099.06	860.48	238.58
You + Family	1,811.70	1,216.80	594.90
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 621.90	\$ 621.90	\$ 0.00
You + Spouse	1,298.90	978.22	320.68
You + Children	1,075.20	860.48	214.72
You + Family	1,752.20	1,216.80	535.40
Community First Health Plans			
You Only	\$ 511.50	\$ 511.50	\$ 0.00
You + Spouse	1,097.18	804.34	292.84
You + Children	903.66	707.58	196.08
You + Family	1,489.34	1,000.42	488.92
KelseyCare powered by Community Health Choice			
You Only	\$ 483.98	\$ 483.98	\$ 0.00
You + Spouse	1,038.02	761.00	277.02
You + Children	854.94	669.46	185.48
You + Family	1,408.98	946.48	462.50
Scott & White Health Plan			
You Only	\$ 610.18	\$ 610.18	\$ 0.00
You + Spouse	1,309.34	959.76	349.58
You + Children	1,078.30	844.24	234.06
You + Family	1,777.46	1,193.82	583.64

*Includes premium for Basic Term Life Insurance

**The "State Pays" amount includes a monthly contribution to the member's Optum Bank health savings account (HSA). Please see the Consumer Directed HealthSelect HSA Contribution table below.

Part-time Employees, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty[†]

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 621.90	\$ 310.95	\$ 310.95
You + Spouse	1,334.54	489.11	845.43
You + Children	1,099.06	430.24	668.82
You + Family	1,811.70	608.40	1,203.30
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 621.90	\$ 310.95	\$ 310.95
You + Spouse	1,298.90	489.11	809.79
You + Children	1,075.20	430.24	644.96
You + Family	1,752.20	608.40	1,143.80
Community First Health Plans			
You Only	\$ 511.50	\$ 255.75	\$ 255.75
You + Spouse	1,097.18	402.17	695.01
You + Children	903.66	353.79	549.87
You + Family	1,489.34	500.21	989.13
KelseyCare powered by Community Health Choice			
You Only	\$ 483.98	\$ 241.99	\$ 241.99
You + Spouse	1,038.02	380.50	657.52
You + Children	854.94	334.73	520.21
You + Family	1,408.98	473.24	935.74
Scott & White Health Plan			
You Only	\$ 610.18	\$ 305.09	\$ 305.09
You + Spouse	1,309.34	479.88	829.46
You + Children	1,078.30	422.12	656.18
You + Family	1,777.46	596.91	1,180.55

*Includes premium for Basic Term Life Insurance

**The "State Pays" amount includes a monthly contribution to the member's Optum Bank health savings account (HSA). Please see the Consumer Directed HealthSelect HSA Contribution table below.

[†]The state does not contribute to the cost of health insurance for adjunct faculty.

Consumer Directed HealthSelectSM Health Savings Account (HSA)

	State Pays	
You Only	\$ 45 monthly (\$540 annually)	<p>An HSA is a tax-free savings account for qualified health expenses. You can receive the "State Pays" HSA contribution if you are:</p> <ul style="list-style-type: none"> • enrolled in Consumer Directed HealthSelect, • eligible for a portion of your health premium to be paid by the state and • not enrolled in Medicare.
You + Spouse	90 monthly (\$1,080 annually)	
You + Children	90 monthly (\$1,080 annually)	
You + Family	90 monthly (\$1,080 annually)	

Dental Insurance

HumanaDental DHMO	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 9.59	\$ 9.78	\$ 14.39	Spouse Only	\$ 9.59
You + Spouse	19.17	19.55	28.76	Spouse + Children	23.01
You + Children	23.01	23.47	34.52	Children Only	13.42
You + Family	32.59	33.24	48.89		

State of Texas Dental Choice Plan SM	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 27.41	\$ 27.96	\$ 41.12	Spouse Only	\$ 27.41
You + Spouse	54.82	55.92	82.23	Spouse + Children	65.78
You + Children	65.78	67.10	98.67	Children Only	38.37
You + Family	93.19	95.05	139.79		

State of Texas Dental Discount PlanSM

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 2.25	\$ 2.30	\$ 3.38	Spouse Only	\$ 2.25
You + Spouse	4.50	4.59	6.75	Spouse + Children	5.40
You + Children	5.40	5.51	8.10	Children Only	3.15
You + Family	7.65	7.80	11.48		

State of Texas Vision

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 6.69	\$ 6.82	\$ 10.04	Spouse Only	\$ 6.69
You + Spouse	13.38	13.65	20.07	Spouse + Children	14.38
You + Children	14.38	14.67	21.57	Children Only	7.69
You + Family	21.07	21.49	31.61		

Tobacco-user Premium

If you and/or a family member enrolled in medical insurance is certified as a tobacco-user or has not certified as a non-user, you will pay an additional tobacco-user premium of \$30, \$60 or \$90 each month, depending on how many tobacco-users or non-certified family members you cover.

Tobacco-users of Any Age and Adults Who Fail to Certify	Monthly Tobacco-user Premium
Member <u>or</u> Spouse <u>or</u> Children* Only	\$30
Member + Spouse <u>or</u> Member + Children* <u>or</u> Spouse + Children*	\$60
Family (Member + Spouse + Children*)	\$90

*The charge for a child is the same regardless of how many children in the household use tobacco or how many covered children 18 or over are not certified.

If you are a tobacco-user, you may be able to participate in an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations.

Please visit <http://ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification> for more information.

Optional Term Life Insurance (no change from PY17)

Optional Term Life Insurance					
After the first 31 days of employment, Elections 1 and 2 require approval through evidence of insurability (EOI). Elections 3 and 4 always require EOI approval. Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary as follows: Age 70-74 65% Age 75-79 40% Age 80-84 25% Age 85-89 15% Age 90+ 10%	Monthly Rate per \$1,000 of Annual Salary				
	Age	Election 1 Annual Salary x 1	Election 2 Annual Salary x 2	Election 3* Annual Salary x 3	Election 4** Annual Salary x 4
	Under 25	\$ 0.05	\$ 0.10	\$ 0.15	\$ 0.20
	25 - 29	0.05	0.10	0.15	0.20
	30 - 34	0.06	0.12	0.18	0.24
	35 - 39	0.06	0.12	0.18	0.24
	40 - 44	0.08	0.16	0.24	0.32
	45 - 49	0.12	0.24	0.36	0.48
	50 - 54	0.19	0.38	0.57	0.76
	55 - 59	0.33	0.66	0.99	1.32
	60 - 64	0.57	1.14	1.71	2.28
	65 - 69	0.93	1.86	2.79	3.72
	70 - 74	1.48	2.96	4.44	5.92
	75 - 79	2.41	4.82	7.23	9.64
80 - 84	3.92	7.84	11.76	15.68	
85 - 89	6.79	13.58	20.37	27.16	
90+	10.57	21.14	31.71	42.28	
Retiree Fixed Optional Life Insurance (\$10,000 policy)					
\$23.40 per month for \$10,000					
Dependent Term Life Insurance					
Employee: \$1.38 per month for \$5,000 (includes \$5,000 AD&D coverage)			Retiree: \$3.05 per month for \$2,500		

Voluntary Accidental Death and Dismemberment Insurance (AD&D)* (no change from PY17)

You may enroll in AD&D coverage according to the following table:				
Age	Minimum Coverage	Maximum Coverage	Minimum Increments	
Under 70	\$ 10,000	\$ 200,000	\$ 5,000	You Only \$0.02 per \$1,000 of coverage
70-74	6,500	130,000	3,250	
75-79	4,000	80,000	2,000	You + Family \$0.04 per \$1,000 of coverage
80-84	2,500	50,000	1,250	
85-89	1,500	30,000	750	
90+	1,000	20,000	500	

Texas Income Protection PlanSM (TIPP)*

(lower premium for short-term disability, no change for long-term disability)

Short-term disability	\$0.26 per \$100 of monthly salary
Long-term disability	\$0.63 per \$100 of monthly salary

*Optional Term Life Insurance at Elections 3 and 4, AD&D, and short-term and long-term disability insurance are not available to retirees.

*Optional Term Life Insurance is limited to a maximum of \$400,000 or four times your annual salary, whichever is less.

Learn more about your State of Texas benefits

Our website: www.ers.texas.gov

The ERS website has information and tools to help you take advantage of your benefits. Use the Search function to find detailed information on ERS benefits and retirement.

News About Your Benefits

This e-newsletter provides information on available programs, wellness, health care plans and other benefits. You can sign up to receive this and other news by email at <https://ers.texas.gov/subscribe>.

Your Statement of Retirement Benefits

After your birthday each year, ERS will send you a personalized statement that shows your earliest retirement date, retirement age and projected annuity. This statement provides important retirement planning information, including benefit estimates and vesting information. If you are an ERS member, you can get an estimate of the amount of your retirement annuity by signing into your account at www.ers.texas.gov.

TexaSaver Quarterly Statement

You will receive a statement each quarter from TexaSaver, administered by Empower Retirement, detailing your TexaSaver account balance and investment choices.

Your annual Personal Benefits Enrollment Statement

Before Summer Enrollment every year, ERS will send you a personalized statement listing your current coverage, costs and choices for the next plan year. You will have the opportunity to make changes each year during Summer Enrollment.

Presentations and events

ERS holds various seminars, webinars, fairs and other events throughout the year.

- **Ask ERS webinar:** On the first Tuesday of select months, you can ask questions and get the latest news from ERS.
- **Ready, Set, Retire!:** Conducted throughout the state and as a webinar, this is a free 90-minute seminar on ERS retirement and the TexaSaver 401(k) / 457 Program.
- **Medicare Preparation seminars:** Conducted throughout the state and as a webinar, this presentation helps those approaching Medicare eligibility understand enrollment and how Medicare works with state health insurance.

To see a list of upcoming events or to register, go to <http://ers.texas.gov/Event-Calendar>.

Your benefits coordinator

See your agency's benefits coordinator or HR representative for help signing up for and understanding benefits.

ERS interactive voice response system

For 24/7 access to automated information on your insurance and retirement benefits, call toll-free (877) 275-4377.

Designate your beneficiaries

It's not required within your first month, but it's a good idea to designate your beneficiaries for life insurance and TexaSaver as soon as you can.

- For life insurance, log in to your ERS Online account. You will need to provide your beneficiaries' Social Security numbers, date of birth and mailing addresses.
- For TexaSaver, download a beneficiary designation form from the website at www.texasaver.gwrs.com

NOTICE OF CREDITABLE COVERAGE PLAN YEAR 2018

This notice applies to you if you are both:

- entitled to Medicare Part A and/or enrolled in Medicare Part B and
- enrolled in Texas Employees Group Benefits Program health insurance

Important notice from the Employees Retirement System of Texas (ERS) about your Texas Employees Group Benefits Program (GBP) prescription drug coverage and Medicare Prescription Drug Coverage (sometimes called Part D)

Please read this notice carefully and keep it where you can find it. No action is required of you at this time.

Federal law requires ERS to provide this notice to people who may be eligible for Medicare Prescription Drug Coverage and are enrolled in health insurance that is part of the GBP provided by the State of Texas. You have GBP prescription drug coverage through your GBP enrollment with HealthSelectSM of Texas, administered by Blue Cross and Blue Shield of Texas, or one of the other health plans offered by the State.

This notice provides:

- Important information about your current prescription drug coverage.
- Answers that will assist you in deciding whether you should purchase Medicare Prescription Drug Coverage.
- Contact numbers for more information.
- A document that you can use later to avoid a penalty for late enrollment in Medicare Prescription Drug Coverage.

Q. What is Medicare Prescription Drug Coverage (sometimes called Part D)?

A. Medicare Prescription Drug Coverage is a prescription program that is available to people who qualify for Medicare Part A or Medicare Part B. Medicare Prescription Drug Coverage started on January 1, 2006.

Q. What is creditable coverage and does GBP coverage meet this definition?

A. Yes. The prescription drug coverage offered by the GBP has been examined by ERS' consulting actuaries and is, on average for all plan participants, expected to pay out as much as standard Medicare Prescription Drug Coverage pays. It is therefore considered to be creditable coverage.

Q. Why is creditable coverage important to Medicare-eligible participants in the GBP?

A. Because you have creditable coverage under the GBP, the Social Security Administration (SSA) has said that you will not have to pay a penalty if you join a private Medicare prescription drug plan later. Each year, there is an enrollment period that allows people with Medicare to enroll in private Medicare Prescription Drug Coverage. Although you will have a chance to enroll every year, normally you would have to pay a penalty if you enrolled after your initial eligibility date. However, because you have creditable coverage under the GBP, you can choose to join a private Medicare prescription drug plan later without a penalty.

Q. Should I enroll in private Medicare Prescription Drug Coverage?

A. Most Medicare-eligible participants in the GBP should NOT enroll in private Medicare Prescription Drug Coverage because, for most people, the GBP prescription drug coverage will provide better benefits at a lower cost. If you qualify for financial assistance, you could benefit from private Medicare Prescription Drug Coverage and you would get savings on premiums, copays and coinsurance.

Q. How do I know if I qualify for financial assistance with private Medicare Prescription Drug Coverage?

A. Financial assistance is available to Medicare beneficiaries with incomes up to 150% of the Federal Poverty Level (FPL) and limited resources. The FPL is set each year. ERS does not make this determination or set the guidelines. To determine if you qualify for financial assistance with private Medicare Prescription Drug Coverage, you should contact the SSA toll-free at (800) 772-1213. TTY users should call toll-free at (800) 325-0778. Or visit SSA online at www.socialsecurity.gov.

Q. Is private Medicare Prescription Drug Coverage free?

A. No. If you enroll in private Medicare Prescription Drug Coverage, you will pay a monthly premium. The amount will likely increase each year. You will also have to pay the private Medicare Prescription Drug Coverage deductibles and copays. Currently, the deductible may be as high as \$400, and will increase to \$405 in 2018.

Q. How does private Medicare Prescription Drug Coverage work?

A. Medicare Prescription Drug Coverage is offered through private prescription drug plans that have been approved by Medicare. All private Medicare prescription drug plans offer a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium. If you enroll in a private Medicare prescription drug plan, you will receive a prescription drug card that you will present to your pharmacy to cover a portion of your prescription drug costs.

Q. Will private Medicare Prescription Drug Coverage have any effect on medical plans under the GBP?

A. Yes. Medicare rules do not allow you to be enrolled in a GBP Medicare Advantage plans (HealthSelectSM Medicare Advantage, or KelseyCare Advantage) and private Medicare Prescription Drug Coverage. If you enroll in private Medicare Prescription Drug Coverage, your coverage with the GBP Medicare Advantage plan will be terminated and you will be automatically enrolled in a non-Medicare Advantage plan under the GBP. If you are enrolled in a non-Medicare GBP health plan, there is no change to your medical coverage.

If you enroll in HealthSelect Medicare Advantage or KelseyCare Advantage, your private Medicare Prescription Drug Coverage will be terminated.

Q. Will private Medicare Prescription Drug Coverage have any effect on HealthSelect Medicare Rx?

A. Yes. Medicare rules do not allow you to be in two different Medicare prescription plans at the same time. If you enroll in a private Medicare prescription plan you will no longer be eligible for the HealthSelectSM Medicare Rx plan and will lose all prescription coverage through ERS.

Q. Most GBP participants were encouraged not to enroll in private Medicare Prescription Drug Coverage last year. What about future years?

A. You do not need to sign up for private Medicare Prescription Drug Coverage for Plan Year 2018. However, you should know that if you drop or lose your coverage under the GBP and do not enroll in private Medicare Prescription Drug Coverage within 63 days after your current GBP coverage ends, you may be required to pay more to enroll in private Medicare Prescription Drug Coverage later.

Q. Where can I get more information?

A. More detailed information about private Medicare plans that offer prescription drug coverage is available in the Medicare & You handbook. You may have received a copy of the handbook in the mail from Medicare. The handbook is also available at the website below. You may also be contacted directly by approved, private Medicare prescription drug plans. To get more information about private Medicare prescription drug plans:

- Visit **www.medicare.gov** for personalized help.
- Call your State Health Insurance Assistance Program. (See your copy of the Medicare & You handbook for their telephone number.)
- Call toll-free at (800) MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.

NOTE: You may receive this notice at other times in the future, such as before the next period you can enroll in Medicare Prescription Drug Coverage or if this coverage changes. You may also request a copy of this notice by calling ERS toll-free at (877) 275-4377.

Keep this notice. If you enroll in one of the Medicare-approved prescription drug plans at a later date, you may need to submit a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Contact Information

Health insurance

HealthSelectSM of Texas

Consumer Directed HealthSelectSM

Administered by Blue Cross and Blue Shield of Texas

Group number – 238000

Toll-free: (800) 252-8039

<https://healthselect.bcbstx.com/>

Consumer Directed HealthSelect Health savings account (HSA)

Administered by Optum Bank

Toll-free: (855) 828-9834, TDD: 711

www.optumbank.com

HealthSelect Prescription Drug Program

(pharmacy benefits for HealthSelect of Texas and Consumer Directed HealthSelect)

Administered by OptumRx

Toll-free: (866) 336-9371, TDD: 711

www.OptumRx.com/ERS

Community First Health Plans

An affiliate of the University Health System

Group number – 0010180000

Toll-free: (877) 698-7032, TDD: (210) 358-6080

Local: (210) 358-6262

NurseLink: (210) 358-6262

members.cfhp.com

KelseyCare powered by Community Health Choice

Group number – 15000

Toll-free: (844) 515-4877, TDD: 711

NurseLine: (713) 442-0000

www.erskelseycare.com/

Scott & White Health Plan

Group number – 000058

Toll-free: (800) 321-7947, TDD: (800) 735-2989

VitalCare Nurse Advice: (877) 505-7947

ers.swhp.org

Dependent Eligibility Verification

Administered by Alight Solutions

Toll-free: (800) 987-6605, TDD: 711

www.yourdependentverification.com

(Login information will be provided by Alight Solutions.)

Optional benefits

State of Texas Vision

Administered by Superior Vision Services, Inc.

Toll-free: (877) 396-4128

www.stateoftexasvision.com

State of Texas Dental ChoiceSM

Administered by HumanaDental Insurance Company

Group number – 536957

Toll-free: (877) 377-0987, TDD: 711

humana.com/ers

HumanaDental DHMO

Insured by DentiCare, Inc., dba CompBenefits, a member of the HumanaDental family of companies

Group number – 538226

Toll-free: (877) 377-0987, TDD: 711

humana.com/ers

State of Texas Dental Discount PlanSM

Administered by Careington International Corporation

Toll-free: (844) 377-3368, TDD: 711

www.txdentaldiscount.com

Life and Accidental Death & Dismemberment Insurance

Insured by Securian

Toll-free: (877) 494-1716, TDD: 711

www.lifebenefits.com/plandesign/ers

Texas Income Protection PlanSM (TIPP)

(short-term and long-term disability insurance)

Administered by ReedGroup

Toll-free: (855) 604-6230, TDD: 711

<https://reedgrouptipp.com/>

Disability evidence of insurability is administered by Securian. Contact information is listed above.

TexFlex

Administered by WageWorks

Toll-free: (844) 884-2364, TDD: 711

www.texflexers.com

Texa\$aver 457 ProgramSM

Administered by Empower RetirementTM

Toll-free: (800) 634-5091, TDD: (800) 766-4952

www.texasaver.com

Discount Purchase Program

Administered by Beneplace

Toll-free: (800) 683-2886, TDD: (800) 683-2886

Local: (512) 346-3300

www.Beneplace.com/DiscountProgramERS

If you have a qualifying event (QLE) such as marriage, divorce or the birth of a child, you can make certain benefit changes at other times during the year if they meet QLE guidelines. You must request the changes within 31 days of the event – 60 days if your child loses eligibility for the Children’s Health Insurance Program (CHIP).

Health and Human Services Enterprise Employees:

DADS, DFPS, DSHS, HHSC, CPRIT

The HHS Employee Service Center acts as your benefits coordinator. Contact the Center toll-free at (888) 894-4747.

Employees Retirement System of Texas

Always available online at www.ers.texas.gov

24/7 access to automated information on your insurance and retirement benefits:

(877) 275-4377, TDD: 711. Talk to a representative 7:30 a.m. to 5:30 p.m. CT, Monday through Friday.

The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ERS provides free language aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats) qualified interpreters, and written information in other languages.

If you need these services, call: 1-877-275-4377, TDD: 711.

If you believe that ERS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax or email:

Mail: Section 1557 Coordinator

Employees Retirement System of Texas

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

Fax: 512-867-3480.

Email: 1557coordinator@ers.texas.gov

For more information visit: <http://www.ers.texas.gov>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail or by phone at:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201.

Phone: 1-800-368-1019, 800-537-7697 (TDD).

ERS provides language assistance at no cost to you. For help, please call the ERS main number.	ERS 會為您免費提供語言協助。如需協助，請撥打 ERS 總機號碼。
L'ERS vous offre une aide linguistique gratuite. Pour obtenir de l'aide, veuillez composer le numéro principal de l'ERS.	Die Sprachassistenzen von ERS stehen Ihnen kostenlos zur Verfügung. Um Hilfe zu erhalten, wählen Sie bitte die ERS-Hauptnummer.
ERS તમને કોઈપણ ખર્ચ ભાષા સહાય પૂરી પાડે છે. મદદ માટે, ERS મુખ્ય નંબર પર ફોન કરો.	ERS आपको बिना किसी लागत के भाषा सहायता प्रदान करता है। मदद के लिए, कृपया ERS के मुख्य नंबर पर कॉल करें।
ERSは無料で言語補助を提供しています。補助が必要な場合は、ERSの主番号にお電話ください。	긴급응답 서비스(ERS)는 무료로 언어 지원을 제공해 드립니다. 도움을 원하시면 긴급응답 서비스(ERS) 대표 전화번호로 전화해 주십시오.
ERS ໃຫ້ການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍທີ່ທ່ານບໍ່ເສຍຄ່າ. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາໂທຫາເບີຫ້ອງການໃຫຍ່ຂອງ ERS.	Пенсионный фонд ERS предоставляет услуги переводчиков бесплатно. Для получения услуг звоните по основному номеру ERS.
ERS proporciona asistencia de idioma sin costo para usted. Para obtener ayuda, llame al número principal de ERS.	Nagbibigay ang ERS ng libreng tulong sa wika. Upang makatanggap ng tulong, pakitawagan ang pangunahing numero ng ERS.
المساعدة اللغوية لك دون أن تتحمل أي تكاليف. للحصول على ERS، يرجى الاتصال بالرقم الرئيسي لـ ERS.	ERS کمک زبانی را به صورت رایگان در اختیارتان قرار می دهد. برای دریافت راهنمایی، با شماره اصلی ERS تماس بگیرید.
ERS آپ کو مفت میں زبان کی مدد فراہم کرتا ہے۔ مدد کے لیے ERS کے اصل نمبر پر کال کریں۔	ERS cung cấp hỗ trợ ngôn ngữ miễn phí cho quý vị. Để được trợ giúp, vui lòng gọi số chính của ERS.

1-877-275-4377

