



WORKERS' COMPENSATION BENEFITS FOR STATE EMPLOYEES

What is the State Employees Workers' Compensation Program?

The State Employees' Workers' Compensation Program pays for medical treatment and lost wages for state workers who are injured or become ill as a result of their work. Coverage is provided at no cost and employees are not required to sign-up for this coverage.

The State Office of Risk Management (SORM) serves as the state's insurance carrier for this benefit. The program generally provides coverage to persons in the service of the State of Texas whether by hire, election, appointment or as employees of Community Supervision and Corrections Departments.

Employees of the University of Texas System, Texas A&M University System, and the Texas Department of Transportation are covered by different programs and are specifically excluded from the State Employees Program.

What is covered by workers' compensation?

The Workers' Compensation Act covers on-the-job injuries that occur in the course and scope of employment and that result in damage or harm to the body. It also covers occupational diseases directly caused by exposure in the workplace. It can provide:

- Payment of doctor bills, hospital, medicine, ambulance, and other reasonable and necessary medical care;

- Weekly income benefits in the event income is lost as a result of your injury;
- Impairment Income Benefits for loss of wage earning capacity and Supplemental Income Benefits to supplement reduced earnings;
- Lifetime Income Benefits for certain severe injuries specified by state law;
- Payments prescribed by state law to qualified persons if the employee dies as the result of a covered injury.

Weekly income payments are based on your average weekly wage during the 13 weeks prior to the injury. Maximum and minimum payments are established by statute, and while payments are almost always less than your full regular wages, your benefits are generally not subject to income tax.

Compensation payments are exempt from all liens except those for attorney fees, court-ordered child support, and recovery of state costs.

Your workers' compensation benefits are a no-fault type of insurance. Therefore, it is not necessary to prove anyone was at fault for your injury in order to file a claim for state benefits. However, if a responsible third party caused your injury or illness, the state may recover its costs from the proceeds of any filed lawsuit.

How do I file a claim for workers' compensation?

If you have an injury on the job, notify your supervisor, personnel office or agency claims coordinator immediately. You may lose coverage if your injury is not reported within 30 days after the injury occurs. The claims coordinator will submit the required forms to our office. If you cannot contact your supervisor, personnel office, or claims coordinator, please call us directly at (512) 475-1440. Your claims coordinator will complete a Notice of Injury form, send the original to our office, and send a copy to you.

When you receive a copy of this form, make sure it includes the following information:

1. Your name, address, and telephone number;
2. The date, time, and place the injury occurred;
3. A description of the circumstances and the nature of the injury;
4. The names of any witnesses;
5. The name and address of your health care provider; and
6. The name of the person (if any) acting on your behalf in filing the claim.

After receiving the Notice of Injury, our office will assign an adjuster to process your claim. You should contact the adjuster if you need information that is not available from your claims coordinator.

Ask your doctor to promptly file a medical report on your injury or illness with the State Office of Risk Management, P.O. Box 13777, Austin, Texas, 78711-3777. The doctor's bills may not be paid until a report of your condition is filed.

You must file a claim with the Texas Department of Insurance's Division of Workers' Compensation (DWC) within one year of your injury. You must do so in order to preserve your legal rights in the event there is a dispute over benefits.

DWC will send you the proper form for filing. The Division's address is 7551 Metro Center Drive, Suite 100, Austin, TX 78744-1609, (512) 804-4000, or you may contact your nearest DWC field office.

How are benefits paid?

You must have more than seven days of lost time due to the injury before income benefits can be paid. Temporary Income Benefits may be paid for time lost from work beginning with the eighth day of disability. Benefits will be paid for the first seven days (the waiting period) if your disability continues for more than 14 days. These benefits can continue until maximum medical improvement has been reached or 104

weeks of disability have elapsed (whichever comes first). At that time, you may become eligible for Impairment Income Benefits and/or Supplemental Income Benefits may become available. Lifetime Income Benefits and Death Benefits may also be available in some cases.

As a state employee, when you apply for workers' compensation benefits you may choose to use accrued eligible leave before collecting workers' compensation benefits. If you elect to use your leave, you will continue to draw your full salary for the duration of your leave (workers' compensation benefits are less than full salary). Contact your agency claims coordinator for information on this election.

What are my legal rights?

The Labor Code and the DWC Rules govern the rights and responsibilities of the employee, employer, and the carrier and provide remedies in case of a dispute. As an employee:

- You are entitled to necessary medical care provided by a conveniently located doctor and hospital at a reasonable cost.
- You are entitled to an initial choice of doctors. You may make a request to change your doctor by contacting the DWC. A referral by your doctor to another doctor does not count as a second choice.
- You may be entitled to income benefits if you are unable to retain or obtain employment as a result of your injury.
- You may be entitled to partial compensation if an injury permits you to work, but at less than your regular wages.
- You may hire an attorney to represent you, if you so choose.

- You may get free advice from an Office of Injured Employee Council ombudsman by calling (800) 252-7031 or, if in Austin, (512) 933-1899. The ombudsman will handle all grievances and complaints arising from claims, and may recommend solutions to problems.

You may request that the DWC arrange a benefit review conference with you, a SORM representative, and the Workers' Compensation Division if there is a dispute about your claim.

Where can I get more information?

If you have questions about an injury or a claim, contact your agency's claims coordinator. You may contact the SORM claims adjuster assigned to your case if you need information that is not available from your claims coordinator.

State Office of Risk Management

P.O. Box 13777

Austin, Texas, 78711-3777

Telephone: (512) 475-1440

Toll-free: (877) 445-0006

If you have other questions regarding your claim, you should contact:

Texas Department of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100

Austin, TX 78744-1609

Telephone: (800) 252-7031 or (512) 804-4000

or the DWC office in your area

Workers' Compensation Benefits for State Employees



Important Medical Care Information for Work-Related Injuries and Illnesses

An employer that subscribes to workers' compensation must pay for medical care if you are injured at work. Your employer provides this medical care by using a certified workers' compensation health care network called CompKey Plus. This notice explains what you need to know about the CompKey Plus Network including how to get care if you are injured on the job. If you are injured, you will receive this information again along with a current list of providers.

If you have questions, please contact the CompKey Plus Network by mail, phone, fax, or email. The toll free number is available 24 hours a day. You can call the Network during regular work hours. The Network Assistant will be your contact person for questions or assistance.

CompKey Plus Network
7600 Chevy Chase Drive
Suite 200
Austin, TX 78752

Phone: 1-800-580-1314
Fax: 1-800-580-3123
Email: compkey@fortereview.com

The following questions and answers should help you understand the Network program.

1. **What is a certified workers' compensation health care network?** It is a program certified by the state of Texas. Your employer uses the CompKey Plus Network to provide medical care for work injuries. The medical providers in the Network have agreed to provide quality care according to network treatment and return-to-work guidelines. These providers have agreed to bill the insurance carrier or your employer. The provider should not ask you for payment.
2. **Do I have to receive all of my medical care for my work injury from the Network no matter where I live?** Yes, if you live within a "service area" of the Network. If a specialist is needed but not available in your area, your treating doctor will contact the Network for approval for treatment outside of the Network. Appointments with Network specialists must be arranged on a timely basis within the time appropriate to the circumstances and conditions of the injured employee, but not later than 21 days after the date of the request.
3. **What is a service area?** A service area is a geographical area. Where you live depends on what service area applies. A service area must have enough different types of medical providers in that region. Enclosed with this notice is a map showing the service area(s) by county.
4. **How do I know if I live in a service area or not?** The Network can help you. You have to receive care from a network provider if you live within a service area. Treating doctors and hospitals should be available within 30 miles if you live in a non-rural area. If you live in a rural area, the treating doctor and hospital must be within 60 miles. A specialist or specialty hospital should be available within 75 miles.
5. **What if I do not live in a network service area?** Contact your insurance carrier and explain that you do not live in a service area. If the carrier disagrees, you can ask for a review. You can send any information to support your claim. The carrier must make a decision in 7 days and provide the decision in writing. The carrier must tell you the reasons for the decision. If you disagree, you may file a complaint with the Texas Department of Insurance. Instructions for filing a complaint are included in the decision. If you choose to use an out-of-network provider while waiting for the decision, you may have to pay for the medical services received. You might want to use a network provider while you are waiting for a decision. By using the network provider, you will not be responsible for payment if it is decided that you do live in a network service area.

6. Do I have to pay for my medical care if I don't receive care from a network provider? Possibly. If you live in a service area, your care should come from network providers unless it is an emergency. There may be times when a certain type of specialist is not available in your service area. Your treating doctor must get approval from the network before sending you to an out-of-network provider. So, if your care is provided by network doctors or you have approval for out-of-network care, you will not be billed. If it is an emergency, you will not be billed. But, if you decide to get treatment from an out-of-network provider without first getting approval from the CompKey Plus Network, except in emergencies, you may have to pay for the services.

7. Does the certified workers' compensation health care network cover the entire state? Although some networks may cover the entire state, many do not. Some of the rural areas don't have enough providers. For those areas that do not have enough providers, an out-of-network provider may be approved.

8. How do I find medical care if I am hurt at work? If you have a medical emergency or need care after normal work hours, please refer to questions 12 and 13. As soon as possible, tell your employer that you have had an injury at work. If you do not have an emergency, you need to pick a treating doctor in the network. The employer or insurance carrier will give you a list of all of the treating doctors in your service area. You must pick a doctor off of the list.

You can also obtain a listing of medical providers at www.rockporthealthcare.com. Enter the username COMPKEYPLUS, and the password 2286. Select to search by zip code, provider name or location.

9. How do I pick a treating doctor? Except for emergency care, your treating doctor will provide all of your care. The treating doctor will make referrals to specialists as needed. You may pick a treating doctor from the list of network doctors where you live. This list will be given to you by your employer or insurance carrier at the time of injury. A current list of network providers in your service area is enclosed. This list is updated quarterly.

If you need help finding a treating doctor, contact your adjuster or the CompKey Plus Network at 1-800-580-1314 and state that you are a member of the CompKey Plus Network.

You may also use your HMO primary care doctor for your work injury. Your HMO doctor must agree to follow the network guidelines. If you decide you want to change your treating doctor, you must pick a doctor that is in the network. If you need help in picking a treating doctor, call your adjuster or the number above. State that you are a member of the CompKey Plus Network.

10. What if I need to get other health care services or see a specialist? Except for emergencies, your treating doctor will provide all of your care. If needed, the treating doctor will send you for other services. The treating doctor may also send you to a specialist. Specialist referrals must be arranged on a timely basis within the time appropriate to the circumstances and conditions of the injured employee, but not later than 21 days after the date of the request.

11. What if there are no doctors in my area? Please see the answer to question 5. There may be times when you can get approval for care with an out-of-network doctor. The reasons out-of-network care may be approved include: an employee who needs a different medical service or specialist not currently available to the employee, or if the employee decides to temporarily live outside the network service area. If you have questions regarding provider availability in your area, contact your adjuster or contact the CompKey Plus Network at 1-800-580-1314.

12. How do I obtain emergency care? If you have a medical emergency, you should call 911 or go to the closest emergency room or urgent care center, which may be a non-contracted provider/facility.

13. How do I obtain after hours care? If it is not an emergency, but you need after hours care, you can obtain a listing of the hospitals and urgent care centers at www.rockporthealthcare.com (refer to #8 for username and password). If you do not have an emergency, but simply need care after normal work hours and you go to the nearest emergency room or urgent care center, which may be a non-contracted provider/facility, then you may be responsible for payment of services received.

14. What medical treatment or services must be pre-approved? The following treatment and services must be approved before the care is provided.

- All surgeries
- All inpatient admissions to any facility
- All psychological/psychiatric services after the initial evaluation
- All physical and occupational therapy after the first six visits
- All work hardening/conditioning regardless of CARF status
- All chiropractic manipulations after two weeks of services
- All chronic pain management programs
- All services outside the ODG-TWC and/or ACOEM treatment guidelines unless a treatment plan was previously approved
- All stimulators, including TENS, for rental or purchase
- Any treatment for an injury or diagnosis that is not accepted by the carrier as a result of a treating doctor examination to define the compensable injury(ies)

15. What happens if the services above are not pre-approved? You and your doctor will receive a letter telling you why it was denied. The letter will give you specific instructions on how to file a reconsideration. You, a person acting on your behalf, or your doctor may file a request for reconsideration. A reconsideration request must be made within 30 days of the denial. To request a reconsideration, you, the person acting on your behalf, or your doctor can contact CompKey Plus.

CompKey Plus Network
7600 Chevy Chase Drive
Suite 200
Austin, TX 78752
Phone: 1-800-580-2273 or Fax: 1-800-580-3123
Attention: Reconsiderations

A different doctor will review the reconsideration than did the first review. The network will send the requestor a letter confirming the date the reconsideration request was received. The letter will be sent within 5 calendar days of receiving the request. It will include a list of the documents that must be submitted to complete the review.

The review will be completed within 30 days of the request. The network will send you or a person acting on your behalf, and your doctor a letter telling you the outcome of the review. It will list the specific medical reasons and basis for the decision. Any provider who was contacted during the review, their specialty and the state where they are licensed will be given.

You have the right to an expedited reconsideration of denials for post-stabilization, continued in-patient hospital stays, or a life-threatening condition. The expedited review shall be completed and the requestor notified within 1 calendar day of the decision. You are entitled to an immediate review of a denial if you have a life-threatening condition. In this case, you are not required to comply with the procedures for a reconsideration. You may request an independent review organization review directly.

You have the right to request an independent review of a reconsideration denial by an independent review organization. A request for an independent review must be made within 45 days of the reconsideration being denied. You may get an independent review form from the Texas Department of Insurance website at www.tdi.state.tx.us. You may also mail a request to the HWCN & QA Division, Mail Code 103-6A, Texas Department of Insurance, PO Box 149104, Austin, TX 78714-9104.

16. What happens if my doctor leaves the Network? The Network has a “Continuity of Care” plan to make sure you receive the necessary care if your provider leaves the network. There are two main reasons for providers leaving.

- At the doctor's request.
- At the network's request because of quality concerns or criminal activity that could cause harm to you.

If your doctor is terminated, you will be contacted to discuss your options. If a condition exists in which changing doctors could harm you, the network will let you continue treatment with the terminated doctor for 90 days. The Network will assist you in this process.

17. If I am not satisfied with the Network or a Network decision, how do I file a complaint? If you have a complaint about any network services or providers, you can file a complaint by calling, writing, or emailing the CompKey Plus Network. The network cannot retaliate against you, your employer, doctor, or any person filing for you regarding a complaint.

To file a complaint, you must contact the CompKey Plus Network within 90 days after the event.

CompKey Plus Network
7600 Chevy Chase Drive
Suite 200
Austin, TX 78752
Phone: 1-800-580-1314
Fax: 1-800-580-3123
Email: compkey@fortereview.com

When a complaint is received, you will be sent an acknowledgement letter within 7 days. The letter will describe the complaint procedures and deadlines. The CompKey Plus Network will review and resolve the complaint within 30 days of receipt. You will receive a letter explaining the outcome.

If you disagree with the network's resolution of your complaint, you may file a complaint with the Texas Department of Insurance (TDI). You can obtain a copy of the complaint form at www.tdi.state.tx.us. You can also request the form from the TDI at HWCN & QA Division, Mail Code 103-6A, Texas Department of Insurance, PO Box 149104, Austin, TX 78714-9104.

The Texas legislature has made workers' compensation health care networks available to you and your employer. These networks should increase the quality of care provided to injured workers. This will help injured workers recover and return to work as soon as medically approved. If you have any questions, complaints' or suggestions about this program, please contact the CompKey Plus Network at 1-800-580-1314.



Attention Employee

- Show this card to each and every medical provider that treats you for your work related injury
- With the exception of emergency medical care, you must treat with an approved plan provider.
- This card is for information purposes only and does not guarantee coverage.

Please contact CompKey Plus at 1-800-580-3123 with questions.

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WORKERS' COMPENSATION IDENTIFICATION CARD

FORTÉ™

FOR WORKERS' COMPENSATION INJURY MANAGEMENT ONLY

Attention Provider

- With the exception of emergency and initial medical treatment, you are required to obtain prior authorization.
- You must also be an approved plan provider.
- Contact the CompKey Plus Network to obtain prior authorization and to verify that you are an approved plan provider.

Contact CompKey Plus:
 Phone: 1-800-580-1314, Fax: 1-800-580-3123
 Email: Compkey@fortereview.com

Send Medical Bills to:
 Forté, Inc., 5501 LBJ Freeway, Suite 300, Dallas, TX 75740



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CompKey+ Certified Counties (April 2011)

Anderson	Comal	Hays	Marion	San Augustine
Angelina	Cooke	Henderson	Matagorda	San Jacinto
Armstrong	Dallas	Hidalgo	Medina	Shelby
Atascosa	Delta	Hill	Montague	Smith
Austin	Denton	Hood	Montgomery	Somervell
Bastrop	El Paso	Hopkins	Moore	Tarrant
Bexar	Ellis	Houston	Morris	Titus
Blanco	Fannin	Hunt	Nacogdoches	Travis
Bowie	Fayette	Hutchinson	Navarro	Trinity
Brazoria	Fort Bend	Jasper	Newton	Tyler
Brooks	Franklin	Jefferson	Nueces	Upshur
Burnet	Frio	Jim Wells	Orange	Van Zandt
Caldwell	Galveston	Johnson	Panola	Walker
Cameron	Gonzales	Karnes	Polk	Waller
Camp	Grayson	Kaufman	Potter	Washington
Carson	Gregg	Kendall	Rains	Wharton
Cass	Grimes	Kenedy	Randall	Willacy
Chambers	Guadalupe	Kleberg	Red River	Williamson
Cherokee	Hardin	Lamar	Rockwall	Wilson
Collin	Harris	Liberty	Rusk	Wise
Colorado	Harrison	Lubbock	Sabine	Wood



Accessing the CompKey+ Texas HCN Provider Panel

You may access the CompKey+ Texas HCN providers through the Rockport Healthcare Group website and look up doctors, facilities and obtain lists of treating doctors.

To access the CompKey+ HCN providers, complete the following steps:

1. Direct your web browser to www.rockporthealthcare.com. Enter the username COMPKEYPLUS, and the password 2286.
2. You may search for providers by zip code, name or location.
3. **Zip code search:** Enter the zip code, radius up to *99 miles and for group, select the specialty being searched. The “point of injury” option produces a list of treating doctors and hospitals. ***NOTE:** The treating doctor search radius for an urban area is 30 miles and 60 miles for rural areas.
4. **Provider name search:** Enter the provider name, select a word match and search by either city or county.
5. **Location search:** Search by city or county, select the applicable city or county and the specialty being searched. The “point of injury” option produces a list of treating doctors and hospitals.
6. **Treating Doctor List:** To pull a list of treating doctors, select the location search option. Search by county. Select the appropriate county and for the “group” select “Point of Entry”. Click on locate. A listing of treating doctors and facilities will be displayed. Click on the “preview” button to convert the list into a panel posting in pdf format. This posting may be printed or saved to your computer.
7. To obtain a complete provider directory of the HCN, please contact Client Services at (800) 734-4460.

Texas State University-San Marcos
Drug-Free Workplace Official UPPS No. 04.04.45 Issue No. 3
Effective Date: 3/31/2010 Review: March 1 E10Y

01. POLICY STATEMENT

01.01 This UPPS contains Texas State's policy establishing a drug-free workplace. We intend that this policy comply with:

- a. The Drug-free Workplace Act of 1988 found in 41 U.S.C. Chapter 701;
- b. Section 2.4(10) of Chapter V of the Rules and Regulations of the Board of Regents, Texas State University System; and
- c. The Rules of the Texas Workers' Compensation Commission, found in 28 TAC Chapter 169.

02. GENERAL PROVISIONS

02.01 Use of illegal drugs by university employees results in less productivity, less reliability, and greater absenteeism, increasing potential costs, delays, and risks to the university.

02.02 Illegal drug use by university employees impairs their ability to perform critical tasks, and results in accidents and failures that pose a serious threat to health, safety, and the university's educational mission.

02.03 Illegal drug use by university employees results in unreliability, instability, and poor judgment. It also creates the possibility of coercion, influence, and irresponsible action under pressure that poses a risk to health, safety, and the university's educational mission.

03. DEFINITIONS

03.01 In this UPPS, the term "employee" includes members of the faculty and staff as defined in Section 1.1 of Chapter V of the Regents' Rules. It also includes students employed by the university in any capacity.

03.02 The term "controlled substance" means a controlled substance in schedules I through V of Section 202 of the Controlled Substances Act (21 USC SEC 812) or the Texas Controlled Substances Act (Health and Safety Code, Chapter 481).

03.03 The term "conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

04. PROCEDURES

04.01 The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in all university workplaces. A university employee who violates this prohibition, either in the workplace or elsewhere, is subject to the following sanctions:

- a. Oral or written warning or reprimand;
- b. Suspension with or without pay;
- c. Reduction in pay;
- d. Demotion; or
- e. Discharge or termination of employment.

04.02 The director of The Alcohol and Drug Resource Center will establish a drug-free awareness information program that will inform university employees about:

- a. The dangers of drug abuse in the workplace;
- b. The university's policy of maintaining a drug-free workplace
- c. Any available drug counseling, drug rehabilitation, and employee assistance programs; and
- d. The possible penalties for employees resulting from drug abuse violations.

04.03 Each employee engaged in the performance of a grant from any federal agency or a federal contract for the procurement of property or services valued at \$25,000 or more from a federal agency must receive a copy of this UPPS from the person responsible for administering the grant or contract.

- a. As a condition of employment in such grant or contract, each university employee will:
 - 1) Abide by the terms of this UPPS; and
 - 2) Notify the university's director of Sponsored Programs of any criminal drug statute conviction for a violation occurring in the workplace no later than five calendar days after such conviction.
- b. When the university's director of Sponsored Programs receives actual notice of an employee's conviction, as described above, the director shall notify the granting or contracting agency within ten calendar days after receiving the notice.

04.04 The university will make a good faith effort to continue to maintain a drug-free workplace through implementation of this policy.

04.05 The employee's supervisor shall, within thirty calendar days after receiving notice of a conviction either:

- a. Take appropriate personnel action against the employee up to and including termination; or
- b. Require the employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for that purpose by a federal, state, local health, law enforcement, or other appropriate agency; or
- c. Take action under both a. and b. above.

04.06 Before a supervisor suspends, demotes, or reduces the pay of an employee, the next higher-level supervisor must approve the action. Only the president, vice presidents, and deans and directors reporting directly to a vice president have the authority to discharge employees.

05. PROCEDURES FOR DISTRIBUTION OF POLICY

05.01 The director of Human Resources will summarize this policy in the Staff Handbook.

05.02 The Faculty Handbook, Schedule of Classes, and appropriate student publications will contain a summary of this policy.

06. REVIEWERS OF THIS UPPS

06.01 Reviewers of this UPPS include the following:

<u>Position</u>	<u>Date</u>
University Attorney	March 1 E10Y
Director, Human Resources	March 1 E10Y
Director, Alcohol & Drug Resource Ctr.	March 1 E10Y
Chair, Faculty Senate	March 1 E10Y
Chair, Staff Council	March 1 E10Y

07. CERTIFICATION STATEMENT

This UPPS has been approved by the following individuals in their official capacities and represents Texas State policy and procedure from the date of this document until superseded.

University Attorney; senior reviewer of this UPPS
 Special Assistant to the President
 President

PENALTIES UNDER TEXAS LAW

Misdemeanor:
Class C-

12.23. CLASS C MISDEMEANOR. An individual adjudged guilty of a Class C misdemeanor shall be punished by a fine not to exceed \$500.

Class B-

12.22. CLASS B MISDEMEANOR. An individual adjudged guilty of a Class B misdemeanor shall be punished by:

- (1) a fine not to exceed \$2,000;
- (2) confinement in jail for a term not to exceed 180 days; or
- (3) both such fine and confinement.

Class A-

12.21. CLASS A MISDEMEANOR. An individual adjudged guilty of a Class A misdemeanor shall be punished by:

- (1) a fine not to exceed \$4,000;
- (2) confinement in jail for a term not to exceed one year; or
- (3) both such fine and confinement.

Felony:

State Jail Felony-

12.35. STATE JAIL FELONY PUNISHMENT. (a) Except as provided by Subsection (c), an individual adjudged guilty of a state jail felony shall be punished by confinement in a state jail for any term of not more than two years or less than 180 days.
(b) In addition to confinement, an individual adjudged guilty of a state jail felony may be punished by a fine not to exceed \$10,000.

Third Degree-

12.34. THIRD DEGREE FELONY PUNISHMENT. (a) An individual adjudged guilty of a felony of the third degree shall be punished by imprisonment in the institutional division for any term of not more than 10 years or less than 2 years.(b) In addition to imprisonment, an individual adjudged guilty of a felony of the third degree may be punished by a fine not to exceed \$10,000.

Second Degree-

12.33. SECOND DEGREE FELONY PUNISHMENT.(a) An individual adjudged guilty of a felony of the second degree shall be punished by imprisonment in the institutional division for any term of not more than 20 years or less than 2 years.(b) In addition to imprisonment, an individual adjudged guilty of a felony of the second degree may be punished by a fine not to exceed \$10,000.

First Degree-

12.32. FIRST DEGREE FELONY PUNISHMENT. (a) An individual adjudged guilty of a felony of the first degree shall be punished by imprisonment in the institutional division for life or for any term of not more than 99 years or less than 5 years.(b) In addition to imprisonment, an individual adjudged guilty of a felony[0] of the first degree may be punished by a fine not to exceed \$10,000.

Capital-

12.31. CAPITAL FELONY. (a) An individual adjudged guilty of a capital felony in a case in which the state seeks the death penalty shall be punished by imprisonment in the institutional division for life without parole or by death. An individual adjudged guilty of a capital felony in a case in which the state does not seek the death penalty shall be punished by imprisonment in the institutional division for life without parole.(b) In a capital felony trial in which the state seeks the death penalty, prospective jurors shall be informed that a sentence of life imprisonment without parole or death is mandatory on conviction of a capital felony. In a capital felony trial in which the state does not seek the death penalty, prospective jurors shall be informed that the state is not seeking the death penalty and that a sentence of life imprisonment without parole is mandatory on conviction of the capital felony.

Offense	Minimum Punishment	Maximum Punishment
Manufacture or delivery of controlled substances (drugs) (Health & Safety Code/481.112)**	State jail felony	Imprisonment in the institutional division of the Texas Department of Criminal Justice for life or for a term of not more than 99 years or less than 15 years, and a fine not to exceed \$250,000
Possession of controlled substances (drugs) (Health & Safety Code/481.115-481.119)	State jail felony	Imprisonment in the institutional division of the Texas Department of Criminal Justice for life or for a term of not more than 99 years or less than 15 years and a fine not to exceed \$250,000
Delivery of marijuana (Health & Safety Code/481.120)	Class B misdemeanor	Imprisonment in the institutional division of the Texas Department of Criminal Justice for life or for a term of not more than 99 years or less than 10 years, and a fine not to exceed \$100,000
Possession of Marijuana (Health & Safety Code/481.121)	Class B misdemeanor	Imprisonment in the institutional division of the Texas Department of Criminal Justice for life or for a term of not more than 99 years or less than 5 years, and a fine not to exceed \$50,000
Falsification of drug test results (Health & Safety Code/481.133	Class B misdemeanor	Class A misdemeanor
Conviction of a felony violation of the control substance act (Transportation Code/521.372)		Suspension of driver's license
Driving While Intoxicated (includes intoxication from alcohol, drugs or both) (Penal Code/49.04)	Class B misdemeanor, with a minimum term of confinement of 72 hours. *If found with open container of alcohol in person's possession, a Class B misdemeanor with a minimum term of confinement of 6 days	Felony of the third degree
Public Intoxication (Penal Code/49.02)		Class C misdemeanor
Purchase of alcohol by a minor(Alcohol Beverage Code/106.02)	Class C misdemeanor	A fine of not less than \$250 or more than \$2,000 and confinement in jail for a term not to exceed 180 days
Consumption of alcohol by a minor(Alcohol Beverage Code/106.04)	Class C misdemeanor	A fine of not less than \$250 or more than \$2,000 and confinement in jail for a term not to exceed 180 days
Possession of alcohol by a minor(Alcohol Beverage Code/106.05)	Class C misdemeanor	A fine of not less than \$250 or more than \$2,000 and confinement in jail for a term not to exceed 180 days
Sale of alcohol to a minor(Alcohol Beverage Code/106.03)		Class A misdemeanor
Driving under the influence by a minor (Alcohol Beverage Code/106.041)	Class C misdemeanor	A fine of not less than \$500 or more than \$2,000 confinement in jail for a term not to exceed 180 days. In addition, court may order minor to perform community service for not less than 40 hours or more than 60 hours.

PENALTIES UNDER FEDERAL LAW		
Offense	Minimum Punishment	Maximum Punishment
Manufacture, distribution, or dispensing drugs (includes Marijuana)(21 USC 844)	A term of imprisonment not more than 1 year, and a minimum fine of \$1,000	A term of life imprisonment without release (not eligible for parole) and a fine not to exceed \$8,000(for individual) or \$20,000 (if other than individual).
Possession of drugs (includes marijuana) (USC 844)	Civil penalty in amount not to exceed \$10,000	Imprisonment for not more than 20 years and not less than 5 years, a fine of not less than \$5,000 plus cost of investigation and prosecution.
Operation of a common carrier under the influence of alcohol or drugs (21 USC 802)		Imprisonment for up to 15 years and a fine not to exceed \$250,000.

***Penal Code additions in the 2007/2008 academic year**
32.15 – It is an offense to possess the identifying information or three or more other people with the intent to defraud or harm. This is significant to students that become involved in distributing identification to allow underage drinking. In some cases this can be as serious as a first-degree felony.

49.07 – Intoxication assault and 49.08 – Intoxication manslaughter have both been enhanced one degree if the victim is a Peace Officer, Firefighter or Emergency Medical person and it happens in the discharge of their duties.

****Health and Safety Code additions In the 2007/2008 academic year**
481.112 – The manufacture of a substance in penalty group I is enhanced one degree if a person under 18 years of age is on the premises when the manufacturing occurs.

DRUG FREE
SCHOOLS
AND
COMMUNITIES

INFORMATION FOR STUDENTS AND
EMPLOYEES REGARDING
ILLCIT DRUGS AND ALCOHOL
ABUSE

- Standards of Conduct Prohibiting Unlawful Possession, Use, or Distribution of Illicit Drugs and Alcohol
- Health Risks Associated with Use of Drugs and Alcohol Abuse
- University Penalties for Prohibited Conduct Related to Drugs and Alcohol
- Counseling and Rehabilitation Programs
- Criminal Penalties Under State and Federal Law for Unlawful Possession, Use, or Distribution of Drugs and Alcohol

STANDARDS OF CONDUCT

A student who, by a preponderance of the evidence, under these Rules and Regulations, is found to have illegally possessed, used, sold or distributed any drug, narcotic, or controlled substance, whether the infraction is found to have occurred on or off campus, shall be subject to discipline, ranging from mandatory, university or college approved counseling to expulsion. Mitigating or aggravating factors in assessing the proper level of discipline shall include, but not necessarily be limited to, the student's motive for engaging in the behavior; disciplinary history; effect of the behavior on safety and security of the university or college community; and the likelihood that the behavior will recur. A second infraction for a drug-related offense shall result in permanent expulsion from the component and from all other institutions in the Texas State University System. A student who has been suspended, dismissed, probated or expelled from any system component shall be ineligible to enroll at any other system component during the applicable period of discipline.

UPPS 04.04.45 (Drug Free Workplace) prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in all university workplaces. University employees who violate this prohibition are subject to the sanctions set forth in UPPS 04.04.40 (Terminating and Disciplining Staff Employees), including discharge.

HEALTH RISKS OF ALCOHOL AND OTHER DRUGS

Alcohol – Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. Like very high doses, sudden cessation of alcohol intake is likely to produce withdrawal symptoms including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol can also lead to permanent damage to vital organs such as the brain and the liver. Females who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome (physical abnormalities and mental retardation). In addition, research indicates that children of alcoholic parents are at greater risk than other children of becoming alcoholics.

Tobacco (Nicotine) – The smoking of tobacco products is a major, avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease. Cancer is strongly linked to smoking. Chronic obstructive lung diseases such as emphysema and chronic bronchitis are 10 times more likely to occur among smokers than among nonsmokers. Smoking during pregnancy poses serious risks to infants. The most dangerous substance in tobacco is nicotine. Because nicotine is highly addictive, smokers find it very difficult to stop smoking.

Designer Drugs – Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate. Many of the so-called designer drugs are related to amphetamines (MDMA, X). Bootleg manufacture creates overdose and contamination risks. These substances can produce severe neurochemical damage to the brain. The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depressions and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause hallucinations, and impaired perception.

Cocaine – Cocaine stimulates the central nervous system. The use of cocaine can cause death by cardiac arrest or respiratory failure. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly. Crack or free base rock is extremely addictive and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucination, paranoia, and seizures.

Amphetamines – Amphetamine use causes increased heart and respiratory rates, elevated blood pressure, and dilated pupils. Large doses cause rapid or irregular heartbeat, tremors and physical collapse. An amphetamine injection creates a sudden increase in blood

pressure that can result in stroke, high fever and heart failure. An individual using amphetamines might begin to lose weight, have periods of excessive sweating, and appear restless, anxious, moody and unable to focus. Extended use may produce psychosis, including hallucinations, delusions and paranoia.

Marijuana – Marijuana use leads to a substantial increase in heart rate. It impairs or reduces short-term memory and comprehension and motivation and cognition are altered. With extended use it can produce paranoia and psychosis. Smoking marijuana damages the lungs and pulmonary system. Marijuana contains more cancer causing agents than tobacco. It also lowers male sex hormones, suppresses ovulation, and causes changes in the menstrual cycle and possibly causes birth defects. Someone who uses marijuana may have bloodshot eyes, dry mouth and throat, a poor sense of timing and increased appetite.

Anabolic Steroids – Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and the cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Hallucinogens – Lysergic acid (LSD), mescaline, and psilocybin (mushrooms) cause hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors. Sensations and feelings may change rapidly. It is common to have bad psychological reactions to LSD, mescaline, psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects or flashbacks, can occur even after use has ceased. Users of PCP report persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year following prolonged daily use. Mood disorders – depression, anxiety, and violent behavior – also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior. Large doses may produce convulsions and coma, as well as heart and lung failure.

Barbiturates – In small doses, barbiturates produce calmness, relaxed muscles and lowered anxiety. Larger doses cause slurred speech, staggering gait and altered perception. Very large doses taken in combination with other central nervous system depressants (e.g. alcohol) cause respiratory depressions, coma and sometimes death. A person who uses barbiturates may have poor muscle control, appear drowsy or drunk, become confused, irritable, and inattentive or have slowed reactions.

Narcotics – Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users may also experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death. Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in diseases such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Depressants – The effects of depressants are, in many ways, similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Large doses can cause respiratory depression, coma and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks. The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Inhalants – The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and Butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage. Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops. Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

UNIVERSITY PENALTIES

Students – The University may impose a disciplinary penalty up to expulsion as is specified in the regents' rules and the Code of Student Conduct, for conduct related to the use, possession, or distribution of drugs prohibited by state, federal or local law. Other penalties that may be imposed for conduct related to the unlawful use, possession, or distribution of drugs or alcohol include suspension, disciplinary probation, payment for damage to or misappropriation of property, suspension of rights and privileges, expulsion, or such other penalty as may be deemed appropriate under the circumstances.

Employees – The unlawful use, possession, or distribution of drugs or alcohol may result in a disciplinary penalty of warning or reprimand, suspension, reduction in pay, demotion, or discharge, depending on the circumstances.

AVAILABLE DRUG AND ALCOHOL COUNSELING OR REHABILITATION SERVICES

Campus Services:

Alcohol and Drug Resource Center: The Alcohol and Drug Resource Center provides a variety of services for students and employees experiencing problems related to the use or abuse of alcohol and other drugs. Services include counseling, assessment and referral as well as educational programs and social opportunities. The Alcohol and Drug Resource Center is located in LBJ Student Center, Room 5-4.1. The telephone number is 512-245-3601.

The Assessment and Counseling Clinic: The Assessment and Counseling Clinic provides a variety of counseling services for the campus and San Marcos community. Counseling services are provided by advanced graduate students with the professional counseling program, under the direct supervision of a faculty member from this program. The Clinic is located on the first floor of the Education building on campus. The telephone number is 512-245-8349.

Counseling Center: The Counseling Center offers a variety of confidential services to help currently enrolled students deal with personal and academic concerns. They have a staff of psychologists and professional counselors available to provide counseling for a wide range of issues. The Counseling Center is located in the LBJ Student Center, Room 5-4.1. The telephone number is 512-245-2208.

Employee Helpline: Texas State employees are encouraged to use the Employee Helpline, which provides assistance with personal, family or alcohol and drug problems. Call 512-245-2208 or 512-245-3601 between 8 a.m. and 5 p.m. and request a referral or an appointment.

Community Services:

Hays Caldwell Council on Alcohol and Drug Abuse: The Council is dedicated to promoting community and family enrichment through substance abuse prevention, intervention, and treatment and offers a wide variety of services to the San Marcos community. The Council is located at 1901 Dutton Drive #E. The telephone number is 512-396-7605.

Community-based support groups in San Marcos meet on a regular basis. These groups include Alcoholics Anonymous, Narcotics Anonymous, Al-Anon and Alateen. For specific meeting dates, times and locations, call any of the following groups.

Al-Anon, a support group for relatives and friends of alcohol abusers
512-392-2064 or 512-353-1979

Alateen, a support group for teens, 512-392-2064

Alcoholics Anonymous, 512-245-3601 or 512-396-2060

Cocaine Anonymous, 512-396-7695

Narcotics Anonymous, 512-396-7695 or 512-353-1979

For further information concerning groups in the surrounding area please call the Alcohol and Drug Resource Center on campus, 512-245-3601.

MULTIPLE EMPLOYMENTS WITH THE STATE

Senate Bill 174, Chapter 666

Reviewed 8/10

1. General Provisions

A person who is employed by more than one state agency or institution of higher education may not receive benefits from the state that exceed the benefits provided for one full-time employee. The person must be informed of the requirements of this chapter before the person is employed by more than one agency or institution:

- a. Separate vacation and sick leave records must be maintained for each employment. If the person separates from employment, the person's leave balances that were accrued under that employment may not be transferred to the remaining employments.
- b. The person accrues state service credit for all purposes as if the person had only one employment.
- c. The total state contribution toward the person's group insurance is limited to the amount specified in the General Appropriations Act for a full-time active employee.
- d. Overtime compensation accrues for each employment independently of every other employment except as provided as follows. If the person is subject to the overtime provisions of the federal Fair Labor Standards Act of 1938 in an employment, the employing agencies and institutions of higher education shall ensure that the person is compensated for all combined time actually worked that exceeds 40 hours per week in accordance with the overtime provisions of the federal law. The agencies and institutions shall cooperate to determine which agency or institution is responsible for ensuring that the employee is properly compensated according to those provisions.
- e. An employing agency or institution may not use multiple employments of an employee within the same agency or institution for the purpose of (1) paying the employee for working more than 40 hours in a week instead of earning compensatory time in accordance with state law; or (2) paying the employee a greater salary than is allowed for either of the employee's positions.
- f. The person must inform the person's employing state agencies or institutions of higher education before accepting an additional employment with another agency or institution.

2. Special Provisions for Legislative Agencies

If a person's multiple employment involves only legislative agencies and all employments are less than full-time, the person may use paid leave from leave balances in all employments, and on separating from one employment, leave balances accrued under that employment will be transferred to the remaining employments.

3. Special Provisions for Institutions of Higher Education

A university system may establish a policy that defines a person's employment as the total hours the person is assigned to one component of the system, or to all components of the system. The policy may apply to a person only if the person is employed by more than one institution of higher education and all the employing institutions are within the same university system.

Texas State University policy requires that an employee:

1. Apply for and receive University approval *prior* to accepting any other state employment in a multiple employment status; and
2. Apply for and receive University approval *prior* to accepting Texas State University employment if already employed at another state agency/institution which would place the person in a multiple employment status.

Political Activities by Certain Public Entities and Individuals

§ 556.004. Prohibited Acts of Agencies and Individuals

(a) A state agency may not use any money under its control, including appropriated money, to finance or otherwise support the candidacy of a person for an office in the legislative, executive, or judicial branch of state government or of the government of the United States. This prohibition extends to the direct or indirect employment of a person to perform an action described by this subsection.

(b) A state officer or employee may not use a state-owned or state-leased motor vehicle for a purpose described by Subsection (a).

(c) A state officer or employee may not use official authority or influence or permit the use of a program administered by the state agency of which the person is an officer or employee to interfere with or affect the result of an election or nomination of a candidate or to achieve any other political purpose.

(d) A state employee may not coerce, attempt to coerce, command, restrict, attempt to restrict, or prevent the payment, loan, or contribution of any thing of value to a person or political organization for a political purpose.

(e) For purposes of Subsection (c), a state officer or employee does not interfere with or affect the results of an election or nomination if the individual's conduct is permitted by a law relating to the individual's office or employment and is not otherwise unlawful.

§ 556.005. Employment of Lobbyist

(a) A state agency may not use appropriated money to employ, as a regular full-time or part-time or contract employee, a person who is required by Chapter 305 to register as a lobbyist. Except for an institution of higher education as defined by Section 61.003, Education Code, a state agency may not use any money under its control to employ or contract with an individual who is required by Chapter 305 to register as a lobbyist.

(b) A state agency may not use appropriated money to pay, on behalf of the agency or an officer or employee of the agency, membership dues to an organization that pays part or all of the salary of a person who is required by Chapter 305 to register as a lobbyist.

(c) A state agency that violates Subsection (a) is subject to a reduction of amounts appropriated for administration by the General Appropriations Act for the biennium following the biennium in which the violation occurs in an amount not to exceed \$100,000 for each violation.

(d) A state agency administering a statewide retirement plan may enter into a contract to receive assistance or advice regarding the qualified tax status of the plan or on other federal matters affecting the administration of the state agency or its programs if the contractor is not required by Chapter 305 to register as a lobbyist.

§ 556.006. Legislative Lobbying

(a) A state agency may not use appropriated money to attempt to influence the passage or defeat of a legislative measure.

(b) This section does not prohibit a state officer or employee from using state resources to provide public information or to provide information responsive to a request.

§ 556.007. Termination of Employment

A state employee who causes an employee to be discharged, demoted, or otherwise discriminated against for providing information under Section 556.006(b) or who violates Section 556.004(c) or (d) is subject to immediate termination of employment.

§ 556.008. Compensation Prohibition

A state agency may not use appropriated money to compensate a state officer or employee who violates Section 556.004(a), (b), or (c) or Section 556.005 or 556.006(a), or who is subject to termination under Section 556.007.

Texas State University-San Marcos

(Rev. 8/10)

Illegal Discrimination Policy

Texas State University-San Marcos forbids illegal discrimination on the basis of race, color, national origin, age, religion, sex, or disability. Faculty members, staff employees, and students who discriminate against others on these grounds in connection with a university activity or program are subject to disciplinary sanctions, including termination.

REPORTING DISCRIMINATION

Any member of the university community may report instances of illegal discrimination. The report may be given orally or in writing and signed by the complainant. The report is confidential and should not be disclosed to unauthorized persons. All complaints should be reported to the Equity and Access Office.

- * Faculty members who believe they have been victims of illegal discrimination may inform their department chair or the school dean.
- * Staff employees who believe they have been victims of illegal discrimination may inform the Director of Equity and Access, their department chair or the school dean.
- * Students who believe they have been a victim of illegal discrimination may inform the Dean of Students, department chair, or school dean.

INVESTIGATING REPORTS OF DISCRIMINATION

The Director of Equity and Access will conduct a preliminary investigation of all allegations and may facilitate a satisfactory resolution of the allegation by the parties. If the complaint is not resolved, the Director of Equity and Access will select 6 members from the Human Resources Investigating Committee who will serve as an impartial fact-finding panel. The panel will inform the alleged offender of the specific written charge and will afford him or her an opportunity to respond by presenting information and witnesses before the panel. The panel will report its findings in writing to the appropriate Vice President and send copies to the complainant and alleged offender.

DISPOSITION

The Vice President will expeditiously resolve the complaint. The Vice President may take disciplinary action against the alleged offender as provided in the appropriate faculty, staff, or student handbook, or university policies and procedures. The Vice President may also require that the alleged offender participate in education and training. The Vice President's decision is final and cannot be grieved or appealed.

Retaliation Prohibited for Reporting Violation of Law

- (a) A state or local governmental entity may not suspend or terminate the employment of, or take other adverse personnel action against, a public employee who in good faith reports a violation of law by the employing governmental entity or another public employee to an appropriate law enforcement authority.
- (b) In this section, a report is made to an appropriate law enforcement authority if the authority is a part of a state or local government entity or of the federal government that the employee in good faith believes is authorized to:
 - (1) regulate under or enforce the law alleged to be violated in the report; or
 - (2) investigate or prosecute a violation of criminal law.

Amended by Acts 1995, 74th Leg., Ch. 721, effective June 15, 1995.

Standards of Conduct – Conflict of Interest

A state officer or employee should not:

1. accept or solicit any gift, favor, or service that might reasonably tend to influence the officer or employee in the discharge of official duties or that the officer or employee knows or should know is being offered with the intent to influence the officer's or employee's official conduct;
2. accept other employment or engage in a business or professional activity that the officer or employee might reasonably expect would require or induce the officer or employee to disclose confidential information acquired by reason of the official position;
3. accept other employment or compensation that could reasonably be expected to impair the officer's or employee's independence of judgment in the performance of the officer's or employee's official duties;
4. make personal investments that could reasonably be expected to create a substantial conflict between the officer's or employee's private interest and the public interest; or
5. intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised the officer's or employee's official powers or performed the officer's or employee's official duties in favor of another.

The Federal Immigration Reform and Control Act

The Federal Immigration Reform and Control Act (ICRA) of 1986 requires that verification of identity and employment eligibility take place at the time of hire and that within three (3) work days of time of hire:

1. The individual must provide specifically required original documents proving both identity and eligibility/authorization to work as well as certify on a special form such information under penalty of perjury.
2. The employer must examine the above mentioned forms to insure legibility, signature, authenticity of the supporting documents, and verifying such on the required form as well as obtaining copies of these documents for record keeping purposes only.

All employees hired on or after November 7, 1986 will be required to provide the required documents as a condition of employment.

Student Right-to-Know and Campus Security Act)

Texas State University's annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings owned or controlled by Texas State; and on public property within, or immediately adjacent to and accessible from the campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. The Texas State Campus Security Report is available through the UPD website at: <http://www.police.txstate.edu>. It is also available by mail at no charge from Texas State's offices of Admission, Graduate College, Human Resources or the University Police Department by calling (512) 245-2111.

State Purchasing and General Services Act
Article 601b, Vernon's Texas Civil Statutes
State Property--Accounting and Responsibility

Be it enacted by the Legislature of the State of Texas:

Definitions

In this Act:

- (1) "Commission" means the General Services Commission.
- (2) "State agency" means:
 - (a) any department, commission, board, office, or other agency in the executive branch of state government created by the constitution or a statute of this state;
 - (b) the Supreme Court of Texas, the Court of Criminal Appeals of Texas, a court of civil appeals, or the Texas Civil Judicial Council; or
 - (c) a university system or an institution of higher education as defined in Section 61.003, Texas Education Code, as amended, other than a public junior college.

Subchapter L. PROPERTY ACCOUNTING

Sec. 403.271 Property accounting system

- (a) This subchapter applies to all personal property belonging to the state.
- (b) The comptroller shall administer the property accounting system and maintain centralized records based on information supplied by state agencies and the uniform statewide accounting system. The comptroller shall adopt necessary rules for the implementation of the property accounting system, including setting the dollar value amount for capital assets and authorizing exemptions from reporting.
- (c) The property accounting system shall constitute, to the extent possible, the fixed asset component of the uniform statewide accounting system.
- (d) The comptroller may authorize a state agency to keep property accounting records at the agency's principal office if the agency maintains complete, accurate, and detailed records. When the comptroller makes such a finding, it shall keep summary records of the property held by that agency. The agency shall maintain detail records in the manner prescribed by the comptroller and shall furnish reports at the time and in the form directed by the comptroller.
- (e) A state agency shall mark and identify state property in its possession. The agency shall follow the rules issued by the comptroller in marking state property.

Sec.403.272 Responsibility for property accounting

- (a) A state agency must comply with this subchapter and maintain the property records required.
- (b) All personal property owned by the state shall be accounted for by the agency that possesses the property. The comptroller shall define personal property by rule for the purposes of this subchapter. In adopting rules, the comptroller shall consider the value of the property, its expected useful life, and the cost of record keeping. The comptroller shall consult with the state auditor in drafting rules. The state auditor shall cooperate with the comptroller by giving technical assistance and advice.

Sec.403.273 Property manager; property inventory

- (a) The head of each state agency is responsible for the custody and care of state property in the agency's possession.
- (b) The head of each state agency shall designate a property manager and inform the comptroller of the designation. Subject to comptroller approval, more than one property manager may be appointed by the agency head.
- (c) The property manager shall maintain the records required and be the custodian of all property possessed by the agency.
- (d) State property may be used only for state purposes.
- (e) When an agency's property is entrusted to a person other than the property manager, the property manager shall require a written receipt from the person receiving custody of the property. When the property of one agency is lent to another agency, the lending must be authorized in writing by the head of the agency that is lending the property. A written receipt must be executed by the head of the agency that is receiving the property.
- (f) On the date prescribed by the comptroller, a state agency shall make a complete physical inventory of all property in its possession. The inventory must be completed once each year.
- (g) Within 45 days after the inventory date prescribed by the comptroller, the head of each state agency shall forward to the comptroller a signed statement describing the method used to verify the inventory and a copy of the inventory.
- (h) The property records prepared by each state agency must accurately reflect the property currently possessed by the agency. The agency must use the methods prescribed by the comptroller to delete property from the agency's property records. Property that has become surplus or obsolete and no longer serviceable may be deleted from the agency's record only upon authorization by the comptroller. Property that is missing or that is disposed of directly by the agency shall be deleted from the comptroller's records on approval by the state auditor.

Sec.403.274 Change of Agency head or property manager

When the head or property manager of an agency changes, the new head or property manager of the agency shall execute a receipt for all agency property accounted for to the outgoing agency head or property manager. A copy of the receipt shall be delivered to the comptroller, the state auditor, and the outgoing agency head or property manager.

(Over)

Sec.403.275 Liability for property loss

The liability prescribed by this section may attach on a joint and several basis to more than one person in a particular instance. A person is pecuniarily liable for the loss sustained by the state if:

(1) agency property disappears, as a result of the failure of the head of an agency, property manager, or agency employee entrusted with the property to exercise reasonable care for its safekeeping;

(2) agency property deteriorates as a result of the failure of the head of an agency, property manager, or agency employee entrusted with the property to exercise reasonable care to maintain and service the property; or

(3) agency property is damaged or destroyed as a result of an intentional wrongful act or of a negligent act of any state official or employee.

Sec.403.276. Reporting to state auditor and Attorney General

(a) If a head of an agency has reasonable cause to believe that any state property in the agency's possession has been lost, destroyed, or damaged through the negligence or fault of any state official or employee, the agency head responsible shall immediately report the loss, destruction, or damage to the state auditor and to the attorney general.

(b) The attorney general shall investigate a report of loss, destruction, or damage to state property.

(c) If the investigation discloses that a property loss has been sustained by the state through the fault of a state official or employee, the attorney general shall make written demand on the state official or employee for reimbursement to the state for the loss sustained.

(d) If the demand made by the attorney general for reimbursement for property loss, destruction, or damage is refused or disregarded by the state official or employee on whom such demand is made, the attorney general may take legal action to recover the value of the state property as the attorney general deems necessary.

(e) Venue for all suits instituted under this section against a state official or employee is in a court of appropriate jurisdiction of Travis County.

Sec.403.277 Failure to keep records

If a state agency fails to keep the records or fails to take the annual physical inventory required by this subchapter, the comptroller may refuse to draw warrants or initiate electronic funds transfers on behalf of the agency.

Sec.403.278 Transfer of personal property

(a) A state agency may transfer any personal property of the state in its possession to another state agency with or without reimbursement between the agencies.

(b) When personal property in the possession of one state agency is transferred to the possession of another state agency, the transfers must be reported immediately to the comptroller by the transferor and the transferee on the forms prescribed.

Distribution of this article

Each agency head shall distribute a copy of this article to each official and employee of his agency and shall give a copy to each new employee of the agency.

HIV, AIDS and the Workplace

You may be wondering what HIV and AIDS could have to do with your job and workplace. Well, it depends on the type of work you do. Some people, like health care workers, have to deal with HIV and AIDS every day. Most of us, though, don't need to give much thought to HIV or AIDS when it comes to our jobs. And that makes a lot of sense, because HIV is not spread through the type of casual day-to-day contact that most of us have with other people in our jobs. On the other hand, it does make sense to be familiar with HIV and AIDS for our own personal health, as well as with the situations that might come up at work that do involve HIV and AIDS.

What you should know about HIV, AIDS and the workplace:

- HIV is the virus that causes AIDS, a disease that destroys a person's immune system.
- There are only a few ways that a person can be infected with HIV - most of which don't involve work-related situations.
- It is easy to protect yourself from being infected with HIV, both in your personal life and in workplace settings.

Some general information about HIV/AIDS:

Acquired Immune Deficiency Syndrome (AIDS) is the final stage of an infection caused by the **Human Immunodeficiency Virus (HIV)**. HIV attacks the body's immune system, hurting the body's ability to fight off diseases and other infections.

There is no cure for HIV infection or AIDS. There are also no clear symptoms of HIV infection, although some people may have flu-like symptoms for a few days after they are infected with HIV. But, even if an infected person has no symptoms, feels, and looks healthy, he or she can still pass the virus to others.

HIV is spread from person to person in the following body fluids:

- blood
- semen
- vaginal secretions
- breastmilk

HIV is **NOT** spread through the environment; it is a very fragile blood-borne virus. HIV-infected persons do not pose a threat to co-workers or clients during casual, day-to-day activities and contacts.

You CANNOT be infected with HIV through:

- | | |
|--|-----------------------------|
| • handshakes | • dishes, utensils, or food |
| • hugs or casual touching | • sneezing or coughing |
| • close working conditions | • air |
| • telephones, office equipment, or furniture | • water |
| • sinks, toilets, or showers | • insects |

There are only a few ways for a person to come in contact with HIV:

- by having sex, either anal, oral, or vaginal, without the use of a condom;
- by sharing needles, syringes, and other instruments that break the skin, such as tattoo and/or ear/body piercing needles;
- from an HIV-infected mother to her baby during pregnancy, birth, or breastfeeding; and
- by coming in contact with HIV-infected blood either through an open wound or through a blood transfusion. Risks from transfusions, however, are now very low because of blood-screening, which started in 1985.

HIV/STD FACTS ♦ HIV/STD FACTS ♦ HIV/STD FACTS ♦ HIV/STD FACTS ♦ HIV/STD FACTS

Texas Department of State Health Services ♦ HIV/STD Comprehensive Services Branch

CONTINUATION COVERAGE NOTIFICATION (COBRA)

On April 7, 1986, a federal law was enacted (Public Law 99-272, commonly called "COBRA"). This law requires the State of Texas to offer employees and dependents covered under the Texas Employees Group Benefits Program (GBP) the opportunity to temporarily extend their health and/or dental coverage at the group rates. Continuation coverage is available only when certain qualifying events cause coverage under the GBP to end. Coverage under COBRA is limited to the health and/or dental coverage in effect at the time of the qualifying event.

Note: If eligible for optional coverages as a retiree, this document is only applicable to health.

WHO MAY CONTINUE COVERAGE

If you are an employee covered under the GBP, you and/or your covered dependents have the right to elect up to 18 months of continuation coverage if your GBP coverage ended due to:

- Termination of employment for reasons other than gross misconduct (including retirement with less than 10 years of service credit with the Employees Retirement System of Texas (ERS), Teacher Retirement System (TRS) of Texas or an Optional Retirement Program (ORP)
- Loss of GBP eligibility due to expiration of coverage following leave without pay
- Loss of GBP eligibility due to reduction of hours

If you are a dependent covered by an employee under the GBP, you have the right to elect up to 36 months of continuation coverage if your GBP coverage ended due to loss of dependent status, including such qualifying events as:

- Death of the employee
- Divorce of the employee and covered spouse
- A dependent child who marries or attains age 25
- An other than natural child who moves out of the employee's household

If you are a former employee's dependent continuing GBP coverage under COBRA as a result of the former employee's termination of employment, expiration of coverage following leave without pay or loss of GBP eligibility due to reduction of hours, you have the right to extend your coverage for a total continuation period of up to 36 months if a secondary qualifying event occurs and you lose dependent status under the rules of the GBP provided you were covered as a dependent at the time of the initial qualifying event. A COBRA participant's newborn child or newly adopted child acquired on or after the initial qualifying event who is added to the existing COBRA coverage will also have a right to extend their coverage. Secondary qualifying events which occur during the initial 18 months of continuation coverage that entitles covered dependents to the additional continuation period are:

- Death of the former employee
- Divorce of the former employee and covered spouse
- A dependent child who marries or attains age 25
- An other than natural child who moves out of the employee's household
- The former employee begins receiving Medicare benefits.

ELECTION PERIOD

For employees and dependents eligible for continuation coverage

The ERS will provide you with a COBRA Election Form and COBRA Notification following the termination of your coverage. You and/or your dependents must formally elect continuation coverage on the form provided and submit the appropriate premium payment within 105 days of the date coverage terminated or the date of notice, whichever is later. Failure to do so will result in the forfeiture of your continuation coverage. Each covered participant has the right to elect continuation coverage independently. **You and your dependents will not have coverage after the date coverage terminated until you formally elect continuation coverage and pay all premiums due retroactive to the first day of the month following the date coverage terminated.**

For dependents whose coverage terminates due to loss of dependent status

The member or the covered dependent has the responsibility to notify one of the following of a divorce or when a covered dependent loses dependent status. Notification must occur within 60 days of the qualifying event date.

- Active employee – your agency or institution Benefits Coordinator
- Retiree or current COBRA participant – the Employees Retirement System of Texas (ERS)

Upon notification the ERS will provide a form for the dependent to complete and forward to the ERS with the appropriate premium within 105 days of the date of notice on the form or the date coverage terminated, whichever is later. If the Benefits Coordinator or the ERS is not notified within 60 days, continuation coverage will be forfeited.

Adding newly acquired dependents during the election period

Newly acquired dependents may be added to the COBRA continuation coverage provided the ERS is notified in writing within 30 days of the date the individual first became an eligible dependent. This rule also applies during the 105-day election period. Example: An employee terminated employment on July 20 and acquired an eligible dependent on August 5. To add the new dependent to the COBRA continuation coverage, the request must be postmarked on or before September 4 even though the 30-day notification deadline occurs before the end of the 105-day election period.

COST OF CONTINUATION COVERAGE

Persons electing continuation coverage must pay the full premium plus an additional 2% administrative fee. The first premium payment is due within 105 days from the date of the COBRA qualifying event or the date of notice, whichever is later. If you will receive an annuity from ERS, your monthly premium will be automatically deducted from your monthly annuity payment. To ensure that no break in coverage occurs, the first premium payment must include all premiums due retroactive to the first day of the month following the date coverage terminated. Subsequent monthly payments are due on the first of each coverage month and must be postmarked by the U. S. Postal Service within 30 days of the due date. If your payment is late, your coverage will be automatically cancelled retroactive to the last day of the month in which a full payment was received and was not considered delinquent.

LENGTH OF CONTINUATION COVERAGE

Your continuation coverage may be cancelled for any of the following reasons:

- The required premium for your continuation coverage is not received within the required time period, regardless of the circumstances.
- You enroll in another group health plan on or after the COBRA coverage effective date unless the other group health plan subjects you to a pre-existing condition limitation or exclusion. If you enroll in another group health plan, your COBRA coverage will end when the new group health plan covers you and does not limit or exclude coverage for pre-existing conditions in accordance with Public Law 104-191 (Health Insurance Portability and Accountability Act of 1996).
- You begin receiving Medicare benefits on or after the COBRA coverage effective date.
- The GBP ceases to provide coverage to any employee/retiree.
- You extend coverage due to a disability and the Social Security Administration (SSA) makes a final determination that the disability no longer exists.
- You submit a written request to cancel coverage. Cancellations will be made effective the last day of the month in which the U. S. Postal Service postmarks your request. Therefore, you must make the full premium payment for the month in which you are mailing the cancellation request.

IMPORTANT: Cancelled continuation coverage cannot be reinstated.

Special provision for covered individuals who are determined to be disabled by the SSA

An 18-month continuation coverage period may be extended to a possible maximum of 29 months if a qualified beneficiary is determined to be disabled under Title II or XVI of the Social Security Act at any time prior to or during the first 60 days of COBRA continuation coverage. The disabled individual may be any qualified beneficiary whose coverage was continued under COBRA due to termination of employment, expiration of coverage following leave without pay or due to reduction of hours. To be eligible for the extension, the ERS must be notified by submitting a copy of the SSA Notice of Award letter during the initial 18 months of COBRA continuation coverage. Coverage will be extended for an additional 11 months or until Medicare entitlement begins, whichever occurs first. The premium for the additional months of coverage will be equal to 150% of the current cost of coverage in the GBP. A covered individual who may be eligible for the coverage extension period due to a disability must contact the local SSA office to begin the determination process.

Conversion to an individual policy

Within thirty (30) days after the date your COBRA continuation coverage expires, you may enroll in an individual conversion health plan and or dental plan. Please contact your health and/or dental plan for specific information.

***Questions about COBRA continuation coverage should be direct to the
Customer Benefits Division of the Employees Retirement System at
(512) 867-7711 or toll free (877) 275-4377 (outside the Austin calling area only)***

Information for Participants Continuing Their Coverage

We have prepared some of the most commonly asked questions regarding COBRA continuation coverage. These are general questions only. For more specific information, please contact the Customer Benefits Division of the Employees Retirement System (ERS) directly at (512) 867-7711 or toll-free (877) 275-4377 (outside the Austin calling area). Our mailing address is P. O. Box 13207, Austin, Texas 78711-3207.

What is COBRA?

COBRA is an acronym for “Consolidated Omnibus Budget Reconciliation Act of 1985.” COBRA requires employers to offer continuation of group health and/or dental benefits for a specified time to individuals who would otherwise lose coverage due to certain qualifying events.

What is a Qualified Beneficiary?

An individual who is entitled to COBRA continuation coverage due to being covered under a group health and/or dental plan on the day the qualifying event causes loss of coverage (e.g., termination of employment, divorce from the covered employee, etc.). This also includes a COBRA participant’s newborn child or newly adopted child acquired who is added to the coverage on or after the initial qualifying event.

How long can a Qualified Beneficiary keep COBRA coverage?

If a qualifying event is due to termination of employment, loss of coverage following leave without pay or reduction in hours, a qualified beneficiary is entitled to a maximum of 18 months of continuation coverage. All other qualifying events entitle a qualified beneficiary up to 36 months of coverage. An 18-month continuation period may be extended to 36 months if a secondary qualifying event occurs during the initial 18-month continuation coverage period (e.g., divorce, death or loss of dependent status). A qualified beneficiary is never entitled to more than 36 months of continuation coverage.

How long can a disabled individual remain on COBRA?

A qualified beneficiary who is determined to be disabled by the SSA under Title II or XVI before or at any time during the first 60 days of COBRA coverage may be eligible to extend coverage from 18 to a possible maximum of 29 months. The ERS must receive a copy of the SSA Notice of Award letter prior to the end of the original 18-month continuation coverage period.

How much are the premiums?

Premiums for 18-month and 36-month qualifying events are calculated at 102% of the current group rate. The premium for disability participants who extend their coverage beyond the initial 18 months of coverage will be calculated at 150% of the current group rate. Premiums are recalculated every year; if the rates change, the new plan year premium amount will be effective beginning September 1. You will be sent a new payment notice for the new plan year, after September 1. Premium amounts for other levels of coverage may be obtained by contacting the ERS or visiting the ERS website at www.ers.state.tx.us.

When are the premiums due?

The initial COBRA premium payment will be due within 105 days of the date coverage terminated or the date of notice whichever is later. If you will receive an annuity from ERS, your monthly premium will be automatically deducted from your monthly annuity payment. Subsequent premiums are due on the first day of the coverage month. Your monthly premium payment must be postmarked within thirty (30) days of the due date or coverage will be automatically cancelled retroactive to the last day of the month in which a full premium payment was received and was not considered delinquent. For example, your June premium payment is due on June 1, and will be considered late if it is postmarked after June 30. If the June premium payment is late, coverage would be terminated May 31.

Will the ERS notify me if a premium payment is not received?

It is the participant’s responsibility to determine if a premium payment is due. If your coverage is cancelled, you will be notified at that time. Cancelled COBRA coverage may not be reinstated.

For what reasons can COBRA coverage be cancelled by the ERS?

COBRA coverage may be cancelled prior to the end of the continuation coverage expiration date if:

- A timely premium payment is not received.
- The GBP ceases to provide coverage to any employee/retiree.

- The participant becomes covered under another group health and/or dental plan on or after the COBRA coverage effective date unless the participant is subject to a pre-existing condition limitation or exclusion in the other group health plan. COBRA coverage will end when the new group health plan coverage begins and there is no limitation or exclusion for pre-existing conditions in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- The participant begins receiving Medicare benefits on or after the COBRA coverage effective date.
- The participant extends coverage due to a disability and later begins receiving Medicare benefits or the SSA makes a final determination that the disability no longer exists.
- A written request is received from the participant requesting cancellation of coverage. Coverage cancellations will be made effective the last day of the month in which the U. S. Postal Service postmarks the request. A full premium payment must be submitted for the month in which a request for cancellation is submitted.

IMPORTANT: Cancelled COBRA coverage may not be reinstated

What if I become covered under another group health plan or begin receiving Medicare benefits?

You are responsible for notifying the ERS in writing when you enroll in another group health and/or dental plan or begin receiving Medicare benefits. The right to continue COBRA coverage terminates when an individual becomes covered on or after the COBRA effective date by another group health plan that does not limit or exclude coverage for pre-existing conditions OR if you begin receiving Medicare benefits. Your COBRA coverage will be cancelled retroactive to the last day of the month prior to the month in which you first became covered under the other group health and/or dental plan or began receiving Medicare benefits.

Under HIPAA, a group health plan's pre-existing condition exclusion period will be reduced month for month by the individual's preceding period of "creditable coverage" under another health plan. The continuous coverage period in another health plan is considered "creditable coverage" provided there has been no lapse in coverage of more than 63 days. COBRA continuation coverage may be terminated if a COBRA participant becomes covered by a new group health plan with a pre-existing condition exclusion clause that is satisfied by the "creditable coverage" provision. The HIPAA rules limiting the applicability of exclusions in most employers' health plans for pre-existing conditions became effective in plan years beginning on or after July 1, 1997.

If a participant becomes covered by another group health plan that limits or excludes coverage for pre-existing conditions on or after the COBRA effective date, COBRA coverage will not be terminated until the expiration of the pre-existing conditions exclusion period. In order to continue COBRA coverage you will be required to provide the following items regarding the other group health plan: documentation of the pre-existing conditions limitation provision, documentation of the effective date of coverage for each person that is covered by the other group health plan and documentation (e.g. medical or prescription billings) indicating that services were provided during the pre-existing period for each person that is covered by the other group health plan. COBRA coverage will be cancelled on the last day of the month in which the pre-existing condition exclusion period expires.

What if I return to employment with a GBP participating agency or higher education institution?

If you return to employment with a GBP participating agency or higher education institution while your COBRA coverage is in effect, your COBRA coverage will extend through the end of your rehire month. The full COBRA premium for the month during which you became covered as an active employee or as a dependent of an active employee will be due. This will not result in a break in coverage. However, if the full premium is not received, COBRA coverage will be retroactively cancelled and you will be subject to the 90-day waiting period.

May I change my health and/or dental carrier or make changes to my COBRA coverage?

COBRA coverage will continue with your current health and/or dental carrier. If you are enrolled in a Health Maintenance Organization (HMO) and move out of the service area where there is no other HMO available, you will be automatically enrolled in HealthSelect. You may decrease your level of coverage by submitting a written request to the ERS. The decrease in coverage will be effective the first day of the month following the postmarked date of your request. Newly acquired dependents may be added if you notify the ERS in writing within thirty (30) days of the qualifying life event. (For example, if you were married on July 1, to add your new spouse, your request must be postmarked on or before July 31). Other eligible dependents may be added and eligible changes may be made during the annual Summer Enrollment Period or through the Evidence of Insurability (EOI) process.

Can COBRA coverage be converted to an individual policy?

COBRA coverage may be converted to an individual policy if you apply for conversion within thirty (30) days after the date your COBRA coverage expires or is cancelled, provided your premium payments are current. We will notify you forty-five (45) days before the expiration date. Please contact your health and/or dental carrier for specific information about conversion.

THE EMPLOYEES RETIREMENT SYSTEM OF TEXAS

SUMMARY NOTICE OF PRIVACY PRACTICES

The Employees Retirement System of Texas ("ERS") administers the Texas Employees Group Benefits Program, including your health plan, pursuant to Texas law. THIS NOTICE DESCRIBES HOW ERS MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO YOUR OWN INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA") Privacy Rule. PLEASE REVIEW THIS NOTICE CAREFULLY.

Uses and disclosures of health information:

ERS and/or a third-party administrator under contract with ERS may use health information about you on behalf of your health plan to authorize treatment, to pay for treatment, and for other allowable health care purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods.

By law, ERS may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may disclose health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. ERS provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, ERS will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. ERS may change its policies at any time. When ERS makes a significant change in its policies, ERS will change its notice and post the new notice on the ERS website at www.ers.state.tx.us. You can also request a copy of our full notice at any time. For more information about our privacy practices, contact the ERS Privacy Officer. ERS has revised its Notice of Privacy Practices and HIPAA Privacy Policies and Procedures Document, effective February 17, 2010, for compliance with the Health Information for Economic and Clinical Health Act of 2009 ("HITECH").

Individual rights:

In most cases, you have the right to look at or get a copy of health information about you that ERS uses to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. For all authorized or by law requests made by others, the requestor will be charged for production of medical records per ERS' schedule of charges. You also have the right to receive a list of instances when we have disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that ERS correct the existing information or add the missing information. You have the right to request that ERS restrict the use and disclosure of your health information above what is required by law. If ERS accepts your request for restricted use and disclosure then ERS must abide by the request and may only reverse its position after you have been appropriately notified. You have the right to request an alternative means of communications with ERS. You are not required to explain why you want the alternative means of communication.

Complaints:

If you are concerned that ERS has violated your privacy rights, or you disagree with a decision ERS has made about access to your records, you may contact the ERS Privacy Officer. You also may send a written complaint to the U.S. Department of Health and Human Services. The ERS Privacy Officer can provide you with the appropriate address upon request.

Our Legal duty:

ERS is required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

Detailed Notice of Privacy Practices:

For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Office of the Privacy Officer or by visiting ERS' web site at www.ers.state.tx.us. If you have any questions or complaints, please contact the ERS Privacy Officer, by calling (512) 867-7711 or toll-free (877) 275-4377 or by writing to ERS Privacy Officer, The Employees Retirement System of Texas, P.O. Box 13207, Austin, TX 78711-3207.