NEW EMPLOYEE

Benefits Guide

PLAN YEAR 2018
September 1, 2017 - August 31, 2018

For employees of:

Higher education institutions (except the University of Texas and Texas A&M University systems)
Community Supervision and Corrections Department
Teacher Retirement System
Texas Municipal Retirement System
Texas County & District Retirement System
Windham School District
A message from ERS Executive Director Porter Wilson

Congratulations on your new job! I want to be among the first to welcome you to your new position in public service. The Employees Retirement System of Texas administers some of the excellent benefits provided to you by the State of Texas and your employer. These comprehensive benefits are designed to help you enhance your wellness and secure your future.

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

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

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

Sincerely,

Porter Wilson
Executive Director
Employees Retirement System of Texas
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For a quick overview of your new employee benefits, visit www.ers.texas.gov/Employees/New-Employee/Overview

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

ERS OFFERS COMPETITIVE BENEFITS TO ENHANCE THE LIVES OF ITS MEMBERS.
Getting started: signing up for your benefit

As a new employee, you have some important decisions to make about your health insurance coverage, optional insurance and dependent coverage.

If you do not enroll in optional benefits during your first month on the job, you will need to wait until the Summer Enrollment period or experience a qualifying life event (QLE) to do so. Use the checklist on the next page to make sure you have provided the information you need to start getting the most out of your benefits package.

You will automatically be enrolled in:
- HealthSelectSM of Texas health and prescription drug coverage if you’re a full-time employee;
- $5,000 Basic Term Life and AD&D insurance at no cost for full-time employees.

Part-time employees, graduate students, teaching assistants, and post-doctoral and adjunct faculty are not automatically enrolled.

You have the option of enrolling in:
- One of the following health insurance plans instead of HealthSelect of Texas:
  - Consumer Directed HealthSelect for you and your eligible dependents
  - an HMO, if you live or work in an eligible county, for you and your eligible dependents
- one of three dental plans for you and your eligible dependents
- State of Texas Vision for you and your eligible dependents
- additional life insurance for you and your eligible dependents
- accidental death & dismemberment (AD&D) insurance
- Texas Income Protection PlanSM (TIPP) short-term and/or long-term disability insurance
- TexFlex health and dependent care and limited flexible spending accounts
- a Texa$aver 457 plan

For the average state employee, the State of Texas benefit package makes up about one-third of the total compensation. Average state employee total compensation = $60K
- $40K in salary
- $20K in benefit

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

First 31 days: No Questions Asked
Your first month of employment is your chance to get disability coverage and additional life insurance—no questions asked. If you enroll in certain life and disability benefits as a new employee, you won’t need to produce evidence of insurability (EOI). EOI is an application process in which you must provide information about your or your dependents’ health. If you miss the 31-day new-employee opportunity and go through the EOI process, you or your dependents may not be approved for these benefits if you don’t qualify. If you want additional life insurance coverage and/or disability insurance, now is the best time to sign up.
When do my benefits start?

Health insurance and prescription drug coverage begin the first of the month following your 60th day of employment.

This waiting period does not apply if you:
• were rehired without a break in coverage,
• are transferring from the University of Texas or Texas A&M University without a break in coverage,
• are a return-to-work retiree enrolled in health coverage as a retiree,
• are enrolled in health coverage through ERS as a dependent or in accordance with COBRA on the date of hire or rehire, or
• were rehired on or after September 1, 2015 and returned to employment at the same state agency within 90 days of leaving active military duty.

NOTE: You need to notify your human resources department within 31 days of your hire date in order for the waiting period to be removed.

Even though you do not have a waiting period, you will have 31 days to make health coverage changes if you want to make them. For those starting mid-month, your coverage begins the first of the next month.

For optional benefits (dental, vision, optional life elections 1 and 2, dependent life, AD&D, TIPP disability insurance and TexFlex):
• If you enroll on your first day, coverage begins that day.
• If you enroll within 31 days of your hire date, coverage begins on the first day of the month after you enroll.
• For optional life elections 3 and 4, coverage begins the first day of the month after you are approved through EOI.

Deciding between HealthSelect of Texas and another health plan?

See the employee health plans comparison chart on page 22. A rate calculator is available at www.ers.texas.gov/employees/Calculate-Rates

New Employee Benefits Checklist

Within 60 Days (of hire)

Health insurance
• Enroll in HealthSelect of Texas (automatic for full-time employees) OR
• Enroll in Consumer Directed HealthSelect instead of HealthSelect of Texas and open a health savings account OR
• Enroll in an HMO, if you live or work in an eligible county
• Enroll eligible dependents; you and your dependents must be in the same plan
• Complete dependent certification and verification (See page 8)
• Certify tobacco-use status for yourself and your covered dependents
• Waive coverage; use the Health Insurance Opt-Out Credit, if applicable

Within 31 Days (of hire)

Dental plans
Enroll yourself and your dependents in a dental plan:
• HumanaDental DHMO
• State of Texas Dental Choice PlanSM
• State of Texas Dental Discount PlanSM

State of Texas Vision
• Enroll yourself and your dependents

Optional Term Life Insurance
• Enroll yourself for coverage of 1 or 2 times your annual salary
• Apply for coverage of 3 or 4 times your annual salary through evidence of insurability (EOI)

Dependent Term Life Insurance
• Enroll eligible dependents

Voluntary Accidental Death & Dismemberment (AD&D)
• Enroll yourself or yourself and family

Texas Income Protection Plan (TIPP) disability insurance
• Enroll in short-term disability
• Enroll in long-term disability

TexFlex flexible spending account
• Enroll in TexFlex health care account
• Enroll in TexFlex dependent care account
• Enroll in a TexFlex limited flexible spending account if you enroll in Consumer Directed HealthSelect
Health Insurance Options – HealthSelect

For a plan comparison chart and detailed coverage information, see page 22.

It pays to stay in the Network!

With HealthSelect of Texas and Consumer Directed HealthSelect, you have access to the same provider network of more than 58,000 doctors in Texas. These network doctors have been carefully evaluated for quality care.

If you are enrolled in HealthSelect of Texas or Consumer Directed HealthSelect, you can use any health care provider. But, you will pay more if a doctor, hospital or other provider is not part of the HealthSelect provider network.

Be sure to find out if a provider is in the HealthSelect network before scheduling visits or procedures by going to the “Find a Doctor” link on the HealthSelect website.

Even if a hospital is in the HealthSelect network, doctors and other providers who practice at that hospital may not be. Find out if all your providers are in the HealthSelect network.

HealthSelect

You must designate a primary care physician (PCP) from the HealthSelect network. Your PCP will help you maintain your overall health and issue referrals for specialty care.

There is no charge for in-network preventive care, including annual physicals and immunizations. Your provider must code the treatment as preventive.

There is no annual medical deductible if you stay in the HealthSelect network. If you see a non-network provider, there is a $500 per person, $1,500 per family deductible that must be met before the plan begins to pay for non-network services.

Consumer Directed HealthSelect

You do not need to designate a primary care physician (PCP) and you don’t need referrals to see specialists.

There is no charge for in-network preventive care, including annual physicals and immunizations.

The monthly premium is lower. But you pay the full cost of doctor visits, prescriptions and other health care costs until you reach the annual deductible.

<table>
<thead>
<tr>
<th>Plan Year 2018 Deductible</th>
<th>Individual Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>$2,100</td>
<td>$4,200</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$4,200</td>
<td>$8,400</td>
</tr>
</tbody>
</table>

Health savings account

To help cover your out-of-pocket health care costs, the state will make a monthly contribution to your health savings account (HSA). The state contributes $45 per month for individuals and $90 per month for family coverage.

You can also make pre-tax contributions to your HSA. The IRS sets this amount each year. The combined annual maximum contribution limit is $3,450 for individuals and $6,900 for families. The balance in your HSA carries over from one year to the next, and you can keep the funds if you change health plans or leave state employment. You can use the funds for qualified medical expenses for you, your spouse and eligible dependents.

If you enroll in Consumer Directed HealthSelect, you need to open your HSA as soon as possible so that funds can be deposited into your account.

For a cost estimator and other information about Consumer Directed HealthSelect, go to www.healthselectoftexas.com/cdhs.
Health Insurance Options – HMOs

If you live or work in an eligible county, you have the option to enroll in an HMO. These regional providers have large networks to meet varied health care needs.

If you enroll in Community First Health Plans, you must select a PCP. If you enroll in Scott & White Health Plan or KelseyCare powered by Community Health Choice, you can go to any network provider without a referral. You can choose a PCP if you want to.

You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered, unless the health plan has authorized your treatment. Only emergency care services are covered outside the network.

HMOs have their own prescription drug coverage. The annual drug deductible is $50 per plan year, which resets on September 1.

### HMO areas

If you live or work in a covered HMO service area, you may choose to enroll in that plan.

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

### Out-of-pocket limits

To help protect you from catastrophic health costs, all five health plans have a network out-of-pocket maximum of $6,550 for individuals and $13,100 for families. This is the maximum amount you will pay in one year for network copays, coinsurance, prescriptions, deductibles and other qualified health care expenses. Once you reach this maximum, the plan pays 100% of covered health expenses for the rest of the year. Only Consumer Directed HealthSelect has an out-of-network out-of-pocket maximum (individual: $13,100; family: $26,200).
Opting out of health insurance

You can waive or opt out of health insurance coverage.

Health Insurance Opt-Out Credit: If you can certify that you already have other health insurance that is equal to or better than coverage offered through ERS, you can sign up for a monthly Health Insurance Opt-Out Credit of up to $60 for full-time employees and $30 for part-time employees. You must be eligible for the state contribution toward your health insurance premium to qualify for the opt-out credit.

This credit must be applied to your Dental insurance and/or Voluntary Accidental Death & Dismemberment premiums. The credit cannot be applied to premiums for the State of Texas Dental Discount Plan or State of Texas Vision.

The Health Insurance Opt-Out Credit is not available if your other insurance is Medicare, you have GBP coverage through ERS as a dependent, or you receive a state contribution for other insurance coverage.

IMPORTANT: If you waive or opt-out of your health plan, you are giving up your prescription coverage and you no longer have the Basic Term Life coverage. If you lose your other coverage, you may enroll in health coverage offered through ERS as a QLE if you do so within 31 days of losing the other coverage.

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Prescription drug coverage

Your health insurance plan includes coverage for prescription drugs. If you are enrolled in HealthSelect of Texas or Consumer Directed HealthSelect, you will receive separate ID cards for medical (Blue Cross and Blue Shield of Texas) and prescription drug (OptumRx) coverage in late August. Please use these separate ID cards beginning September 1, 2017.

Beginning August 1, HealthSelect Prescription Drug Program will have a new phone number. You can find this number on the new prescription ID card that OptumRx will mail you in August.

Prescription drugs are divided into three tiers, with different copays for each tier.
- Tier 1 are usually inexpensive medications, such as generic drugs.
- Tier 2 are usually lower-cost preferred brand-name drugs.
- Tier 3 are non-preferred brand-name drugs with a high cost.

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

* A retail maintenance fee is an additional charge for filling a 30-day supply or less of maintenance medications, which are prescriptions you take regularly.
** An Extended Days Supply (EDS) means a pharmacy can dispense up to a 90-day supply of maintenance prescription drugs at one time.
You must certify—whether you use tobacco or not

Tobacco-use status

All participants enrolled in health insurance plans offered through ERS must certify their status as tobacco users or non-users. Members and covered dependents who do not certify their tobacco-use status will be charged a monthly tobacco-user premium—even if they don’t use tobacco.

This online certification is legally binding. If you have already certified yourself and your dependents, you only need to re-certify if you or your dependents have a change in tobacco-use status.

All health plans offered through ERS cover programs and prescription drugs for tobacco cessation.

For more information, see the ERS Tobacco policy on the ERS website at www.ers.texas.gov/Employees/Health/Tobacco_Policy/.

Ready to quit?

Take advantage of the tobacco cessation programs offered by your health plan. If you’re tobacco-free for at least three consecutive months, you won’t pay the higher premiums if you re-certify as a tobacco non-user.

Tobacco premium alternative

If you’re a tobacco user, you may be able to participate in the Choose to Quit program, which allows tobacco users to have their tobacco-user premiums waived for the plan year. Program rules apply.

Good health is one of the most valuable assets you can have. Your state benefits package offers a variety of programs and incentives to help you get and stay healthy. Watch a monthly webinar on wellness topics, take advantage of gym membership discounts and fitness programs, or quit smoking. To find out more about wellness programs, go to your health insurance provider’s website.

JENNICA PRESTON
Benefits Coordinator

Seeing Results with Real Appeal

Eligible HealthSelect participants can join Real Appeal, an online program to improve health and wellness. Real Appeal offers support and step-by-step guidance throughout a 52-week program. Participants receive a Real Appeal Success Kit - delivered to your door and filled with tools and resources to help keep you on track.

Jennica Preston joined Real Appeal to try to lose the weight she gained after the birth of her eight-year-old son.

“After my son was born, I lost my motivation to eat right and take care of myself,” says Preston. “Real Appeal helps me stay motivated to make the right choices. Right off the bat, I went cold turkey and stopped eating fast food and sodas. I started using my husband’s workout equipment to get exercise at home. A few times each week, I walk the twelve flights of stairs to my office.

In less than six months, she has lost 32 pounds. She is on track to lose ten more in order to reach her goal weight.

“I’ve always been petite and small,” says Preston. “I’m thrilled to be getting back to the person I really am.”
Dependent coverage

Your spouse and other qualified dependents can receive health insurance and other coverage for an additional premium. They must be enrolled in the same plan(s) as you. To be eligible, they must meet certain criteria. A dependent’s employment or school enrollment currently has no bearing on benefits eligibility. For more information about dependent eligibility, go to www.ers.texas.gov/GBP-Eligible/.

You must certify that your dependent children are eligible. To certify them, log in to your ERS OnLine account. Make sure you have the right documents before you begin. You will be guided through the steps in the certification process.

This online certification is legally binding. Providing false information could result in the loss of benefits for you and your dependents. Intentionally providing false information may lead to criminal penalties.

ERS has contracted with Aon Hewitt to verify that every dependent enrolled in health coverage is eligible. After you have enrolled and certified your dependents, Aon Hewitt will mail you a letter outlining the steps in the verification process, listing the dependents that need to be verified, the documentation needed and the deadline for submitting documentation. For example, to enroll a common law spouse, you must provide a Declaration of Informal Marriage with a registration date prior to the date of your spouse’s enrollment. If you do not provide this information or if your dependent is found ineligible, he or she will be dropped from coverage.

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

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage. You are required to provide a birth certificate to Aon Hewitt once you enroll a newborn child. A hospital-issued birth certificate will be accepted in place of a government-issued birth certificate for newborn children, three months of age or younger. If you are unable to supply the documents listed below please contact Aon Hewitt Customer Service.

<table>
<thead>
<tr>
<th>Dependent of the Participant (employee, retiree or other individual enrolled in program as recognized by Texas law)</th>
<th>Eligibility</th>
<th>Examples of Supporting Documents (these documents are required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Spouse as recognized by law</td>
<td>• Government-issued marriage certificate and&lt;br&gt;• Current federal tax return OR&lt;br&gt;• Proof of joint ownership** issued within last six months OR&lt;br&gt;• Government-issued marriage certificate only (if married in the last 12 months)</td>
</tr>
<tr>
<td>Common Law Spouse</td>
<td>Spouse as recognized by law</td>
<td>• Declaration of informal marriage with the county courthouse AND&lt;br&gt;• Current federal tax return OR&lt;br&gt;• Proof of joint ownership** issued within last six months</td>
</tr>
<tr>
<td>Biological Child*</td>
<td>Natural-born child</td>
<td>• Government-issued birth certificate</td>
</tr>
<tr>
<td>Adopted Child*</td>
<td>Child is eligible at time of placement.</td>
<td>• Adoption certificate OR&lt;br&gt;• Adoption placement agreement AND&lt;br&gt;• Petition for adoption</td>
</tr>
<tr>
<td>Stepchild*</td>
<td>Child is not required to live in participant’s household.</td>
<td>• Government-issued marriage certificate OR&lt;br&gt;• Declaration of informal marriage with the county courthouse AND&lt;br&gt;• Child’s government-issued birth certificate AND&lt;br&gt;• Current federal tax return OR&lt;br&gt;• Proof of joint ownership** issued within last six months</td>
</tr>
<tr>
<td>Child of Managing Conservator*</td>
<td>Child is identified in the managing conservatorship granted to the participant.</td>
<td>• Managing conservatorship court document signed by judge</td>
</tr>
<tr>
<td>Foster Child*</td>
<td>Child must not have other governmental insurance.</td>
<td>• Placement order AND&lt;br&gt;• Affidavit of foster child</td>
</tr>
<tr>
<td>Legal Ward Child*</td>
<td>Child is under the protection or in the custody of the participant.</td>
<td>• Court order signed by a judge appointing participant as the child’s guardian (documentation of legal custody) AND&lt;br&gt;• Government-issued birth certificate</td>
</tr>
<tr>
<td>Other Child*</td>
<td>Child is related to participant by blood or marriage, was claimed as dependent on participant’s federal income tax return for previous tax year, and will continue to be claimed on participant’s federal income tax return for every calendar year the child is covered. A child who is acquired or born in the current calendar year will be claimed and continue to be claimed on participant’s federal income tax return for every calendar year the child is covered.</td>
<td>• Government-issued birth certificate OR&lt;br&gt;• Government-issued marriage license to prove family relationship AND&lt;br&gt;• Current federal tax return OR&lt;br&gt;• Affidavit of good cause</td>
</tr>
</tbody>
</table>

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

**See Documentation Requirements in the communications Aon Hewitt sends you for examples of Joint Ownership documents. False information could lead to expulsion from the GBP and/or criminal prosecution.
You and your eligible dependents can enroll in State of Texas Vision for an additional premium. The vision plan covers all or a portion of the cost of eyeglasses and contact lenses as well as discounts for LASIK. Retail providers include Walmart, Target Optical, LensCrafters and many others. The chart on the next page lists some of the plan benefits. For a complete list, see the State of Texas Vision page on the ERS website.

Your health plan covers some vision and eye health services, such as an annual eye exam.
<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Eye Exam</strong></td>
<td>$25 co-pay</td>
<td>$25 co-pay (covered up to $40)</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$150 retail allowance³</td>
<td>$50 retail allowance³</td>
</tr>
<tr>
<td><strong>Contact Lens Fitting</strong></td>
<td>$25 co-pay</td>
<td>Up to $100 allowance³</td>
</tr>
<tr>
<td>(Standard Fitting)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lens Fitting</strong></td>
<td>$35 co-pay</td>
<td>Up to $100 allowance³</td>
</tr>
<tr>
<td>(Specialty Fitting)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Single Vision Lenses</strong></td>
<td>$10 co-pay</td>
<td>Up to $30 allowance³</td>
</tr>
<tr>
<td><strong>Bifocal Lenses</strong></td>
<td>$15 co-pay</td>
<td>Up to $45 allowance³</td>
</tr>
<tr>
<td><strong>Trifocal Lenses</strong></td>
<td>$20 co-pay</td>
<td>Up to $60 allowance³</td>
</tr>
<tr>
<td><strong>Progressives</strong></td>
<td>$70 co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Polycarbonate</strong></td>
<td>$50 co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Scratch Coat</strong></td>
<td>$10 co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td>(factory, single sided)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ultraviolet Coating</strong></td>
<td>$10 co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Tint</strong></td>
<td>$10 co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Standard Anti-Reflective Coating</strong></td>
<td>$40 co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Contact Lenses²</strong> (Conventional or Disposable)</td>
<td>$150 allowance³</td>
<td>Up to $100 allowance³</td>
</tr>
</tbody>
</table>

¹If you use out-of-network providers, you will be required to pay out-of-pocket cost which will be higher. Please see the State of Texas Vision website for more information.

²Contact lenses are in lieu of eyeglass lenses and frames benefit.

³All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances. Frequencies for all State of Texas Vision plan benefits are once every twelve (12) months. All benefits, administrative duties and definitions are detailed in the certificate of insurance.
Dental plans

For an additional premium, you can choose between the following three dental plans. You must be enrolled before you can enroll eligible dependents, and you and your dependents must enroll in the same plan.

**State of Texas Dental Discount Plan℠**

• This is not a dental insurance plan. You receive discounted prices - 20% to 60% off - on usual charges for dental treatment and services at participating providers.
• There are no claim forms, copays, deductibles, annual maximums or limits on use.

**State of Texas Dental Choice℠**

• This is a preferred provider organization (PPO) dental insurance plan.
• You can see any provider, but you will pay less if you see one who is in the HumanaDental PPO.
• Benefits are available in the United States and Canada, and Mexico if you live in the United States.

**HumanaDental Dental Health Maintenance Organization (DHMO)**

• Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DHMO network dentist in your area. For a list of providers go to HumanaDental.com/ers, or call HumanaDental.
• You must select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different primary care dentists.
• Services from participating specialty dentists cost 25% less than the dentist’s usual charge.
### Dental insurance plans comparison chart

<table>
<thead>
<tr>
<th></th>
<th>HumanaDental DHMO&lt;sup&gt;1&lt;/sup&gt;</th>
<th>State of Texas Dental Choice Plan&lt;sup&gt;SM&lt;/sup&gt; Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dentists</strong></td>
<td>You must select a primary care dentist (PCD). &lt;br&gt;<strong>NOTE:</strong> Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.</td>
<td><strong>In-network/ participating dentist</strong>&lt;br&gt;Preventive-Individual-$0; Family-$0 &lt;br&gt;Combined Basic/Major -Individual-$50; Family-$150 &lt;br&gt;Orthodontic services-no deductible</td>
</tr>
<tr>
<td><strong>Deductibles</strong></td>
<td>None</td>
<td>Preventive and Diagnostic Services - You pay nothing. &lt;br&gt;Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. &lt;br&gt;Major Services - You pay 50% coinsurance after meeting the Major Services deductible. &lt;br&gt;You will not be charged for anything over the allowed amount. &lt;br&gt;After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1.&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Copays / Coinsurance</strong></td>
<td>Primary dentist - Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet &lt;br&gt;Specially dentistry - You pay 75% of the dentist’s usual and customary fee. DHMO pays nothing.</td>
<td>You pay nothing. &lt;br&gt;Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. &lt;br&gt;Major Services - You pay 50% coinsurance after meeting the Major Services deductible. &lt;br&gt;You will not be charged for anything over the allowed amount. &lt;br&gt;After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1.&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Maximum Calendar Year Benefit</strong></td>
<td>Unlimited</td>
<td>$1,500 per covered individual (includes orthodontic extractions)</td>
</tr>
<tr>
<td><strong>Maximum Lifetime Benefit</strong></td>
<td>Unlimited</td>
<td>$1,500 per covered individual for orthodontic services</td>
</tr>
<tr>
<td><strong>Average Cost of Cleaning / Oral Exams</strong></td>
<td>Vary according to service and are listed in the “Schedule of Dental Benefits” booklet &lt;br&gt;Up to two cleaning/oral exams per calendar year allowed</td>
<td>You pay nothing. &lt;br&gt;Up to two cleaning/oral exams per calendar year allowed</td>
</tr>
<tr>
<td><strong>Orthodontic Coverage</strong></td>
<td>Orthodontic services performed by a general dentist listed in the directory with an “0” treatment code – child - $1,800, adult - $2,100 &lt;br&gt;Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.</td>
<td>Orthodontic services are only available to dependents age 19 or younger. &lt;br&gt;You pay 50% of the allowed amount.</td>
</tr>
</tbody>
</table>

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

<sup>1</sup>This Comparison Chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less than the dentist’s usual charge.

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

<sup>3</sup>Services received after the Maximum Calendar Year Benefit is reached will be paid at 40% coinsurance by the plan.
Life, AD&D and disability insurance

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

Optional Term Life Election 1 or 2 (one or two times your annual salary) is available without evidence of insurability (EOI) during your first 31 days of employment.

Optional Term Life Election 3 or 4 (three or four times your annual salary) is available for coverage of up to $400,000, but you must submit EOI. To initiate the EOI request, sign in to your ERS OnLine account, select the desired coverage, and follow the prompts on the screen.

Each election provides an equal amount of AD&D coverage, in case of an accidental death or dismemberment. Your monthly premiums and the amount your beneficiary will receive depend on your age, salary and the level of coverage you purchase.

Dependent Term Life Insurance
For an additional monthly premium, you can enroll your eligible dependents in term life insurance. The benefit includes $5,000 term life with $5,000 AD&D for each covered family member. The benefit will be paid to you upon the death of a covered dependent or in the event of certain accidental injuries. All eligible dependents are covered with one premium, but you must list each dependent on the policy.

Newborn coverage is guaranteed if the baby is added within 31 days of birth.

Voluntary AD&D Insurance
Voluntary AD&D coverage can provide additional financial protection for you and your family in the event of certain accidental injuries or accidental death. You can choose insurance in increments of $5,000, starting at $10,000 up to $200,000. EOI is not required for AD&D Insurance. You can sign up for coverage for yourself only, or for yourself and your eligible family members.

• If you die as the direct result of an accidental bodily injury, your beneficiaries receive the full coverage amount.
• If a covered family member dies in an accident, you will receive part of the coverage amount. Go to the ERS website for more information.
• If you have an accident and suffer any of the covered injuries, such as loss of a hand, foot or sight of one eye in an accident, you will receive a benefit up to the full amount of coverage.
• If an eligible family member loses a hand, foot or sight of one or both eyes in an accident, you will receive a percentage of the benefit.

Disability insurance
Just like auto insurance covers your car if you get in an accident, disability coverage covers your wallet if you become disabled and can’t work. Pregnancy, accident, illness – when you can’t work, the Texas Income Protection Plan™ (TIPP) provides you money to pay the bills.

Short-term disability insurance coverage provides a maximum benefit of 66% of your monthly salary (up to $10,000) or $6,600, whichever is less, for up to five months. For example, if your monthly salary is $4,000, the highest amount you’ll get for short-term disability is $2,640 per month.

Long-term disability insurance coverage provides a maximum benefit of 60% of your monthly salary (up to $10,000) or $6,000, whichever is less, for a period ranging from 12 months to Normal Social Security Retirement age, depending on your age at the time of disability.

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

Please see page 26 for premium information.
THOMAS BARKER-WHITE
Statewide Intake Supervisor

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

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

Barker-White and his wife, Lutishia, a former state employee, value their ERS-administered health and retirement benefits. They set aside money for retirement through Texa$aver to prepare for their retirement. They believe it is a good benefit for employees who don’t trust their own judgment with investments.

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

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

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

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

“I know people who work in the private sector who do not have access to disability insurance through their employer. They can buy it on their own, but the premium is not as reasonable as what we have paid as state employees.”

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

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

First 31 days: No Questions Asked

Your first month of employment is your chance to get disability coverage and additional life insurance—no questions asked. If you enroll in certain life and disability benefits as a new employee, you won’t need to produce evidence of insurability (EOI). EOI is an application process in which you must provide information about your or your dependents’ health. If you miss the 31-day new-employee opportunity and go through the EOI process, you or your dependents may not be approved for these benefits if you don’t qualify. If you want additional life insurance coverage and/or disability insurance, now is the best time to sign up.
TexFlex

TexFlex flexible spending accounts (FSAs) allow you to set aside money from your paycheck, pre-tax, to pay for eligible health and dependent care expenses. Financial planners and tax advisors encourage people to reduce their taxable income, and save money as a result, by participating in flexible spending accounts.

TexFlex offers three different FSAs: health care account, dependent care account and limited flexible spending account (LFSA). The LFSA is available only to employees enrolled in Consumer Directed HealthSelect.

You decide how much you want to contribute to your TexFlex account each year. This amount will be divided by the number of months you work in a year. Your TexFlex contribution will be withdrawn from your paycheck each month before taxes and deposited in your TexFlex account. You can only change your TexFlex contribution amount during Summer Enrollment unless you have a qualifying life event during the plan year.

You do not have to continue making FSA contributions if you leave employment before the end of the plan year on August 31. Expenses incurred between September 1 and your termination date will be eligible for reimbursement. It is important to remember to keep all receipts for eligible expenses in case you're asked to prove a claim. The IRS requires that FSA participants provide documentation for claims that can't be automatically proven.

Health care

You can use funds in a TexFlex health care account to pay for copays, prescription drugs, hearing aids, eyeglasses and contact lenses, and other eligible expenses. A complete list of eligible expenses is posted on the TexFlex website.

You can contribute any amount between $15 and $216 per month, with a maximum of $2,600 per year. Your entire annual contribution is available for you to use at the beginning of the plan year starting September 1. You pay it back through monthly contributions from your paycheck.

After you enroll in a TexFlex health care account, you will receive a debit card in the mail. You can use it to pay for eligible health care expenses. There is no cost to you for using the debit card, and you can request additional cards for you or your dependents free of charge by calling TexFlex customer care at (844) 884-2364. You can also submit a claim online or by mail or fax.

If you submit a claim for reimbursement online, by mail or fax, the reimbursement will be deposited in your bank account or a check will be mailed to you.

Limited flexible spending account

If you have a health savings account as part of Consumer Directed HealthSelect, you also can contribute between $180 and $2,600 per family each year to a limited flexible spending account (LFSA). Funds can be used only on eligible vision and dental expenses. IRS rules prohibit participating in the TexFlex health care account and an LFSA during the same year.

Dependent care

You can use funds in a TexFlex dependent care account to pay for eligible day care expenses (including before- and after-school care and summer day camp) for your dependent children under age 13 and for adult day care for qualifying individuals. You cannot use TexFlex funds to pay an older dependent to care for younger dependents. A complete list of eligible expenses and specific eligibility rules is posted on the TexFlex website.

You can contribute any amount between $15 and $416 per month, up to $5,000 per year per household. Unlike the health care account, you can only be reimbursed up to the amount in your account each month.

You cannot use the TexFlex debit card to pay eligible dependent care expenses. To be reimbursed, you must submit a claim online, by mail or fax for dependent care services that have already been provided. You can specify whether you want the reimbursement to be deposited into your bank account or mailed to you in a check.
### Health Care / Limited Flexible Spending Account

<table>
<thead>
<tr>
<th>Annual Maximum Contribution</th>
<th>$2,600 per participant</th>
<th>$5,000 per household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Availability</td>
<td>Full annual amount available when contributions begin</td>
<td>Funds available monthly as they are added to TexFlex account from paycheck</td>
</tr>
<tr>
<td>Debit Card</td>
<td>Can be used to pay eligible expenses. No fee for the card. Keep all receipts for eligible expenses in case you’re asked to substantiate a claim.</td>
<td>Cannot be used to pay eligible expenses. All claims must be submitted online or by mail or fax.</td>
</tr>
<tr>
<td>Carryover of Funds</td>
<td>Up to $500 of unused funds can be carried over from one plan year to the next when you are actively employed. You can still contribute up to $2,600 for that plan year.</td>
<td>No carryover of funds from one plan year to the next. However, you have a 2-½ month grace period after the end of the plan year in which you can incur new claims using previous plan year funds.</td>
</tr>
</tbody>
</table>

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**Up-close**

**SERENA ZETINA**

Information Specialist

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

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

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

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

Most of your employee benefits, including health, dental, life, vision, disability and flexible spending accounts, are offered through ERS. Your retirement rules depend on your employer. Each retirement system has specific rules. Contact your system to see when you’ll begin contributing.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Retirement system or plan</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Supervision and Corrections Departments (CSCDs)</td>
<td>Texas County &amp; District Retirement System (TCDRS)</td>
<td>(800) 823-7782, <a href="http://www.tcdrs.org">www.tcdrs.org</a></td>
</tr>
<tr>
<td>Higher education institutions</td>
<td>Teacher Retirement System (TRS) or Optional Retirement Program (ORP)</td>
<td>TRS: (800) 223-8778, <a href="http://www.trs.texas.gov">www.trs.texas.gov</a> ORP: Your institution's HR department</td>
</tr>
<tr>
<td>TCDRS</td>
<td>TCDRS</td>
<td>(800) 823-7782, <a href="http://www.tcdrs.org">www.tcdrs.org</a></td>
</tr>
<tr>
<td>Texas Municipal Retirement System (TMRS)</td>
<td>TMRS</td>
<td>(800) 924-8677, <a href="http://www.tmrs.org">www.tmrs.org</a></td>
</tr>
<tr>
<td>TRS</td>
<td>TRS</td>
<td>(800) 223-8778, <a href="http://www.trs.texas.gov">www.trs.texas.gov</a></td>
</tr>
</tbody>
</table>
Plan ahead with Texa$aver 457 plan

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

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

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

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

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

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

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

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

$300,000
$298,071
$200,000 without taxes over a longer period of time.
$150,000
$149,035
The sooner you start saving, the more you have when you retire.
$100,000
$74,517
$50,000
$37,258
See how much $25 a month could grow.

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

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

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

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

www.texasaver.com (800) 634-5091
# Texa$aver 457 Plan

For more information, call toll-free at (800) 634-5091.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Part-time and full-time eligible employees of higher education institutions and community colleges that choose to offer it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution Options</td>
<td>You have the flexibility to designate all or a portion of your contributions as either traditional before-tax or Roth after-tax contributions.</td>
</tr>
<tr>
<td>Maximum Annual Deferral</td>
<td>The 2017 annual contribution limit is $18,000(^2) per year. The limit is $24,000 if you are 50 or older. You may put money in as either before-tax or Roth contributions, or both. Employees of higher education agencies that have elected to offer Roth can participate in the Roth option. These limits are subject to change. Visit <a href="http://www.texasaver.com">www.texasaver.com</a> for updated annual contribution limits.</td>
</tr>
<tr>
<td>Transfer of Funds to Purchase Service</td>
<td>You may purchase military service, additional service credit, or refunded or other eligible ERS/TRS service by transferring funds from your Texa$aver account while employed. This is not a taxable distribution.</td>
</tr>
<tr>
<td>Rollovers In(^3)</td>
<td>If eligible, you may roll over funds from another eligible retirement plan or IRA. Any money you roll in that was subject to the 10% early withdrawal penalty is still subject to the penalty if taken from the account before you are 59(\frac{1}{2}). Rollovers from other eligible governmental 457 plans will not be subject to an early withdrawal penalty if directly rolled into the Texa$aver 457 plan. Rollovers from Roth IRAs are not accepted. Only designated Roth accounts from another eligible retirement plan can be rolled over into your Texa$aver 457 Plan.</td>
</tr>
<tr>
<td>Age 50 and Over Catch-up</td>
<td>If you are age 50 or older, you may contribute an additional $6,000(^5) in 2017 for a total of $24,000 to each plan. This includes before-tax and Roth contributions combined. You may not use this provision in the 457 plan while using the Special 457 Catch-up Provision.</td>
</tr>
<tr>
<td>Special 457 Catch-up Provision Cannot be used with the Age 50 and Over Catch-up in the 457 plan</td>
<td>Subject to eligibility. If you have unused deferrals, the Special 457 Catch-up limit is $36,000 in 2017. You may participate only during the three years before the taxable year in which you attain normal retirement age.</td>
</tr>
<tr>
<td>Loans</td>
<td>Loans may be approved for $1,050 to $50,000 (subject to plan and IRS provisions). You must have an account balance of at least $1,050, as there is a $50 loan application fee that is deducted from the loan proceeds. There is a $2.08 monthly maintenance fee assessed to your account until your loan is paid in full. Loan withdrawals and payments are prorated from before-tax and Roth contributions.</td>
</tr>
<tr>
<td>Unforeseeable Emergency Withdrawals(^4) Only allowed through approval when you have no other resources, including Plan loans</td>
<td>Reasons for financial hardship include prevention of eviction or foreclosure from your primary residence, non-reimbursed medical expenses, funeral expenses, casualty loss, or similar extraordinary and unforeseeable circumstances.</td>
</tr>
<tr>
<td>Distributions While Employed for Before-Tax Contributions</td>
<td>If your 457 plan account has less than $5,000 and has been inactive for two years, you may take a de minimis distribution; 20% may be withheld for federal income tax purposes. You can take a distribution if you are 70(\frac{1}{2}) and still employed.</td>
</tr>
<tr>
<td>Distributions After Separation From Employer for Before-Tax Contributions</td>
<td>You can start taking distributions after separation from state or higher education employment. You may roll over funds into other types of employer-sponsored plans, IRAs, or other eligible options.(^3) Lump-sum distributions have 20% automatically withheld for federal taxes. Periodic distributions are allowed.</td>
</tr>
<tr>
<td>Distributions From Roth Contributions</td>
<td>Roth money may be withdrawn tax-free no earlier than five taxable years after your first Roth contribution <strong>AND when you:</strong> a) reach age 59(\frac{1}{2}) and separate from service with your employer, b) become disabled or c) die. Otherwise, earnings on Roth contributions may be taxed as ordinary income when you take a distribution.</td>
</tr>
<tr>
<td>Required Minimum Distributions (RMDs)</td>
<td>Must begin no later than April 1 following the year in which you turn 70(\frac{1}{2}), unless you are still employed.</td>
</tr>
<tr>
<td>Tax Penalties(^5)</td>
<td>No 10% federal penalty tax applies to distributions of 457 money before age 59(\frac{1}{2}). A 50% federal tax penalty applies if RMDs are not taken at age 70(\frac{1}{2}), unless you are still employed by the state. This applies to both before-tax and Roth money types.</td>
</tr>
</tbody>
</table>

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1Community college employees may enroll in the 457 plan if their community colleges offer the plan.
2Ceiling is adjusted each year per cost of living index. Amount shown is for 2017.
3You are encouraged to discuss rolling money from one account to another with your financial advisor or planner, considering any potential fees and/or limitation of investment options.
4Please refer to the IRS website for 457 information on unforeseeable emergency withdrawals.
5Representatives of GWFS Equities, Inc. are not registered investment advisors and cannot offer financial, legal, or tax advice. Please consult with your financial planner, attorney, and/or tax advisor as needed.
# HEALTH PLANS COMPARISON CHART

<table>
<thead>
<tr>
<th>Benefits</th>
<th>HealthSelect℠ of Texas</th>
<th>Consumer Directed HealthSelect℠</th>
<th>HMOs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Area</td>
<td>Out-of-State</td>
<td>Network</td>
</tr>
<tr>
<td><strong>Calendar year deductible</strong></td>
<td>None</td>
<td>$500 per person</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-pocket coinsurance maximum</td>
<td>None</td>
<td>$2,000 per person</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td>Total out-of-pocket maximum (including deductibles, coinsurance and copays)</td>
<td>None</td>
<td>$7,000 per person</td>
<td>$7,000 per person</td>
</tr>
<tr>
<td>Primary care physician required</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Primary care physicians’ office visits</td>
<td>$25</td>
<td>40%</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Mental health care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Outpatient physician or mental health provider office visits</td>
<td>$25 copay</td>
<td>40% coinsurance after you meet the annual Non-Network Deductible</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>b. Hospital Mental health inpatient stay (copay is $150 per day, up to a maximum of $750 per admission and a maximum of $2,250 per calendar year.)</td>
<td>20% coinsurance after copay</td>
<td>40% coinsurance after copay and you meet the annual Non-Network Deductible</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>c. Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)</td>
<td>20% coinsurance</td>
<td>40% coinsurance after you meet the annual Non-Network Deductible</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td><strong>Physicals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty physicians’ office visits</td>
<td>No charge</td>
<td>40%</td>
<td>No charge</td>
</tr>
<tr>
<td>Routine eye exam, one per year per participant</td>
<td>$40</td>
<td>40%</td>
<td>$40</td>
</tr>
<tr>
<td>Routine preventive care*</td>
<td>No charge</td>
<td>40%</td>
<td>No charge</td>
</tr>
<tr>
<td>Diagnostic x-rays, lab tests, and mammography</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Office surgery and diagnostic procedures</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>High-tech radiology (CT scan, MRI, and nuclear medicine)</td>
<td>$100 copay plus 20%</td>
<td>$100 copay plus 40%</td>
<td>$100 copay plus 20%</td>
</tr>
<tr>
<td>Urgent care clinic</td>
<td>$50 copay plus 20%</td>
<td>$50 copay plus 40%</td>
<td>$50 copay plus 20%</td>
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</tbody>
</table>
### Benefits

<table>
<thead>
<tr>
<th></th>
<th>HealthSelectSM of Texas①</th>
<th>Consumer Directed HealthSelectSM①</th>
<th>HMOs</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>In-Area</td>
<td>Out-of-State</td>
<td>Community First, Scott &amp; White</td>
</tr>
<tr>
<td></td>
<td>Network</td>
<td>Non-Network</td>
<td>Network</td>
</tr>
<tr>
<td>Urgent care clinic</td>
<td>$50 copay plus 20%</td>
<td>$50 copay plus 20%</td>
<td>$50 copay plus 20%</td>
</tr>
<tr>
<td></td>
<td>$50 copay plus 40%</td>
<td>$50 copay plus 40%</td>
<td>$50 copay plus 40%</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>No charge for routine prenatal appointments $25 or $40 for first post-natal visit⑤</td>
<td>No charge for routine prenatal appointments $25 or $40 for first post-natal visit⑤</td>
<td>No charge for routine prenatal appointments $25 or $40 for first post-natal visit⑤</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Coinsurance</td>
<td>20%; $40 copay plus 20% with office visit</td>
<td>20%; $40 copay plus 20% with office visit</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>b. Maximum benefit per visit</td>
<td>$75</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>c. Maximum visits Each participant Per calendar year</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

### Inpatient hospital (semi-private room and day’s board, and intensive care unit)⑪⑫

- **Network**
  - $150/day copay plus 20% ($750 copay max-up to 5 days per hospital stay, $2,250 copay max per calendar year per person)
  - $150/day copay plus 20% ($750 copay max-up to 5 days per hospital stay, $2,250 copay max per calendar year per person)
  - $150/day copay plus 20% ($750 copay max-up to 5 days per hospital stay, $2,250 copay max per calendar year per person)
  - $150/day copay plus 20% ($750 copay max-up to 5 days per hospital stay, $2,250 copay max per calendar year per person)
  - 20%                       | 40%                        |

### Emergency care

- **Network**
  - $150 plus 20% (if admitted copay will apply to hospital copay)
  - $150 plus 20% (if admitted copay will apply to hospital copay)
  - $150 plus 20% (if admitted copay will apply to hospital copay)
  - $150 plus 20% (if admitted copay will apply to hospital copay)
  - 20%                       | 20%                        |

### Outpatient surgery other than in physician’s office

- **Network**
  - $100 copay plus 20% (maximum $100 copay)
  - $100 copay plus 20% (maximum $100 copay)
  - $100 copay plus 20% (maximum $100 copay)
  - $100 copay plus 20% (maximum $100 copay)
  - 20%                       | 40%                        |

### Bariatric surgery⑧⑩

- **Network**
  - Not covered
  - Not covered
  - Not covered
  - Not covered
  - Not covered

### Hearing aids

- **Network**
  - Plan pays up to $1,000 per ear every three years (no deductible).
  - Plan pays up to $1,000 per ear every three years (after deductible is met).
  - Plan pays up to $1,000 per ear every three years (no deductible).

### Durable medical equipment⑩

- **Network**
  - 20%                       | 40%                        |

### Ambulance services (non-emergency)⑩

- **Network**
  - 20%                       | 20%                        |

---

① Benefits are paid on allowable amounts; using providers who contract with Blue Cross Blue and Shield of Texas will protect you from liability for amounts over the allowable amount. Refer to page 65 for details.
② Network providers only; see health plan for additional requirements/limitations.
③ HealthSelect Out-of-State applies to employees and their eligible dependents who live or work outside of Texas. Refer to page 56 for details.
④ Does not include copays.⑤ Copay depends on whether treatment is given by PCP or specialist.⑥ Outpatient testing only; does not apply to inpatient services.⑦ Active employees only; see health plan for additional requirements/limitations.
⑧ Deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum.
⑨ Preauthorization required.
⑩ Mental Health Benefits follow those of medical and surgical benefits listed in this chart. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans and the HMOs. Contact the plan’s customer service department for specific questions.
⑪ Under the Affordable Care Act, certain preventive and women’s health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will be still responsible for payment on some services.
⑫ Effective calendar year 2018

Higher ed employees
## Monthly premiums

### Full-time Employees and Retirees Not Eligible for Medicare

<table>
<thead>
<tr>
<th></th>
<th>Premium*</th>
<th>State Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthSelectSM of Texas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$ 621.90</td>
<td>$ 621.90</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>1,334.54</td>
<td>978.22</td>
<td>356.32</td>
</tr>
<tr>
<td>You + Children</td>
<td>1,099.06</td>
<td>860.48</td>
<td>238.58</td>
</tr>
<tr>
<td>You + Family</td>
<td>1,811.70</td>
<td>1,216.80</td>
<td>594.90</td>
</tr>
<tr>
<td>Consumer Directed HealthSelectSM**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$ 621.90</td>
<td>$ 621.90</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>You + Spouse</td>
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<td>1,075.20</td>
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<td>214.72</td>
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<td>You + Family</td>
<td>1,752.20</td>
<td>1,216.80</td>
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<tr>
<td>Community First Health Plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$ 511.50</td>
<td>$ 511.50</td>
<td>$ 0.00</td>
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<tr>
<td>You + Spouse</td>
<td>1,097.18</td>
<td>804.34</td>
<td>292.84</td>
</tr>
<tr>
<td>You + Children</td>
<td>903.66</td>
<td>707.58</td>
<td>196.08</td>
</tr>
<tr>
<td>You + Family</td>
<td>1,489.34</td>
<td>1,000.42</td>
<td>488.92</td>
</tr>
<tr>
<td>KelseyCare powered by Community Health Choice</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$ 483.98</td>
<td>$ 483.98</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>1,038.02</td>
<td>761.00</td>
<td>277.02</td>
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<td>You + Children</td>
<td>854.94</td>
<td>669.46</td>
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<td>Scott &amp; White Health Plan</td>
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<td></td>
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<tr>
<td>You Only</td>
<td>$ 610.18</td>
<td>$ 610.18</td>
<td>$ 0.00</td>
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<td>1,309.34</td>
<td>959.76</td>
<td>349.58</td>
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<td>1,078.30</td>
<td>844.24</td>
<td>234.06</td>
</tr>
<tr>
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<td>1,777.46</td>
<td>1,193.82</td>
<td>583.64</td>
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</tbody>
</table>

*Includes premium for Basic Term Life Insurance

**The “State Pays” amount includes a monthly contribution to the member’s Optum Bank health savings account (HSA). Please see the HSA Contribution table on the next page.

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

<table>
<thead>
<tr>
<th></th>
<th>Premium*</th>
<th>State Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthSelectSM of Texas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$ 621.90</td>
<td>$ 310.95</td>
<td>$ 310.95</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>1,334.54</td>
<td>489.11</td>
<td>845.43</td>
</tr>
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<td>You + Children</td>
<td>1,099.06</td>
<td>430.24</td>
<td>668.82</td>
</tr>
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<td>You + Family</td>
<td>1,811.70</td>
<td>608.40</td>
<td>1,203.30</td>
</tr>
<tr>
<td>Consumer Directed HealthSelectSM**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$ 621.90</td>
<td>$ 310.95</td>
<td>$ 310.95</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>1,298.90</td>
<td>489.11</td>
<td>809.79</td>
</tr>
<tr>
<td>You + Children</td>
<td>1,075.20</td>
<td>430.24</td>
<td>644.96</td>
</tr>
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<td>You + Family</td>
<td>1,752.20</td>
<td>608.40</td>
<td>1,143.80</td>
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<tr>
<td>Community First Health Plans</td>
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<td>You Only</td>
<td>$ 511.50</td>
<td>$ 255.75</td>
<td>$ 255.75</td>
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<td>You + Spouse</td>
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<td>402.17</td>
<td>695.01</td>
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<td>You + Children</td>
<td>903.66</td>
<td>353.79</td>
<td>549.87</td>
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<tr>
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<td>1,489.34</td>
<td>500.21</td>
<td>989.13</td>
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<td>KelseyCare powered by Community Health Choice</td>
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<tr>
<td>You Only</td>
<td>$ 483.98</td>
<td>$ 241.99</td>
<td>$ 241.99</td>
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<td>You + Spouse</td>
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<td>380.50</td>
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<td>854.94</td>
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<td>$ 610.18</td>
<td>$ 305.09</td>
<td>$ 305.09</td>
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<tr>
<td>You + Spouse</td>
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<td>1,777.46</td>
<td>596.91</td>
<td>1,180.55</td>
</tr>
</tbody>
</table>

*Includes premium for Basic Term Life Insurance

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

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

### Consumer Directed HealthSelect Health Savings Account (HSA)

<table>
<thead>
<tr>
<th></th>
<th>State Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$45 monthly ($540 annually)</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$90 monthly ($1,080 annually)</td>
</tr>
<tr>
<td>You + Children</td>
<td>$90 monthly ($1,080 annually)</td>
</tr>
<tr>
<td>You + Family</td>
<td>$90 monthly ($1,080 annually)</td>
</tr>
</tbody>
</table>

An HSA is a tax-free savings account for qualified health expenses. You can receive the “State Pays” HSA contribution if you are:

- enrolled in Consumer Directed HealthSelect,
- eligible for a portion of your health premium to be paid by the state and not eligible for Medicare.
Dental Insurance

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Employee/Retiree</th>
<th>COBRA</th>
<th>COBRA Disability</th>
<th>Surviving Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$ 19.17</td>
<td>$ 19.55</td>
<td>$ 28.76</td>
<td>Spouse + Children 23.01</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$ 23.01</td>
<td>$ 23.47</td>
<td>$ 34.52</td>
<td>Children Only 13.42</td>
</tr>
<tr>
<td>You + Family</td>
<td>$ 32.59</td>
<td>$ 33.24</td>
<td>$ 48.89</td>
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</table>

State of Texas Dental Choice PlanSM

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Employee/Retiree</th>
<th>COBRA</th>
<th>COBRA Disability</th>
<th>Surviving Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$ 27.41</td>
<td>$ 27.96</td>
<td>$ 41.12</td>
<td>Spouse Only $ 27.41</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$ 54.82</td>
<td>$ 55.92</td>
<td>$ 82.23</td>
<td>Spouse + Children 65.78</td>
</tr>
<tr>
<td>You + Children</td>
<td>$ 65.78</td>
<td>$ 67.10</td>
<td>$ 98.67</td>
<td>Children Only 38.37</td>
</tr>
<tr>
<td>You + Family</td>
<td>$ 93.19</td>
<td>$ 95.05</td>
<td>$ 139.79</td>
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</table>

State of Texas Dental Discount PlanSM

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Employee/Retiree</th>
<th>COBRA</th>
<th>COBRA Disability</th>
<th>Surviving Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$ 2.25</td>
<td>$ 2.30</td>
<td>$ 3.38</td>
<td>Spouse Only $ 2.25</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$ 4.50</td>
<td>$ 4.59</td>
<td>$ 6.75</td>
<td>Spouse + Children 5.40</td>
</tr>
<tr>
<td>You + Children</td>
<td>$ 5.40</td>
<td>$ 5.51</td>
<td>$ 8.10</td>
<td>Children Only 3.15</td>
</tr>
<tr>
<td>You + Family</td>
<td>$ 7.65</td>
<td>$ 7.80</td>
<td>$ 11.48</td>
<td></td>
</tr>
</tbody>
</table>

State of Texas Vision

<table>
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<tr>
<th>Membership Level</th>
<th>Employee/Retiree</th>
<th>COBRA</th>
<th>COBRA Disability</th>
<th>Surviving Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$ 6.69</td>
<td>$ 6.82</td>
<td>$ 10.04</td>
<td>Spouse Only $ 6.69</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$ 13.38</td>
<td>$ 13.65</td>
<td>$ 20.07</td>
<td>Spouse + Children 14.38</td>
</tr>
<tr>
<td>You + Children</td>
<td>$ 14.38</td>
<td>$ 14.67</td>
<td>$ 21.57</td>
<td>Children Only 7.69</td>
</tr>
<tr>
<td>You + Family</td>
<td>$ 21.07</td>
<td>$ 21.49</td>
<td>$ 31.61</td>
<td></td>
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</tbody>
</table>

Tobacco-user Premium

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

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

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

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

Please visit [www.ers.texas.gov/Employees/Health/Tobacco_Policy](http://www.ers.texas.gov/Employees/Health/Tobacco_Policy) for more information.
Optional Term Life Insurance and Voluntary Accidental Death and Dismemberment (AD&D) Insurance

<table>
<thead>
<tr>
<th>Optional Term Life Insurance</th>
<th>Monthly Rate per $1,000 of Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Election 1 Annual Salary x 1</td>
</tr>
<tr>
<td>Under 25</td>
<td>$ 0.05</td>
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<td>25 - 29</td>
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<td>30 - 34</td>
<td>0.06</td>
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<tr>
<td>35 - 39</td>
<td>0.06</td>
</tr>
<tr>
<td>40 - 44</td>
<td>0.08</td>
</tr>
<tr>
<td>45 - 49</td>
<td>0.12</td>
</tr>
<tr>
<td>50 - 54</td>
<td>0.19</td>
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<td>60 - 64</td>
<td>0.57</td>
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<td>65 - 69</td>
<td>0.93</td>
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<td>70 - 74</td>
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<td>75 - 79</td>
<td>2.41</td>
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<tr>
<td>80 - 84</td>
<td>3.92</td>
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<tr>
<td>85 - 89</td>
<td>6.79</td>
</tr>
<tr>
<td>90+</td>
<td>10.57</td>
</tr>
</tbody>
</table>

Retiree Fixed Optional Life Insurance ($10,000 policy)
$23.40 per month for $10,000

Dependent Term Life Insurance
Employee: $1.38 per month for $5,000 (includes $5,000 AD&D coverage)
Retiree: $3.05 per month for $2,500

AD&D*
You may apply for AD&D coverage according to the following table:

<table>
<thead>
<tr>
<th>Age</th>
<th>Minimum Coverage</th>
<th>Maximum Coverage</th>
<th>Minimum Increments</th>
<th>You Only $0.02 per $1,000 of coverage</th>
<th>You + Family $0.04 per $1,000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 70</td>
<td>$ 10,000</td>
<td>$ 200,000</td>
<td>$ 5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>6,500</td>
<td>130,000</td>
<td>3,250</td>
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<td></td>
</tr>
<tr>
<td>75-79</td>
<td>4,000</td>
<td>80,000</td>
<td>2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80-84</td>
<td>2,500</td>
<td>50,000</td>
<td>1,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85-89</td>
<td>1,500</td>
<td>30,000</td>
<td>750</td>
<td></td>
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</tr>
<tr>
<td>90+</td>
<td>1,000</td>
<td>20,000</td>
<td>500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Texas Income Protection Plan℠ (TIPP)*

<table>
<thead>
<tr>
<th></th>
<th>$0.26 per $100 of monthly salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term disability</td>
<td></td>
</tr>
<tr>
<td>Long-term disability</td>
<td>$0.63 per $100 of monthly salary</td>
</tr>
</tbody>
</table>

*Optional Term Life Insurance at Elections 3 and 4, AD&D, and short-term and long-term disability insurance are not available to retirees.
†Optional Term Life Insurance is limited to a maximum of $400,000 or four times your annual salary, whichever is less.
Learn more about your State of Texas benefits

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

News About Your Benefits
This e-newsletter provides information on available programs, wellness, health care plans and other benefits. You can sign up to receive this and other news by email at www.ers.texas.gov/Customer_Support/Subscribe.

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

Texa$aver Quarterly Statement
You will receive a statement each quarter from Texa$aver, administered by Empower Retirement, detailing your Texa$aver account balance and investment choices.

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

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

• Ask ERS webinar: On the first Tuesday of select months, you can ask questions and get the latest news from ERS.

• Ready, Set, Retire!: Conducted throughout the state and as a webinar, this is a free 90-minute seminar on ERS retirement and the Texa$aver 401(k) / 457 Program.

• Medicare Preparation seminars: Conducted throughout the state and as a webinar, this presentation helps those approaching Medicare eligibility understand enrollment and how Medicare works with state health insurance.

To see a list of upcoming events or to register, go to www.ers.texas.gov/Event-Calendars.

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

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

Designate your beneficiaries
It’s not required within your first month, but it is a good idea to designate your beneficiaries for life insurance and Texa$aver as soon as you can.

• For life insurance, log in to your ERS Online account. You will need to provide your beneficiaries Social Security numbers, date of birth and mailing addresses.

• For Texa$aver, download a beneficiary designation form from the website at www.texasaver.gwrs.com.

Find detailed instructions at www.ers.texas.gov/Customer_Support/Online/Update_Your_Beneficiaries.
Health insurance

HealthSelect℠ of Texas
Consumer Directed Health Select℠
Administered by Blue Cross and Blue Shield of Texas
beginning September 1, 2017
Group number – 238000
Toll-free: (800) 252-8039
www.bcbstx.com/hs
(Until August 31, 2017)
www.healthselectoftexas.com
(Beginning September 1, 2017)

Consumer Directed HealthSelect℠
Health savings account (HSA)
Administered by Optum Bank
Toll-free: (800) 791-9361, TDD: 711
www.optumbank.com

Health Select℠ Prescription Drug Program
(pharmacy benefits for HealthSelect of Texas and Consumer Directed HealthSelect)
Administered by OptumRx
Toll-free: (866) 336-9371, TDD: 711
www.OptumRx.com/ERS

Community First Health Plans
an affiliate of the University Health System
Group number – 0010180000
Toll-free: (877) 698-7032,
TDD: (210) 358-6080
Local: (210) 358-6262,
NurseLink: (210) 358-6262
members.cfhp.com

KelseyCare powered by
Community Health Choice
Group number: 15000
Toll-free: (844) 515-4877, TTY: 711
NurseLine: (713) 442-0000
www.erskelseycares.com/

Scott & White Health Plan
Group number – 000058
Toll-free: (800) 321-7947
TDD: (800) 735-2989
VitalCare Nurse Advice: (877) 505-7947
ers.swhp.org

Optional benefits

State of Texas Vision
Administered by Superior Vision Services, Inc.
Toll-free: (877) 396-4128
www.stateoftexasvision.com

Dental Plans

State of Texas Dental Choice℠
Administered by HumanaDental Insurance Company
Group number – 536957
Toll-free: (877) 377-0987, TDD: 711
humana.com/ers

HumanaDental DHMO
Insured by DentiCare, Inc, dba CompBenefits, member of the HumanaDental family of companies
Group number – 538226
Toll-free: (877) 377-0987, TDD: 711
humana.com/ers

State of Texas Dental Discount Plan℠
Administered by Careington International Corporation
Toll-free: (844) 377-3368, TDD: 711
www.txdentaldiscount.com

Life and Accidental Death & Dismemberment Insurance
Administered by Securian
Toll-free: (877) 494-1716, TDD: 711
www.lifebenefits.com/plandesign/ers

Texas Income Protection Plan℠ (TIPP)
(short-term and long-term disability insurance)
Administered by ReedGroup
Toll-free: (855) 604-6230, TDD: 711
www.texasincomeprotectionplan.com
Disability evidence of insurability is administered by Securian. Contact information is listed above.

TexFlex
Administered by WageWorks
Toll-free: (844) 884-2364, TDD: 711
www.texflexers.com

Texa$aver 401(k) / 457 Program℠
Administered by Empower Retirement™
Toll-free: (800) 634-5091, TDD: (800) 766-4952
www.texasaver.com

Discount Purchase Program
Administered by Beneplace
Local: (512) 346-3300, TDD: (800) 683-2886
www.Beneplace.com/DiscountProgramERS
Your ERS online account

Set up your online account:

2. Click on “Access My Account” in the upper right hand corner. You will be taken to a new page.
3. On the new page, click on “Enroll.”
4. Enter and verify your contact information.
5. Enroll yourself and dependents in coverage after your agency has entered your employment information.

If you move, or your other contact information changes, don’t forget to update your ERS account.

Sign up for ERS news and updates:

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

Health and Human Services Enterprise Employees:
DADS, DFPS, DSHS, HHSC, CPRIT
The HHS Employee Service Center acts as your benefits coordinator. Contact the Center toll-free at (888) 894-4747.

Employees Retirement System of Texas
Always available online at www.ers.texas.gov
24/7 access to automated information on your insurance and retirement benefits
(877) 275-4377, TDD: 711. Talk to a representative 7:30 a.m.to 5:30 p.m. CT, Monday through Friday.
The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ERS provides free language aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats) qualified interpreters, and written information in other languages.

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

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

Mail: Section 1557 Coordinator
Employees Retirement System of Texas
P.O. Box 13207, Austin, Texas 78711.
Fax: 512-867-3480.
Email: 1557coordinator@ers.state.tx.us

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

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

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Phone: 1-800-368-1019, 800-537-7697 (TDD).

**ATTENTION:** Language assistance services, free of charge, are available to you.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए सुपूर्त में भाषा सहायता सेवाएं उपलब्ध हैं।

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。

**주의：** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

**ملحوظة: **إذا كنت تتحدث أذربيجانية، فهل خدمات المساعدة اللغوية متاحة لك للعامة.

**ΣΗΜΕΙΩΣΗ:** Εάν μιλάτε ελληνικά, έχετε ελεύθερα σερβικές υπηρεσίες και υπηρεσίες για το γλωσσικό υποστήριξη.

**NOTA:** Se você fala português, serviços de tradução e interpretação gratuitos estão disponíveis para você.

**หมายเหตุ:** ถ้าคุณพูดภาษาไทย คุณมีบริการแปลและแปลงภาษาฟรีที่ให้ได้.

**PAUNAWA:** Kung nagsasali ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

**VIMINÁRIE:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

**注意事项**：如果您说日语，则可能免费使用语言支援。

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

**โปรดทราบ:** ถ้าคุณพูดภาษาญี่ปุ่น คุณมีบริการปรึกษาและแปลฟรีที่ให้ได้.

1-877-275-4377