New Employee Benefits Guide

PLAN YEAR 2020
September 1, 2019 - August 31, 2020

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 (ERS) 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 and other benefits to you and your family.

This New Employee Benefits Guide provides the information you need to make the most of your comprehensive State of Texas benefits package. For more information, visit the ERS website at www.ers.texas.gov.

Sincerely,

Porter Wilson
Executive Director
Employees Retirement System of Texas

The New Employee Benefits Guide for Plan Year 2020 highlights benefits that are effective at the time of publication. ERS benefits are subject to change without notice and depend on funding from the state.

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.
Updated by TXST Summer 2019
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Go Online

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

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

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

- the HealthSelect of Texas point-of-service health plan, which includes prescription drug coverage.
- $5,000 Basic Term Life and accidental death & dismemberment (AD&D) insurance. This comes automatically with your health insurance at no cost to full-time employees (part-time employees pay half the cost of their Basic Term Life and AD&D insurance).

You have a choice

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

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

You can also enroll in:

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

What are your benefits worth?

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

Average state employee total compensation = $72,205
- $46,475 in salary
- $25,730 in benefits

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

Please Note!

Unless you opt out of health coverage or select another plan, ERS will enroll you in HealthSelect of Texas. Also, if you don’t enroll in optional benefits during your first 31 days on the job, you will have to wait until the annual Summer Enrollment period or until you experience a qualifying life event (QUE) to do so. If you wait, coverage in some plans is not guaranteed.
Benefits Checklist

Within 31 days of your hire
Enroll yourself and your eligible dependents in optional coverage. You cannot enroll your dependents in health, dental or vision insurance if you are not enrolled in those plans. You must also enroll in Voluntary Accidental Death and Dismemberment (AD&D) if you want get AD&D coverage for your eligible family members.

Important to note: If you are a new hire without a health insurance waiting period, you also have 31 days to make health coverage changes if you choose to do so.

Dental plans – coverage for you and your family
- Delta Dental dental health maintenance organization (DHMO) or
- State of Texas Dental Choice preferred provider organization

Vision insurance – coverage for you and your family
- State of Texas Vision

Optional Term Life Insurance – coverage for yourself
- Coverage at 1 or 2 times your annual salary
- Coverage of 3 or 4 times your annual salary, through evidence of insurability (EOI)

Voluntary Accidental Death & Dismemberment (AD&D) Insurance – coverage for you and your family
- $10,000 - $200,000 for yourself
- Eligible dependents enrolled at a percentage of your covered amount

Dependent Term Life Insurance – coverage for your family
- $5,000 basic life policy, includes $5,000 AD&D coverage

Texas Income Protection Plan (TIPP) – coverage for yourself
- Short-term disability insurance
- Long-term disability insurance

TexFlex
Flexible Spending Accounts
- Health care flexible spending account (not available to Consumer Directed HealthSelect participants)
- Limited flexible spending account (available only to Consumer Directed HealthSelect participants)
- Dependent day care flexible spending account
  Note: Your dependent does not need to be enrolled in your health insurance for you to set up this account and submit claims.

Commuter spending account
- For mass transit or parking expenses associated with your commute to work.

Within 60 days of your hire
Health insurance
Change your health insurance from HealthSelect of Texas if you are a full-time employee subject to a health waiting period. Enroll your eligible dependents in coverage. Enroll yourself and your eligible dependents if you are a part-time employee.

- HealthSelect of Texas (dependents and part-time employees are not automatically enrolled) or
- Consumer Directed HealthSelect or
- An HMO, if you live or work in an eligible county or
- Opt out of health coverage
  Note: If you opt out, you can get a monetary credit to apply toward premiums paid for dental, vision and AD&D insurance.

- Waive health coverage
  AND
- Enroll eligible dependents.
- Complete dependent child certification and begin dependent verification. You and your dependents must be enrolled in the same plan.
- Certify tobacco-use status for yourself and any covered dependents.

At any time
Texa$aver voluntary retirement savings account
- Enroll in a 457 plan
- Increase your 457 plan savings contribution

Add and update beneficiaries
- Life insurance
- Texa$aver

After your first 31 or 60 days of employment, you can make benefits changes only during Summer Enrollment unless you have a qualifying life event (QLE)—for example, you get married or divorced or you have a child. However, you must make benefit changes within 31 days of that QLE.

Example: Your child gets health insurance coverage from your spouse. You want to drop him or her from your plan. You will have a 31-day window to do so.

Exception: If your child loses Medicaid or CHIP eligibility, you will have 60 days to sign them up for GBP health coverage.
Please Note: No Questions Asked for 31 days

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

Understand your health plan options

Choosing the right health insurance for you and your family is an important decision. You have a responsibility to understand how the benefits you select could affect your family’s health and finances.

As a higher education employee not enrolled in Medicare, you have options when it comes to health insurance. You can choose HealthSelectSM of Texas or Consumer Directed HealthSelectSM. Depending on what county you live or work in, you may decide to enroll in one of the health maintenance organizations (HMOs): Community First Health Plans in the San Antonio area and Scott & White Health Plan in central Texas.

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

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

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

Which plan is best for you and your family? The table on the next page shows features of each plan. You can also use the online decision tool at www.healthselect.bcbstx.com/content/healthselect-plans/index#plan-selector. Part-time premium information is on page 26.

Go Online - Set up an ERS account online

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

2. Click on Access My Account.
3. Enter your username and password
4. Verify your contact information

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

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

While you’re on the ERS site, sign up for ERS news and updates.
# Health insurance plan features

<table>
<thead>
<tr>
<th></th>
<th>Point-of-service plan</th>
<th>High-deductible plan with HSA</th>
<th>HMOs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Advantage(s)</strong></td>
<td><strong>HealthSelect!</strong></td>
<td><strong>HealthSelect!</strong></td>
<td><strong>HealthSelect!</strong></td>
</tr>
<tr>
<td></td>
<td>• Low out-of-pocket costs for in-network care</td>
<td>• Tax-free savings in health savings account (HSA), with monthly contribution from the state</td>
<td>• Low out-of-pocket costs for in-network care</td>
</tr>
<tr>
<td></td>
<td>• Large, statewide network</td>
<td>• Large, statewide network</td>
<td>• Lower monthly premiums</td>
</tr>
<tr>
<td><strong>In-Network Preventive Care Covered at 100%</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Prescription Drug Coverage</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Key Downside(s)</strong></td>
<td>• Referrals needed for most specialty care</td>
<td>Possibly high out-of-pocket costs for non-preventive care (plan pays nothing until deductible is met)</td>
<td>• Limited regional network</td>
</tr>
<tr>
<td></td>
<td>• Higher monthly premiums for dependents and part-time employees</td>
<td></td>
<td>• Plan pays nothing for out-of-network care (except emergencies)</td>
</tr>
<tr>
<td><strong>Might be good for people who ...</strong></td>
<td>• Want to keep their out-of-pocket costs low</td>
<td>• Usually have low (or very high) health expenses</td>
<td>• Want to keep their out-of-pocket costs low</td>
</tr>
<tr>
<td></td>
<td>• Don’t mind getting referrals for specialty care</td>
<td>• Can afford to pay up to thousands in out-of-pocket costs (especially if emergency or chronic care is needed)</td>
<td>• Don’t mind getting all non-emergency care from a small, regional network</td>
</tr>
<tr>
<td></td>
<td>• Are willing to pay higher dependent or part-time employee premiums</td>
<td>• Want the state’s tax-free HSA contribution</td>
<td>• Want to pay a lower dependent or part-time employee premiums</td>
</tr>
</tbody>
</table>
HealthSelect of Texas and Consumer Directed HealthSelect

No matter where you live or work, you can choose between HealthSelect of Texas and Consumer Directed HealthSelect. With both plans, you have access to a provider network of more than 50,000 providers in Texas. Both plans include a comprehensive prescription drug program administered by OptumRx.

**HealthSelect of Texas**

Here are some key features of HealthSelect of Texas:

- You do not have to meet an annual medical deductible if your provider is in the HealthSelect network. You will have to meet a $500 deductible per person, or $1,500 deductible per family if you get care outside the network.
- You have prescription drug coverage through a plan administered by OptumRx. You will have to meet a $50 per person deductible before the plan begins to pay. This deductible resets at the beginning of each calendar year. (The plan year for health benefits follows the state’s fiscal year calendar – September through August.)
- You are responsible for copays and/or coinsurance for doctor and hospital visits and other medical services, such as outpatient surgery and high-tech radiology.
- To keep your costs as low as possible, you need to name a primary care physician (PCP) and get referrals from your PCP to see in-network specialists. If you do not get a referral from your PCP, you could pay more for your treatment, even if the provider is in the HealthSelect network.
- You do not need a referral for:
  - eye exams (both routine and diagnostic),
  - ob/gyn visits,
  - mental health counseling,
  - chiropractic visits,
  - occupational therapy, speech therapy and physical therapy and
  - virtual visits, urgent care centers and convenience care clinics.

**Consumer Directed HealthSelect**

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

Here are some key features of Consumer Directed HealthSelect:

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

<table>
<thead>
<tr>
<th>2019 and 2020 Deductible (includes prescriptions)</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 (HSA)
An HSA allows you to set money aside, tax-free, and use the funds to pay for eligible out-of-pocket health expenses.


- To help cover your out-of-pocket health costs, the state makes a monthly contribution to the HSA of every eligible member enrolled in Consumer Directed HealthSelect: $45 for an individual ($540 per year) or $90 for a family ($1,080 per year) in Plan Year 2020.

- You can make pre-tax contributions to your HSA through payroll deductions. The IRS sets the maximum contribution amount each year. See the table to the right for maximum contributions.

- All the money in your HSA carries over from one year to the next—there is no use-it-or-lose-it rule—and you can keep the funds if you change health plans or even leave state employment.

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

Please Note!
You can opt out of health insurance coverage — and get credit.
If you can certify that you already have health insurance that is equal to or better than that offered through ERS, you can sign up for a monthly Health Insurance Opt-Out Credit of up to $60 for full-time employees and $30 for part-time employees.

- The credit helps pay your dental, vision and Voluntary Accidental Death & Dismemberment insurance premiums.
- The credit is not available if your other insurance is Medicare, you have health insurance coverage through ERS as a dependent or you receive a state contribution for other insurance coverage.

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

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

### HSA contributions and maximums* for 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Individual Account</th>
<th>Family Account**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual total contribution allowed from all sources January 1, 2019 – December 31, 2019</td>
<td>$3,500</td>
<td>$7,000</td>
</tr>
<tr>
<td>Annual state contribution</td>
<td>$540 ($45 monthly)</td>
<td>$1,080 ($90 monthly)</td>
</tr>
</tbody>
</table>

*HSA contributions and limits may change from year to year. They may also change based on eligibility requirements and the participant's age. Maximums are set by the IRS and include both pre-tax and post-tax contributions to an HSA.
**A family account includes the member plus any number of dependents enrolled in Consumer Directed HealthSelect.
Health Maintenance Organizations (HMOs)

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

- You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered, unless the HMO has authorized out-of-network treatment. Only emergency care services are covered outside the network without authorization.

- HMOs have their own prescription drug coverage. The annual $50 per person drug deductible resets on September 1.

<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>Scott &amp; White Health Plan</td>
<td>Central Texas</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>

Please Note

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

- You do not need to designate a PCP if you enroll in Consumer Directed HealthSelect, Scott & White Health Plan or if you’re in HealthSelect Out of State.

- If you are in HealthSelect of Texas and need to see a specialist—someone other than your PCP—you will need to get a referral from your PCP.

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 get separate ID cards for medical (Blue Cross and Blue Shield of Texas) and prescription drug (OptumRx) coverage. HMOs have their own prescription plans and will send just one ID card for both medical and prescription coverage.

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

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

To find out which pharmacies you can use under each plan, visit the plan website.
**Prescription drug coverage comparison chart**

<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 Tier 1: $10, Tier 2: $45, Tier 3: $75</td>
<td>20% coinsurance after the annual deductible is met. Up to a 30-day supply of Non-maintenance medications: Tier 1: $10, Tier 2: $35, Tier 3: $60 Tier 1: $10, Tier 2: $45, Tier 3: $75</td>
<td>40% coinsurance after the annual out-of-network deductible is met. Does not apply.</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>

*There is a retail maintenance fee - 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.

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**You must certify—whether you use tobacco or not**

If you enroll, and enroll a dependent, in GBP health insurance, you must certify your status as a tobacco user. You must also certify your dependent’s status. A tobacco user is a person who has used any tobacco product five or more times within the past three consecutive months. If you or any of your dependents use tobacco and enroll in an ERS health plan, you will have to pay a higher premium.

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

**Ready to quit?**

All health plans offered through ERS cover programs and prescription drugs that will help you quit. If you remain tobacco-free for three consecutive months, you can re-certify as a tobacco non-user and you will no longer have to pay the higher premiums.

**Tobacco premium alternative**

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

**Improve your health and lifestyle!**

The tobacco cessation program is only one of the programs and tools your state benefits package offers to help you get healthier. Visit your health plan’s website to find out more about the wellness programs available to you.
Dependent coverage and eligibility

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

Your dependents must meet certain criteria to be eligible. Please see the dependent eligibility chart on page 11. You can also go online at www.ers.texas.gov/Benefits-at-a-Glance/GBP-Eligibility to learn more about who qualifies for insurance coverage.

Get the Dependent eligibility chart at www.ers.texas.gov/PDFs/Dependent-eligibility-chart.pdf.

Certifying dependent children

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

If you enroll your children with help from your benefits coordinator/human resources department or the HHS Employee Service Center (HHS employees only)—or if you send a paper enrollment for to ERS yourself—you must fill out, sign and return the Dependent Child Certification form. Get the form:

- from your benefits coordinator/HR department or the HHS Employee Service Center or
- at www.ers.texas.gov/Active-Employees/Forms/.

Scroll down until you see the link to the Dependent Child Certification form. You can fill it out online and print it, or you can print it and write the information in ink.

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

Verifying all dependents

Once ERS processes your dependents’ enrollment in health coverage, a third-party administrator called Alight Solutions will contact you. ERS works with Alight Solutions to verify that dependents are eligible to participate in our health plans. Alight Solutions will mail you a letter that outlines the steps in the verification process. The letter will list the names of the dependents being verified, the documents needed to do so and the deadline for sending those documents.

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

If you have questions about verifying your dependents, call Alight Solutions toll-free at (800) 987-6605, TY: 711.

JENNICA PRESTON
Benefits Coordinator

Seeing Results with Real Appeal

When Jennica Preston joined Real Appeal two years ago, she wanted to lose the weight she had gained while pregnant with her now 10-year-old son. Preston, a human resources specialist at the Railroad Commission of Texas (RRC), wasn’t happy with the woman she saw in her mirror.

“I’d always been petite and small,” says Preston, who was enthusiastic about the Real Appeal approach from the beginning. “Real Appeal motivated me to make the right choices,” she said. “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 walked the 12 flights of stairs to my office.”

Preston’s commitment paid off. In less than six months, she lost 32 pounds. Today, she is 64 pounds lighter and delighted with the results of her lifestyle change. “I’m thrilled to be getting back to the person I really am.”

Preston is also eager to help others as they seek to become healthier—and happier. She recently agreed to become the new wellness coordinator at the Texas RRC and is excited to “have an opportunity to help my colleagues by sharing the benefits of getting and staying fit.”
## Dependent eligibility chart

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

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

<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 • Current federal tax return OR • Proof of joint ownership** issued within last six months OR • Government-issued marriage certificate only (if married in the last 12 months)</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 • Current federal tax return OR • 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 (see note above)</td>
</tr>
<tr>
<td>Adopted Child*</td>
<td>Child is eligible at time of placement.</td>
<td>• Adoption certificate OR • Adoption placement agreement AND • 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 • Declaration of informal marriage with the county courthouse AND • Child’s government-issued birth certificate AND • Current federal tax return OR • Proof of joint ownership** issued within last six months</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 • 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 • 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 (see note above) OR • Government-issued marriage license to prove family relationship AND • Current federal tax return OR • 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 the Documentation Requirements in the communications Alight Solutions sends you for examples of Joint Ownership documents. False information could lead to expulsion from the GBP and/or criminal prosecution.
## Health Plans Comparison Chart

**Effective September 1, 2019**

<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>Living and Working in Texas</td>
<td>HealthSelect Out-of-State</td>
<td>Community First</td>
</tr>
<tr>
<td></td>
<td>Network</td>
<td>Non-Network</td>
<td>Network</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$500 per person ¹</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-pocket coinsurance maximum</td>
<td>$2,000 per person ¹</td>
<td>$7,000 per person ¹</td>
<td>$2,000 per person ¹</td>
</tr>
<tr>
<td>Total out-of-pocket maximum (including deductibles, coinsurance and copays) ², ³</td>
<td>$6,750 per person ¹</td>
<td>$13,500 per family ¹</td>
<td>None</td>
</tr>
<tr>
<td>Primary care provider required</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Primary care provider office visit</td>
<td>$25 copay ⁴</td>
<td>40%*</td>
<td>$25 copay ⁴</td>
</tr>
<tr>
<td>a. Outpatient physician or mental health provider office visit</td>
<td>$25 copay ⁴</td>
<td>40%*</td>
<td>$25 copay ⁴</td>
</tr>
<tr>
<td>b. Inpatient hospital mental health stay ⁵</td>
<td>$150/day copay plus 20% ($750 copay max, up to 5 days per hospital stay, $2,250 copay max per calendar year per person)</td>
<td>$150/day copay plus 40%* ($750 copay max, up to 5 days per hospital stay, $2,250 copay max per calendar year per person)</td>
<td>$150/day copay plus 20% ($750 copay max, up to 5 days per hospital stay, $2,250 copay max per calendar year per person)</td>
</tr>
<tr>
<td>c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment) ⁶</td>
<td>20%</td>
<td>40%*</td>
<td>20%</td>
</tr>
<tr>
<td>Specialty physicians’ office visits</td>
<td>$40 copay ¹⁷</td>
<td>40%*</td>
<td>$40 copay ⁴</td>
</tr>
<tr>
<td>Routine eye exam, one per year per participant</td>
<td>$40 copay ⁴</td>
<td>40%*</td>
<td>$40 copay ⁴</td>
</tr>
<tr>
<td>Routine preventive care ⁷</td>
<td>No cost to participant(s)</td>
<td>40%*</td>
<td>No cost to participant(s)</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>Maternity Care doctor charges only; inpatient hospital copays will apply</td>
<td>No charge for routine prenatal appointments $25 or $40 for first post-natal visit ⁸</td>
<td>40%*</td>
<td>No charge for routine prenatal appointments $25 or $40 for first post-natal visit ⁸</td>
</tr>
<tr>
<td>High-tech radiology (CT scan, MRI, and nuclear medicine) ¹⁰</td>
<td>$100 copay plus 20%</td>
<td>$100 copay plus 40%*</td>
<td>$100 copay plus 20%</td>
</tr>
</tbody>
</table>

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1. 2. 3.

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ERS | 2020 New Employee Benefits Guide

Higher education employees
### Health Plans Comparison Chart
**Effective September 1, 2019**

<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>Living and Working in Texas</td>
<td>HealthSelect Out-of-State</td>
<td>Network</td>
</tr>
<tr>
<td>Urgent care clinic</td>
<td>$50 copay plus 20%</td>
<td>$50 copay plus 20%</td>
<td>40%*</td>
</tr>
<tr>
<td>Chiropractic Care &amp; Co-insurance</td>
<td>20%; $40 copay plus 20% with office visit</td>
<td>20%; $40 copay plus 20% with office visit</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</td>
<td>Each participant Per calendar year</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Inpatient hospital (semi-private room and day's board, and intensive care unit)</td>
<td>$150/day copay plus 20% ($750 copay max, up to 5 days per hospital stay, $2,250 copay max per calendar year per person)</td>
<td>$150/day copay plus 40%* ($750 copay max, up to 5 days per hospital stay, $2,250 copay max per calendar year per person)</td>
<td>$150/day copay plus 20% ($750 copay max, up to 5 days per hospital stay, $2,250 copay max per calendar year per person)</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$150 plus 20% (if admitted copay will apply to hospital copay)</td>
<td>$150 plus 20% (if admitted copay will apply to hospital copay)</td>
<td>$150 plus 20% (if admitted copay will apply to hospital copay)</td>
</tr>
<tr>
<td>Outpatient surgery other than in physician's office</td>
<td>$100 copay plus 20%</td>
<td>$100 copay plus 40%*</td>
<td>$100 copay plus 20%</td>
</tr>
<tr>
<td>Bariatric surgery</td>
<td>Deductible: $5,000</td>
<td>Deductible: $5,000</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Plan pays up to $1,000 per ear every three years (no deductible)</td>
<td>20%** Plan pays up to $1,000 per ear every three years (after deductible is met)</td>
<td>Plan pays up to $1,000 per ear every three years (no deductible)</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20%</td>
<td>40%*</td>
<td>20%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Note: 40% coinsurance after you meet the annual out-of-network deductible
**Note: 20% coinsurance after you meet the annual in-network deductible
1 Applies to calendar year, January 1 - December 31.
2 Does not include copays.
3 Applies to plan year, September 1 - August 31.
4 Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant’s total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments.
5 Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.
6 Preauthorization required.
7 Outpatient testing only. Does not apply to inpatient services.
8 Copay depends on whether treatment is given by PCP or specialist.
9 No copay if high-tech radiology is performed during ER visit or inpatient admission.
10 Benefits shown do not apply to out-of-network freestanding ERs. For information about this coverage, see your plan’s Master Benefit Plan Document.
11 The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum.
12 Active employees only; see health plan for additional requirements/limitations.
13 Referrals to see specialists are required from your designated PCP on file in order to receive in-network benefits for specialist office visits, even if the specialist is in your plan network.
14 The $1,000 hearing aid maximum benefit does not apply to hearing aids for minors 18 years and younger.
15 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.

Higher education employees

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**When do my benefits start?**

**First day of employment**
Coverage for your optional benefits—dental, vision, optional life elections 1 and 2, dependent life, AD&D, TIPP disability insurance and TexFlex flexible spending accounts—could begin right away when you enroll on your first day.

**First of the month following your date of hire**
If you enroll in optional benefits within 31 days of your hire date, coverage begins on the first day of the month after you added the coverage.

*Important note:* For optional life elections 3 and 4, coverage begins when you are approved through evidence of insurability (EOI). Learn more about EOI on page 34.

**First of the month after 60 days of employment**
Health insurance and prescription drug coverage begin the first day of the month following your 60th day of employment. If your 60th day of employment falls on the first of the month, health coverage begins on that day. For example, if you are hired on March 2, your 60th day will be May 1. Your health coverage begins then—you don’t have to wait until June 1.

This waiting period does not apply if you:
- were rehired without a break in GBP health coverage,
- transferred from another GBP agency or institution without a break in GBP coverage,
- transferred from the University of Texas or Texas A&M University system without a break in coverage,
- are a return-to-work retiree enrolled in GBP health coverage as a retiree,
- are enrolled in GBP health coverage as a dependent or through COBRA on the date of hire or rehire,
- are rehired on or after September 1, 2015 and returned to employment at the same state agency within 90 days of leaving active military duty or
- become a State of Texas worker while you are a dependent covered under members of the GBP.

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

If you do not have a waiting period, you’ll have 31 days to make health coverage changes. Those changes will begin the first day of the next month. However, if you transferred as an employee from one GBP entity to another with no break in service, start your job on the first day of the month and change your health coverage that day, the change takes place immediately.

---

**Dental Plans**

For an additional premium, you may enroll in one of the following two dental plans.

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

**Go Online**
Find a list of providers for the State of Texas Dental Choice Plan or DeltaCare USA DMHO at [www.ERSdentalplans.com](http://www.ERSdentalplans.com) or by calling Delta Dental toll-free at (888) 818-7925 (TTY: 711).
Dental Choice insurance

This is a preferred provider organization (PPO) dental insurance plan. You can see any dentist you want, but will pay less if you go to a dentist in one of the two Delta Dental networks:

- Delta Dental PPO
- Dental Premier

Dentists of both the Delta Premier and Delta Dental PPO are in-network providers.

You will get the same coverage in either network, but you may pay less for covered services in the Delta Dental PPO network. Delta Premier dentists can charge higher rates for the same coverage.

Benefits are available in the United States, Canada and Mexico, if you live in the United States.

DeltaCare® USA

This is a dental health maintenance organization (DHMO) dental insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DHMO network dentist in your area.
- You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from participating specialty dentists cost 25% less than the dentists’ usual charges.

- Be sure to check and see if your PCD is in network at www.ERSdentalplans.com.
- Once you’ve enrolled, watch your mailbox for your Welcome Letter, which will include your member number.
- Dentists who participate in the Delta Dental networks should not require ID cards. If you want a card, however, you can download and print a paper copy of your dental insurance information from your Delta Dental online account.
  **Please note:** only the policy holder’s name will be listed on the card. Dependents’ names will not be listed.
- Be sure to let your dependents know that Delta Dental manages their dental plan.
  **Please note:** A dependent can get coverage at an in-network dentist by giving their own name, or the policy holder’s name and member number.

If you have any questions, call Delta Dental toll-free at (888) 818-7925 (TTY: 711), Monday – Friday from 7 a.m. to 8 p.m. CT.
# Dental plans comparison chart

|                  | DeltaCare USA DHMO                                                                 | State of Texas Dental Choice Plan
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dentists</strong></td>
<td>You must select a primary care dentist (PCD).</td>
<td>Preferred Provider Organization (PPO) or Premier Provider Network Administered by Delta Dental</td>
</tr>
<tr>
<td></td>
<td>NOTE: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In-network / participating dentist</td>
<td>Out-of-network / non-participating dentist¹</td>
</tr>
<tr>
<td><strong>Deductibles</strong></td>
<td>None</td>
<td>Preventive: Individual-$0; Family-$0</td>
</tr>
<tr>
<td></td>
<td>Combined Basic/Major: Individual-$50; Family-$150</td>
<td>Combined Basic/Major: Individual-$100; Family-$300</td>
</tr>
<tr>
<td></td>
<td>Orthodontic services: no deductible</td>
<td>Orthodontic services: no deductible</td>
</tr>
</tbody>
</table>
| **Copays/coinsurance** | PCD: Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet.  
Specialty dentistry: 75% of the dentist's usual and customary fee. DHMO pays nothing² | Preventive and Diagnostic Services: No charge.  
Basic Services: 10% coinsurance after meeting the Basic Services deductible.  
Major Services: 50% coinsurance after meeting the Major Services deductible.  
There is no charge for anything over the allowed amount.  
Once the Maximum Calendar Year Benefit is reached, the participant pays 60% until January 1. |
|                  | Preventive: Individual-$50; Family-$150                                          | Preventive Services: 10% coinsurance after meeting the Preventive Services deductible.  
Basic Services: 30% coinsurance after meeting the Basic Services deductible.  
Major Services: 60% coinsurance after meeting the Major Services deductible.  
Participants may be required to pay the difference between the allowed amount and billed charges.  
Once the Maximum Calendar Year Benefit is reached, the participant pays 100% until January 1. |
| **Maximum calendar year benefits** | Unlimited                                                                        | $2,000 per covered individual (includes orthodontic extractions)                   |
|                  | $2,000 per covered individual for orthodontic services                          | $2,000 per covered individual for orthodontic services                             |
| **Maximum lifetime benefit** | Unlimited                                                                        | No charge.  
 Up to two cleaning/oral exams per calendar year allowed. | 10% of the allowed amount after deductible is met.  
 Up to two cleaning/oral exams per calendar year allowed. |
| **Average cost of cleaning/oral exams** | Vary according to service and are listed in the “Schedule of Dental Benefits” booklet.  
Up to two cleaning/oral exams per calendar year allowed. | No charge.  
 Up to two cleaning/oral exams per calendar year allowed. | 10% of the allowed amount after deductible is met.  
 Up to two cleaning/oral exams per calendar year allowed. |
| **Orthodontic coverage** | Orthodontic services performed by a general dentist listed in the directory with an “0” treatment code:  
child - $1,800;  
adult- $2,100.  
Orthodontic services performed by specialist: 75% of the usual fee. DHMO pays nothing. | Orthodontic services performed by a specialist: 75% of the usual fee. DHMO pays nothing. | 50% of the allowed amount.  
Participants may be required to pay the difference between the allowed amount and billed charges. |

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

¹In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill for charges above the amount covered by Delta Dental. Visit a participating dentist to ensure you do not receive additional charges.

²This comparison chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less...
Vision plan

Your health insurance plan covers some vision and eye health services, including an annual eye exam and treatment for diseases of the eye (see chart).

With the exception of Community First HMO, GBP health plans do not cover the cost for eyeglasses or contact lenses (see chart). If you need that kind of coverage, you and your eligible dependents can enroll in State of Texas Vision for an additional monthly premium.

State of Texas Vision, which is administered by Superior Vision Services, Inc., covers an eye exam, contact lens fitting, and other options (such as single vision lenses or ultraviolet coating). You will have one copay for these services. Other copays apply for special lenses.

Additionally, State of Texas Vision offers an allowance on frames of eyeglasses or contact lenses, as well as discounts for LASIK. For a complete list of plan benefits and a list of providers, visit www.superiorvision.com/StateOfTexasVision.

Vision coverage comparison chart

<table>
<thead>
<tr>
<th></th>
<th>State of Texas Vision</th>
<th>HealthSelect of Texas</th>
<th>Consumer Directed HealthSelect</th>
<th>Community First HMO</th>
<th>Scott &amp; White HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exam</td>
<td>$15 copay</td>
<td>$40 copay</td>
<td>20% coinsurance</td>
<td>$40 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Frames</td>
<td>$150 retail allowance</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$125 retail allowance</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard contact lens fitting</td>
<td>$25 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$125 allowance</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialty contact lens fitting</td>
<td>$35 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Single-vision lenses</td>
<td>$10 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>100% covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Bifocal lenses</td>
<td>$15 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>100% covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Trifocal lenses</td>
<td>$20 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>100% covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Progressives</td>
<td>$70 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Polycarbonate</td>
<td>$50 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Scratch coat (factory, single sided)</td>
<td>$20 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Ultraviolet coating</td>
<td>$10 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Tint</td>
<td>$10 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>$40 copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Contact lenses</td>
<td>$150 allowance</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$125 allowance</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

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

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

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

3Cost savings when using OptiCare vision providers. Frame discounts are not available if the frame manufacturer prohibits the discount.

4Contact lenses are in lieu of eyeglass lenses and frames benefits. The $125 allowance is reduced when it’s also used toward a contact lens fitting.

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

Note: Besides the eye exam, any additional vision offerings through the health plans are value-added benefits. ERS does not guarantee the length of time that a specific value-added product will be offered.
Life, AD&D and disability insurance

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

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

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

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

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

You can find instructions at https://www.ers.texas.gov/About-ERS/Update-Your-Beneficiaries

Dependent Term Life Insurance
You can enroll your eligible dependents in term life insurance for an additional premium. The plan includes $5,000 term life with $5,000 AD&D for each covered family member. You will receive the benefit when your covered dependents die or are injured. One monthly premium covers all your eligible dependents, but all eligible dependents must be named under the coverage.

If you do not sign up as a new employee, you can apply for this insurance when you have a qualifying life event (QLE) or during Summer Enrollment, but you will have to supply EOI and coverage is not guaranteed. For example, you can add a new spouse after getting married or enroll a newborn child in Dependent Term Life Insurance within 31 days of the QLE without supplying EOI.

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

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

Coverage includes the following:
• If you die as the direct result of an accidental bodily injury, your beneficiaries will receive the full amount of your coverage upon your accidental death.
• Your spouse is covered at 50% of your enrolled amount. Eligible children are covered at a lower percentage, which is reduced if your spouse is alive at the time of your child’s death.
• If you have an accident and suffer any of the covered injuries, such as loss of a hand, a foot or sight of one eye, you will receive a percentage of the full amount of your coverage.
• If an eligible family member loses a hand, a foot, or sight of one or both eyes in an accident, you receive a percentage of the benefit.
Disability insurance

When you can’t work because of illness or injury, the Texas Income Protection Plan℠ (TIPP) pays you a portion of your salary.

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

If you have signed up for long-term disability insurance, you can receive up to 60% of your monthly salary or $6,000, whichever is less, until you are able to return to work or until you reach your Maximum Benefit Period (see https://reedgrouptipp.com/forms-users-guide.html, page 7, for more information).

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

TIPP benefits are reduced if you get other disability payments. The minimum benefit is 10% of your monthly salary.

TIPP coverage is not available for family members.

Up-close

THOMAS BARKER-WHITE
Statewide Intake Supervisor

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

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

They set aside money for retirement through Texa$aver to prepare for their future. 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 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."
Financial planners and tax advisors encourage people to save money on taxes by lowering their taxable income. ERS offers flexible spending accounts that help you do this.

By participating in one or more of the TexFlex flexible spending accounts (FSAs), you can set aside money pre-tax from your paycheck to cover eligible out-of-pocket health care and dependent care expenses. Your defined TexFlex contribution is automatically withdrawn from your paycheck and deposited into your account each month.

The only time you can make changes to your TexFlex contribution is during Summer Enrollment (except for the commuter spending account), unless you have a qualifying life event during the plan year. If you do not make a change during Summer Enrollment, the annual amount you currently contribute to your account(s) will stay the same.

After you enroll in a TexFlex health care or limited FSA, you will get a debit card in the mail. You can use it to pay for eligible expenses. There is no cost to you to use the debit card. You cannot use the debit card to pay for dependent care, however.

Because TexFlex accounts are tax-free, the IRS requires all purchases with TexFlex funds to be validated. WageWorks, the TexFlex plan administrator, may ask you to submit proof that you used your TexFlex funds to pay for eligible expenses. Please be sure to SAVE YOUR RECEIPTS.

Active employees may be eligible to enroll in more than one account at a time. The following chart shows how each type of account can be used, and the rules that apply.

Note: You can enroll in or make changes to the TexFlex commuter spending account (CSA), parking and/or transit, at any time. You don’t have to wait for Summer Enrollment.

If you enroll in the TexFlex health care or limited FSA and the TexFlex CSA, you will not get separate debit cards. You can use the same debit card for the CSA that you use for your health care or limited FSA.

### Flexible spending accounts comparison chart

<table>
<thead>
<tr>
<th>Health care FSA (not available to Consumer Directed HealthSelect members)</th>
<th>Limited FSA (for Consumer Directed HealthSelect members only)</th>
<th>Dependent care FSA</th>
<th>Commuter spending account*</th>
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<tbody>
<tr>
<td><strong>Eligible Expenses</strong> (For a complete list, see the plan website.)</td>
<td>• Copays, coinsurance and other medically necessary charges</td>
<td>• Vision and dental expenses not covered by insurance</td>
<td>Eligible parking and transit expenses</td>
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<td><strong>Maximum contribution</strong></td>
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<td>$2,700 per participant, per fiscal year</td>
<td>$5,000 per household, per fiscal year</td>
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<tr>
<td></td>
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<tr>
<td><strong>Funds availability</strong></td>
<td>Full election available Sept. 1</td>
<td>Full election available Sept. 1</td>
<td>Funds available as contributions are made</td>
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<td><strong>Debit Card</strong> (no fee)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Carryover of funds or grace period</strong></td>
<td>Carryover up to $500 after Aug. 31</td>
<td>Carryover up to $500 after Aug. 31</td>
<td>Grace period (extra time to incur expenses under FY19 account) from Sept. 1, 2019 to Nov. 15, 2019.</td>
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<tr>
<td><strong>Runout period</strong></td>
<td>Submit claims incurred between Sept. 1, 2019 and Aug. 31, 2020 by Dec. 31, 2020</td>
<td>Submit claims incurred between Sept. 1, 2019 and Aug. 31, 2020 by Dec. 31, 2020</td>
<td>Submit claims incurred between Sept. 1, 2020 and Nov. 15, 2020 by Dec. 31, 2020</td>
</tr>
</tbody>
</table>

*Participants who contribute money to the TexFlex CSA can make changes to their monthly election amount or disenroll at any time during the plan year.*
After you enroll in a TexFlex health care, commuter or limited FSA (see charts), you will receive a debit card in the mail. You can use it to pay for eligible expenses. There is no cost to you to use the debit card.

**Keep your receipts**

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

Please Note!

**How to pay with TexFlex**

If you have a TexFlex health care or limited FSA or a TexFlex commuter spending account, you will get a debit card that you can use to pay eligible expenses—such as a prescription, a dentist visit or bus fare—at the time of service. You can choose not to use the debit card and instead submit a claim for reimbursement online or by mail or fax.

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

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

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**Up-close**

**SERENA LOPEZ**

**Information Specialist**

As a benefits educator at ERS, Serena Lopez 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) through the Texas Higher Education Coordinating Board</td>
<td>TRS: (800) 223-8778, <a href="http://www.trs.texas.gov">www.trs.texas.gov</a> or (512) 427-6101 <a href="http://www.thecb.state.tx.us/">http://www.thecb.state.tx.us/</a></td>
</tr>
<tr>
<td>TCDRS</td>
<td>TCDRS</td>
<td>(800) 823-7782 <a href="http://www.tcdrs.org">www.tcdrs.org</a></td>
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<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>
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<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>
<tr>
<td>Windham School District</td>
<td>TRS</td>
<td>(800) 223-8778 <a href="http://www.trs.texas.gov">www.trs.texas.gov</a></td>
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</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$aver account (or other personal retirement savings) could help you live more comfortably when you’re no longer working. TRS administers the Texa$aver Program, along with Empower Retirement, which manages recordkeeping. Contact your benefits coordinator or HR representative to find out if your higher education institution participates.

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

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

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

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

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

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

If he is enjoying retirement now, it is the result of a long-term strategy. “I am a big believer in the three-legged stool, and that has been a primary strategy to meet my retirement goals. My defined benefit is now in place and my wife and I have consistently contributed to our Texa$aver accounts.”

What is the GBP?

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

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

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

• a state agency,
• a Texas public institution of higher education that is not part of the University of Texas or Texas A&M University systems,
• Community Supervision and Corrections Department (CSCD),
• Teacher Retirement System of Texas (TRS),
• Windham School District,
• Texas Municipal Retirement System (TMRS) or
• Texas County and District Retirement System (TCDRS).
The Texa$aver 457 Program offers the chance to save for retirement through a variety of investment opportunities at lower-than-average fees. You can keep your Texa$aver account even after you no longer work for the state. Because Texa$aver has lower fees than many other retirements savings plans, you could save money by keeping your Texa$aver account.

Call to request a free Texa$aver welcome packet, or for more information on getting started. Learn more:
- www.texasaver.com
- (800) 634-5091

Rolling over funds from other retirement accounts 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 your Texa$aver 457 account. You can also roll over money from an eligible individual retirement account (IRA). The Texa$aver 457 plan accepts Roth rollovers from other qualified plans as well, but you cannot roll over Roth IRAs to Texa$aver.

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

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

#### Full-time Employees and Retirees

Not Enrolled in Medicare

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<th>HealthSelect of Texas®</th>
<th>Premium*</th>
<th>State Pays</th>
<th>You Pay</th>
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#### Part-time Employees, Graduate Students/Teaching Assistants, Post-doctoral and Adjunct Faculty†

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*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 on the next page.

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

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

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<tr>
<th>State Pays</th>
</tr>
</thead>
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<tr>
<td>You + Spouse</td>
</tr>
<tr>
<td>You + Children</td>
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<tr>
<td>You + Family</td>
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</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 enrolled in Medicare.
Dental Insurance

**DeltaCare USA DHMO**
(no change from PY19)

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<td>You + Children</td>
<td>23.02</td>
<td>23.48</td>
<td>34.53</td>
<td>Children Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.43</td>
</tr>
<tr>
<td>You + Family</td>
<td>32.59</td>
<td>33.24</td>
<td>48.89</td>
<td></td>
</tr>
</tbody>
</table>

**State of Texas Dental Choice Plan℠**
(lower than PY19)

<table>
<thead>
<tr>
<th></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>$ 27.21</td>
<td>$ 27.75</td>
<td>$ 40.82</td>
<td>Spouse Only</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>$ 27.21</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>54.42</td>
<td>55.51</td>
<td>81.63</td>
<td>Spouse + Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65.30</td>
</tr>
<tr>
<td>You + Children</td>
<td>65.30</td>
<td>66.61</td>
<td>97.95</td>
<td>Children Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38.09</td>
</tr>
<tr>
<td>You + Family</td>
<td>92.51</td>
<td>94.36</td>
<td>138.77</td>
<td></td>
</tr>
</tbody>
</table>

State of Texas Vision

<table>
<thead>
<tr>
<th></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>$ 5.12</td>
<td>$ 5.22</td>
<td>$ 7.68</td>
<td>Spouse Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 5.12</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>10.24</td>
<td>10.44</td>
<td>15.36</td>
<td>Spouse + Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.01</td>
</tr>
<tr>
<td>You + Children</td>
<td>11.01</td>
<td>11.23</td>
<td>16.52</td>
<td>Children Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.89</td>
</tr>
<tr>
<td>You + Family</td>
<td>16.13</td>
<td>16.45</td>
<td>24.20</td>
<td></td>
</tr>
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</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 age 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/About-ERS/Policies/Tobacco-Policy-and-Certification](http://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification) for more information.
Optional Term Life Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>Election 1 Annual Salary x 1</th>
<th>Election 2 Annual Salary x 2</th>
<th>Election 3* Annual Salary x 3</th>
<th>Election 4** Annual Salary x 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$0.05</td>
<td>$0.10</td>
<td>$0.15</td>
<td>$0.20</td>
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<tr>
<td>25 - 29</td>
<td>0.05</td>
<td>0.10</td>
<td>0.15</td>
<td>0.20</td>
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<tr>
<td>30 - 34</td>
<td>0.06</td>
<td>0.12</td>
<td>0.18</td>
<td>0.24</td>
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<tr>
<td>35 - 39</td>
<td>0.06</td>
<td>0.12</td>
<td>0.18</td>
<td>0.24</td>
</tr>
<tr>
<td>40 - 44</td>
<td>0.08</td>
<td>0.16</td>
<td>0.24</td>
<td>0.32</td>
</tr>
<tr>
<td>45 - 49</td>
<td>0.12</td>
<td>0.24</td>
<td>0.36</td>
<td>0.48</td>
</tr>
<tr>
<td>50 - 54</td>
<td>0.19</td>
<td>0.38</td>
<td>0.57</td>
<td>0.76</td>
</tr>
<tr>
<td>55 - 59</td>
<td>0.33</td>
<td>0.66</td>
<td>0.99</td>
<td>1.32</td>
</tr>
<tr>
<td>60 - 64</td>
<td>0.57</td>
<td>1.14</td>
<td>1.71</td>
<td>2.28</td>
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<tr>
<td>65 - 69</td>
<td>0.93</td>
<td>1.86</td>
<td>2.79</td>
<td>3.72</td>
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<td>70 - 74</td>
<td>1.48</td>
<td>2.96</td>
<td>4.44</td>
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<td>75 - 79</td>
<td>2.41</td>
<td>4.82</td>
<td>7.23</td>
<td>9.64</td>
</tr>
<tr>
<td>80 - 84</td>
<td>3.92</td>
<td>7.84</td>
<td>11.76</td>
<td>15.68</td>
</tr>
<tr>
<td>85 - 89</td>
<td>6.79</td>
<td>13.58</td>
<td>20.37</td>
<td>27.16</td>
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<tr>
<td>90+</td>
<td>10.57</td>
<td>21.14</td>
<td>31.71</td>
<td>42.28</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

Voluntary Accidental Death and Dismemberment Insurance (AD&D)*

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

You Only $0.02 per $1,000 of coverage
You + Family $0.04 per $1,000 of coverage

Texas Income Protection PlanSM (TIPP)*

<table>
<thead>
<tr>
<th></th>
<th>Short-term disability</th>
<th>Long-term disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.26 per $100 of monthly salary</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 https://service.govdelivery.com/accounts/TXERS/subscriber/new?topic_id=TXERS_45.

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 http://ers.texas.gov/Event-Calendars.

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

Designate your beneficiaries
It’s not required within your first month, but it’s a good idea to designate your beneficiaries for life insurance and 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.com.

Your benefits coordinator
See your agency’s benefits coordinator or HR representative for help signing up for and understanding benefits.
Your benefits plans: At a glance

The following is a brief overview of the valuable insurance and retirement benefits available to you. For more details about coverage and eligibility, please read the information in this book, visit the ERS website at [www.ers.texas.gov](http://www.ers.texas.gov), or talk to your agency’s benefits coordinator or human resources department.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Administrator</th>
<th>Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Plans with Prescription Drug Coverage and Basic Term Life Insurance</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| HealthSelect℠ of Texas | Blue Cross and Blue Shield of Texas | • A point-of-service plan. Go where you want, but you’ll pay less if you use in-network providers and services.  
• Large statewide network  
• Must designate a primary care physician (PCP) to get the maximum benefit  
• Referrals are needed for most specialty care |
| Consumer Directed HealthSelect℠ | Blue Cross and Blue Shield of Texas | • High-deductible health plan with a tax-free health savings account (HSA, administered by Optum Bank)  
• Large statewide network  
• Pay full cost of medical services and prescriptions until deductible is met  
• You do not need to designate PCP and you do not need referrals to see a specialist.  
• The state makes a monthly contribution to your HSA. |
| Health maintenance organizations (HMOs) | Scott and White Health Plan in Central Texas | • You must use providers in the HMO network for your services to be covered.  
• Low out-of-pocket costs for in-network care |
| Community First Health Plans in the San Antonio area | | |
| **Dental Plans** | | |
| State of Texas Dental Choice Plan℠ | Delta Dental | • Preferred provider organization. You can use any dentist, but you’ll pay less if you use in-network providers.  
• Large network |
| DeltaCare USA DHMO | Delta Dental | • You must use a dentist in the Texas service area.  
• You must select a primary care dentist (PCD). |
| **Vision Plan** | | |
| State of Texas Vision℠ | Superior Vision | • Eye exams and contact lens fittings  
• Allowances for cost of eyeglasses or contact lenses  
• Discounts on LASIK |
<table>
<thead>
<tr>
<th>Plan</th>
<th>Administrator</th>
<th>Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Insurance Plans</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Optional Term Life Insurance              | Securian               | • Four elections to choose from  
• Each policy provides an equal amount of Accidental Death & Dismemberment (AD&D) coverage.  
• Evidence of insurability (EOI) may be required.                                                                                                                                                                                                                                                                                  |
| Dependent Term Life Insurance             | Securian               | • You pay one premium for all covered dependents.  
• The plan includes AD&D insurance.  
• EOI maybe required.                                                                                                                                                                                                                                                                                                                  |
| Voluntary Accidental Death & Dismemberment Insurance | Securian   | • Coverage for you only or for you and your family  
• EOI is NOT required                                                                                                                                                                                                                                                                                                                     |
| Texas Income Protection Plan<sup>SM</sup> (TIPP) disability insurance | ReedGroup              | • Pays a percentage of your salary if you're unable to work due to illness or injury  
• Short-term disability: up to 66% for up to five months  
• Long-term disability: up to 60% until you can return to work                                                                                                                                                                                                                                                                  |
| **Flexible Spending Accounts (FSAs)**     |                        |                                                                                                                                                                                                                                                                                                                                                                                                     |
| TexFlex health care FSA                   | WageWorks              | • Set aside money, pre-tax, to pay for eligible health, dental, vision and prescription drug expenses.                                                                                                                                                                                                                                                                                      |
| TexFlex<sup>SM</sup> dependent day care FSA | WageWorks              | • Set aside money, pre-tax, to pay for day care, after-school care and summer day camp for children under age 13 or day care for dependent adults who can't care for themselves.                                                                                                                                                                                                                   |
| TexFlex limited FSA                       | WageWorks              | • Only employees who enroll in Consumer Directed HealthSelect can enroll in a limited FSA.  
• Set aside money, pre-tax, to pay for eligible dental and vision expenses only.                                                                                                                                                                                                                                                                                                     |
| TexFlex commuter spending account         | WageWorks              | • Set aside money, pre-tax, to pay for public transportation expenses used for your commute, or parking near your workplace or near public transit that you take to and from work.  
• Your institution might not participate in the TexFlex commuter spending account. Check with your HR department.                                                                                                                                                                                                                                    |
| **Retirement Plans**                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Texa$aver<sup>SM</sup> 457 account        | Empower Retirement     | • You can enroll in a 457 account, if your institution participates. Check with your HR department.  
• You can increase, decrease or stop your contribution, or make changes to how your account is invested, at any time.                                                                                                                                                                                                                      |
Glossary

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

- In HealthSelect of Texas and the HMOs, there is usually coinsurance on hospital stays and procedures like outpatient surgery. For example, if you have outpatient surgery at an in-network facility, you’ll be responsible for a $100 copay and 20% of the overall cost. If the surgery costs $2,000, you’ll owe $500 total: $100 copay + $400 coinsurance (20% of $2,000). Often, you will get a bill for coinsurance after the procedure, instead of having to pay right away.

- In Consumer Directed HealthSelect, you’ll pay coinsurance for everything – doctor visits, procedures, prescriptions – after you’ve met the annual deductible. For in-network care, the coinsurance is 20% of the cost. For out-of-network care, it’s 40%. So, if you’ve met the deductible and go to an in-network doctor for a sore throat and the overall cost is $100, you’ll pay $20 coinsurance. (If you have not met the deductible, you’ll pay the full amount: $100.) If you go to an out-of-network doctor after meeting the deductible, you’ll pay 40% of the overall cost. Your overall cost may be higher, though. If your out-of-network doctor hasn’t agreed to a lower rate, he may charge more for the visit -- let’s say $130. In this out-of-network scenario when the deductible has been met, you’d pay $52 (40% of $130). It pays to stay in the network!

**Evidence of Insurability (EOI)** is when you provide proof of good health. It’s an application process through which you provide information on the condition of your health or your dependent’s health in order to get certain types of insurance coverage.


- Health Plans
- Prescription drug benefits
- Dental Plans comparison chart
- State of Texas Vision Plan Rates
- Monthly premium charts for tobacco user premium, dental, vision, life, AD&D, TIPP

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

**A deductible** is the amount you will need to pay for health care services before your insurance plan starts to pay any of the cost (except preventive care). If you have a $500 deductible, for example, you must pay the full cost of the first $500 of covered services yourself.
HEALTH INSURANCE
HealthSelect of Texas®
Consumer Directed HealthSelectSM
Administered by Blue Cross and Blue Shield of Texas
Group number – 238000
Toll-free: (800) 252-8039, (TTY: 711)
NurseLine: (800) 581-0368
www.healthselectoftexas.com

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

HealthSelect Prescription Drug Program
(pharmacy benefits for HealthSelect of Texas and Consumer Directed HealthSelect)
Administered by OptumRx
Toll-free: (855) 828-9834, (TTY: 711)
www.HealthSelectRx.com

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

Scott and White Health Plan
Group number – 012700
Toll-free: (800) 321-7947, (TTY: (800) 735-2989)
VitalCare Nurse Advice: (877) 505-7947
https://ers.swhp.org/

OPTIONAL BENEFITS
State of Texas Vision
Administered by Superior Vision Services, Inc.
Group number – 35040
Toll-free: (877) 396-4128 (TTY: 711)
www.StateofTexasVision.com

State of Texas Dental ChoiceSM
Administered by Delta Dental
Toll-free at (888) 818-7925 (TTY: 711)
www.ERSdentalplans.com

DeltaCare USA DHMO
Administered by Delta Dental
Toll-free at (888) 818-7925 (TTY: 711)
www.ERSdentalplans.com

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

Texas Income Protection PlanSM (TIPP)
(short-term and long-term disability insurance)
Administered by ReedGroup
Toll-free: (855) 604-6230, (TTY: 711)
www.texasincomeprotectionplan.com
Disability evidence of insurability is administered by Guardian Life.

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

Texa$aver 401(k) / 457 ProgramSM
Administered by Empower RetirementTM
Toll-free: (800) 634-5091, (TTY: (800) 766-4952)
www.texasaver.com

Discount Purchase Program
Administered by Beneplace
Toll-free: (800) 683-2886
Local: (512) 346-3300
www.beneplace.com/discountprogramERS
If you have a qualifying event (QLE) such as marriage, divorce or the birth of a child, you can make certain benefit changes at other times during the year if they meet QLE guidelines. You must request the changes within 31 days of the event — 60 days if your child loses eligibility for the Children’s Health Insurance Program (CHIP).

**Health and Human Services Enterprise Employees:**
DFPS, DSHS, HHSC, CPRIT
The HHS Employee Service Center acts as your benefits coordinator. Contact the Center toll-free at (888) 894-4747.
NOTICE OF CREDITABLE COVERAGE PLAN YEAR 2020

This notice applies to you if you are both:

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

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

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

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

This notice provides:

- important information about your current prescription drug coverage,
- answers that will assist you in deciding whether you should purchase Medicare Prescription Drug Coverage,
- contact numbers for more information and
- a document that you can use later to avoid a penalty for late enrollment in Medicare Prescription Drug Coverage.

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

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

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

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

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

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

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

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

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

A. The prescription drug coverage offered by the GBP has been examined by ERS’ consulting actuaries and is, on average for all plan participants, expected to pay out as much as standard Medicare Prescription Drug Coverage pays. The GBP is therefore considered to be creditable coverage.
Q. Is private Medicare Prescription Drug Coverage free?
A. No. If you enroll in private Medicare Prescription Drug Coverage, you will pay a monthly premium. The amount will likely increase each year. You will also have to pay the private Medicare Prescription Drug Coverage deductibles and copays. Currently, the deductible may be as high as $400, and will increase to $405 in 2018.

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

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

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

Q. Will private Medicare Prescription Drug Coverage have any effect on HealthSelect Medicare Rx?
A. Yes. Medicare rules do not allow you to be in two different Medicare prescription plans at the same time. If you enroll in a private Medicare prescription plan you will no longer be eligible for the HealthSelectSM Medicare Rx plan and will lose all prescription coverage through ERS.

Q. Most GBP participants were encouraged not to enroll in private Medicare Prescription Drug Coverage last year. What about future years?
A. You do not need to sign up for private Medicare Prescription Drug Coverage for the coming plan year. However, you should know that if you drop or lose your coverage under the GBP and do not enroll in private Medicare Prescription Drug Coverage within 63 days after your current GBP coverage ends, you may be required to pay more to enroll in private Medicare Prescription Drug Coverage later.

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

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

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

Keep this notice. If you enroll in one of the Medicare-approved prescription drug plans at a later date, you may need to submit a copy of this notice when you join to show that you are not required to pay a higher premium amount.
The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ERS provides free language aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats) qualified interpreters, and written information in other languages.

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

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

Mail: Section 1557 Coordinator
Employees Retirement System of Texas
P.O. Box 13207, Austin, Texas 78711.
Fax: 512-867-3480.
Email: 1557coordinator@ers.texas.gov
For more information visit: [http://www.ers.texas.gov](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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
Phone: 1-800-368-1019, 800-537-7697 (TDD).

ERS provides language assistance at no cost to you. For help, please call the ERS main number.

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<th>Language</th>
<th>Text</th>
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<tr>
<td>English</td>
<td>ERS provides language assistance at no cost to you. For help, please call the ERS main number.</td>
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<tr>
<td>French</td>
<td>L’ERS vous offre une aide linguistique gratuite. Pour obtenir de l’aide, veuillez composer le numéro principal de l’ERS.</td>
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<td>Hindi</td>
<td>ERS तमने कृपया अर्थ साहित्य सर्वोत्तम पृष्ठी पाठ छ। मै.ए बाटे, ERS कृपया नंबर पर क्लिक करें।</td>
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<tr>
<td>Spanish</td>
<td>ERS proporciona asistencia de idioma sin costo para usted. Para obtener ayuda, llame al número principal de ERS.</td>
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<td>Vietnamese</td>
<td>ERS cung cấp hỗ trợ ngôn ngữ miễn phí cho quý vị. Để được trợ giúp, vui lòng gọi số chính của ERS.</td>
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ERS 給為您免費提供語言協助。如需協助，請撥打 ERS 總機號碼。