



**2016 FALL
ENROLLMENT**

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What's new this year?

- ERS is now offering a new benefit, State of Texas Vision. This self-funded plan is offered to all employees, retirees and their eligible dependents and is administered by Superior Vision Services, Inc. Page 9.
- Beginning January 1, 2017, United Healthcare Services, Inc. will become the third-party administrator of the prescription drug programs for HealthSelectSM of Texas, HealthSelectSM of Texas Medicare Advantage and KelseyCare Advantage HMO. Caremark and SilverScript Insurance Company will continue to administer the programs through December 31, 2016. We will provide more information about this change in the coming weeks.

Look for plan rates on your Personal Benefits Enrollment Statement (PBES) that was mailed in your Fall Enrollment packet. To compare health plan benefits, see the chart on Pages 5-7.

Retirees can make reductions to their benefits at any time during the plan year. Medicare-eligible retirees can also switch between a Medicare Advantage plan and the non-Medicare Advantage plan they were previously enrolled in, any time during the plan year.

2016 Fall Enrollment (October 31- November 18, 2016)
for Plan Year 2017 (January 1-December 31, 2017)

Check out Fall Enrollment resources online: www.ers.state.tx.us/FE



Checklist:

What can you do during Fall Enrollment?

Health Care

- Enroll in or make changes to your health coverage.
- Add or drop your dependents to or from your health plan.
- Choose the Opt-Out Credit if you already have comparable health coverage.

Vision and Dental Care

- Enroll yourself and your dependents in State of Texas Vision.
- Enroll in or make changes to your dental plan.
- Add or drop your dependents to or from your dental plan.

Life Insurance

- Apply for Fixed Optional Term Life Insurance (\$10,000 policy) with evidence of insurability (EOI).
- Apply for Dependent Term Life coverage with EOI.
- Decrease or drop life insurance coverage for you or your dependents.

Enrollment Information

If you want to enroll in Fixed Optional Term Life and Dependent Term Life benefits during Fall Enrollment, you will need to provide evidence of insurability (EOI). Acceptance is not guaranteed. See more information on page 11.



ACCESS YOUR ERS ONLINE ACCOUNT

With your ERS OnLine account, you can:

- Make your Fall Enrollment elections. You can change these benefits online at any time during your enrollment period which starts October 31 at 7 a.m. and ends November 18 at 6 p.m. CT.
- Certify whether or not you or your dependents use tobacco. This online certification is legally binding. You do not have to recertify, unless someone's tobacco-use status has changed.
- Update your contact information.
- Change your direct deposit information.
- Designate beneficiaries for your benefits.

Except making Fall Enrollment elections, you can do any of these tasks at any time during the plan year.

Prefer paper to the Internet?

First, be sure to review your PBES that has information about your current benefits and provides you with additional benefits options that may be available. You can make benefits changes by filling out the form on the back of this guide, or by calling ERS October 31 - November 18, toll-free at (866) 399-6908. Hours are Monday – Friday, 7:30 a.m. – 5:30 p.m. CT.

Dependent eligibility and certification

When you select your online changes, you'll be asked to certify that each of your dependent children is eligible for Texas Employees Group Benefits Program (GBP) coverage—unless you've already certified each dependent. You can't enroll new dependent children until you complete the online certification.

Keep your dependents covered

If you enroll a new dependent in health coverage, you are required to provide eligibility documentation, such as a birth certificate or marriage license, to Aon Hewitt, a company that is working with ERS to conduct the dependent eligibility verification. If you have questions about the dependent eligibility verification, contact Aon Hewitt Dependent Verification Center toll-free at (800) 987-6605. Hours are Monday – Friday, 7 a.m. – 7 p.m. CT.

Helpful tip

After ERS processes your dependent's enrollment in coverage, Aon Hewitt (our third-party administrator) will contact you to get copies of documents proving your dependents are eligible. Aon Hewitt will not accept documents signed by the county clerk after the dependent was enrolled, even if the date is before the coverage start date.

If a member gets married and adds the spouse to the GBP on July 10, 2016, and submits marriage license as proof to AON Hewitt, it must be dated before July 10 by the county clerk. It will not be an acceptable evidence if the county clerk's signature is dated on or after July 10, even though the spouse's coverage begin date is not until August 1.

YOUR HEALTH INSURANCE OPTIONS

Medicare-eligible members have freedom of movement throughout the year

Retirees and dependents enrolled in Medicare can switch from a Medicare Advantage plan to the non-Medicare Advantage plan they were previously enrolled in, or vice versa, at any time by contacting ERS. Available health plans for Medicare-eligible members include:

- HealthSelectSM Medicare Advantage (MA PPO), administered by Humana,
- KelseyCare Advantage (Houston area only),
- HealthSelect (also called HealthSelect Secondary), administered by UnitedHealthcare,

HMOs:

- Community First (San Antonio area only),
- KelseyCare powered by Community Health Choice (Houston area only) or
- Scott & White (Central Texas area only).

To enroll in an HMO, you must live or work in certain counties. To enroll in either Medicare Advantage plan, you must also be enrolled in Medicare Parts A and B.

Check your PBES to see which plans you can enroll in.

IMPORTANT: If you are (or a dependent is) enrolled in HealthSelect of Texas and eligible for Medicare, HealthSelect of Texas will be your secondary coverage, even if you have not signed up for Medicare. While processing claims, HealthSelect of Texas will assume you have Medicare coverage. That means you must pay for the services Medicare would have covered.

Which plan is best for you?

Find out by reviewing the Medicare Health Plan Comparison Chart on page 5 for details and differences between each plan.

What if I have other health insurance?

If you have other health insurance that's as good as or better than what the state provides (excludes Medicare), you can drop your GBP health insurance and sign up for the Health Insurance Opt-Out Credit. The Opt-Out Credit is up to \$60/month for full-time retirees or up to \$30/month for part-time retirees. The credit can apply toward dental insurance premiums. Because the State of Texas Dental Discount Plan is not insurance, the credit cannot be applied to this benefit. You can sign up for the Opt-Out Credit by checking the appropriate boxes on the form at the back of this guide, or by contacting ERS during Fall Enrollment.

NOTE: Dropping your GBP health insurance will cancel your prescription drug coverage and your \$2,500 Basic Term Life policy.

TRICARE supplemental plan

If you have dependents on TRICARE who are not eligible for Medicare, supplemental coverage is available through Selman & Company. For more information, visit the Beneplace Discount Purchase Program website, www.DiscountProgramERS.com, or call Selman & Company directly at (800) 638-2610 (select Option 1). ERS does not administer the TRICARE supplemental plan. Please contact Selman & Company with questions.

Have you received advertisements in the mail for a private Medicare Advantage or Part D plan?

If so, keep in mind that our Medicare Advantage plans provide coverage as good as, or better than, private Medicare Advantage plans. You cannot be enrolled in an ERS Medicare Advantage plan or HealthSelect Medicare Rx and a private Medicare Advantage or Part D plan at the same time. If you enroll in a private Medicare Advantage plan or a Part D plan, you will be disenrolled from your ERS Medicare Advantage Plan and/or HealthSelect Medicare Rx Plan.

What if my dependents aren't eligible for Medicare?

If you cover non-Medicare-eligible dependents on health insurance, you will have what we call a "split household." You can enroll in a Medicare Advantage plan while your dependent continues with his or her current GBP coverage through HealthSelect or a non-Medicare HMO. Once your dependent becomes eligible for Medicare, he or she will be automatically enrolled in the same health plan as you.

Insurance benefits are not guaranteed

Funding for health and other insurance benefits for participants in the GBP is subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits and has no continuing obligation to provide funding for those benefits beyond each fiscal year.



Returning to work for the state?

If you return to work for the state, you and your dependents can't participate in a Medicare Advantage plan, which includes the HealthSelect Medicare Rx, prescription drug plan, offered through the GBP. You and your dependents will be enrolled in the non-Medicare Advantage plan you were enrolled in prior to retirement. However, once you leave employment again, you and your Medicare-eligible dependents will be re-enrolled in a Medicare Advantage plan.

Currently working for the state?

If you're a return-to-work retiree, you can switch from retiree benefits to active employee benefits. If you elect benefits as an active employee, you have more options, including TexFlex and the Texas Income Protection PlanSM (TIPP). Also, the Basic Term Life Insurance you receive with your health insurance increases from \$2,500 to \$5,000. If you have Dependent Term Life Insurance, it also increases from \$2,500 to \$5,000 per covered dependent. An AD&D policy of \$5,000 will also be added automatically to both the Basic Term Life insurance and the Dependent Life Insurance.

If you return to work in a part-time position you will only receive part of the state contribution towards your and your dependents' health insurance premiums.

Do you have Optional Term Life Insurance as a return-to-work retiree?

Keep in mind that your Optional Term Life Insurance amounts are based on your annual salary. If your new annual salary is lower than it was when you retired and you choose active benefits, your Optional Term Life Insurance amount will be lowered permanently, even when you switch back to retiree benefits. For more information about retiree and active employee benefits, please visit www.ers.state.tx.us/Retirees/Publications/Return-to-Work.

How can I switch?

See the benefits coordinator at your agency. If you are an HHS Enterprise employee, contact the HHS Employee Service Center.

MEDICARE HEALTH PLANS COMPARISON CHART

This chart is intended to provide a general comparison of Texas Employees Group Benefits Program (GBP) benefits and is subject to change. The plan year for HealthSelect Secondary, HealthSelect Medicare Advantage and KelseyCare Advantage HMO is January 1 to December 31. The plan year for Community First, Scott & White and KelseyCare powered by Community is September 1 to August 31. Please see your Summary of Benefits for more detailed information.

| Benefit | Original Medicare ⁴ (Medicare rates are subject to change) | HealthSelect Medicare Advantage Plan SM (No coordination with Medicare is necessary) | Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you) | Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you) | | KelseyCare Advantage HMO (No coordination with Medicare is necessary) |
|---|--|--|---|--|--|--|
| | | | | Community First, Scott & White | KelseyCare powered by Community | |
| Calendar year deductible | \$147 | None | \$200 per individual \$600 per family | None | None | None |
| Office visits in conjunction with an illness or injury | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / \$25 ⁷ copay | \$0 copay / \$15 ⁷ copay | \$0 |
| Specialty physician office visit | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / \$40 ⁷ copay | \$0 copay / \$25 ⁷ copay | \$0 |
| Diagnostic tests and x-rays, including allergy testing | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / 20% ⁷ coinsurance | \$0 copay for diagnostic tests / x-rays. Allergy testing: \$15 PCP or \$25 specialist copay ^{6,7} | \$0 |
| Diagnostic mammography | \$0 | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / 20% ⁷ coinsurance | \$0 copay ⁷ | \$0 |
| Diagnostic lab services | \$0 | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / 20% ⁷ coinsurance | \$0 copay ⁷ | \$0 |
| Preventive services (such as screening mammogram, physical, well woman exam, prostate cancer screening, etc.) | \$0 ^{1,3} Does not cover lab tests | \$0 ^{1,3} Covers screening lab tests | \$0 ¹ | \$0 ¹ | \$0 ¹ | \$0 ^{1,3} |
| Mental health and substance use disorder | | | | | | |
| a. Outpatient physician or mental health provider office visits | | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$25 | \$25 | \$0 |
| b. Hospital—Inpatient stay (semi-private room and days board, and intensive care unit) | | \$0 per admission | \$0 ⁸ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year. 30% ^{4,7} after copay | 20% coinsurance (plus \$150 a day copay per admission) | 20% coinsurance (plus \$150 a day copay per admission) | \$0 |
| c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment) | | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$25 copay (prior authorization required) | \$25 copay | \$0 |
| Office surgery and diagnostic procedures | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | Community First: \$0 / \$25 or \$40 copay ^{6,7} Scott&White: \$20 ⁷ | \$0 / \$15 PCP or \$25 specialist copay ^{6,7} | \$0 |
| Immunizations* | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| High-tech radiology (CT scan, MRI, nuclear medicine) | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / \$100 ⁷ copay plus 20% | \$150 ⁷ copay/scan type/ day | \$0 |
| Allergy injections and serum | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / 20% ⁷ coinsurance | Allergy Serum: \$0 Without office visit: \$0 With office visit: \$15 PCP or \$25 specialist copay ^{6,7} | \$0 |
| Routine eye exam | Does not cover | \$0 ¹ | 30% ^{1,4} | \$40 copay ² | \$25 copay ² | \$0 ¹ |

| Benefit | Original Medicare ⁴ (Medicare rates are subject to change) | HealthSelect Medicare Advantage Plan SM (No coordination with Medicare is necessary) | Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you) | Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you) | | KelseyCare Advantage HMO (No coordination with Medicare is necessary) |
|---|---|--|---|---|---|---|
| | | | | Community First, Scott & White | KelseyCare powered by Community | |
| Vision (Contact lens fitting exams are not covered) | Frames: You pay 100% for non-covered services 20% for one pair of eyeglasses after each cataract surgery with an intraocular lens. | \$0 for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. | Frames: Does not cover | Community First: Does not cover Scott & White: Does not cover | Does not cover | \$150 plan coverage limit for eyewear, glasses, and/or contact lenses every two years unrelated to post-cataract surgery. ¹⁰ Allowance can only be used on date of service. |
| | Contacts: You pay 100% for non-covered services 20% for one set of contact lenses after each cataract surgery with an intraocular lens. | \$0 for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. | Contacts: Does not cover | Community First: You receive a \$125 allowance every 2 years in lieu of glasses ⁹ Scott & White: Does not cover | Does not cover | |
| Routine hearing test | Does not cover | Does not cover | 30% ⁴ | Without office visit: 20% coinsurance, With office visit: \$40 copay plus 20% coinsurance | Without office visit: 20% coinsurance, With office visit: \$25 copay plus 20% coinsurance | \$0 copay for up to one supplemental routine hearing exam every year ^{1,2} |
| Diagnostic speech and hearing testing | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$40 copay ⁷ plus 20% coinsurance | Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$25 copay ⁷ plus 20% coinsurance | \$0 for Medicare-covered diagnostic hearing exams |
| Speech and hearing therapy | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$40 copay ⁷ plus 20% coinsurance | Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$25 copay ⁷ plus 20% coinsurance | \$0 |
| Hearing aids | Does not cover | \$1,000 benefit allowance per ear every 3 years | \$1,000 benefit allowance per ear every 3 years | \$1,000 benefit allowance per ear every 3 years (Repairs not covered) | \$1,000 benefit allowance per ear every 3 years (Repairs not covered) | \$1,500 plan coverage limit for hearing aids every 2 years (Does not include battery replacement) \$0 copayment for up to one hearing aid fitting/evaluation every 2 years ² |
| Chiropractic care | 20% for Medicare-covered chiropractic services | 30% for specialist office visit for routine services, up to a maximum of a \$75 benefit per visit. Benefit is limited to 30 visits per plan year. | \$0 copay / 30% ^{4,7} coinsurance | Community First: \$0 copay / \$40 copay ⁷ Benefit is limited to 30 visits per plan year. Scott&White: Without office visit: 20% ⁷ ; with office visit: \$40 plus 20% ⁷ . Benefit is limited to 35 visits per calendar year; 5 per month | \$0 copay / \$25 copay ⁷ Benefit is limited to 30 visits per calendar year. | \$0 for each Medicare-covered visit |
| Urgent care clinic | 20% | \$0 | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / \$50 copay ⁷ + 20% coinsurance | \$0 copay / \$50 copay ⁷ + 20% coinsurance | \$0 |
| Emergency room care | 20% Plus emergency room copay (waived if admitted to hospital within 3 days of emergency room visit) | <ul style="list-style-type: none"> In U.S.: \$0 Outside U.S. and Puerto Rico: 20% after \$100 deductible. Limited to \$25,000 per plan year or 60 consecutive days, which ever is greater. | \$0 copay/30% ^{4,7} coinsurance | \$0 copay / \$150 copay ⁷ plus 20% In area and out-of-area covered at listed copayment | \$0 copay / \$150 copay ⁷ plus 20% In area and out-of-area covered at listed copayment | <ul style="list-style-type: none"> In U.S.: \$0 Outside U.S.: 20% after \$250 deductible |

| Benefit | Original Medicare ⁴ (Medicare rates are subject to change) | HealthSelect Medicare Advantage Plan SM (No coordination with Medicare is necessary) | Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you) | Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you) | | KelseyCare Advantage HMO (No coordination with Medicare is necessary) |
|--|--|---|--|---|---|---|
| | | | | Community First, Scott & White | KelseyCare powered by Community | |
| Inpatient hospital (semi-private room and days board, and intensive care unit) | \$0 after the following amounts for each benefit period ⁵ : <ul style="list-style-type: none"> \$1,184 deductible for days 1-60; \$296 copay per day (days 61-90); \$592 copay per lifetime reserve day (days 91-150) | \$0 | \$0 ⁸ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year. 30% ^{4,7} after copay | \$0 ⁸ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year. 20% after copay | \$0 ⁸ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year. 20% after copay | \$0 No limit to the number of days covered by the plan each benefit period ⁵ |
| Outpatient surgery | 20% Specified copay for outpatient hospital facility charges | \$0 | \$0 or \$100 copay – plus 30% ^{4,7} coinsurance | \$0 copay / \$100 copay ⁷ plus 20% | \$150 copay ⁷ | \$0 |
| Skilled nursing facility | <ul style="list-style-type: none"> Days 1-20: \$0 (3-day hospital stay required); Days 21-100: \$141.50 coinsurance per day Per benefit period⁵ | <ul style="list-style-type: none"> \$0 up to 100 days per benefit period (no 3-day hospital stay is required) You pay 100% after 100 days | <ul style="list-style-type: none"> No deductible Plan pays 100% | \$0 copay / 20% ⁷ coinsurance | \$0 copay / 20% ⁷ coinsurance | <ul style="list-style-type: none"> Days 1-100: \$0 copayment per day Plan covers up to 100 days each benefit period⁵ No prior hospital stay is required |
| Home health care | \$0 | \$0 | \$0 copay/30% ^{4,7} coinsurance for home infusion therapy Plan pays 100% for all other home health care services with a maximum of 100 visits per calendar year | \$0 copay / 20% ⁷ coinsurance | \$0 copay / 20% ⁷ coinsurance | \$0 |
| Hospice | <ul style="list-style-type: none"> 5% of the Medicare-approved amount for inpatient respite care \$5 copay for pain management drugs | Same benefits as under Original Medicare | \$0 copay / 30% ^{4,7} coinsurance | \$0 copay / 20% ⁷ coinsurance | \$0 copay / 20% ⁷ coinsurance | <ul style="list-style-type: none"> Same benefits as under Original Medicare You must receive care from a Medicare-certified hospice |
| Ambulance | 20% | \$0 | \$0 copay/30% ^{4,7} coinsurance Emergency care only. Not applicable to non-emergent transportation services. | \$0 copay / 20% ⁷ coinsurance | \$0 copay / 20% ⁷ coinsurance | \$0 |
| Private duty nursing | Does not cover | 30% Pays a maximum benefit of \$8,000 per calendar year | 30% ⁴ <ul style="list-style-type: none"> Unlimited hours Preauthorization is required | \$0 copay / 20% ⁷ coinsurance | \$0 copay / 20% ⁷ coinsurance | Does not cover |

*Under the Affordable Care Act, certain preventive health and women's services are paid at 100% (at no cost to the member) conditioned upon physician billing and diagnosis. In some cases, you may still be responsible for payment on some services. Some age requirements may apply.

¹ One per calendar year.

² One per plan year.

³ No copayment for a pap smear once every 24 months; once every 12 months for those at high risk.

⁴ After payment of deductible. HealthSelect note: Medicare and HealthSelect deductibles run concurrently. Member may be responsible for some charges when the provider does not accept Medicare assignment.

⁵ A "benefit period" starts the day you go into the hospital. It ends after 60 days in a row without returning to hospital care. If you go into the hospital after one benefit period has ended, a new benefit period will begin. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you may have.

⁶ Copayment amount depends on whether treatment is provided by a PCP or specialist.

⁷ Payment amount is dependent upon the coordination of benefits (COB) between your carrier (HealthSelect, Community First, KelseyCare powered by Community Health Choice, Scott & White) and Original Medicare. Sometimes this means your expense is \$0, but charges will vary depending upon COB. Please reference your Summary of Benefits for more information.

⁸ In the event that the provider/facility does not accept Medicare assignment (so the charges are not covered by Medicare and therefore not subject to COB), you may be responsible for copay(s) and/or a coinsurance. Please see your Summary of Benefits for more information.

⁹ ERS cannot and does not guarantee the length of time that a specific type of "Value-Added" product shall be offered. Any questions or concerns about these products should be directed to your carrier.

¹⁰ Does not count toward out-of-pocket maximum.

PRESCRIPTION DRUGS

Beginning January 1, 2017, United Healthcare Services, Inc. will become the third-party administrator of the prescription drug programs for HealthSelect Medicare Advantage and KelseyCare Advantage HMO. HealthSelect Prescription Drug Program will be administered by OptumRx, an affiliate of UnitedHealthcare. Caremark and SilverScript Insurance Company will continue to administer the programs through December 31, 2016. We will provide more information about this change in the coming months.

HealthSelect Medicare Advantage and KelseyCare Advantage participants and Medicare retirees enrolled in HealthSelect Secondary have the HealthSelect Medicare Rx benefit.

If you're in Community First, KelseyCare powered by Community Health Choice or Scott & White HMO, you do not have HealthSelect Medicare Rx. Each HMO has its own prescription drug program.

Keep in mind, if your dependent is enrolled in a different health plan, he or she may have a different prescription drug benefit plan. This is especially common if one spouse is 65 and enrolled in Medicare while the other spouse is not yet 65. Refer to the prescription drug benefit chart for details.

If you have HealthSelect Medicare Rx, you can get maintenance medications with no extra fee if you go to a retail pharmacy in the Extended Days Supply (EDS) network.

Through the EDS network, HealthSelect Medicare Rx members can buy 31- to 90-day supplies of maintenance drugs at certain retail pharmacies and pay no retail maintenance fees.

This option is available at pharmacies that have agreed to match the health plan's mail service cost. Participating pharmacies include Brookshire Brothers, CVS, HEB, Kroger, Safeway stores (including Tom Thumb and Randalls), Sears/Kmart, Walmart and a number of independent pharmacies. Until December 31, 2016, you can see a full list of participating EDS network pharmacies at www.hsmedicarerx.com, or call SilverScript toll-free at (855) 344-0938.

If a generic is available and you choose to buy the brand-name drug, you will pay the generic copay plus the cost difference between the brand-name and generic drugs.

For more information, review the HealthSelect Medicare Rx flier included in this packet.

Your prescription drug deductibles

You and your covered dependents each have a \$50 deductible for prescription drugs, which is based on calendar year from January 1 to December 31.

NOTE: You can decline coverage through HealthSelect Medicare Rx. If you do, you will not have any prescription drug coverage through the GBP.

Prescription drug benefits

| | HealthSelect Medicare Rx SM | HMOs |
|---|--|--|
| Deductible | Each participant must pay a \$50 annual deductible before copays apply (for the calendar year, January 1 to December 31). | HMO deductibles are for the plan year, September 1 to August 31. |
| Participating pharmacies | Copays for up to a 30-day supply of non-maintenance medications are \$10 for Tier 1 drugs, \$35 for Tier 2 drugs, and \$60 for Tier 3 drugs. For up to a 30-day supply of maintenance medication, you will be charged a retail maintenance copay of \$10 for Tier 1 drugs, \$45 for Tier 2 drugs, and \$75 for Tier 3 drugs. | |
| Non-participating pharmacies | For up to a 30-day supply, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. The deductible will be subtracted if not met. | HMOs may not provide benefits at non-participating pharmacies. |
| Extended Days Supply (EDS) network | If you order prescription drugs through an EDS network pharmacy, you pay the following copays for a 90-day supply: \$30 for Tier 1 drugs, \$105 for Tier 2 drugs, and \$180 for Tier 3 drugs. | Does not apply to HMOs. |
| Mail order | If you order prescription drugs through the mail service program offered by your health plan, you pay the following copays for a 90-day supply: \$30 for Tier 1 drugs, \$105 for Tier 2 drugs, and \$180 for Tier 3 drugs. | |

Network pharmacies and covered drugs are listed on each health plan's website.

OPTIONAL BENEFITS

State of Texas Vision

ERS is now offering a vision plan. This is a self-funded plan administered by Superior Vision Services Inc. This optional insurance plan is offered to all employees, retirees and their eligible dependents. If you enroll during Fall Enrollment, your coverage for PY17 will be effective January 1, 2017.

For premiums, see Plan Year 2017 rate sheet at www.ers.state.tx.us/Employees/Calculate-Rates/. For more information, review the State of Texas Vision flier included in this packet.

The plan includes coverage when using a network or contracted provider based on a co-pay.

- Participants can utilize their value added benefits from their health plan or the new vision plan, but not both.
- State of Texas Vision does not cover services associated with eye-trauma or disease. You will continue to use your health benefits for these services.
- The vision plan is not eligible for the Opt-Out Credit for Plan Year 2017.

| Service | In-network co-pay* |
|--|-----------------------|
| Routine eye exams, including dilation | \$25 |
| Contact lens exams (standard fitting) | \$25 |
| Contact lens exams (standard fitting) | \$35 |
| Single vision lens | \$10 |
| Bi-Focal lens | \$15 |
| Tri-focal lens | \$20 |
| Progressive lens | \$70 |
| Frames | Up to \$150 allowance |
| Contact Lens (in lieu of frames/glasses) | Up to \$150 allowance |

*Annual plan benefits for using network providers

This is not a full list of benefits. Visit www.StateofTexasVision.com for detailed information on vision benefits.

Review the State of Texas Vision flier included in this packet.

Dental Plans

- Don't have dental insurance? You can enroll in any one of the three dental plans during Fall Enrollment.
- You must be enrolled in a dental plan before you can enroll eligible dependents. You and your dependents must be enrolled in the same plan.
- You can switch your dental plan during Fall Enrollment. For premiums, see Plan Year 2017 Retiree Rate Sheet at www.ers.state.tx.us/Insurance/Rates/PY_2017_Retiree_Rates/.

- Services from the participating specialty dentists are 25% less than the dentist's usual charge.

You can find a list of providers for the Dental Choice Plan or HumanDental DHMO at HumanaDental.com/ers, or you can also call HumanaDental toll-free at (877) 377-0987.

Three Dental Options

State of Texas Dental Choice PlanSM

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

- Use the State of Texas Dental Choice Plan anywhere in the United States or Canada.
- You can also use this plan in Mexico as long as you live in the United States.
- You can see any dentist or get a higher benefit by using a network provider.
- Dental premiums increase by about 10%.

State of Texas Dental Discount PlanSM, administered by Careington International Corporation

This plan provides you with discounted prices on the usual charges for dental treatment and services at participating providers. It's different from a dental insurance plan.

- The plan offers 20% discount off of specialist fees.
- It is available throughout the United States, excluding the state of Vermont and U.S. territories.
- Participants may also access savings on dental care in the United Kingdom.
- You can search for providers at careington.com/ers, or you can also call Careington toll-free at (844) 377-3368.

Participants can save 20% to 60% on most dental services including routine oral exams, unlimited cleanings and major work such as root canals and crowns at participating dentists. Plus:

- 20% savings on orthodontics including braces and retainers for children and adults
- 20% reduction on specialist's normal fees
- Cosmetic dentistry such as bonding and veneers included.

HumanaDental DHMO

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

- If you live or work in the Texas service area, you can use the HumanaDental DHMO.
- You'll need to select a primary care dentist (PCD) from a list of approved providers.
- You and your enrolled dependents can choose different PCDs.
- Before you enroll in HumanaDental DHMO, make sure a dentist in the DHMO network is near your home or work.

Not sure which dental plan might be right for you and your family?

The following charts provide information about the Dental Discount Plan and dental insurance plans. See your PBES for dental rates.

Dental Plan Features

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

Dental Insurance Plans Comparison Chart

| | HumanaDental DHMO* | State of Texas Dental Choice Plan SM Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company | |
|--|---|---|---|
| Dentists | Must select a primary care dentist (PCD). Note: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year. | In network/participating dentist | Out-of-network/non-participating dentist** |
| Deductibles | None | Preventive-Individual-\$0; Family-\$0 Combined Basic/Major/Prosthodontic -Individual-\$50; Family-\$150 Orthodontic services-no deductible | Preventive-Individual-\$50; Family-\$150 Combined Basic/Major/Prosthodontic -Individual-\$100; Family-\$300 Orthodontic services-no deductible |
| Copays / Coinsurance | Primary dentist – Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Specialty dentistry – You pay 75% of the dentist’s usual and customary fee. DHMO pays nothing. | Preventive and Diagnostic Services - You pay nothing. Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. Major Services - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. ***After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. | Preventive and Diagnostic Services - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services - You pay 30% coinsurance after meeting the Basic Services deductible. Major Services - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. ***After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. |
| Maximum Calendar Year Benefit | Unlimited | \$1,500 (includes orthodontic extractions) | \$1,500 (includes orthodontic extractions) |
| Maximum Lifetime Benefit | Unlimited | \$1,500 for orthodontic services | \$1,500 for orthodontic services |
| Average Cost of Cleaning / Oral Exams | Vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Up to two cleaning/oral exams per calendar year allowed. | You pay nothing. Up to two cleaning/oral exams per calendar year allowed. | 10% of the allowed amount after deductible is met. Up to two cleaning/oral exams per calendar year allowed. |
| Orthodontic Coverage | Orthodontic services performed by a general dentist listed in the directory with an “0” treatment code – child - \$1,800, adult - \$2,100. Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing. | Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. | Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges. |

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

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

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

***Services received after the Maximum Calendar Year Benefit is reached will be paid at 40% coinsurance by the plan.



LIFE INSURANCE – SECURITY FOR YOUR FAMILY

Apply now

This year, Optional Term Life Insurance and Dependent Term Life Insurance rates will stay the same. Minnesota Life Insurance Company (Securian) an affiliate of Securian Financial Group, Inc., is the insurer for Basic, Optional and Dependent Term Life Insurance.

Optional Term Life Insurance

If you don't already have Optional Term Life Insurance, you can only apply for the \$10,000 Fixed Optional Life Insurance policy during Fall Enrollment.

You pay \$23.40 a month to receive the coverage. Evidence of insurability is required. If you have Election 1 or Election 2, you can decrease your amount of Optional Term Life Insurance any time. You don't have to wait for annual enrollment.

NOTE: At age 70, the amount of your term life coverage benefits (Election 1 or 2) automatically begins to reduce every five years. You can find more information on our website: www.ers.state.tx.us/Retirees/Calculate-Rates.

Dependent Term Life Insurance

You pay only \$3.05 a month to receive Dependent Term Life Insurance for your eligible dependents.

Coverage includes \$2,500 per person, and pays you upon your covered dependent's death.

Evidence of insurability (EOI)

EOI is required when:

- you apply for \$10,000 Fixed Optional Life Insurance or
- you apply to add a dependent to Dependent Term Life Insurance.

If EOI is approved before January 1, coverage begins on January 1. If it is approved after January 1, coverage begins the first of the month after ERS receives notification of the approval.

You can apply online or by mail. Apply early to ensure you get coverage. In the EOI process, you provide information on the condition of your health or your dependent's health. You don't need to apply for EOI if you are reducing your current level of coverage.

Find detailed instructions on the EOI process at www.ers.state.tx.us/Customer_Support/FAQ/Insurance. If Securian does not receive the Life EOI application within 30 days, your life insurance coverage will remain at your current level and will not change. You can reapply for coverage during your next enrollment opportunity.

TEXA\$AVERSM 401(K) / 457 PROGRAM

If you are a return-to-work retiree, you can set aside pre-tax dollars from your paycheck for retirement by enrolling in TexaSaver. This is an option whether you are enrolled in retiree or active employee benefits.

TexasSaver offers competitive administrative and investment fees. Certain investment options can offset some plan administrative expenses. When it's time to withdraw your money, TexaSaver offers flexible payout options. You can enroll or make changes any time during the year at www.texasaver.gwrs.com.

If you are retired, TexaSaver can help you manage your income. You can consult with a TexaSaver Education Counselor and use the Advisor Service, provided by Advised Assets Group, LLC (AAG), a federally registered investment adviser, in three ways:

- Online Investment Guidance (FREE)
- Online Investment Advice (FREE)
- Managed Account Services (FEES BASED ON YOUR ACCOUNT BALANCE)

Contact TexaSaver for a free consultation at (800) 634-5091 or visit www.texasaver.gwrs.com.

FALL ENROLLMENT EVENT SCHEDULE

ERS and its program administrators are traveling around the state this fall, hosting events to help you make informed decisions when it comes to choosing your benefits. If you can't attend in person, join one of our webinars. Events begin the week of October 24 and continue through November 18, 2016.

Fall Enrollment fairs start at 10 a.m. and end at 12 p.m. CT

Fall Enrollment presentations start at 10:30 a.m. CT

All events are free and open to all Medicare-eligible retirees. Visit the [Fall Enrollment webpage, www.ers.state.tx.us/FE](http://www.ers.state.tx.us/FE), for links to webinar registration and more event details.

Webinars

November 2

10:00 – 11:00 a.m. CT

November 9

10:00 – 11:00 a.m. CT

November 16

10:00 – 11:00 a.m. CT

Fairs

October 24

Austin Marriott South
4415 S IH 35 Frontage Rd.
Austin, 78744

October 25

DoubleTree by Hilton Hotel Houston Hobby Airport
8181 Airport Boulevard
Houston, 77061

October 26

Hilton Garden Inn Beaumont
3755 I-H 10
Beaumont, 77705

October 27

Hilton Garden Inn Houston NW America Plaza
14919 Northwest Freeway
Houston, 77040

October 28

Hampton Inn & Suites Huntsville
120 Ravenwood Village Drive
Huntsville, 77340

October 31

Hampton Inn & Suites Waco-South
2501 Market Place Drive
Waco, 76711

November 1

Hampton Inn & Suites Fort Worth-Fossil Creek
3850 Sandshell Drive
Fort Worth, 76137

November 2

Best Western Premier Crown Chase Inn & Suites
2450 Brinker Rd
Denton, 76208

November 3

Courtyard Wichita Falls
3800 Tarry Street
Wichita Falls, 76308

November 4

Dallas/Fort Worth Airport Marriott
8440 Freeport Parkway
Irving, 75063

November 7

Crowne Plaza San Antonio Airport
1111 Northeast Loop 410
San Antonio, 78209

November 8

Wyndham Garden San Antonio
6809 North Loop 1604 W
San Antonio, 78249

November 9

Holiday Inn Corpus Christi Airport & Convention Center
5549 Leopard Street
Corpus Christi, 78408

November 10

Residence Inn Harlingen
109 Bass Pro Drive
Harlingen, 78552

November 14

DoubleTree by Hilton Hotel Austin Northwest Arboretum
8901 Business Park Dr
Austin, 78759

November 15

Wyndham El Paso Airport Hotel
2027 Airway Boulevard
El Paso, 79925

November 16

Holiday Inn - Amarillo West Medical Center
8231 Amarillo Boulevard West
Amarillo, 79124

November 17

Hawthorn Suites by Wyndham Lubbock
4435 Marsha Sharp Freeway
Lubbock, 79407

November 18

Hilton Garden Inn Abilene
4449 Ridgemont Drive
Abilene, 79606

DISCOUNT PURCHASE PROGRAM - Administered by Beneplace

DISCOUNT
Purchase Program
administered by BENEPLACE



Fall retiree discounts

Find deals on everything from tablets and computers to hotel accommodations! Use Expedia to plan a vacation! With your exclusive discount, you'll save 7% at more than 64,000 hotels around the world. Enjoy special deals on

TVs, tablets, PCs and other audio-video products from Samsung—plus get free shipping on orders over \$50. Save 40% on bikes from Diamondback. Save on these products and more with your Discount Purchase Program at www.DiscountProgramERS.com.

Required Legal Notices

NOTICE OF COMPREHENSIVE COVERAGE FOR BREAST RECONSTRUCTION
In accordance with the Women's Health and Cancer Rights Act of 1998, your health plan covers:

- reconstruction of a breast on which a mastectomy has been performed,
- surgery and reconstruction of the other breast to produce a symmetrical appearance and lymphedemas.

Standard copays, coinsurance, and deductibles will apply when appropriate. If you would like more information, please contact the appropriate health plan at the toll-free phone number listed below.

HealthSelect Medicare Advantage Plan: (877) 853-9075, TDD: 711

KelseyCare Advantage Plan: (877) 853-9075; TTY: (866) 302-9336

HealthSelect of Texas: (866) 336-9371, TTY: 711

Community First Health Plans: (877) 698-7032, TTY: (800) 390-1175

KelseyCare powered by Community Health Choice: (844) 515-4877, TTY: 711

Scott & White Health Plan: (800) 321-7947, TTY: (800) 735-2989

THE EMPLOYEES RETIREMENT SYSTEM OF TEXAS SUMMARY NOTICE OF PRIVACY PRACTICES

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

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

By law, ERS may use or disclose identifiable health information about you without your authorization for several reasons, including, subject to certain requirements, for public health purposes, for auditing purposes, for research studies, and for emergencies. ERS provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, ERS will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. ERS cannot use or disclose your genetic information for underwriting purposes. ERS may change its policies at any time. When ERS makes a significant change in its policies, ERS will change its notice and post the new notice on the ERS website at www.ers.state.tx.us. Our full notice is available at www.ers.state.tx.us/Former/HIPAA.

For more information about our privacy practices, contact the ERS Privacy Officer. ERS originally adopted its Notice of Privacy Practices and HIPAA Privacy Policies and Procedures Document April 14, 2003, and subsequently revised them effective February 17, 2010, and September 23, 2013.

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

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

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

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

Summaries of Benefits and Coverage (SBC)

The Employees Retirement System of Texas (ERS) has created a Summary of Benefits and Coverage (SBC) for each health plan offered under the Texas Employees Group Benefits Program, excluding Medicare Advantage plans. Each SBC provides an overview of the benefits and services the health plan covers and what you can expect to pay for such services. You may access and print the SBCs at the following web address:

www.ers.state.tx.us/Insurance/SBC/. Paper copies of the SBCs are also available to you, free of charge, upon request. If you have any questions or would like to request a paper copy of an SBC, please contact the appropriate health plan at the toll-free phone number listed below.

Para obtener asistencia en Español, llame al:

HealthSelect of Texas: (866) 336-9371, TTY: 711

Community First Health Plans: (877) 698-7032, TTY: (800) 390-1175

KelseyCare powered by Community Health Choice: (844) 515-4877, TTY: 711

Scott & White Health Plan: (800) 321-7947, TTY: (800) 735-2989

Employees Retirement System of Texas | 200 E. 18th St Austin, Texas 78701
Phone: Toll-free (877) 275-4377; TDD 711 or (800) 735-2989 | www.ers.state.tx.us

PROGRAM CONTACTS

Health Insurance

HealthSelectSM Medicare Advantage Plan

Administered by Humana

Group number – Check your ID card

(855) 377-0001, TDD: 711

HumanaFirst 24/7 Nurseline: (800) 622-9529

www.humana.com/ersmedicareadvantage

KelseyCare Advantage HMO

Group number – Check your ID card

(877) 853-9075, Local: (713) 442-2ERS (2377),

TDD: (866) 302-9336, Nurselink: (713) 442-0000

www.kelseycareadvantage.com/ERS

HealthSelectSM of Texas

Administered by UnitedHealthcare

Group number – 744260

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

myNurseLine: (866) 336-9371

healthselectoftexas.welcometouhc.com

HealthSelectSM Medicare Rx Plan

Administered through December 31, 2016

by SilverScript Insurance Company

Group number – Check your ID card

(855) 344-0938, TDD: 711

Beginning January 1, 2017: UnitedHealthcare

Toll-free (866) 868-0609

www.hsmedicarerx.com

HealthSelect Prescription Drug ProgramSM

(pharmacy benefits for non-Medicare eligible HealthSelect of Texas dependents)

Administered through December 31, 2016 by Caremark

Group number – RX1292

Toll-free: (888) 886-8490, TDD: (800) 231-4403

www.caremark.com/ers

Beginning January 1, 2017: OptumRx

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

Community First Health Plans

(an affiliate of the University Health System)

Group number – 0010180000

Toll-free: (877) 698-7032, Local: (210) 358-6262

TDD: (210) 358-6080, NurseLink: (210) 358-6262

members.cfhp.com

KelseyCare powered by Community Health Choice

Group number - 15000

Toll-free: (844) 515-4877, TTY: 711, Local: (713) 295-6792

www.erskelseycare.com

Scott & White Health Plan

Group number – 000058

Toll-free: (800) 321-7947, TTD / TTY: (800) 735-2989

VitalCare Nurse Advice: (877) 505-7947

ers.swhp.org

Dependent Eligibility Verification

Aon Hewitt

P.O. Box 1506,

Lincolnshire, IL 60069-1506

(800) 987-6605

Optional Benefits

State of Texas Vision

Administered by Superior Vision Services, Inc.

Group number - 35040

Toll-free: (877) 396-4128, TDD: 711

www.stateoftexasvision.com

Dental Plans

State of Texas Dental Choice PlanSM

Administered by HumanaDental Insurance Company

Group number – 536957

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

www.humana.com/ers

HumanaDental DHMO

Insured by DentiCare, Inc, dba CompBenefits,

a member of the HumanaDental family of companies

Group number – 538226

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

www.humana.com/ers

State of Texas Dental Discount PlanSM

Administered by Careington International Corporation

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

www.txdentaldiscount.com

Life Insurance

Securian Financial Group, Inc

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

Email: LifeBenefits@securian.com

www.lifebenefits.com/plandesign/ers

Retirement Savings

Texa\$averSM 401(k) / 457 Program

Administered by Empower RetirementTM

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

www.texasaver.com

Retiree Discounts

Discount Purchase Program

Administered by Beneplace

Local: (512) 346-3300, TDD: (800) 683-2886

www.beneplace.com/discountprogramers/

SECTION C: DEPENDENT PERSONAL DATA (and benefits choices)

Dependent Tobacco-user Certification: If your dependents are enrolled in a GBP health plan, you must certify below if they used any type of tobacco product five or more times in the last three months. This includes but is not limited to cigarettes, pipes, cigars, cigarillos, snuff or chewing tobacco products.

| Dependent Relationship* | Dependent's Name (First, MI, Last) | Gender | Date of Birth (mm-dd-yyyy) | Dependent SSN (Required for 12 months or older) | Health | Dental | Vision | Dep. Life | Tobacco User |
|---|------------------------------------|--|----------------------------|---|---|---|---|---|---|
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Relationship Code: **Sp** – Spouse **D** or **S** - Natural or adopted daughter or son
O – Other than natural or adopted child. Includes stepchild, foster child or ward child.

If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at www.ers.state.tx.us or call ERS. For newly added dependents, you may be required to provide documentation to Aon Hewitt, a company that is working with ERS to conduct the dependent eligibility verification.

SECTION D: AUTHORIZATION (Read the statements below carefully before you sign and date.)

I authorize the appropriate deductions from my annuity or through bank draft for the benefits selected above, if applicable. If I do not receive an annuity or if my annuity is not sufficient to cover the necessary deductions, I agree to make premium payments when due. I understand that coverage will be cancelled if I do not pay the required premiums. I authorize any provider to release any information on persons covered when needed to verify eligibility or to process an insurance claim or complaint. **I certify all information provided above is valid and true to the best of my knowledge. I understand I may be asked show documentation to support my selection, and/or to prove eligibility for any newly added dependents.** False information could lead to expulsion from the Texas Employees Group Benefits Program (GBP) and/or criminal prosecution.

Notice about Insurance: Funding for health and other insurance benefits for participants in the GBP is subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits and has no continuing obligation to provide funding for those benefits beyond each fiscal year.

Tobacco Use Certification: I certify my understanding and agreement to the following: "Tobacco Products" are cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip or any other products that contain tobacco, and a "Tobacco User" is a person who has used any Tobacco Products five or more times within the past three consecutive months. If I (or any of my covered dependents): 1) have used Tobacco Products as a Tobacco User; or 2) start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS will constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS will constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. For more information about this program, visit, www.ers.state.tx.us/Employees/Health/Tobacco_Policy.

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco for three consecutive months, you must complete the Tobacco User Certification Form (ERS 2.933) available at www.ers.state.tx.us, or change the certification using your online account at www.ers.state.tx.us.

If you selected "Waive + Opt-Out Credit" (Not available for Survivor participants):

I certify that I do not want the health plan coverage offered to me as an eligible participant. I am waiving my health plan coverage and certify that I have other health plan coverage with substantially equivalent coverage to the basic health plan. I understand waiving my state health insurance will cancel my prescription drug coverage and \$5,000 Basic Term Life Insurance policy. I will receive a credit of up to \$60 (or \$30 for part-time participants) that will be applied only toward the cost of eligible optional coverage in which I am enrolled (dental). Excludes the State of Texas Dental Discount Plan and State of Texas Vision). The credit is in place of the state contribution for basic health coverage. Due to federal legislation Medicare members cannot receive the Opt-Out Credit. I am able to view the Health Insurance Opt-Out Credit applied toward my eligible optional coverage premium by signing into my online account at www.ers.state.tx.us.

I understand that if I am currently in a waived status, I must have a QLE or wait until Summer Enrollment to enroll in medical coverage offered to eligible participants.

Participant's Signature: _____
(Parent or legal guardian may sign for minor child)

Date Signed: _____
(mm-dd-yyyy)