



In this Guide:

Page 2

Summer Enrollment Checklist

Page 3

Health Benefit Changes

Page 8

Prescription Drug Benefit

Page 6-7

Health Plan Comparison Chart

Page 8

Prescription Drugs

Page 10

Dental plan Comparison Chart

Page 11

State of Texas Vision

Page 13

Life Insurance, Texa\$aver

Page 14-15

Summer Enrollment Event Schedule

Page 16

Program Contacts

Active Employee Guide

What's new this year?

- ERS will offer State of Texas Vision, a new vision plan, beginning September 1, 2016. This will be a self-funded plan administered by Superior Vision Services, Inc., offered to all employees, retirees and their eligible dependents. Page 11.
- A new health insurance option, Consumer Directed HealthSelectSM - which includes a high deductible health plan administered by United Healthcare Services, Inc. and a health savings account (HSA) administered by Optum Bank, a subsidiary of United Healthcare Services, Inc. - is available to employees and retirees who are not eligible for Medicare. Members can enroll during Summer Enrollment and coverage will start on September 1, 2016. No one is required to enroll in the new plan. Page 4-5.
- For employees who enroll in Consumer Directed HealthSelect, the new TexFlex limited flexible spending account (LFSA), administered by ADP Inc., is available. It lets them set aside pre-tax money for eligible dental and vision expenses. Page 5.
- The total network out-of-pocket maximums for all the health plans is increasing to \$6,550 per individual and \$13,100 per family. The current limit of \$6,450 per individual and \$12,900 per family will apply through December 31, 2016 for HealthSelectSM of Texas and Consumer Directed HealthSelectSM and through August 31, 2016 for HMOs. The out-of-pocket maximums for HMOs are based on the plan year and will reset on September 1.
- Beginning January 1, 2017, United HealthCare Services, Inc. will become the third-party administrator of the prescription drug programs for HealthSelect of Texas, Consumer Directed HealthSelect, HealthSelect Medicare Advantage and KelseyCare Advantage HMO. Caremark will continue to administer the programs through December 31, 2016. We will provide more information about this change in the coming months.

HealthSelectSM of Texas

- HealthSelect of Texas participants including eligible dependents can get care through Virtual Visits for some urgent conditions without leaving home or work. Page 3.
- Real Appeal is a new online weight loss program available to eligible HealthSelect of Texas participants not enrolled in Medicare Part B – employees, retirees and their covered dependents ages 18 to 75 – with a body mass index (BMI) of 23 or higher. Page 4.
- Rally's Health Survey replaces the Health Risk Assessment that was previously available on the UnitedHealthcare website. HealthSelect of Texas participants can now participate in Rally, a personalized health experience that makes exercise and healthy living fun! Page 4.
- Virtual Visits, Real Appeal and Rally also are available to participants in the new Consumer Directed HealthSelect plan.



Check your Personal Benefits Enrollment Statement (PBES) for your Summer Enrollment phase (about two weeks), your coverage and the rates starting September 1.

Checklist: What can you do during Summer Enrollment?

Health Benefits

- Enroll in or make changes to your health coverage.
- Add or drop your dependents to or from your health plan.
- Switch to an HMO if you live or work in an eligible county.

Dental and Vision Plan Benefits

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

Optional Term Life, Dependent Term Life and AD&D Insurance

- Apply to increase life insurance coverage, with evidence of insurability (EOI).
- Decrease or drop life insurance coverage.
- Enroll in Dependent Term Life Insurance, with EOI.
- Drop Dependent Term Life Insurance for your dependents.
- Enroll in, increase or drop Accidental Death & Dismemberment (AD&D) coverage. EOI is not required.

TexFlex

Enroll in and change your contributions to:

- Health care flexible spending account.
Consider any carryover amount from your previous balance (up to \$500) in your calculation.
- Dependent care flexible spending account.
Consider any remaining funds that can be used through November 15, 2016, in your calculation.
- Parking commuter spending account
- Transit commuter spending account
You can enroll in or change your contributions to the commuter spending accounts throughout the year.
- Limited Flexible Spending Account:
Only for Consumer Directed HealthSelect participants. For more information, see Page 4-5.

Texas Income Protection Plan (TIPP) Disability Insurance

- Enroll in TIPP short-term or long-term disability coverage, with EOI.
- Drop disability coverage.

NOTE: Some coverage requires EOI. Acceptance is not guaranteed.

ERS ONLINE ACCOUNT

Take a few minutes to review your contact and dependent information; make benefits changes online

Go to www.ers.state.tx.us and sign in to your online account. Register for an account, if you have not done so already.

After you login,

- confirm that your contact information is correct or update as needed,
- ensure each of your dependent's Social Security number and date of birth are correct.

Reach out to your benefits coordinator or HR representative if you need to update information.

Dependent eligibility and verification

When you make 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. If you want to add a new dependent to coverage you won't be able to enroll him or her until you complete the online certification.

If you enroll any new dependents, including a spouse, in health coverage, you'll be required to provide documentation, such as a marriage license or birth certificate, verifying that each dependent is eligible. To enroll a common law spouse, you must obtain a Declaration of Informal Marriage from the county courthouse with a registration date prior to the date of your spouse's enrollment in the GBP. Documents dated after the dependent was enrolled will not be accepted, even if that date is before the coverage start date. If you don't provide documentation by the requested deadline, your dependent could be dropped from coverage.

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

Tobacco-use status

Everyone enrolled in the GBP health insurance plans must certify their status as tobacco users or non-users. This online certification is legally binding. If you have already certified yourself and your dependents, you don't have to recertify unless anyone's tobacco-use status has changed.

The GBP offers tobacco users coverage for some prescription drugs to help them quit tobacco. If you are a tobacco user, you may be able to participate in an alternative to the Tobacco User Premium, if it complies with your doctor's recommendations. For more information about this alternative, see the ERS Tobacco policy on ERS website at www.ers.state.tx.us/Employees/Health/Tobacco_Policy/ or contact ERS toll-free at (877) 275-4377.

How can I make changes if I don't have internet access?

First, be sure to review your Personal Benefits Enrollment Statement (PBES) that has information about your current coverage and provides you with additional coverage options that may be available. Then, call ERS during the enrollment phase listed on your PBES, toll-free at (866) 399-6908. You can also contact your agency benefits coordinator. If you're an HHS Enterprise employee, contact the HHS Employee Service Center toll-free at (888) 894-4747.

HEALTH INSURANCE

Your health insurance options

During Summer Enrollment, you can enroll in or switch medical coverage to HealthSelect of Texas, Consumer Directed HealthSelect or, if you live or work in an eligible county, an HMO. Check the comparison chart on pages 6-7 for more information.

If you enroll in HealthSelect of Texas or Community First Health Plans HMO, don't forget to select a primary care physician (PCP). You do not need to designate a PCP if you enroll in Consumer Directed HealthSelect, Scott & White Health Plan or KelseyCare powered by Community Health Choice. Once you've enrolled, your health plan will mail a new ID card to you. Don't use your new card until September 1. If you don't get your ID card by September 1, contact your health plan.

Do you have other health insurance?

If you have other health insurance that's as good as or better than what the state provides, you can drop your GBP health insurance and sign up for the Health Insurance Opt-Out Credit. The credit can apply toward:

- dental insurance premiums (but not State of Texas Dental Discount Plan and State of Texas Vision),
- Voluntary Accidental Death & Dismemberment premiums and/or

NOTE: Dropping your state health insurance will cancel your prescription drug coverage and your \$5,000 Basic Term Life policy.

Return-to-work retirees

Summer Enrollment is the time that you can switch from retiree to active employee benefits or vice versa. If you would like to switch, please talk to your benefits coordinator. Health and Human Service Commission Enterprise employees should contact the HHS Employee Service Center before August 12.

HEALTH BENEFIT CHANGES – EFFECTIVE PLAN YEAR 2017

Beginning January 1, 2017, UnitedHealthCare will become the third-party administrator of the prescription drug programs for HealthSelect of Texas, Consumer Directed HealthSelect, HealthSelect Medicare Advantage and KelseyCare Advantage HMO. Caremark will continue to administer the programs through December 31, 2016. We will provide more information about this change in the coming months.

The in-network out-of-pocket maximum is the same in all the health plans. Only Consumer Directed HealthSelect has an out-of-network out-of-pocket maximum. There is no out-of-network out-of-pocket maximum in HealthSelect of Texas and the HMOs.

Calendar Year	In-Network Out-of-Pocket Maximums*	Out-of-Network Out-of-Pocket Maximums*
	Consumer Directed HealthSelect, HealthSelect of Texas, HMOs	Consumer Directed HealthSelect only
2016	Individual: \$6,450 Family: \$12,900	Individual: \$12,900 Family: \$25,800
2017	Individual: \$6,550 Family: \$13,100	Individual: \$13,100 Family: \$26,200

*Out-of-pocket maximums are based on federal regulations and may change from year to year.

HealthSelectSM of Texas

- For PY17, the total in-network out-of-pocket maximum is \$6,550 per individual, and \$13,100 per family. This is for both in-area and out-of-area plans. It means that no individual within the family will owe more than \$6,550 for out-of-pocket expenses. Once the family reaches \$13,100 in total in-network, out-of-pocket expenses for the year, services are paid at 100% for the whole family.
- The plan deductibles and out-of-pocket maximums are based on the calendar year. If your coverage starts on September 1, 2016, your deductibles and out-of-pocket maximums will start over on January 1, 2017.
- With Virtual Visits, HealthSelect of Texas participants including eligible dependents can consult with a licensed physician from their mobile device without leaving their home or office. This 24-hour online service can be used, for a \$10 co-pay for in-area plan, to diagnose and treat such non-emergency medical conditions as sinus problems, sore throat, pink eye and bronchitis. Log in to myuhc.com/hs or the Health4Me app to learn more.
- Real Appeal is a new online weight loss program available to eligible HealthSelect of Texas participants not enrolled in Medicare Part B – employees, retirees and their covered dependents ages 18 to 75 – with a body mass index (BMI) of 23 or higher. For more information, see healthselect.realappeal.com.

- HealthSelect of Texas participants can now complete Health Survey by registering for Rally, a new online health management program. Log into your personal account at www.myuhc.com/hs, click the Health and Wellness tab, and click on Rally to set up an account.

Consumer Directed HealthSelectSM

Consumer Directed HealthSelect, is a new health insurance option available to employees and retirees not eligible for Medicare. It includes two parts - a high-deductible health plan (HDHP) and a health savings account (HSA).

High-deductible health plan

- UnitedHealthcare will administer the high-deductible health plan part of Consumer Directed HealthSelect. The provider network will be the same as HealthSelect of Texas. Participants pay less if they use providers that are part of the large, statewide network. They won't need to name a PCP and won't need referrals to see specialists.
- Participants could be responsible for more out-of-pocket expenses and will have a large deductible before the plan begins to pay for any health or prescription benefits, except preventive care. Preventive care like annual checkups and vaccinations are covered at 100% even if the deductible is not met. (Preventive services received from a non-network provider are subject to the deductible, and not covered at 100%.)
- The plan deductibles and out-of-pocket maximums are based on the calendar year. If your coverage starts on September 1, 2016, your deductibles and out-of-pocket maximums will start over on January 1, 2017. The deductibles are much higher for out-of-network services. It pays to stay in the network.

Plan Year 2017 deductible	Individual coverage	Family coverage
In-Network	\$2,100	\$4,200
Out-of-Network	\$4,200	\$8,400

Once the deductible is met, the plan pays:

- 80% for in-network health and prescription services (participant pays 20%) and
- 60% for out-of-network health and prescription services (participant pays 40%).

Health savings account (HSA)

An HSA is like a tax-free nest egg for health care expenses. Participants can use money in their HSAs to pay for eligible out-of-pocket health expenses.

- Optum Bank will administer the HSA program. Eligible participants are encouraged to open an HSA to prepare for out-of-pocket healthcare expenses and save money on income taxes.

- The state will make a monthly pre-tax contribution to an eligible employee's HSA – \$45 for individual coverage (\$540 per year) and \$90 for family coverage (\$1,080 per year).
- Employees can make pre-tax contributions directly from their paychecks to their HSAs. They also can deposit post-tax contributions to their HSAs and can claim them as deductions when filing their income tax returns. It is the participant's responsibility to make sure all HSA contributions do not go over the annual maximum set by the U.S. Internal Revenue Service (IRS).
- Participants will get a debit card from Optum Bank to pay for health expenses. Participants have access only to the amount of money that has accumulated in their account. Participants do not have access to money that has been pledged to be deposited in the future.
- HSA funds cannot be used to reimburse health expenses incurred before the account was opened. **So, it's important to open an HSA as soon as possible after enrolling in Consumer Directed HealthSelect.**
- Anyone thinking about joining Consumer Directed HealthSelect should review IRS guidelines or talk to a tax advisor to make sure they are eligible to participate in an HSA.

HSA contributions and maximums* for 2016

Description	Individual account	Family account
Annual maximum contribution January 1, 2016 - December 31, 2016	\$3,350	\$6,750
Annual state contribution	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)
Annual maximum participant contribution*	\$2,810	\$5,670

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

**Includes the member plus any number of dependents.

Thinking about enrolling in Consumer Directed HealthSelect?

Keep in mind that the plan is very different than HealthSelect of Texas and the regional HMOs. The monthly dependent premiums are lower than HealthSelect of Texas, and eligible participants will get state contributions to their HSAs. But you could end up paying much more in out-of-pocket costs. HSAs are regulated by federal tax laws. It's important to understand all the possible costs and benefits of Consumer Directed HealthSelect, and the rules for HSAs. Before you make a choice, review the Consumer Directed HealthSelect flier in this packet, and visit www.ers.state.tx.us and www.healthselectoftexas.com/cdhs for more information.



HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

HMO service areas

If you live or work in a covered HMO service area, you may choose to enroll in that plan. See the health plan comparison chart in page 6 for HMO copays.

- For PY17, the total network out-of-pocket maximum is \$6,550 per individual, and \$13,100 per family. This means that no individual within the family will owe more than \$6,550 for out-of-pocket expenses. Once the family reaches \$13,100 in out-of-pocket expenses for the year, services are paid at 100% for the whole family.
- The plan deductibles and out-of-pocket maximums for HMOs are based on the plan year and will reset on September 1.
- HMOs now provide coverage for chiropractic care. See your HMO's summary of benefits for more information.
- There will no longer be a maximum limit for a skilled nursing facility.
- HMOs have their own prescription drug coverage. The annual drug deductible is \$50 per plan year which resets on September 1. See your HMO's Summary of Benefits and Coverages for drug copays.

Limited flexible spending account (LFSA)

Because Consumer Directed HealthSelect participants will get state contributions to their HSAs, they cannot have traditional health care flexible spending accounts (FSA), like the health care FSA offered through TexFlex. They can enroll in a limited flexible spending account (LFSA), which lets them set money aside to pay for eligible vision and dental care only, pre-tax from their paycheck.

- The participant can elect a minimum of \$180 up to a maximum \$2,550 of annual contribution amount to be deducted pre-tax monthly, in equal amounts throughout the year from his or her paycheck.
- Participants of Consumer Directed HealthSelect don't have to enroll in a TexFlex LFSA. If they are currently enrolled in TexFlex health care account and have a balance of \$25 - \$500 after August 31, 2016, ERS will automatically open an LFSA and roll over the balance. Participants will have until December 31, 2016 to file claims for Plan Year 2016 (September 1, 2015 – August 31, 2016) before funds are forfeited.
- If they have less than \$25 in their TexFlex health care accounts and choose to enroll in the LFSA, the funds up to \$500 will roll over.
- Any amount less than \$25 will be forfeited if they choose not to enroll.

HMO Plan	Service Area	Counties
Community First Health Plans	San Antonio area	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson
KelseyCare powered by Community Health Choice	Houston area	Brazoria, Fort Bend, Galveston, Harris and Montgomery
Scott & White Health Plan	Central and West Texas areas	Austin, Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coke, Coleman, Concho, Coryell, Crockett, Falls, Freestone, Grimes, Hamilton, Hill, Irion, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McCulloch, McLennan, Menard, Milam, Mills, Reagan, Robertson, Runnels, San Saba, Schleicher, Somervell, Sterling, Sutton, Tom Green, Travis, Walker, Waller, Washington and Williamson

HEALTH PLANS COMPARISON CHART

Effective September 1, 2016

Out-of-area applies to members receiving care outside of Texas, retirees enrolled in Medicare and disabled retirees with Medicare.

Benefits	HealthSelect SM of Texas ¹			Consumer Directed HealthSelect ^{SM 1}		HMOs	
	In-Area		Out-of-Area ²	In-Area		Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network		Network	Non-Network		
Calendar year deductible	None	\$500 per person \$1,500 per family	\$200 per person \$600 per family	\$2,100 per person \$4,200 per family	\$4,200 per person \$8,400 per family	None	None
Out-of-pocket coinsurance maximum⁴	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$3,000 per person per calendar year	None	None	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum¹⁰ (including deductibles, coinsurance and copays) ¹¹	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	**\$6,550 per person \$13,100 per family	**\$13,100 per person \$26,200 per family	\$6,550 per person \$13,100 per family ³	\$6,550 per person \$13,100 per family ³
Primary care physician required	Yes	No	No	No	No	Contact your HMO	No
Primary care physicians' office visits	\$25	40%	30%	20%	40%	\$25	\$15
Mental health office visits	\$25	40%	30%	20%	40%	\$25	\$25
Physicals*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	40%	No charge	No charge
Specialty physicians' office visits	\$40	40%	30%	20%	40%	\$40	\$25
Routine eye exam, one per year per participant*	\$40	40%	30%	20%	40%	\$40 ^{3,6}	\$25 ³
Routine preventive care*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	40%	No charge	No charge
Diagnostic x-rays, lab tests, and mammography	20%	40%	30%	20%	40%	20%	No charge* (physician office)
Office surgery and diagnostic procedures	20%	40%	30%	20%	40%	20%	\$15 PCP or \$25 Specialist
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{7,9,12}	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	20%	40%	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
Urgent care clinic	\$50 copay plus 20%	\$50 copay plus 40%	30%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%
Maternity Care doctor charges only*; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	40%	30%	No charge for routine prenatal appointments 20% for first post-natal visit	40%	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	No charge

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

¹ Benefits are paid on allowable amounts; using providers who contract with UnitedHealthcare will protect you from liability for amounts over the allowable amount.

² Out-of-area applies to participants living outside of Texas, retirees 65 and over, and disabled retirees with Medicare.

³ Applies to plan year, September 1 - August 31.

⁴ Does not include copays.

⁵ Copay depends on whether treatment is given by PCP or specialist.

⁶ For treatment charges, one visit per plan year.

⁷ Outpatient testing only. Does not apply to inpatient services.

⁸ Active employees only; see health plan for additional requirements/limitations.

^{8A} The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum.

⁹ No copay if high-tech radiology is performed during ER visit or inpatient admission.

¹⁰ Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a participant could pay up to \$6,550 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the \$2,000 coinsurance out-of-pocket maximum, he/she would pay \$4,550 in copayments, totaling \$6,550 in overall out-of-pocket expense.)

¹¹ Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

¹² Preauthorization required

Mental Health Benefits follow those of medical and surgical benefits listed in this chart. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans and the HMOs. Contact the plan's customer service department for specific questions.

*Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services.

**Effective calendar year

PRESCRIPTION DRUGS

Your prescription drug benefit

Beginning January 1, 2017, United HealthCare Services, Inc. will become the third-party administrator of the prescription drug programs for HealthSelect of Texas, Consumer Directed HealthSelect, HealthSelect Medicare Advantage and KelseyCare Advantage HMO. Caremark will continue to administer the programs through December 31, 2016. We will provide more information about this change in the coming months.

If you are in the HealthSelectSM of Texas Prescription Drug Program, 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 of Texas members can buy 31- to 90-day supply 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, CVS, HEB, Kroger, Safeway stores (including Tom Thumb and Randalls), Sears/Kmart, Walmart and a number of independent pharmacies. See a full list of participating EDS network pharmacies at www.caremark.com/ers, or call Caremark toll-free at (888) 886-8490.

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.

NOTE: If you are in the HealthSelect of Texas Prescription Drug Program and go to a pharmacy that is not in the network, 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. Your deductible will be subtracted if not yet met.

Your prescription drug deductibles:

HealthSelect of Texas:

- You and your covered dependents each have a \$50 deductible for prescription drugs based on a calendar year, which is from January 1 to December 31. This aligns total network out-of-pocket maximum amounts for both medical and prescription benefits.

Consumer Directed HealthSelect:

- CDHS has the same nationwide pharmacy network, EDS pharmacies, and mail service pharmacy that HealthSelect traditional participants do.
- Participants will be responsible for the full cost of their prescriptions (with the exception of some preventive drugs) until they meet the annual combined medical and pharmacy network deductible of \$2,100 per individual and \$4,200 per family. Once they meet the deductible, participants will be responsible for 20% of the full cost for network prescription drugs.
- Deductibles and coinsurance amounts will be significantly higher if you use non-network pharmacies and providers.
- If a participant chooses a name-brand drug when a generic is available, the participant will be responsible for the cost difference between the two. The cost difference will not count toward the annual deductible or out-of-pocket maximum.

Visit the Caremark website for drug pricing tools on both the HealthSelect of Texas Prescription Drug Plan and the Consumer Directed HealthSelect Prescription Drug Plan.

Prescription drug benefits

	HealthSelect of Texas	Consumer Directed HealthSelect
Deductible	Each participant must pay a \$50 annual deductible before copays apply (for the calendar year, January 1 to December 31).	<ul style="list-style-type: none"> • Same large network of pharmacies as the HealthSelect of Texas plan.
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.	<ul style="list-style-type: none"> • You pay the full deductible before the plan begins to pay for a portion of your medications (called coinsurance). The deductible combines both medical and pharmacy expenses.
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.	<ul style="list-style-type: none"> • For in network expenses, you must pay a \$2100 per individual or \$4200 per family deductible before coinsurance applies; • After the network deductible has been met, 20% coinsurance will apply to medications received from a network pharmacy.
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.	<ul style="list-style-type: none"> • For non-network expenses, you must pay a \$4200 per individual or \$8400 per family deductible before coinsurance applies.
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.	<ul style="list-style-type: none"> • After the non-network deductible has been met, 40% coinsurance will apply to medications received from a non-network pharmacy.

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

Deductibles and coinsurance amounts will be significantly higher if you use non-network pharmacies and providers

OPTIONAL BENEFITS: DENTAL PLANS

GBP dental plans

- Don't have dental? You can enroll in any one of the three dental plans during Summer Enrollment.
- You must be enrolled in a dental plan before you can enroll eligible dependents, and you and your dependents must enroll in the same plan.
- You can also switch your dental plan during Summer Enrollment.

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%.

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.
- 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.

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. The Dental Discount Plan is available throughout the United States, excluding Vermont and U.S. territories, and in the United Kingdom. You can search for providers at careington.com/ers, or you can also call Careington.

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

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 Discount Plan Features

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

State of Texas Dental Discount Plan Sample Savings

Procedure Description	Regular Cost*	Your Cost**	\$ Savings	% Savings
Adult Cleaning	\$104	\$31	\$73	70%
Child Cleaning	\$74	\$23	\$51	69%
Routine Checkup	\$57	\$15	\$42	74%
Four Bitewing X-Rays	\$73	\$22	\$51	70%
Composite (White) Filling	\$177	\$55	\$122	69%
Crown (Porcelain Fused to Noble Metal)	\$1,310	\$511	\$799	61%
Complete Upper Denture	\$1,846	\$643	\$1,203	65%
Molar Root Canal	\$1,282	\$438	\$844	66%
Extraction (single tooth)	\$197	\$55	\$142	72%
			Average Savings: 65%	

*Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2015 FairHealth Report in the Dallas, Houston, and San Antonio metropolitan areas. **These fees represent the average of the assigned Careington (ERS5) fees in the Dallas, Houston & San Antonio metropolitan areas. Prices subject to change.

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.



STATE OF TEXAS VISION

Beginning September 1, 2016, ERS will offer a vision plan. This will be a self-funded plan administered by Superior Vision Services Inc.,. The optional insurance plan will be offered to all employees, retirees and their eligible dependents. For premiums, see Plan Year 2017 rate sheet at www.ers.state.tx.us/Employees/Calculate-Rates/.

The plan will include coverage when using a network or contracted provider based on a co-pay. Annual benefits for in-network services are:

Service	In-network co-pay*
Routine eye exams, including dilation	\$25
Contact lens exams	\$25
Single vision lens (standard fitting)	\$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

- Participants can utilize their value added benefits or the new vision plan, but not both.
- Are you a TexFlex healthcare account participant? Using this account, you can be reimbursed for eligible health care expenses, like glasses and contacts.
- The vision plan is not eligible for the Opt-Out Credit for Plan Year 2017.

TEXFLEX

TexFlex—Easy ways to save money on eligible expenses

TexFlex is administered by ADP, LLC (ADP). A TexFlex account is a flexible spending account (FSA) or Commuter Spending Account (CSA) that lets you set aside money from your paycheck, pre-tax, to use for eligible out-of-pocket expenses. You can save money on planned health, dependent care and work commute expenses. The TexFlex program is available to all benefits-eligible active employees. You do not need to be enrolled in a GBP health plan to enroll in TexFlex.

To enroll in or change your contribution, log into your ERS account during Summer Enrollment and make your changes. Summer Enrollment changes will take effect on September 1. If you do not make changes, your contribution amount will continue to be the same as previous election amount.

TexFlex participation

There are three types of the TexFlex FSAs: the health care account, dependent care account and the limited flexible spending account (LFSA). The LFSA is only available to employees enrolled in Consumer Directed HealthSelect with a health savings account (HSA).

Commuter spending account (CSA)

Employees can enroll in a commuter spending account (CSA) to use pre-tax money for eligible transit and parking expenses incurred when commuting to and from work.

- There are two types of CSAs, the parking account and the transit account.
- The parking account pays for eligible parking expenses near workplace or at a location from which the employee commutes to work via public transit or vanpool.
- The transit account pays for eligible public transit or vanpool expenses used to get to and from work, such as bus, train or subway expenses.
- You can enroll in or change contributions to a parking or transit CSA during Summer Enrollment or any time throughout the year.

Flexible spending account (FSA)

Health care FSA

Pay for your eligible medical, dental, vision, hearing and prescription drug expenses. The maximum annual contribution amount is \$2,550 per participant in Plan Year 2017. Your entire contribution is available for use on September 1 and is paid back using contributions from your monthly paycheck.

Participants:

- have no grace period;
- can carry over up to \$500 from the previous plan year into the new plan year;
- forfeit additional funds over \$500 after August 31, 2016;
- have until December 31, 2016, to submit claims for Plan Year 2016 expenses incurred through August 31, 2016;
- enrolled for the first time during Summer Enrollment, receive a new TexFlex debit card at no cost that should be activated prior to use;
- can request additional cards free of charge by calling ADP or through their TexFlex account online.

Dependent care FSA

It is used to pay eligible expenses including child day care and adult day care programs. The maximum annual contribution is \$5,000 per plan year per household.

- Claims should be submitted online or by fax or mail.
- Participants have a grace period from September 1 through November 15, 2016, to use Plan Year 2016 contributions.
- Dependent care participants have until December 31, 2016, to submit claims for Plan Year 2016 expenses incurred through the grace period ending November 15, 2016.
- There is no carryover option.

Helpful tip

If you currently participate in a health care FSA and plan to enroll in Consumer Directed HealthSelect, you can no longer participate in a health care FSA. If you have a balance of \$25 - \$500 after August 31, 2016, we'll automatically open an LFSA and roll over your funds to an LFSA so you can pay for your eligible dental and vision expenses.

How to pay for eligible expenses

To pay for eligible health care and dependent care expenses, you can pay out of pocket and submit a claim for reimbursement either online by logging in to into your ADP account and uploading your claim or by mail or fax. ADP will mail a check to you or you can have the amount directly deposited into your bank account.

For health care account only, swipe your TexFlex debit card at the point of service and the money is automatically deducted from your account. Dependent care account participants cannot use the TexFlex debit card.

Request for validation

The IRS requires ADP, LLC to verify all TexFlex debit card purchases are FSA eligible expenses. Some expenses require supporting documentations, so you should always keep your receipts.

You may receive a Card Swipe Validation Request asking that you submit either an itemized receipt or an Explanation of Benefits (EOB) showing that the expense was valid if:

- you used your card at a merchant that does not have an inventory information approval system (IIAS);
- ADP cannot match the amount of the transaction to one of your plan's copay amounts;
- the merchant or provider's office does not provide enough detail to validate the expense. This may occur if you go to the dentist or hospital.

Want to enroll in an FSA?

Decide how much money you want to put in your TexFlex account annually. The annual amount is divided by 12 and that amount is taken from your paycheck each month. If you are paid for fewer than 12 months, your annual contribution is divided by nine months.

TEXAS INCOME PROTECTION PLAN

Short-term and long-term disability insurance

Short-term and/or long-term disability coverage through the Texas Income Protection Plan (TIPP), pays you a portion of your salary when you can't work due to injury or sickness.

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

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

If you select TIPP insurance during Summer Enrollment, you'll need evidence of insurability (EOI). Sign in to your online account and choose TIPP insurance to begin the Disability EOI process or ask your benefits coordinator, HR representative, or the HHS Employee Service Center to get it started for you.



LIFE INSURANCE

Life insurance – security for your family

This year, Optional Term Life Insurance, Dependent Term Life Insurance and Accidental Death & Dismemberment Insurance rates stay the same.

Optional Term Life Insurance

- During Summer Enrollment, you may be able to apply for extra Optional Term Life Insurance.
- Check out our online rate calculator or your Personal Benefits Enrollment Statement for details on your monthly premiums.
- Don't forget that you can update your ERS beneficiaries any time of the year, not just during Summer Enrollment.

NOTE: Beginning at age 70, Optional Term Life Insurance benefits automatically reduce every five years.

Dependent Term Life Insurance

- You pay only \$1.38 a month to receive Dependent Term Life Insurance for your eligible dependents. For a list of eligible dependents, please visit www.ers.state.tx.us.
- Coverage includes \$5,000 Dependent Term Life Insurance per person, which is paid to you upon the death of your covered dependents. A \$5,000 AD&D benefit is also included with the \$5,000 Dependent Term Life coverage.

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

- Provides additional protection for you and your family in the event of accidental death or certain accidental injuries.
- Purchased in increments of \$5,000, with benefits between \$10,000 and \$200,000. This is in addition to the \$5,000 AD&D benefits provided with Basic and Optional Term Life insurance for active employees.
- Two levels of coverage: you only, or you and family.

Evidence of insurability (EOI)

EOI is required when you apply:

- for Optional Term Life Insurance,
- to add dependents to Dependent Term Life Insurance,
- to increase Optional Term Life coverage to Election 3 or 4 or
- for TIPP.

If EOI is approved before September 1, coverage begins on September 1. If it is approved after September 1, coverage begins the first of the month after ERS receives notification of the approval. 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 for coverage you already have. You can apply online or by mail. Apply early to ensure you get coverage – the deadline to start the EOI process is August 12. Find detailed instructions on the EOI process at www.ers.state.tx.us/Customer_Support/FAQ/Insurance. If Minnesota Life, a Securian company, 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.

TexaSaver 401(k) / 457 ProgramSM

The TexaSaver Program, administered by Empower RetirementTM, is a voluntary program that allows you to save a portion of your income for retirement. State employees may enroll in either or both of the TexaSaver 401(k) and 457 plans. Higher education institution employees can enroll in the 457 plan if their institutions offer it. Check with your benefits coordinator to see if it is available to you.

Helpful tip

You can enroll in or make changes to your TexaSaver 401(k) or 457 retirement savings plan any time during the year.

SUMMER ENROLLMENT EVENT SCHEDULE

ERS and its program administrators are traveling around the state, hosting events to help you make informed decisions about choosing your benefits. You can also join one of our webinars.

Summer Enrollment fairs start at 10 a.m. and end at 1 p.m.

Summer Enrollment presentations start at 10:30 a.m.

All events are free and open to all employees. You may attend any fair or presentation, not just those at your agency or institution.

Webinars

July 5
2 p.m.

July 7
11 a.m.

July 14
2 p.m.

July 18
11 a.m.

July 21
1 p.m.

July 26
11 a.m.

July 27
1 p.m.

August 2
2 p.m.

August 4
11 a.m.

August 9
11 a.m.

Enrollment Fairs

July 5
Employees Retirement System (ERS)
200 E 18th St.
Austin, 78701

July 6
Texas Department of Transportation (TxDOT)
Training Center
135 Slaton Rd.
Lubbock, 79404

July 7
Texas Tech University Health Sciences Center (TTUHSC)
Foyer
3601 4th St.
Lubbock, 79430

July 8
TTUHSC School of Pharmacy
1300 S. Coulter St.
Amarillo, 79106

July 8
Robert E. Johnson State Office Building
1501 N. Congress Ave.
Austin, 78701

July 11
University of Houston - Victoria
3007 N. Ben Wilson St.
Victoria, 77901

July 12
Texas Education Agency (TEA)
Rm. 1-104
1701 N. Congress Ave.
Austin, 78701

July 12
Houston Community College
Rm. C109
5601 West Loop South
Houston, 77081

July 13
Sam Houston State University
Katy and E. Don Walker Sr.
Education Center
1402 19th St.
Huntsville, 77340

July 13
Texas Parks and Wildlife Department (TPWD)
Commission Hearing Room
4200 Smith School Rd.
Austin, 78744

July 14
Texas Department of Transportation (TxDOT)
Rm. 1A-1
200 E. Riverside Dr.
Austin, 78704

July 14
Lone Star College
Star Ballroom
5000 Research Forest Dr.
The Woodlands, 77381

July 15

Texas Commission on Environmental Quality (TCEQ) Bldg. D, Rm. 191
12100 Park 35 Circle
Austin, 78753

July 15

Texas Department of Transportation (TxDOT)
2591 N. Earl Rudder Freeway
Bryan, 77803

July 19

St. Philip's College
Campus Center Heritage Room
1801 Martin Luther King Dr.
San Antonio, 78203

July 20

Texas Department of Transportation (TxDOT)
Bldg. 2
4615 NW Loop 410
San Antonio, 78229

July 20

Texas Department of Transportation (TxDOT)
Bldg. 2
1701 SPID
Corpus Christi, 78416

July 21

South Texas College
Bldg F - Library
3201 W. Pecan Blvd.
McAllen, 78501

July 22

Texas State Technical College (TSTC)
1902 N. Loop 499
Harlingen, 78550

July 25

Austin Community College (ACC)
Highland Business Center
5930 Middle Fiskville Rd.
Austin, 78752

July 25

Stephen F. Austin Bldg.
Lobby
1700 N. Congress Ave.
Austin, 78701

July 25

Tarrant County Community College
Student Center - Rm. 2207
5301 Campus Dr.
Ft Worth, 76119

July 26

Texas Department of Transportation (TxDOT)
DalTrans Bldg.
4625 E. Hwy 80
Mesquite, 75150

July 27

Health and Human Services Commission (HHSC)
Pre-Function area
701 W. 51st St.
Austin, 78751

July 27

Texas Department of Transportation (TxDOT)
District Training Center
1601 Southwest Parkway
Wichita Falls, 76302

July 28

Texas State University
Rm. 1100
601 University Dr.
San Marcos, 78666

July 28

Health and Human Services Commission (HHSC)
801 S. State Hwy 161, 2nd Floor
Grand Prairie, 75051

July 29

Texas State Technical College (TSTC)
John B. Connally Bldg.
3801 Campus Dr.
Waco, 76705

August 1

Texas Department of Public Safety (DPS)
Cafeteria
5805 N. Lamar Bldg. A
Austin, 78752

August 2

Texas Department of Criminal Justice (TDCJ)
Visitation Room
3901 State Jail Rd.
El Paso, 79938

August 3

Odessa College
Saulsbury Center
201 W. University Blvd.
Odessa, 79764

August 4

Cisco College
Hallway
717 E. Industrial Blvd.
Abilene, 79602

August 5

Texas Department of Transportation (TxDOT)
Training Center
4502 Knickerbocker Rd.
San Angelo, 76904

August 10

Employees Retirement System (ERS)
200 E. 18th St.
Austin, 78701

PROGRAM CONTACTS

Health Insurance

HealthSelectSM of Texas

Administered by UnitedHealthcare

Group number – 744260

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

myNurseLine: (866) 336-9371

<http://healthselectoftexas.welcometouhc.com/hs-of-texas.html>

Consumer Directed HealthSelectSM

Administered by UnitedHealthcare

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

<http://healthselectoftexas.welcometouhc.com/cdhs.html>

HealthSelectSM Prescription Drug Program

(pharmacy benefits for HealthSelect of Texas)

Administered by Caremark

Group number – RX1292

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

www.caremark.com/ers

Consumer Directed HealthSelectSM Prescription Drug Program

(pharmacy benefits for Consumer Directed HealthSelect)

Administered by Caremark

Group number – RX1292

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

<http://www.caremark.com/ers>

Community First Health Plans

an affiliate of the University Health System

Group number – 0010180000

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

Local: (210) 358-6262

NurseLink: (210) 358-6262

members.cfhp.com

KelseyCare powered by Community Health Choice

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

Group number: 15000

NurseLine: (713) 442-0000

<http://www.erskelseycare.com/>

Scott & White Health Plan

Group number – 000058

Toll-free: (800) 321-7947

TTD: (800) 735-2989

VitalCare Nurse Advice: (877) 505-7947

ers.swhp.org

Optional Benefits

State of Texas Vision

Administered by Superior Vision Services, Inc.

Toll-free: (877) 396-4128

www.stateoftexasvision.com

Dental Plans

State of Texas Dental ChoiceSM

Administered by HumanaDental Insurance Company

Group number – 536957

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

humana.com/ers

HumanaDental DHMO

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

Group number – 538226

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

humana.com/ers

State of Texas Dental Discount PlanSM

Administered by Careington International Corporation

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

www.txdentaldiscount.com

Life and Accidental Death & Dismemberment Insurance

Administered by Minnesota Life

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 Aon Hewitt

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

www.texasincomeprotectionplan.com

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

TexFlex

Administered by ADP, LLC

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

www.texflexers.com

Texa\$aver 401(k) / 457 ProgramSM

Administered by Empower RetirementTM

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

www.texasaver.com

Discount Purchase Program

Administered by Beneplace

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

www.Beneplace.com/DiscountProgramERS