New Employee Benefits Guide

PLAN YEAR 2021

September 1, 2020 - August 31, 2021

For employees of:

Higher education institutions (except the University of Texas and Texas A&M University systems)

Community Supervision and Corrections Department

Teacher Retirement System

Texas Municipal Retirement System

Texas County & District Retirement System

Windham School District

ERS®
Employees Retirement System of Texas

A message from ERS Executive Director Porter Wilson

Congratulations on your new job! Let me be among the first to welcome you to public service.

In your new position, you earn valuable benefits that are designed to help you enhance your physical, mental and financial well-being.

The decisions you make—some of which you must make during your first few weeks on the job—will affect your health care, financial security and take-home pay. I encourage you to take time to read about your options in this guide, so you can make informed choices in your first 31 to 60 days of employment. Then, make the most of your benefits throughout your employment.

At the Employees Retirement System of Texas, we're proud to support excellence in public education and service by administering health insurance and other benefits to state agency and higher education employees and their families. We're committed to supporting you as you serve your fellow citizens.

This New Employees Benefits Guide provides the information you need to your benefits to your full advantage. For more information, visit the ERS website at **www.ers.texas.gov**.

Sincerely,

Porter Wilson
Executive Director
Employees Retirement System of Texas

The New Employee Benefits Guide for Plan Year 2021 highlights benefits that are effective at the time of publication. All Texas Employees Group Benefits Program (GBP) benefits could change without notice. The Texas Legislature decides the funding level for such benefits and has no obligation to provide those benefits beyond each fiscal year.

Employees Retirement System of Texas

Always available online at **www.ers.texas.gov**

24/7 access to automated information on your insurance and retirement benefits:
(Toll-free (877) 275-4377, TDD: 711. Talk to a representative 7:30 a.m. to 5:30 p.m. CT, Monday through Friday.

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Go Online

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

ERS offers competitive benefits to enhance the lives of its members.

Getting started: Signing up for your benefits

As a new employee eligible for Texas Employees Group Benefits Program (GBP) coverage, you will automatically be enrolled in:

- **HealthSelect of Texas®**, a point-of-service health plan, which includes prescription drug coverage. Automatic enrollment in health insurance applies only to full-time employees.
- **$5,000 Basic Term Life Insurance and accidental death & dismemberment (AD&D).** This comes automatically with your health insurance at no cost to you if you are a full-time employee. (Part-time employees who enroll in health insurance pay half the cost of their Basic Term Life and AD&D insurance.)

A note to full-time employees

Unless you opt out of health coverage or select another plan, ERS will enroll you in HealthSelect of Texas. You will have 31 days from your hire date to change health plans and/or sign up for optional benefits. If you fail to do so, you will have to wait until the annual Summer Enrollment period to sign up or until you experience a qualifying life event (QLE) such as marriage or a new child. If you wait, coverage in some plans is not guaranteed.

You have a choice

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

- Consumer Directed HealthSelect℠, a high-deductible health plan paired with a tax-free health savings account (HSA) with a monthly contribution from the State of Texas or
- a health maintenance organization (HMO), if you live or work in one of the counties they serve. See page 11 for a list of counties served by an HMO*.

You can also enroll in the following optional benefits:

- one of two dental insurance plans;
- State of Texas Vision insurance;
- additional life insurance for yourself and/or for your eligible dependents;
- additional accidental death & dismemberment insurance;
- short-term and/or long-term disability coverage through the Texas Income Protection Plan℠ (TIPP);
- TexFlex flexible and/or commuter spending accounts and
- if your institution participates, a Texa$aver 457 account.

Benefits checklist

Within 31 days of your hire

Enroll yourself and your eligible dependents in optional coverage. You cannot enroll your dependents in any coverage that you're not enrolled in.

Dental insurance – coverage for you and your family

- DeltaCare® USA dental health maintenance organization (DHMO) or
- State of Texas Dental Choice Plan℠ preferred provider organization (PPO)

Vision insurance – coverage for you and your family

- State of Texas Vision

Optional Term Life Insurance – coverage for yourself

- Coverage at 1 or 2 times your annual salary
- Coverage of 3 or 4 times your annual salary, through evidence of insurability (EOI)

Voluntary Accidental Death & Dismemberment (AD&D) Insurance – coverage for you and your family

- $10,000 - $200,000 for yourself
- Eligible dependents enrolled at a percentage of your covered amount

Dependent Term Life Insurance – coverage for your family

- Coverage for eligible dependents

Texas Income Protection Plan (TIPP) – coverage for yourself

- Short-term disability insurance
- Long-term disability insurance

Certain TexFlex accounts

For information on health care and limited-purpose flexible spending accounts (FSAs), please see the TexFlex entry under "Within 60 days of your hire."

- Dependent care FSA
  Note: Your dependent does not need to be enrolled in your health insurance for you to set up this account and submit claims.
- Commuter spending accounts for mass transit and/or parking expenses associated with your commute to work

Within 60 days of your hire

Health insurance

- Change your health insurance from HealthSelect of Texas to one of the following options, if you are a full-time employee subject to a health insurance waiting period:
  - Consumer Directed HealthSelect,
  - an HMO, if you live or work in an eligible county* or
  - opt out of or waive health coverage. ***Note:*** *If you opt out and have other group health insurance that is comparable to the Texas Employees Group Benefits Program (GBP) health insurance, you can get a Health Insurance Opt-Out Credit to apply toward premiums for dental, vision and/or Voluntary AD&D Insurance.*
- Enroll yourself in one of the following, if you are a part-time employee:
  - HealthSelect of Texas,
  - Consumer Directed HealthSelect or
  - an HMO, if you live or work in an eligible county*.
- Enroll eligible dependents in the same plan you're enrolled in.
  - Complete dependent child certification and begin dependent verification.
- Certify tobacco-use status for yourself and any covered dependents.

***Note:** HMO coverage will no longer be available starting September 1, 2021. If you live or work in an eligible county, you may enroll in an HMO through August 31, 2021, but will have to change health coverage on September 1.

TexFlex flexible spending accounts (FSAs) for health-related expenses

- Health care FSA (not available to Consumer Directed HealthSelect participants)
- Limited-purpose FSA (available only to Consumer Directed HealthSelect participants)

At any time

Texa$aver voluntary retirement savings account(s)

- Enroll in a 457 plan, if your institution participates.
- Change your 457 account contribution.

Add and update beneficiaries for:

- Life insurance
- Texa$aver

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

IMPORTANT: Enroll in valuable coverage, no questions asked, for 31 days
If you want optional life insurance coverage and disability insurance, now is the best time to sign up. If you sign up within your first month of employment, you will not need to provide evidence of insurability (EOI). EOI (also known as proof of good health) is an application process during which you must provide information about your or your dependents' health.

If you wait, you will have to apply for these benefits through EOI and run the risk of not qualifying based on your results. Don't miss your 31-day window of opportunity! (Please note that optional life insurance at three or four times your annual salary always requires EOI, even in your first month of employment.)

Dependent coverage and eligibility

Your spouse and other eligible dependents can get health insurance and other coverage for an additional premium. However, you must enroll in a health, dental and/or vision plan before you can enroll your dependents in that plan.

Your dependents must meet certain criteria to be eligible. Please see the dependent eligibility chart on page 5. You can also go online at **https://ers.texas.gov/New-Employee/Insurance-Eligibility** to learn more about who qualifies for insurance coverage.

If you want to enroll eligible dependents in dependent life insurance coverage, now is the best time to sign up. Your dependent will not need to provide evidence of insurability (EOI) if you sign up within your first month of employment.

Certifying dependent children

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

If you enroll your children with help from your benefits coordinator/human resources department, you must fill out, sign and return the Dependent Child Certification form. Get the form:

- from your benefits coordinator/HR department or the HHS Employee Service Center or
- at **https://ers.texas.gov/Active-Employees/Forms/**. Scroll down until you see the link to the Dependent Child Certification form. You can fill it out online and print it, or you can print it and write the information in ink.

Whether you certify your children online or with a paper form, the certification is legally binding. If you submit false information, you and your dependents could lose your benefits or be subject to other sanctions.

Verifying all dependents enrolled in health insurance

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

Important: If you get a letter from Alight Solutions, open it right away! Be sure to carefully review all the information and **keep the deadline** in mind. If you don't send the right documents or you send documents after the deadline, your dependents may be found ineligible and dropped from all coverage. However, you will have another opportunity to prove your dependent's eligibility by providing documents to ERS during Summer Enrollment. You should get your Summer Enrollment guide in your mailbox in June or July.

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

Please note: If both you and your spouse work for the State of Texas and enroll in separate GBP health plans, each of you will have a separate total out-of-pocket maximum, and if applicable to your plan, a separate annual deductible. Consider enrolling your dependents in coverage under the GBP member who is more likely to meet the total out-of-pocket maximum and/or, if applicable, the deductible. For more information on out-of-pocket maximums and deductibles, see pages 35-37.

Dependent eligibility chart

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

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

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

*Child must be under age 26 for health insurance, and can be married or unmarried. Child must be under age 26 and unmarried for dental insurance, State of Texas Vision and Dependent Term Life Insurance. Disabled dependent children age 26 and over may be eligible for insurance. For more information, visit **https://www.ers.texas.gov/Active-Employees/Life-Changes/Children/Disabled-Dependent-Child**.

**See Alight Solutions' Documentation Requirements for examples of Joint Ownership documents. False information could lead to expulsion from the GBP and/or criminal prosecution.

Understand your health plan options

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

As a State of Texas agency or higher education employee not eligible for Medicare, you have options when it comes to health insurance. You can choose HealthSelect of Texas or Consumer Directed HealthSelect. Depending on what county you live or work in, you may decide to enroll in one of the health maintenance organizations (HMOs): Community First Health Plans in the San Antonio area and Scott and White Care Plans in central Texas. (Note: Community First Health Plans and Scott and White Care Plans will no longer be available starting September 1, 2021. If you live or work in an eligible county, you may enroll in one of the HMOs through August 31, 2021, but will have to change health coverage on September 1.)

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

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

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

Which plan is best for you and your family? The table on the next page shows features of each plan. You can also use the online decision tool at **https://healthselect.bcbstx.com/content/healthselect-plans/index**. Part-time and dependent premium information is on page 35.

Set up an ERS OnLine account

With an ERS OnLine account, you can check your coverage, update contact information and do other benefits-related activities at any time of the day or night, without having to call or visit ERS. Follow these steps to set up an account:

1. Go to **https://www.ers.texas.gov/account-login**.
2. Click on **Register Now**.
3. Enter your information and create a username and password.

Because you are a new employee, your benefits coordinator will likely enroll you and your dependents in the coverage you choose. However, with your ERS OnLine account, you will be able to update your elections on your own during the next Summer Enrollment period.

Don't forget to update your ERS OnLine account if you move or have other life changes. In addition to creating your account, you can sign up for ERS news and updates at **https://www.ers.texas.gov/subscribe**.

Health insurance plan features at a glance

	HealthSelect of Texas	Consumer Directed HealthSelect	Community First Health Plans Scott and White Care Plans
Key advantages	• Low out-of-pocket costs for in- network care • Copays for certain in-network services, like PCP office visits • Large, statewide network (large, nationwide network for those who live or work outside Texas)	• Tax-advantaged health savings account (HSA), with monthly contributions from the state • Large statewide and nationwide networks • Referrals not required	• Low out-of-pocket costs for in-network care • Lower monthly premiums than some other plans
In-network preventive care covered at 100%	Yes	Yes	Yes
Prescription drug coverage	Yes	Yes	Yes
Key downside(s)	• Referrals needed for most specialty care • Higher monthly premiums for dependents and part-time employees	• The plan pays nothing until the deductible is met • Must meet IRS' guidelines to participate in the HSA	• Limited regional network • Plan pays nothing for out-of-network care (except emergencies) • Will be unavailable after August 31
Might be good for people who …	• Want to keep their out-of-pocket costs low • Don't mind getting referrals for specialty care • Are willing to pay higher dependent or part-time employee premiums	• Usually have low (or very high) health expenses • Can afford to pay for medical and pharmacy expenses out-of-pocket until the deductible is met • Want the state's tax-free HSA contribution • Don't want to get referrals for specialty care	• Want to keep their out-of-pocket costs low • Don't mind getting all non-emergency care from a smaller, regional network • Want to pay generally lower dependent or part-time employee premiums • Don't mind changing plans on September 1, 2021

What is the GBP?

Employees of State of Texas agencies and many higher education institutions can participate in the Texas Employees Group Benefits Program (GBP). Created by the Texas Legislature in 1991, the GBP offers insurance and other related benefits that help State of Texas employees and their families live healthy, financially secure lives.

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

- a state agency,
- a Texas public institution of higher education that is not part of the University of Texas or Texas A&M University systems,
- Community Supervision and Corrections Department (CSCD),
- Teacher Retirement System of Texas (TRS),
- Texas Municipal Retirement System (TMRS),
- Texas County and District Retirement System (TCDRS) or
- Windham School District.

HealthSelect of Texas and Consumer Directed HealthSelect

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

HealthSelect of Texas®

Key features of HealthSelect of Texas:

- You do not have to meet an annual medical deductible if you use providers in the HealthSelect network. If you get care outside the network, you will have to meet a $500 annual deductible per person, with a maximum annual deductible of $1,500 per family.
- You have prescription drug coverage through a plan administered by OptumRx. You will have to meet a $50 per person deductible before the plan begins to pay for prescription drugs. This deductible resets at the beginning of each calendar year. (The plan year for health benefits and premiums follows the state's fiscal year calendar – September through August.)
- You are responsible for copays and/or coinsurance for doctor and hospital visits and other medical services, such as outpatient surgery and high-tech radiology.
- To keep your costs as low as possible, you need to choose a primary care provider (PCP) on file with BCBSTX and get referrals from your PCP to see in-network specialists. If you do not have a referral from your PCP on file with BCBSTX before you get treatment from a specialist, you could pay more for your treatment, even if the provider is in the HealthSelect network.

You do not need a referral for:

- eye exams (both routine and diagnostic),
- OB-GYN visits,
- mental health services,
- chiropractic visits,
- occupational therapy, speech therapy and physical therapy,
- virtual visits* through Doctor on Demand or MDLIVE for medical or mental health care and
- urgent care centers and convenience care clinics.

*Virtual visits for medical care are covered at no cost for HealthSelect of Texas participants. Virtual visits for mental health care have the same benefit as an in-network mental health office visit—a $25 copay.

CONSUMER DIRECTED HealthSelect℠

Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). The high deductible means you could have higher out-of-pocket costs before your health plan begins to pay for non-preventive medical services and prescription drugs. The plan covers 100% for in-network preventive services. It is available to GBP participants who are not enrolled in Medicare.

Jennica Preston

Benefits Coordinator

Seeing results with Real Appeal

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

"I'd always been petite and small," says Preston, who was enthusiastic about the Real Appeal approach from the beginning. "Real Appeal motivated me to make the right choices," she said. "Right off the bat, I went cold turkey and stopped eating fast food and sodas. I started using my husband's workout equipment to get exercise at home. A few times each week, I walked the twelve flights of stairs to my office."

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

Preston is also eager to help other GBP members as they seek to become healthier—and happier. She agreed to become the new wellness coordinator at the Texas RRC and is excited to "have an opportunity to help my colleagues by sharing the benefits of getting and staying fit."

Key features of Consumer Directed HealthSelect:

- You do not need to designate a PCP or get referrals to specialists.
- The monthly dependent premium is lower than HealthSelect of Texas, but you pay the full cost of doctor visits, prescriptions, hospital stays and any other non-preventive health services or products until you have reached the annual deductible. (See deductible amounts below.)
- You get a monthly health savings account (HSA) contribution from the state to help pay for eligible medical costs. (See information on HSAs on page 10.)
- You have prescription drug coverage through a plan administered by OptumRx.
- After you meet the deductible, you pay coinsurance (20% in network, 40% out of network) for medical services and prescriptions, rather than a copay.
- Your deductible and total out-of-pocket maximums for individual and family coverage reset on January 1. (The plan year for premiums and health benefits follows the state's fiscal year calendar – September through August.)

For more information on Consumer Directed HealthSelect, see **https://ers.texas.gov/Contact-ERS/Additional-Resources/FAQs/High-Deductible-Health-Plan**.

Consumer Directed HealthSelect annual deductibles

For Calendar Years 2020 and 2021
(includes prescription drugs)

	In-network	Out-of-network
Individual	$2,100	$4,200
Family	$4,200	$8,400

Lower your health care costs with HealthSelectShoppERS℠

HealthSelect of Texas and Consumer Directed HealthSelect participants can lower their health care costs and earn incentives with HealthSelectShoppERS. Shopping around the HealthSelect network for lower cost options for care can save you money on certain medical services or procedures and reward you through with contributions to your TexFlex flexible spending account (FSA) or limited-purpose FSA.

HealthSelectShoppERS is available to both HealthSelect of Texas and Consumer Directed HealthSelect participants. See pages 38 and 39 to learn more.

Eileen Eiden

Understanding this newer health plan option

When Eileen Eiden joined Austin Community College in 2014, a high-deductible health plan (HDHP) wasn't among her health plan options. "I was surprised, and I kept asking when ERS would offer a high-deductible plan," Eiden recalled.

Two years later, when ERS began offering Consumer Directed HealthSelect, Eiden promptly signed up and found this HDHP with a Health Savings Account (HSA) to be a good fit for her.

An HDHP "is perfect for healthy adults, especially if you see a doctor only once a year. Your in-network preventive care is fully covered, with no copay or coinsurance," Eiden explained. Then, there is the HSA. "It's like a 401(k), but for health."

The State of Texas contributes money to the HSA every month, when a Consumer Directed HealthSelect member opens an HSA with Optum Bank. Plus, GBP members can contribute pre-tax money. HSA funds are tax-free when spent on eligible health care expenses (even in retirement).

And, if you should leave your job or retire, the money in your account—even the portion contributed by the state—is yours to keep. In time, the funds in an HSA can accumulate with contributions, earned interest and investment earnings. None of this growth is taxed when spent on eligible health care expenses.

Eiden acknowledged that plans like Consumer Directed HealthSelect might be risky for people who don't have enough cash to cover the plan's annual high deductible, which includes both covered pharmacy and medical costs. After the deductible is met, the GBP member pays 20% coinsurance (not copays) for in-network health care services and prescription drugs. If you haven't saved enough in your HSA to meet the deductible, you could be faced with a financial challenge.

"What scared me the most was the possibility that I wouldn't be able to pay for my medical care," Eiden stated. "Once I started adding money to my HSA, that was no longer an issue."

Health savings account (HSA)

Available only with Consumer Directed HealthSelect

An HSA allows you to set money aside, tax free, and use the funds to pay for eligible out-of-pocket health expenses anytime, even in retirement. (Once you reach age 65, you can even use your HSA for non-health expenses, but you'll pay taxes on any funds spent on non-health costs.)

- You can use your HSA funds for qualified medical expenses for yourself, your spouse and eligible dependents – even if they're not covered under your health insurance. The Internal Revenue Service (IRS) defines qualified medical expenses. Visit **http://www.hsacenter.com/what-is-an-hsa/qualified-medical-expenses/** for more information.
- To help cover your out-of-pocket health costs, the state makes a monthly contribution to the HSA of every eligible GBP member enrolled in Consumer Directed HealthSelect. You are not eligible to make or receive any contributions to an HSA if you are enrolled in Medicare. Contributions--both from the state and a GBP member's paycheck (optional)–are typically deposited between the seventh and the 10th business day of the month. To learn more about HSA eligibility, visit **https://www.optumbank. com/all-products/hsa/hsa-eligibility.html**
- You can make pre-tax contributions to your HSA through payroll deductions. The IRS sets the maximum contribution amount each year. See the table below for maximum contributions.
- All the money in your HSA carries over from one year to the next —there is no use-it-or-lose-it rule—and you can keep the funds if you change health plans or even leave state employment.

Contribute yearly for TRIPLE TAX SAVINGS

1. Contribute money into the account (tax-free).
2. Pay for medical expenses (tax-free).
3. Earn interest or investment growth on the account (tax-free).

HSA contributions and maximums*

Contribution	Individual Account	Family Account**
Annual maximum contribution Jan. 1 – Dec. 31, 2020	Up to age 54: $3,550 Age 55 and older: $4,550	$7,100
Annual maximum contribution*** Jan. 1 – Dec. 31, 2021	Up to age 54: $3,600 Age 55 and older: $4,600	$7,200
Annual state contribution Sept. 1, 2020 – Aug. 31, 2021	$540 ($45 monthly)	$1,080 ($90 monthly)

*HSA contributions and limits may change from year to year. They may also change based on eligibility requirements and the participant's age. Maximums are set by the IRS and include both pre-tax and post-tax contributions to an HSA. Contributions are based on the calendar year, and maximums reset on January 1.
**A family account includes the GBP member plus any number of dependents enrolled in Consumer Directed HealthSelect.
***An additional $1,000 annual contribution is allowed for an accountholder who is age 55 or older by the end of the calendar year.

For more information about HSAs, see **https://ers.texas.gov/Contact-ERS/Additional-Resources/FAQs/Consumer-Directed-HealthSelect-Health-Savings-Account**.

Go online

Enrolling in Consumer Directed HealthSelect? Open your HSA as soon as possible.

If you enroll in Consumer Directed HealthSelect, open your HSA as soon as possible, so the state's monthly contributions and any other funds can be deposited into your account. The state's deposits are funded monthly, around the 15th of the month. Optum Bank manages the ERS HSA program. Even if you don't plan to make your own pre-tax HSA contributions, you must open an Optum Bank HSA to get the state's contributions. You can go to **http://optumbank.com/texasers** to open an account, or to get an application mailed to you, call Optum Bank toll-free at (800) 243-5543. Once you open the account, Optum Bank will send you a debit card to pay for eligible health expenses.

If you want to contribute to your HSA via payroll deduction, you must elect your payroll deductions through your ERS Online account—or your agency's benefits coordinator can do it for you. (You don't to have to contribute to your HSA with payroll deductions, but it's a convenient and consistent way to make pre-tax contributions.) You can change your contributions any time during the year, as long as you don't exceed the IRS' total contribution maximum for the year.

You will have access only to the amount of money that has accumulated in your HSA, not any funds that are pledged to be deposited in the future.

Please note!

You can opt out of health insurance coverage—and get credit.

If you can certify that you already have health insurance that is equal to or better than that offered through ERS, you can sign up for a monthly health insurance Opt-Out Credit of up to $60 for full-time employees and $30 for part-time employees.

- The credit helps pay your dental, vision and/or Voluntary Accidental Death & Dismemberment insurance premiums. **Please note:** No portion of the opt-out credit will be refunded if the full opt-out credit is not used for dental, vision, and/or AD&D premium.
- The credit is not available if your only other insurance is Medicare, you have health insurance coverage through ERS as a dependent or you get a state contribution for other insurance coverage.

Important: If you opt out of an ERS health plan, you give up your prescription drug coverage and will no longer have $5,000 Basic Term Life Insurance that includes $5,000 AD&D coverage.

If you lose your other coverage, it is considered a qualifying life event. As a result, you may enroll in one of the health insurance plans offered through ERS. You must sign up within 31 days of losing your other health insurance coverage.

Health maintenance organizations (HMOs)

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

- You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered, unless the HMO has authorized out-of-network treatment. Only emergency care services are covered outside the network without authorization.
- HMOs have their own prescription drug coverage. The annual $50-per-person drug deductible and out-of-pocket maximums reset on September 1.
- The HMOs will no longer be available starting September 1, 2021. If you live or work in an eligible county, you may enroll in one of the HMOs through August 31, 2021, but will have to change health coverage on September 1.

HMO Plan	Service Area	Counties
Community First Health Plans	San Antonio	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson
Scott and White Care Plans	Central Texas	Austin, Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Travis, Walker, Waller, Washington and Williamson

Please note:

- You must select a primary care provider (PCP) if you enroll in HealthSelect of Texas or the Community First Health Plans HMO. If you don't choose a PCP, you may end up paying more—possibly a lot more—for services.
- You do not need to designate a PCP if you enroll in Consumer Directed HealthSelect or Scott and White Care Plans, or if you're enrolled in HealthSelect of Texas and your address on file with ERS is outside Texas.
- If you are in HealthSelect of Texas and need to see a specialist (that is, someone other than your PCP), you will need to have a referral from your PCP to the specialist on file with BCBSTX to receive in-network benefits.

Prescription drug coverage

Your health insurance plan includes coverage for prescription drugs. OptumRx administers the prescription drug program for the HealthSelect plans. If you are enrolled in HealthSelect of Texas or Consumer Directed HealthSelect, you will get separate ID cards for medical (Blue Cross and Blue Shield of Texas) and prescription drug (OptumRx) coverage. HMOs have their own prescription plans and will send just one ID card for both medical and prescription coverage. You may need to present your card when filling a prescription.

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

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

To find out which pharmacies you can use under each plan, visit the plan website.

Additional information

Total out-of-pocket maximums

To help protect you from extremely high health costs, all GBP health plans have in-network out-of-pocket maximums. This is the maximum amount you or your family will pay in one year for in-network copays, coinsurance and deductibles (as applicable) for covered medical and prescription drugs. If you reach this maximum, the plan will pay 100% of covered in-network health and pharmacy expenses for the rest of the year. (There is no out-of-pocket maximum for out-of-network services in any of the health plans.)

The out-of-pocket maximums for HealthSelect plans reset every calendar year (January 1), while the HMOs reset every plan year (September 1). The chart below lists the out-of-pocket maximums for the health plans.

In-network out-of-pocket maximums (all plans)		
Plan Year 2020	HealthSelect (through Dec. 31, 2020)	$6,750 individual $13,500 family*
	HMOs (through Aug. 31, 2020)	
Plan Year 2021	HealthSelect (Jan. 1 - Dec. 31, 2021)	$6,750 individual $13,500 family*
	HMOs (Sept. 1, 2020 - Aug. 31, 2021)	

*Family includes the GBP member plus one or more covered family member(s).

You must certify your status—whether you use tobacco or not

If you enroll in a GBP health insurance plan, you must certify your and any covered dependent's status as tobacco users or non-users. Certified tobacco users pay a monthly tobacco user premium.

ERS' tobacco policy defines tobacco products as all types of tobacco, including but not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, and dip; and all electronic cigarettes and vaping products. Vaping products that do not contain tobacco or nicotine also are considered tobacco products.

A tobacco user is a person who has used any tobacco product, as defined above, five or more times within the past three consecutive months.

If you or a covered dependent uses tobacco products, you are required to certify yourself or your dependents as a tobacco user and pay the monthly tobacco user premium.

Note: You need to certify your status only once, unless your status changes. You can update your tobacco status through your ERS OnLine account, by phone or by returning the Tobacco Use Certification form to ERS. (You can get the form online or from your HR department.) Failing to do so could result in losing your GBP health insurance coverage.

Ready to quit?

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

Tobacco user premium alternative

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

Improve your health and lifestyle!

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

Please Note:

If you are a return-to-work retiree, you can switch between retiree and active benefits by contacting your agency's benefits coordinator or human resources office.

ERS®
Employees Retirement System of Texas

EMPLOYEE AND NON-MEDICARE-ELIGIBLE RETIREE HEALTH PLANS COMPARISON CHART

EFFECTIVE SEPTEMBER 1, 2020

	HealthSelect of Texas® and HealthSelect Out-of-State In Network	HealthSelect of Texas and HealthSelect Out-of-State Out of Network	Consumer Directed HealthSelect℠ High-deductible Plan In Network	Consumer Directed HealthSelect High-deductible Plan Out of Network	Community First Health Plans HMO In Network	Scott and White Care Plans HMO In Network
Annual deductible	None	$500 per individual, $1,500 per family	$2,100 per individual, $4,200 per family Note: To help cover part of the deductible, the State contibutes to an eligible member's health savings account: $540/year for an individual, $1,080/ year for a family.	$4,200 per individual, $8,400 per family Note: To help cover part of the deductible, the State contibutes to an eligible member's health savings account: $540/year for an individual, $1,080/ year for a family.	None	None
Out-of-network benefits?		Yes. See below for benefit details for out-of-network services.		Yes. See below for benefit details for out-of-network services.	No, except for emergency and urgent care services, services provided by out-of-network facility-based providers in a network facility, and out-of-network services that are authorized in advance by the plan.	No, except for emergency and urgent care services, services provided by out-of-network facility-based providers in a network facility, and out-of-network services that are authorized in advance by the plan.
Balance billing? (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.		Yes. Balance billing may apply to certain out-network services. For more information, see the plan's Master Benefit Plan Document.	No. Out-of-network benefits are not covered unless authorized in advance or an emergency, so balance billing does not apply.	No. Out-of-network benefits are not covered unless authorized in advance or an emergency, so typically balance billing should not apply.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays)[1]	$6,750 per person, $13,500 per family These reset on January 1.		$6,750 per person, $13,500 per family These reset on January 1.		$6,750 per person, $13,500 per family These reset on September 1.	$6,750 per person, $13,500 per family These reset on September 1.
Out-of-pocket coinsurance maximum	$2,000 per person	$7,000 per person	None	None	$2,000 per person	$2,000 per person
Inpatient copay maximum	$750 copay max, up to five days per hospital stay $2,250 copay max per calendar year per person	$750 copay max, up to five days per hospital stay $2,250 copay max per calendar year per person	None	None	$750 copay max, up to five days per hospital stay $2,250 copay max per plan year per person	$750 copay max, up to five days per hospital stay $2,250 copay max per plan year per person
Primary care provider (PCP) required?	Yes for participants who live and work in Texas; No for out-of-state participants	No	No	No	Yes	No
Referrals required?	Yes for participants who live and work in Texas; No for out-of-state participants as well	No	No	No	No	No

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

Medical Benefits - Member's Share of the Cost

	HealthSelect of Texas and HealthSelect Out-of-State In Network	HealthSelect of Texas and HealthSelect Out-of-State Out of Network	Consumer Directed HealthSelect High-deductible Plan In Network	Consumer Directed HealthSelect High-deductible Plan Out of Network	Community First Health Plans HMO In Network	Scott and White Care Plans HMO In Network
Allergy treatment	No cost to participant(s) if administered in a physician's office, 20% in any other outpatient location	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Ambulance services (for emergencies)	20%	20%, annual deductible does not apply	20% coinsurance after the annual deductible is met	20% coinsurance after the annual in-network deductible is met	20%	20%
Bariatric surgery[2]	Deductible: $5,000 Coinsurance: 20% Lifetime max: $13,000	Not covered	Not covered	Not covered	Not covered	Not covered
Chiropractic care	20% if billed without an office visit; $40 copay plus 20% with office visit; $75 maximum benefit per visit; 30 visits max per participant per calendar year	40% coinsurance after the annual deductible is met $75 maximum benefit per visit; 30 visits max per participant per calendar year	20% coinsurance after the annual deductible is met $75 maximum benefit per visit; 30 visits max per participant per calendar year	40% coinsurance after the annual deductible is met $75 maximum benefit per visit; 30 visits max per participant per calendar year	$40 copay plus 20%; $75 maximum benefit per visit; 30 visits max per participant per calendar year	$40 copay plus 20% with office visit; No per-visit limit on maximum; 35 visits max per participant per calendar year
Diabetes equipment[2]	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Diabetes supplies	20%. Covered under the medical and pharmacy plan*	20%, annual deductible does not apply	20% coinsurance after the annual deductible is met. Covered under the medical and pharmacy plan*	20% coinsurance after the annual in-network deductible is met	20% for in-network supplies only, no out-of-network coverage. Covered under the pharmacy plan	20% for in-network supplies only, no out-of-network coverage. Covered under the pharmacy plan
Diagnostic X-rays and lab tests	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Diagnostic mammography	No cost to participant(s)	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	No cost to participant(s)	No cost to participant(s)
Durable medical equipment[2]	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians etc.)	20%	For emergencies, 20% coinsurance and annual deductible does not apply. For non-emergencies, 40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	For emergencies, 20% coinsurance after the annual in-network deductible is met. For non-emergencies, 40% coinsurance after the annual out-of-network deductible is met.	20%	20%
Facility emergency care and hospital-affiliated freestanding emergency departments (Does not apply to freestanding emergency rooms not affiliated with a hospital.)	$150 copay plus 20% (If admitted, copay will apply to hospital copay.)	$150 copay plus 20% (If admitted, copay will apply to hospital copay.) Annual deductible does not apply. For non-emergencies, $150 copay plus 40% coinsurance after the annual out-of-network deductible is met	20% coinsurance after the annual deductible is met	For emergencies, 20% coinsurance after the annual in-network deductible is met. For non-emergencies, 40% coinsurance after the annual out-of-network deductible is met	$150 plus 20% (If admitted, copay will apply to hospital copay.)	$150 plus 20% (If admitted, copay will apply to hospital copay.)

*Some diabetic supplies are covered at no cost to participant(s) under the pharmacy plan. (Consumer Directed HealthSelect participants must meet their annual deductible first.) For more information, see your pharmacy plan's Master Benefit Plan Document.

[2]Preauthorization may be required.

	HealthSelect of Texas and HealthSelect Out-of-State In Network	HealthSelect of Texas and HealthSelect Out-of-State Out of Network	Consumer Directed HealthSelect High-deductible Plan In Network	Consumer Directed HealthSelect High-deductible Plan Out of Network	Community First Health Plans HMO In Network	Scott and White Care Plans HMO In Network
Freestanding emergency room facility	$150 copay plus 20%	$300 copay plus 20%. Annual deductible does not apply. For non-emergencies, $300 copay plus 40% coinsurance after the annual out-of-network deductible is met	20% coinsurance after the annual deductible is met	For emergencies, 20% coinsurance after the annual in-network deductible is met. For non-emergencies, 40% coinsurance after the annual out-of-network deductible is met	$150 copay plus 20% for in-network and out-of-network	$150 copay plus 20% for in-network and out-of-network
Habilitation and rehabilitation services - outpatient therapy (including physical therapy, occupational therapy and speech therapy)	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20% coinsurance without office visit, $40 plus 20% coinsurance with office visit	20% coinsurance without office visit, $40 plus 20% coinsurance with office visit
Hearing aids (for covered participants over age 18)	HealthSelect of Texas and HealthSelect Out-of-State pay up to $1,000 per ear every three years and cover in-network and out-of-network hearing aids at the same benefit level.		Consumer Directed HealthSelect pays up to $1,000 per ear every three years (after deductible is met) and covers in-network and out-of-network hearing aids at the same benefit level.		Plan pays up to $1,000 per ear every three years. No out-of-network benefits available	Plan pays up to $1,000 per ear every three years. No out-of-network benefits available
Hearing aids (for participants age 18 and under)	HealthSelect of Texas and HealthSelect Out-of-State pay 100%, limit of one per ear every three years, and cover in-network and out-of-network hearing aids at the same benefit level.		Consumer Directed HealthSelect pays 80% after the annual in-network deductible is met and covers in-network and out-of-network hearing aids at the same benefit level.		20%, limit of one per ear every 3 years	20%, limit of one per ear every 3 years
High-tech radiology (CT scan, MRI and nuclear medicine)[2]	$100 copay plus 20%	$100 copay plus 40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$100 copay plus 20%	$100 copay plus 20%
Home health care[2]	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Hospice care[2]	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Inpatient hospital facility (semi-private room and day's board, and intensive care unit)[2]	$150/day copay plus 20% ($750 copay max, up to five days per hospital stay. $2,250 copay max per calendar year per person)	$150/day copay plus 40% after the annual deductible is met. ($750 copay max, up to five days per hospital stay. $2,250 copay max per calendar year per person)	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$150/day copay plus 20% ($750 copay max, up to five days per hospital stay. $2,250 copay max per plan year per person)	$150/day copay plus 20% ($750 copay max, up to five days per hospital stay. $2,250 copay max per plan year per person)
Maternity care doctor charges only; inpatient hospital copays will apply	$25 or $40 for first prenatal visit. No charge for routine post natal appointments	40% coinsurance after the annual deductible is met	No charge for routine prenatal appointments. 20% coinsurance for first postnatal visit after the annual deductible is met	40% coinsurance after the annual deductible is met	No charge for routine prenatal appointments. $25 or $40 for first postnatal visit	No charge for routine prenatal appointments. $25 or $40 for first postnatal visit
Medications and injections administered by a provider (see below for outpatient medications and injections)[2]	No cost to participant(s) after you pay the copay if administered in a physician's office*, 20% in any other outpatient location. *No cost to participant(s) if no office visit charge is assessed. Preventive vaccines covered at 100%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met. Preventive vaccines covered at 100%	40% coinsurance after the annual deductible is met	Covered at benefits throughout chart dependent on where they are administered. Preventive vaccines covered at 100%	Covered at benefits throughout chart dependent on where they are administered. Preventive vaccines covered at 100%

[2]Preauthorization may be required.

	HealthSelect of Texas and HealthSelect Out-of-State In Network	HealthSelect of Texas and HealthSelect Out-of-State Out of Network	Consumer Directed HealthSelect High-deductible Plan In Network	Consumer Directed HealthSelect High-deductible Plan Out of Network	Community First Health Plans HMO In Network	Scott and White Care Plans HMO In Network
Office surgery and diagnostic procedures	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
PCP office visit	$25 copay	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$25 copay	$25 copay
Private-duty nursing[2]	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Retail health/ convenience care clinic	$25 copay	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	Not covered	$25 copay
Routine eye exam, one per year per participant	$40 copay	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$40 copay	$40 copay
Routine preventive care	No cost to participant(s)	40% coinsurance after the annual deductible is met	No cost to participant(s)	40% coinsurance after the annual deductible is met	No cost to participant(s)	No cost to participant(s)
Skilled nursing facility/inpatient rehabilitation facility services[2]	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Specialist physician office visit	$40 copay	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$40 copay	$40 copay
Surgery (outpatient) other than in physician's office[2]	$100 copay plus 20%	$100 copay plus 40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$100 copay plus 20%	$100 copay plus 20%
Telemedicine visit	Coverage is based on place of treatment billed ($25/$40 copay if physician's office visit, 20% for any other outpatient telemedicine).	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	Coverage is based on place of treatment billed ($25 copay if physician's office visit, 20% for any other outpatient telemedicine).	Coverage is based on place of treatment billed ($25 copay if physician's office visit, 20% for any other outpatient telemedicine).
Therapeutic treatments - outpatient	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Urgent care clinic	$50 copay plus 20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$50 copay plus 20%	$50 copay plus 20%
Virtual visits/ e-visits (medical)	No cost to participant(s) if Doctor on Demand or MDLive is used	Not covered	20% coinsurance after the annual deductible is met	Not covered	No virtual visit or e-visit benefits offered	Virtual Visits/E-visits with a Scott and White Health Plan provider covered at 100% through online portal or app

[2]Preauthorization may be required.

Mental Health/Behavioral Health/Substance Abuse Benefits – Member's Share of Cost

	HealthSelect of Texas and HealthSelect Out-of-State In Network	HealthSelect of Texas and HealthSelect Out-of-State Out of Network	Consumer Directed HealthSelect High-deductible Plan In Network	Consumer Directed HealthSelect High-deductible Plan Out of Network	Community First Health Plans HMO In Network	Scott and White Care Plans HMO In Network
Mental health administrator and network	BCBSTX effective September 1, 2020	BCBSTX effective September 1, 2020	BCBSTX effective September 1, 2020	BCBSTX effective September 1, 2020	CFHP	SWHP
Inpatient hospital mental health stay[2]	$150/day copay plus 20% ($750 copay max, up to five days per hospital stay. $2,250 copay max per calendar year per person)	$150/day copay plus 40% after the annual deductible is met. ($750 copay max, up to five days per hospital stay. $2,250 copay max per calendar year per person)	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$150/day copay plus 20% ($750 copay max, up to five days per hospital stay. $2,250 copay max per plan year per person)	$150/day copay plus 20% ($750 copay max, up to five days per hospital stay. $2,250 copay max per plan year per person)
Mental health telemedicine	Coverage is based on place of treatment billed ($25 copay if mental health office visit, 20% for any other outpatient telemedicine)	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	Coverage is based on place of treatment billed.	Coverage is based on place of treatment billed ($25 copay if mental health office visit, 20% for any other outpatient telemedicine)
Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)[2]	20%	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	20%	20%
Outpatient physician or mental health provider office visit	$25 copay	40% coinsurance after the annual deductible is met	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$25 copay	$25 copay
Virtual visits / e-visits (mental health)	$25 copay for mental health virtual visits provided by Doctor on Demand or MDLive	Not covered	20% coinsurance after the annual deductible is met	Not covered	Not covered	Not covered

[2]Preauthorization may be required.
Benefits listed in cells above apply to all covered mental health/behavioral health/substance abuse services (including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services etc.).

Prescription Drug Benefits and Coverage – Member's Share of Cost

NOTE: PBMs have different formularies and covered drugs, based on the determinations of their own pharmacy and therapeutics committees and individual formulary strategies. Drugs covered under the HealthSelect plan may not be the same drugs covered under CFHP or SWHP

Pharmacy benefits manager (PBM)	OptumRx (UnitedHealthcare)	OptumRx (UnitedHealthcare)	OptumRx (UnitedHealthcare)	OptumRx (UnitedHealthcare)	Navitus	Scott and White Care Plans
Out-of-network benefits?		Yes		Yes	No	No
Deductible	$50 prescription drug deductible per participant per calendar year applies before the plan pays for any prescription drugs	$50 prescription drug deductible per participant per calendar year applies before the plan pays for any prescription drugs	$2,100 per individual, $4,200 per family. Medical and prescription drug expenses apply to the deductible.	$4,200 per individual, $8,400 per family. Medical and prescription drug expenses apply to the deductible.	$50 deductible per participant per plan year applies before the plan pays for any prescription drugs	$50 deductible per participant per plan year applies before the plan pays for any prescription drugs
Tier 1 (mostly generic drugs)	$10 copayment (nonmaintenance), $10 copayment (maintenance); $30 copayment (90-day supply mail order or extended day supply pharmacy)	$10 copayment plus 40% coinsurance (non-maintenance) $10 copayment plus 40% coinsurance (maintenance); $30 copayment plus 40% coinsurance (mail order or extended day supply)	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$10 copayment (non-maintenance), $10 copayment (maintenance), $30 copayment (90-day supply mail order or extended day supply)	$10 copayment (non-maintenance), $10 copayment (maintenance), $30 copayment (90-day supply mail order or extended day supply)
Tier 2 (mostly preferred brand-name drugs)[2,3]	$35 copayment (nonmaintenance), $45 copayment (maintenance); $105 copayment (mail order or extended day supply	$35 copayment plus 40% coinsurance (non-maintenance) $45 copayment plus 40% coinsurance (maintenance); $105 copayment plus 40% coinsurance (mail order or extended day supply)	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$35 copayment (nonmaintenance), $45 copayment (maintenance); $105 copayment (mail order or extended day supply	$35 copayment (nonmaintenance), $45 copayment (maintenance); $105 copayment (mail order or extended day supply
Tier 3 (mostly non-preferred brand-name drugs)[2,3]	$60 copayment (non-maintenance), $75 copayment (maintenance); $180 copayment (mail order or extended day supply)	$60 copayment plus 40% coinsurance (non-maintenance) $75 copayment plus 40% coinsurance (maintenance); $180 copayment plus 40% coinsurance (mail order or extended day supply)	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	$60 copayment (non-maintenance), $75 copayment (maintenance); $180 copayment (mail order or extended day supply)	$60 copayment (non-maintenance), $75 copayment (maintenance); $180 copayment (mail order or extended day supply)
Specialty drugs[2,3]	If purchased through a pharmacy, specialty drugs are covered as preferred brand drugs or nonpreferred brand drugs as listed above. Otherwise, covered as a medical benefit.	If purchased through a pharmacy, specialty drugs are covered as preferred brand drugs or nonpreferred brand drugs as listed above. Otherwise, covered as a medical benefit.	20% coinsurance after the annual deductible is met	40% coinsurance after the annual deductible is met	If purchased through a pharmacy, specialty drugs are covered as preferred brand drugs or nonpreferred brand drugs as listed above. Otherwise, covered as a medical benefit.	If purchased through a pharmacy, specialty drugs are covered as preferred brand drugs or nonpreferred brand drugs as listed above. Otherwise, covered as a medical benefit.
Syringes for insulin administration	$0 copay	$0 copay	$0 copay	$0 copay	$35 copay for 30 days' supply, $105 copay for 90-day supply	$35 copay for 30 days' supply, $105 copay for 90-day supply

[2]Preauthorization may be required.

[3]Tier 2 and Tier 3 : If a generic is available and you choose to buy the brand-name medication, you will pay the generic copay plus the cost difference between the brand-name and the generic medication.

Programs for a healthy life

HealthSelect of Texas®

Participants can:

- Get support for managing chronic conditions like diabetes, heart failure, coronary artery disease (CAD), asthma and chronic obstructive pulmonary disease (COPD).
- Enroll in health coaching programs for physical activity, stress, nutrition, weight management and tobacco cessation.
- Get clinical support making informed choices about treatment options or services related to coronary disease, chronic back pain, hip or knee replacement, benign prostate disease, prostate and breast cancer, benign uterine condition, endometriosis and fibroids.
- Enroll in one of two online weight management programs, Naturally Slim and Real Appeal. Both programs feature interactive components and user-friendly resources.

naturally slim® Real Appeal®

Online health and wellness tools

Go to **healthselectoftexas.com** and click the Log In button to go to your personal Blue Access for Members account. On Blue Access for Members, you can do any or all of the following to help improve or maintain your healthy habits:

- Take the online health assessment to identify your personal health needs and learn healthy habits. Then take your personal health report to your PCP.
- Use wellness trackers to help you stay on target with your goals. Trackers are available for stress management, tobacco usage, nutrition and more.
- Sync your fitness device such as a Fitbit or Jawbone and see activity minutes, miles traveled and calories burned on the dashboard.
- Learn about our wellness incentive program called BluePoints and begin earning points by engaging in healthy activities to purchase merchandise from the online shopping mall.
- Use interactive tools like the symptom checker.
- Get telephone coaching support.
- Download mobile apps like the BCBSTX app, Centered and AlwaysOn.
- View your and your family's claims history.
- Chat with a Personal Health Assistant.

Health and wellness discounts

Save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or prior authorizations required. Visit **healthselectoftexas.com** and click Health and Wellness/Incentives, then click Blue 365.

Wellness

Emotional • Mental • Spiritual • Physical • Environmental • Social

The Texas Employees Group Benefits Program offers a full menu of scientifically based health and wellness programs for state employees, retirees and their families:

- Health assessments
- Diabetes management
- Exercise
- Heart health
- Nutrition
- Tobacco cessation
- Weight management
- Stress management
- Disease management
- Healthy pregnancy

Get physical!

Did you know that even moderate exercise helps prevent or delay disease and disabilities? Be sure to warm up before exercising. Stretch your muscles slowly. Try a little slow walking and light arm pumping. When doing endurance activities that make you sweat, drink plenty of liquids, especially water or drinks that contain electrolytes. Avoid holding your breath while exercising.

Source: www.seniors.gov

members.cfhp.com

ers.swhp.org

- Disease management programs for those with chronic conditions
- Online health management and medical information resources
- Discounts on gyms, massage therapy, acupuncture and vitamins
- Coaching for weight loss, nutrition, smoking cessation and stress
- 24-hour nurse lines
- Vision and hearing discounts

To find out more about what your health plan offers, go to your plan's website.

"AMP" up your health

Get to know your health risks to improve your overall health. AMP is an ERS wellness initiative that encourages you to **A**ssess your health through online assessments, **M**anage your weight and take steps to **P**revent potential issues through preventive care.

When do my insurance benefits start?

First day of employment

Coverage for your optional benefits—dental, vision, optional life insurance elections 1 and 2, dependent life, AD&D and TIPP disability insurance—could begin right away if you enroll on your first day.

First of the month following your date of hire

If you don't enroll in optional benefits on your first day, but within 31 days of your hire date, coverage begins on the first day of the month after you added the coverage.

Important note: For optional life insurance elections 3 and 4, coverage begins when you are approved through evidence of insurability (EOI). Learn more about EOI on page 25.

First of the month after 60 days of employment

Health insurance coverage, prescription drug coverage and, if you elect it, a TexFlex health care or limited-purpose FSA become active on the first day of the month following your 60th day of employment. If your 60th day of employment falls on the first of the month, the coverage begins on that day. For example, if you are hired on March 2, your 60th day will be May 1. Your health coverage, prescription drug coverage and/or TexFlex health care or limited-purpose FSA become active on May 1—you don't have to wait until June 1.

This waiting period does not apply to your medical coverage, prescription drug coverage and TexFlex **health care or limited-purpose FSA** if you:

- transferred from one GBP agency or higher education institution to another GBP agency or institution without a break in GBP health coverage,
- transferred from the University of Texas or Texas A&M University system without a break in health coverage,
- are a return-to-work retiree enrolled in GBP health coverage as a retiree,
- are enrolled in GBP health coverage as a dependent on the date of hire or rehire,
- are enrolled in GBP health coverage in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) on the date of hire or rehire,
- are an employee of an institution of higher education that is, in accordance with its policies and procedures and applicable law, paying your premium on the first day you begin work or
- were rehired on or after September 1, 2015 and returned to employment at the same state agency within 90 days of leaving active military duty.

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

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

If you enroll in a **dependent care FSA** on your hire date, your enrollment begins on that day. If you enroll because of a qualifying life event, your coverage begins the first of the following month. For example, if you get married on October 3 and enroll in a dependent care account, your enrollment would begin on November 1. Your November contribution will be deducted from your December paycheck and be available for use once it is deposited into your account.

Commuter spending account (CSA) enrollment and election changes can be made at any time. Your enrollment or change begins the first of the month following your next pay period. For example, if you enroll on January 31, your next pay period is February and your enrollment begins on March 1.

Dental insurance

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

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

State of Texas Dental Choice Plan℠

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

- **Delta Dental PPO**
- **Delta Premier**

Dentists of both the Delta Premier and Delta Dental PPO are in-network providers. You will get the same coverage in either network, but you may pay less for covered services in the Delta Dental PPO network. Delta Premier dentists can charge higher rates for the same services, which means your costs might be higher with those dentists.

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

DeltaCare℠ USA

DeltaCare℠ USA is a dental health maintenance organization (DHMO) dental insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DHMO network dentist in your area who is accepting new patients. For a list of providers, visit **www.ERSdentalplans.com** or call at (888) 818-7925 (TTY: 711).
- You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from participating specialty dentists cost 25% less than the dentists' usual charge.

Go online

Find a list of providers for the State of Texas Dental Choice Plan℠ or DeltaCare USA DMHO at **https://www.ERSdentalplans.com** or by calling Delta Dental, toll-free, at (888) 818-7925 (TTY: 711), Monday – Friday from 8 a.m. to 7 p.m. CT.

Dental plans comparison chart

	DeltaCare USA DHMO (Services from participating PCDs only)	State of Texas Dental Choice Plan PPO Administered by Delta Dental	
Dentists	You 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[1]
Deductibles	None	Preventive: Individual-$0; Family-$0 Combined Basic/Major: Individual-$50; Family-$150 Orthodontic services: no deductible	Preventive: Individual-$50; Family-$150 Combined Basic/Major: Individual-$100; Family-$300 Orthodontic services: no deductible
Copays/ coinsurance	PCD: Copays vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Specialty dentistry: 75% of the dentist's usual and customary fee. DHMO pays nothing.	Preventive and Diagnostic Services: No charge. Basic Services: 10% coinsurance after meeting the Basic Services deductible. Major Services: 50% coinsurance after meeting the Major Services deductible. There is no charge for anything over the allowed amount. Once the Maximum Calendar Year Benefit is reached, the participant pays 60% until January 1.	Preventive and Diagnostic Services: 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services: 30% coinsurance after meeting the Basic Services deductible. Major Services: 60% coinsurance after meeting the Major Services deductible. Participants may be required to pay the difference between the allowed amount and billed charges. Once the Maximum Calendar Year Benefit is reached, the participant pays 100% until January 13.
Maximum calendar year benefits	Unlimited	$2,000 per covered individual (includes orthodontic extractions)	$2,000 per covered individual (includes orthodontic extractions)
Maximum lifetime benefit	Unlimited	$2,000 per covered individual for orthodontic services	$2,000 per covered individual 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.	No charge. Up to two cleaning/oral exams per calendar year allowed.	10% of the allowed amount after deductible is met. Up to two cleaning/oral exams per calendar year allowed.
Orthodontic coverage	Orthodontic services performed by a general dentist listed in the directory with an "O" treatment code: child - $1,800; adult- $2,100. Orthodontic services performed by specialist: 75% of the usual fee. DHMO pays nothing.	50% of the allowed amount.	50% of the allowed amount. Participants may be required to pay the difference between the allowed amount and billed charges.

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

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

Smart benefits

To keep costs low, active employees who sign up for GBP dental insurance will not get an ID card from the plan—and participating Delta dentists should not require them.

Instead, you can download a digital card to your smartphone through the Delta Dental app. If you don't have a smartphone, you can download and print your information from **www.ERSdentalplans.com** or call Delta Dental toll-free at (888) 818-7925 (TTY: 711) and they will mail a paper copy to you.

Note: Covered dependents cannot access the app, and their names are not listed on the card. A dependent can verify coverage with a provider by giving either their name or the GBP member's name and plan ID number.

Vision Plan

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

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

For a set copay amount, State of Texas Vision (administered by Superior Vision Services) covers an eye exam, contact lens fitting and other eyewear options (such as ultraviolet coating). The plan includes an allowance for eyeglass frames or contact lenses, as well as discounts for LASIK. For a complete list of plan benefits and a list of providers, visit **www.stateoftexasvision.com**.

Vision coverage comparison chart

Listed benefits are available for the plan year period, unless indicated. Benefits differ for out-of-network providers and in the HealthSelect Secondary (Medicare) plan. See your health plan materials for details.

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect	Community First HMO	Scott and White Care Plans
Routine eye exam	$15 copay	$40 copay[1]	20% coinsurance after deductible is met	$40 copay at any in-network doctor	$40 copay
Frames	$200 retail allowance	Not covered	Not covered	$125 retail allowance[1]	Not covered
Standard contact lens fitting	$25 copay	Not covered	Not covered	$125 allowance[2]	Not covered
Specialty contact lens fitting	$35 copay	Not covered	Not covered	Not covered	Not covered
Single-vision lenses	$10 copay	Not covered	Not covered	100% covered	Not covered
Bifocal lenses	$15 copay	Not covered	Not covered	100% covered	Not covered
Trifocal lenses	$20 copay	Not covered	Not covered	100% covered	Not covered
Progressives	$70 copay	Not covered	Not covered	Not covered	Not covered
Polycarbonate	$50 copay	Not covered	Not covered	Not covered	Not covered
Scratch coat (factory, single sided)	$10 copay	Not covered	Not covered	Not covered	Not covered
Ultraviolet coating	$10 copay	Not covered	Not covered	Not covered	Not covered
Tint	$10 copay	Not covered	Not covered	Not covered	Not covered
Standard anti-reflective coating	$40 copay	Not covered	Not covered	Not covered	Not covered
Contact lenses[2]	$200 allowance	Not covered	Not covered	$125 allowance	Not covered

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

[2]Contact lenses are in lieu of the benefit for eyeglass lenses and frames benefits.

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

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

Life and AD&D insurance

Optional Term Life Insurance

Your health coverage through ERS includes $5,000 of Basic Term Life Insurance and $5,000 of Accidental Death & Dismemberment (AD&D) coverage at no cost to you. You can purchase additional life insurance coverage in increments based on your annual salary. Optional Term Life Insurance, in addition to the Basic Term Life Insurance benefit included with your health coverage, is insured by Securian.

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

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

Each Optional Term Life election provides an equal amount of additional Accidental Death & Dismemberment (AD&D) coverage.

Securian's website for GBP members can help you decide how much life insurance coverage you might need: **https://www.securian.com/content/securian/en/insights-tools/ life-insurance-needs-calculator**.

Premiums and coverage amounts for each plan year (September 1 – August 31) will be based on the salary reported to ERS on September 1 of that plan year. Your monthly premiums for Optional Term Life Insurance will depend on your age, salary and level of coverage each plan year. To calculate your premiums, see page 37 of this guide.

Designate your beneficiaries

Although you aren't required to do so in your first month, it's a good idea to designate your beneficiaries for your State of Texas Retirement account, life insurance policy and Texa$aver account(s) as soon as you can.

You can find instructions on how to designate your beneficiaries for each at **https://www.ers.texas.gov/About-ERS/Update-Your-Beneficiaries**.

Dependent Term Life Insurance

For an additional premium, you can enroll your eligible dependents in term life insurance. The plan includes $5,000 term life with $5,000 AD&D for each covered dependent, for a monthly premium of just a few dollars. You will get the life insurance benefit when your covered dependents die. You will get the AD&D benefit when they die or are injured in an accident. One monthly premium covers all your eligible dependents, but all eligible dependents must be named under the coverage.

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

First 31 days: No questions

If you want additional life insurance coverage and disability insurance, now is the best time to sign up because you will not have to provide evidence of insurability (EOI) for Optional Term Life Election 1 or 2, or for short-term or long-term disability insurance. EOI is an application process during which you must provide information about your or your dependents' health. Don't miss your 31-day window of opportunity! If you wait, you run the risk of not qualifying for these benefits based on EOI results.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

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

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

Coverage includes the following:

- If you die as the direct result of an accidental bodily injury, your beneficiaries will receive the full amount of your coverage.
- Enrolled family members are covered at partial benefit levels. Your spouse is covered at 50% of your enrolled amount. Eligible children are covered at a lower percentage, which is reduced if your spouse is alive at the time of your child's death.
- If you have an accident and suffer any of the covered injuries, such as loss of a hand, a foot or sight in one or both eyes, you will receive a percentage of the full amount of your coverage.
- If an eligible family member loses a hand, a foot, or sight of one or both eyes in an accident, you receive a percentage of the benefit if you have coverage for that family member.

You can update your beneficiaries at any time. Go to www.ers.texas.gov/Beneficiary-Designation for step-by-step instructions.

TIPP
Texas Income Protection Plan For State Employees ERS

Disability insurance

The Texas Income Protection Plan℠ (TIPP) provides you with money to help pay your bills if an accident or other health-related condition makes it impossible for you to work.

- Short-term disability insurance provides a maximum benefit of 66% of your monthly salary (up to $10,000) or $6,600 monthly, whichever is less, for up to five months (a maximum of 150 days). 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 provides a maximum benefit of 60% of your monthly salary (with a cap of $6,000 per month for those making more than $10,000 monthly). For example, if your salary is $4,000 per month, your monthly long-term disability payment would be $2,400. Benefits are paid until you return to work, reach full Social Security retirement age or are no longer considered disabled under the plan. If you become disabled at 69 or older, benefits are payable for up to 12 months. (Note: For some mental diseases and disorders, the maximum benefit period for disability is two years.)

Pre-existing conditions are subject to certain exclusions.

You must use all of your sick leave (including extended sick leave, donated sick leave and sick leave pool) or complete a waiting period (30 days for short-term, 180 days for long-term), whichever option is longest, before disability payments will be paid. You are not required to use your vacation time.

If you are eligible for Workers' Compensation payments and/or State of Texas Disability Retirement, your long-term disability payments may be reduced. The minimum benefit is 10% of your monthly salary.

TIPP coverage is not available for family members.

Please review the plan documents, including the User's Guide (**https://reedgrouptipp.com/forms-users-guide.html**), before applying for TIPP disability insurance.

TIPP coverage overview

	Short-term Disability Coverage	Long-term Disability Coverage
Monthly benefits	66% of your monthly salary, up to $10,000	60% of your monthly salary, up to $10,000
When do benefits start?	After a waiting period of 30 consecutive days or after you've used all your sick leave (whichever is longer); sick leave can be used during the 30-day waiting period	After a waiting period of 180 consecutive days or after you've used all your sick leave (whichever is longer); sick leave can be used during the 180-day waiting period
How long are benefits paid?	Up to 150 days after the completion of your waiting period	Until you are able to return to work or until you reach your Maximum Benefits Period (based on the age you become disabled) or based on the condition causing your disability

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

TIPP disability insurance coverage is administered by ReedGroup.

If you do not sign up as a new employee, you can apply for this insurance when you have a qualifying life event (QLE) or during Summer Enrollment, but you will have to supply EOI and coverage is not guaranteed. EOI for short-term and long-term disability coverage is managed by Guardian Life Insurance.

Thomas Barker-White

Statewide intake supervisor

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

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

They set aside money for retirement through Texa$aver to prepare for their future. They believe it is a good benefit for employees who don't trust their own judgment with investments.

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

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

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

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

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

Up close

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

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

TexFlex℠

Participating in one or more of the TexFlex℠ flexible spending accounts (FSAs) or commuter spending accounts (CSAs) allows you to set aside pre-tax dollars from your paycheck to cover eligible out-of-pocket health care, dependent care and/or commuting expenses. Your TexFlex contribution is automatically withdrawn from your paycheck and deposited in your account each month. Before you enroll, you may want to use the tools in the Program Resources section of the TexFlex website (**www.texflexers.com**) to figure out how much to contribute to each account.

Summer Enrollment is the only time you can change the amount you contribute to your TexFlex FSA(s), unless you have a qualifying life event during the plan year. If you do not make a change during Summer Enrollment, your annual contributions will stay the same in the next plan year. You can make changes to your CSA(s) any time during the year.

Save on taxes

The benefit of TexFlex accounts is the ability to save on taxes. Contributions to an FSA are deducted before you pay income taxes, lowering your taxable income. The federal Internal Revenue Service (IRS) regulates FSAs and CSAs. The IRS says what you can spend FSA and CSA funds on and sets deadlines for when you must use the money in your FSAs. If you don't spend your FSA money by those deadlines, you could lose that money. If you are considering enrolling, you may want to use the contribution worksheet posted at TexFlexERS.com to help you decide how much you'd like to contribute.

Active employees may be eligible to enroll in more than one TexFlex account at a time. See the following charts for rules that apply to each type of account.

Leftover TexFlex dollars?

You can carry over unused funds of $25 up to $550 in a health care or limited-purpose FSA from Plan Year 2021 to Plan Year 2022. You will lose any funds over $550 if you do not spend them by the end of the plan year on August 31. You cannot carry over any funds in a dependent care FSA, but you have extra time to use those funds, called the grace period. The grace period allows you 2½ more months (after the plan year ends on August 31) to use any leftover money in that account. See the following chart for more details on carryovers and the grace period.

How to pay with TexFlex

After you enroll in a TexFlex commuter, health care or limited-purpose FSA, you will get a debit card in the mail that you can use to pay eligible expenses–such as a prescription, a dentist visit or bus fare. If you have a TexFlex dependent care account, you must submit a claim for reimbursement after the eligible services have been provided. **You cannot use a TexFlex debit card to pay dependent care expenses.**

For the health care FSA, limited-purpose FSA and parking CSA, you can choose not to use the debit card and instead submit a claim for reimbursement online, or by mail or fax. You must use the debit card for transit CSA expenses.

If you submit a claim for reimbursement online or by mail or fax, TexFlex will mail a check to you. For quicker reimbursement, set up a direct deposit for funds to be deposited directly into your bank account within a few days.

Keep your receipts

Because TexFlex accounts are tax-free, the IRS requires all purchases with TexFlex funds to be validated. WageWorks, the TexFlex plan administrator, may ask you to submit proof that you used your TexFlex funds to pay for eligible expenses. Please remember to SAVE YOUR RECEIPTS, regardless of how you pay. If you cannot provide a receipt for an eligible purchase with your TexFlex debit card, WageWorks might ask you to reimburse your account for the funds.

Please note:

If you enroll in Consumer Directed HealthSelect, you cannot enroll in a health care FSA. But you can enroll in a limited-purpose FSA. You can use the limited-purpose FSA for eligible out-of-pocket dental and vision expenses only. General health care expenses that are eligible under a health care FSA–such as doctor visits and prescription medicines–are NOT eligible under a limited-purpose FSA.

Visit **https://texflex.spendingaccounts.info/downloads/Limited-FSA-Fact-Sheet.pdf** for more information.

Flexible spending accounts charts

Health and dependent care

	Health care FSA	Limited-purpose FSA (Consumer Directed HealthSelect participants only)	Dependent care FSA
Eligible Expenses See complete list at www.texflexers.com	• Copays, coinsurance and other medically necessary charges not covered by insurance • Prescription drug deductible and copays	Vision and dental expenses not covered by insurance	• Day care, after-school care and summer day camp for dependent children under age 13 • Adult "day" care for qualifying individuals
Maximum contribution	$2,750 per participant, per plan year	$2,750 per participant, per plan year	$5,000 per household, per plan year
Funds availability*	If you do not have a health coverage waiting period, you can enroll in a health care and/or limited-purpose FSA during your first 31 days of hire. If you have a health coverage waiting period, you can enroll in a health care and/or limited-purpose FSA within your first 60 days of hire. Your TexFlex health care and/or limited-purpose FSA enrollment will begin on the first day of the month following your 60th day of employment. If the 60th day of employment falls on the first of the month, your enrollment begins on that day.		You can enroll in the dependent care account as a new employee during your first 31 days of hire. Funds are available for reimbursement after contributions are made into your account. You can submit claims for dependent care services that have been rendered. Claims with future dates of services are ineligible.
Debit card (no fee)	Yes	Yes	No
Carryover of funds or grace period	Carry over up to $550 after Aug. 31, 2021 Any remaining funds over $550 are forfeited.	Carry over up to $550 after Aug. 31, 2021 Any remaining funds over $550 are forfeited.	Grace period (extra time to incur expenses under FY21 account) from Sept. 1, 2021 to Nov. 15, 2021 Any remaining funds over $550 are forfeited.
Runout period	Submit claims incurred between Sept. 1, 2020 and Aug. 31, 2021 by Dec. 31, 2021	Submit claims incurred between Sept. 1, 2020 and Aug. 31, 2021 by Dec. 31, 2021	Submit claims incurred between Sept. 1, 2020 and Nov. 15, 2021 by Dec. 31, 2021

Commuter

	Transit	Parking
Eligible Expenses See complete list at www.texflexers.com	Eligible mass transit or vanpool expenses associated with travel to and from work, including bus, train or subway.	Eligible parking expenses either near your place of employment or at a location from which you commute to work via transit or vanpool.
Maximum monthly contribution	$270 per month	$270 per month
Funds availability	CSA enrollment and election changes can be made at any time. Your enrollment or change begins the first of the month following your next pay period. For example, if you enroll on January 31, your next pay period is February and your enrollment begins on March 1.	
Debit card (no fee)	Yes	Yes
Manual claims submission (online, fax or mail)	No Participants must use the TexFlex debit card to pay for eligible transit expenses. The IRS does not allow for manual submission of transit-related claims. Please check with your local transportation authority to ensure a debit card is an acceptable form of payment prior to enrollment.	Yes Participants have 180 days from the date they incurred a parking expense to submit the claim to WageWorks.
Carryover of funds	Funds can be used as long as you are actively employed. Every month, any balance greater than $3 rolls over to the next month and is subject to the $3 monthly administrative fee. If you are enrolled in both parking and transit accounts, the $3 administrative fee is only deducted from one account. Any amount less than $3 is forfeited.	

Serena Lopez

Information specialist

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

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

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

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

Retirement

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

Employer	Retirement system or plan	Contact information
Community Supervision and Corrections Departments (CSCDs)	Texas County & District Retirement System (TCDRS)	**(800) 823-7782** **www.tcdrs.org**
Higher education institutions	Teacher Retirement System (TRS) or Optional Retirement Program (ORP) through the Texas Higher Education Coordinating Board	**TRS: (800) 223-8778,** **www.trs.texas.gov** **or (512) 427-6101** **www.highered.texas.gov**
Texas Municipal Retirement System (TMRS)	TMRS	**(800) 924-8677** **www.tmrs.org**
TRS	TRS	**(800) 223-8778** **www.trs.texas.gov**
Windham School District	TRS	**(800) 223-8778** **www.trs.texas.gov**

Health insurance in retirement

Generally, GBP retiree insurance is currently available to retirees with at least 10 years of service at a state agency or higher education institution participating in the GBP. A retiree who meets this requirement is eligible for GBP retiree health insurance benefits at age 65 or after meeting the Rule of 80. You meet the Rule of 80 when the sum of your age and service credit–in both months and years–equal or exceed 80.

For retirees eligible for GBP health insurance, state contribution levels vary depending on years of service. For more information on health insurance in retirement, go to **https://www.ers.texas.gov/Retirees/Health-Benefits-for-retirees**.

As with all GBP benefits, health insurance for retirees is subject to change without notice. The Texas Legislature sets the level of funding for such benefits and has no continuing obligation to provide those benefits beyond each fiscal year.

DISCOUNT Purchase Program administered by BENEPLACE

Participants in the GBP are also eligible for discounts on a variety of products and services offered through the Discount Purchase Program, administered by Beneplace LLC. There are no fees or membership requirements. Visit **https://www.ers.texas.gov/Discount-Purchase-Program** for more information.

Texa$aver 457 Plan

Save more for retirement with a Texa$aver 457 account

Texa$aver is a voluntary deferred compensation program that can help you save for retirement. A Texa$aver 457 account offers the chance to save through a variety of investment opportunities at lower-than-average fees. Depending on the type of account, you also could pay less in income taxes now by making monthly contributions directly from your paycheck before it's taxed. If you work for a higher education institution, you may be eligible to participate in a Texa$aver 457. Your pension may not provide automatic cost-of-living increases, so a Texa$aver account (or other personal retirement savings) could help you live more comfortably when you're no longer working. Contact your benefits coordinator or HR department to find out if your higher education institution participates.

ERS manages the Texa$aver program, along with third-party administrator Empower Retirement.

Depending on your age, a $68 monthly contribution in a Texa$aver account until age 65 can grow into a higher monthly payment to yourself in retirement.

Age at which you start contributing $68 monthly	Gross monthly payment from age 65 to 85, assuming investments yield 6% rate of return
Age 30 ($28,560 total investment)	$694 ($166,560 total savings + investment earnings)
Age 40 ($20,400 total investment)	$338 ($81,120 total savings + investment earnings)
Age 50 ($12,240 total investment)	$142 ($34,080 total savings + investment earnings)
Age 60 ($4,080 total investment)	$34 ($8,160 total savings + investment earnings)

FOR ILLUSTRATIVE PURPOSES ONLY. This is a hypothetical illustration intended to show possible retirement income. It is not intended as a projection or prediction of future investment results, nor is it intended as financial planning or investment advice. It assumes a 6% annual rate of return in both the accumulation and withdrawal phases. Assumes the reinvestment of earnings and that the payee lives 20 years in retirement. Rates of return may vary. Payments (also known as withdrawals or distributions) from a tax-deferred retirement plan may be taxable as ordinary income. The illustration does not take into account the income taxes on payments from a 401(k) or 457 account, or any associated charges, expenses or fees. The hypothetical income shown would be reduced if these fees and/or taxes were deducted.

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

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

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

- www.texasaver.com
- (800) 634-5091

Texa$aver administrative fees

Administrative fees for new Texa$aver accounts are waived for six months. At the end of the waiver period, a monthly fee will be deducted from your account based on your account balance.

Account Balance	Monthly Fee Per Participant, Per Account
$1,000.00 or less	$0.60
$1,000.01 to $16,000.00	$2.05
$16,000.01 to $32,000.00	$3.08
$32,000.01 to $48,000.00	$4.19
$48,000.01 to $64,000.00	$5.58
$64,000.01 or more	$6.99

Rolling over funds from other retirement accounts to Texa$aver

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

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

Learn more about your State of Texas benefits

Our website: www.ers.texas.gov

The ERS website has information and tools to help you make the best use of your benefits. Use the Search function to find detailed information on ERS insurance, retirement and related benefits.

Monthly *News About Your Benefits*

This e-newsletter provides information on available programs, wellness, health plans and other benefits. You can sign up to get this every month and other news by email at https://service.govdelivery.com/accounts/TXERS/subscriber/new?topic_id=TXERS_45.

Your Texa$aver quarterly statement

If you enroll in a Texa$aver 457, you will get a statement each quarter from Texa$aver, currently administered by Empower Retirement, detailing your Texa$aver account balance and investment choices.

Your annual Personal Benefits Enrollment Statement

Before Summer Enrollment every year, ERS will send you a personalized statement listing your current coverage, costs and choices for the next plan year. You will have the opportunity to make changes each year during Summer Enrollment. You should review this statement even if you do not think you will make any changes.

Your benefits coordinator

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

Presentations and events

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

- **Ask ERS webinar:** At certain times throughout the year, you can ask questions and get the latest news from ERS.
- **Ready, Set, Retire!:** Conducted throughout the state and as a webinar, this is a free 90-minute seminar on ERS insurance benefits for retirees. If you're interested in attending, be sure to register for a session for higher education employees.
- **Medicare Preparation seminars:** Conducted throughout the state and as a webinar, this presentation helps those approaching Medicare eligibility understand enrollment and how Medicare works with state health insurance.
- **Health and wellness:** ERS hosts wellness events and webinars that provide you with the tools you need to take charge of your health.

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

ERS interactive voice response system

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

Designate your beneficiaries

It's not required within your first month, but it's a good idea to designate your beneficiaries for life insurance and, if you have one, your Texa$aver account as soon as you can.

- For life insurance, log in to your ERS OnLine account. You will need to provide your beneficiaries' Social Security numbers, dates of birth and mailing addresses.
- For Texa$aver, download a beneficiary designation form from the Texa$aver website at www.texasaver.com.

You can find instructions on how to designate your beneficiaries for each type of account at https://ers.texas.gov/Contact-ERS/Additional-Resources/Update-Your-Beneficiaries.

Understanding insurance terms

Balance billing	when a patient owes an out-of-network provider for the difference between amount billed by their provider and the amount paid by the plan, after the GBP member pays any applicable deductibles, copays and/or coinsurance. You cannot be balance billed by an in-network provider.
Copay	a fixed amount you pay for a covered health service, usually at the time you receive the service. For example, HealthSelect of Texas has a $25 copay per visit to your in-network primary care provider (PCP) for non-preventive care. If you see your PCP for a sore throat, you will pay $25 before you leave the doctor's office.
Coinsurance	a percentage of the allowable amount for a covered service or product that you are required to pay for covered health care and prescription drug services.
Deductible	the amount you are required to pay for covered health care or prescription drug expenses before your plan begins to pay for any services (except in-network preventive care) each year. If you have a $50 prescription drug deductible, for example, you must pay the full cost of the first $50 of covered prescription drugs yourself. Deductibles for the HealthSelect plans reset on January 1, while deductibles for the HMOs reset on September 1.
Total out-of-pocket maximum	the maximum amount you and your covered dependents must pay for in-network copays, coinsurance and deductibles within a year. These maximums help protect you from catastrophic health costs. All health plans have the same total out-of-pocket maximums for covered in-network health and prescription drug costs. The total out-of-pocket maximums reset on January 1 for the HealthSelect plans. They reset on September 1 for HMOs.
Out-of-pocket coinsurance maximum	the most you are required to pay each year for coinsurance for covered health services. This amount does not include copays. The out-of-pocket coinsurance maximum resets on January 1 for the HealthSelect plans and September 1 for the HMOs.
Evidence of insurability (EOI)	proof of good health, established during an application process for certain types of insurance, such as life and disability insurance. During the process, you provide information about your health.
Monthly premiums	the monthly cost of insurance.
Plan year	for GBP plans, the plan year is September 1 through August 31. However, certain aspects of some of the plans are based on the calendar year (January 1 – December 31).
Third-party administrator (TPA)	the company contracted by ERS to manage certain aspects of many of our benefit plans. For example, Blue Cross and Blue Shield of Texas is the TPA for the HealthSelect of Texas and Consumer Directed HealthSelect medical plans. As such, it manages the provider network, processes claims (ERS pays the claims) and provides customer service. By contracting with TPAs, ERS saves money in administrative costs.

Monthly premiums

Full-time Employees and Retirees Not Eligible for Medicare

Health plan premiums are the same as or lower than in PY20.

	Premium*	State Pays	You Pay
HealthSelect of Texas®			
You Only	$ 624.82	$ 624.82	$ 0.00
You + Spouse	1,339.90	982.36	357.54
You + Children	1,103.58	864.20	239.38
You + Family	1,818.66	1,221.74	596.92
Consumer Directed HealthSelect℠**			
You Only	$ 624.82	$ 624.82	$ 0.00
You + Spouse	1,304.16	982.36	321.80
You + Children	1,079.64	864.20	215.44
You + Family	1,758.98	1,221.74	537.24
Community First Health Plans			
You Only	$ 549.62	$ 549.62	$ 0.00
You + Spouse	1,178.30	863.96	314.34
You + Children	970.54	760.08	210.46
You + Family	1,599.22	1,074.42	524.80
Scott and White Care Plans			
You Only	$ 621.98	$ 621.98	$ 0.00
You + Spouse	1,333.78	977.88	355.90
You + Children	1,098.54	860.26	238.28
You + Family	1,810.34	1,216.16	594.18

*Includes premium for Basic Term Life Insurance

**The "State Pays" amount includes a monthly contribution to the member's Optum Bank health savings account (HSA). Please see the Consumer Directed HealthSelect HSA Contribution table on the next page.

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

Health plan premiums are the same as or lower than in PY20.

	Premium*	State Pays	You Pay
HealthSelect of Texas®			
You Only	$ 624.41	$ 312.41	$ 312.00
You + Spouse	1,339.49	491.18	848.31
You + Children	1,103.17	432.10	671.07
You + Family	1,818.25	610.87	1,207.38
Consumer Directed HealthSelect℠**			
You Only	$ 624.41	$ 312.41	$ 312.00
You + Spouse	1,303.75	491.18	812.57
You + Children	1,079.23	432.10	647.13
You + Family	1,758.57	610.87	1,147.70
Community First Health Plans			
You Only	$ 549.26	$ 274.81	$ 274.45
You + Spouse	1,177.94	431.98	745.96
You + Children	970.18	380.04	590.14
You + Family	1,598.96	537.21	1,061.65
Scott and White Care Plans			
You Only	$ 621.57	$ 310.99	$ 310.58
You + Spouse	1,333.37	488.94	844.43
You + Children	1,098.13	430.13	668.00
You + Family	1,809.93	608.08	1,201.85

*Includes premium for Basic Term Life Insurance

**The "State Pays" amount includes a monthly contribution to the member's Optum Bank health savings account (HSA). Please see the Consumer Directed HealthSelect HSA Contribution table on the next page.

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

Consumer Directed HealthSelect Health Savings Account (HSA) Contribution

	State Pays
You Only	$45 monthly ($540 annually)
You + Spouse	90 monthly ($1,080 annually)
You + Children	90 monthly ($1,080 annually)
You + Family	90 monthly ($1,080 annually)

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

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

Dental Insurance (no change from PY20)

DeltaCare USA DHMO	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	$ 9.59	$ 9.78	$ 14.39	Spouse Only	$ 9.59
You + Spouse	19.18	19.56	28.77	Spouse + Children	23.02
You + Children	23.02	23.48	34.53	Children Only	13.43
You + Family	32.59	33.24	48.89		

State of Texas Dental Choice Plan℠	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	$ 27.21	$ 27.75	$ 40.82	Spouse Only	$ 27.21
You + Spouse	54.42	55.51	81.63	Spouse + Children	65.30
You + Children	65.30	66.61	97.95	Children Only	38.09
You + Family	92.51	94.36	138.77		

State of Texas Vision (no change from PY20)

	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	$ 5.12	$ 5.22	$ 7.68	Spouse Only	$ 5.12
You + Spouse	10.24	10.44	15.36	Spouse + Children	11.01
You + Children	11.01	11.23	16.52	Children Only	5.89
You + Family	16.13	16.45	24.20		

Tobacco-user premium

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

Tobacco-users of Any Age and Adults Who Fail to Certify	Monthly Tobacco-user Premium
Member or Spouse or Children* Only	$30
Member + Spouse or Member + Children* or Spouse + Children*	$60
Family (Member + Spouse + Children*)	$90

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

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

Please visit **www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification** for more information.

The plans on this page are not available to surviving dependents, or those enrolled through COBRA and COBRA Disability.

Optional Term Life Insurance (no change from PY20)

After the first 31 days of employment, Elections 1 and 2 require approval through evidence of insurability (EOI).

Elections 3 and 4 always require EOI approval.

Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary as follows:

Age 70-74	65%
Age 75-79	40%
Age 80-84	25%
Age 85-89	15%
Age 90+	10%

Optional Term Life Insurance				
	Monthly Rate per $1,000 of Annual Salary			
Age	Election 1 Annual Salary x 1	Election 2 Annual Salary x 2	Election 3* Annual Salary x 3	Election 4*† Annual Salary x 4
Under 25	$ 0.05	$ 0.10	$ 0.15	$ 0.20
25 - 29	0.05	0.10	0.15	0.20
30 - 34	0.06	0.12	0.18	0.24
35 - 39	0.06	0.12	0.18	0.24
40 - 44	0.08	0.16	0.24	0.32
45 - 49	0.12	0.24	0.36	0.48
50 - 54	0.19	0.38	0.57	0.76
55 - 59	0.33	0.66	0.99	
60 - 64	0.57	1.14	1.71	2.28
65 - 69	0.93	1.86	2.79	3.72
70 - 74	1.48	2.96	4.44	5.92
75 - 79	2.41	4.82	7.23	9.64
80 - 84	3.92	7.84	11.76	15.68
85 - 89	6.79	13.58	20.37	27.16
90+	10.57	21.14	31.71	42.28
Retiree Fixed Optional Life Insurance ($10,000 policy)				
$23.40 per month for $10,000				
Dependent Term Life Insurance				
Employee: $1.38 per month for $5,000 (includes $5,000 AD&D coverage)			**Retiree:** $3.05 per month for $2,500	

Voluntary Accidental Death & Dismemberment Insurance (AD&D)* (no change from PY20)

You may enroll in AD&D coverage according to the following table:			
Age	Minimum Coverage	Maximum Coverage	Minimum Increments
Under 70	$ 10,000	$ 200,000	$ 5,000
70-74	6,500	130,000	3,250
75-79	4,000	80,000	2,000
80-84	2,500	50,000	1,250
85-89	1,500	30,000	750
90+	1,000	20,000	500

You Only
$0.02 per $1,000 of coverage

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

Texas Income Protection Plan (TIPP)* (no change from PY20)

Short-term disability	$0.26 per $100 of monthly salary
Long-term disability	$0.63 per $100 of monthly salary

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

Tips for saving money in HealthSelect plans

Making the best use of your HealthSelect benefits might require a little extra effort. Learn about your coverage, confirm that all providers are in the network, get referrals when needed and opt for lower-cost drugs and providers when appropriate. Taking those extra steps will help you save money – sometimes a lot of money – and avoid surprise bills, while getting high-quality care.

Get care from an in-network provider

In-network providers have a contract to provide care at a lower rate negotiated by BCBSTX. So, they typically cost you less than an out-of-network provider. BCBSTX also makes sure they have the credentials to provide appropriate, high-quality care.

Out-of-network providers do not have a contract with BCBSTX to accept the lower amount. If you see an out-of-network provider, you may be responsible for the difference between what the plan usually pays (the allowable amount) and what the provider charges, as well as any applicable out-of-network deductibles, coinsurance and copays.

Call BCBSTX or visit **www.healthselectoftexas.com** and click on “Find a Doctor or Hospital” to find in-network providers in your health plan. Call Optum Rx or visit **www.healthselectrx.com** to find in-network pharmacies.

In HealthSelect of Texas, choose a PCP and get referrals when needed

If you are in HealthSelect of Texas, you need to designate a primary care provider (PCP) on file with BCBSTX and make sure you have your PCP’s referral on file with BCBSTX before you see most specialists. Otherwise, your specialist visit will be considered out of network, even if the specialist is in the HealthSelect network. You can verify that a referral is in place by calling BCBSTX or logging in to your Blue Access for Members Account at **www.healthselectoftexas.com.** (Some specialists don’t require referrals. Find out which on the HealthSelect website or by calling BCBSTX.)

Use the Provider Finder tool.

You can estimate health costs and compare costs for different providers. Log in to your Blue Access for Members account and click the "Doctors & Hospitals" tab at the top of the screen. Select "Find a Doctor or Hospital" and use “Provider Finder” to estimate health costs with different in-network providers. With Provider Finder, you’ll be able to:

- compare costs for in-network providers and procedures,
- compare quality ratings for those providers,
- estimate out-of-pocket costs,
- consider your treatment options and
- save money and make the best use of your health care benefits.

Compare costs before you go

You can find the lowest-cost in-network providers for a number of procedures and services in your area:

1. Log in to your Blue Access for Members account at **https://healthselectoftexas.com/**.
2. Scroll to the bottom of the page and click on the **Cost Estimator**.
3. Input the requested information to compare the costs of care with different in-network providers.

You can also save money on prescriptions by logging in to your OptumRx account at **www.healthselectrx.com** and using the “Drug Pricing Tool” to compare a drug’s cost across in-network pharmacies, or learn what you could save by using the mail-order pharmacy.

Participate in HealthSelectShoppERS℠.

You may earn rewards when you choose to save with HealthSelectShoppERS on certain medical services. HealthSelectShoppERS is a health care shopping and savings program available to state agency and higher education institution employees enrolled in HealthSelect plans. HealthSelectShoppERS can help you:

- Compare costs for many health care procedures
- Estimate out-of-pocket costs
- Earn rewards for certain medical services and procedures by shopping for care
- Save money and get the most value from your health care benefits
- Consider treatment decisions with your providers

How does the HealthSelectShoppERS program work?

After your primary care provider (PCP) or specialist recommends a HealthSelectShoppERS-eligible medical procedure or service, you:

1. Log in to Blue Access for Members at **www.healthselectoftexas.com**, click the "Doctors and Hospitals" tab, and then the "Find a Doctor or Hospital" link.
2. In Provider Finder, select "Browse by Category" and type in the name of your procedure to search.
3. From the list of health care providers (facilities) that perform the procedure, follow the prompts to select a lower-cost, quality provider that qualifies for a HealthSelectShoppERS reward.
4. Have the procedure at the HealthSelectShoppERS-eligible facility.

   Note: A referral or prior authorization may be required for your procedure. If you have questions about referrals or prior authorizations, call a BCBSTX Personal Health Assistant toll-free at (800) 252-8039, Monday–Friday 7 a.m. - 7 p.m. and Saturday 7 a.m. - 3 p.m. CT.
5. When your medical service or procedure is complete, the provider will submit the claim to BCBSTX for processing. Once BCBSTX processes the claim and as long as you are still eligible, ERS will deposit your reward into your TexFlex health care flexible spending account (FSA) or limited-purpose FSA. If you do not have a TexFlex health care or limited-purpose FSA before you earn a reward, ERS will open an FSA for you.

You can earn up to $500 in rewards, total per family, each plan year. For more information, please visit **www.healthselectoftexas.com**

Confirm network status and costs for doctor visits, lab work, radiology and other services.

- If your doctor orders lab work or imaging, confirm that the lab or imaging center is in your plan's network by calling BCBSTX or visiting the Find a Doctor/Hospital page of **www.healthselectoftexas.com**.
- Find out how much you might owe for a test before you agree to it.

Confirm network status for facilities, surgery centers and emergency rooms.

- If possible, confirm in advance if the facility, surgery center or emergency room is in your health plan's network. Most freestanding emergency rooms not affiliated with a hospital are not in health plans' networks.
  - Use Provider Finder to locate the in-network emergency room(s) and urgent care facility(ies) closest to your home, work and other places you spend a lot of time—before you need urgent or emergency care.
- If possible, confirm if everyone who will provide you with services during your procedure or stay is in the HealthSelect network. This includes, but is not limited to anesthesia, pathology, radiology, surgery and surgical assistants.
- If you have an actual medical emergency, call an ambulance or go to the nearest emergency room.
- If your situation is urgent but not a medical emergency, keep in mind that most urgent medical needs can be treated at an in-network urgent care facility or with a medical virtual visit at a fraction of the cost of an emergency room visit. Learn where to go for care in a variety of situations, at **https://healthselect.bcbstx.com/pdf/publications-and-forms/where-to-go-for-care.pdf**.

For more tips on using your health care dollars wisely and avoiding unexpected health care costs, visit **https://www.ers.texas.gov/Avoiding-Unexpected-Health-Costs**.

Know your benefits

Call a BCBSTX Personal Health Assistant toll-free at (800) 252-8039, Monday–Friday 7 a.m. - 7 p.m. and Saturday 7 a.m. - 3 p.m. CT.

BCBSTX Personal Health Assistants are here to help you understand and use your HealthSelect benefits. They can:

- answer questions about benefits,
- assist with prior authorizations and referrals,
- provide information about programs and benefits available to you,
- help you locate an in-network provider,
- explain health care costs and options for care,
- provide you with cost estimates for services,
- schedule or cancel doctor's appointments,
- help you use self-service tools and connect you to other resources.

You can also visit **www.healthselectoftexas.com** to find out more about your HealthSelect benefits, locate an in-network provider, view claims and explanations of benefits (EOBs), and more!

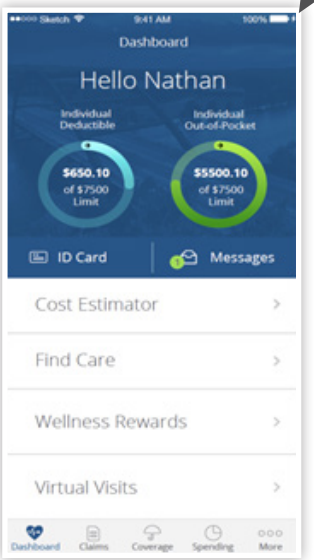
Use emergency rooms for emergencies only

Did you know that going to an emergency room can cost you more than five times as much as going to urgent care? Did you also know that it can cost the plan 10 times more, sometimes higher? A procedure that costs your health plan $100 in an urgent care facility can cost more than $1,000 at an emergency room. Why should you care? When costs for the plan increase, premiums increase. Help keep costs low. If you have a primary care provider, you can often schedule an office visit the same day. Urgent care centers have extended hours for whenever the unexpected occurs. Save money, and save the emergency room visit for life-threatening illnesses and accidents.

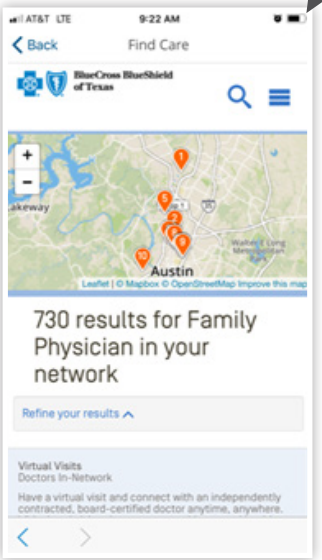
Keep plan information handy with the BCBSTX mobile app

Download the mobile app by texting BCBSTXAPP to the phone number 33633

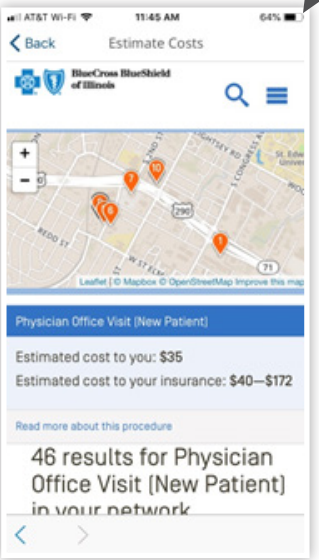
Dashboard



Provider Finder



Cost Estimator



Your benefits plans: At a glance

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

Plan	Administrator / Insurer	Highlights
Medical Plans with Prescription Drug Coverage and Basic Term Life Insurance		
HealthSelect℠ of Texas	Blue Cross and Blue Shield of Texas	• Point-of-service plan with lower costs for in-network care • Large provider network • Requires a designated primary care provider (PCP) and referrals to specialists • Copays for certain services, like non-preventive PCP and specialist office visits • Includes prescription drug coverage (administered by OptumRx)
Consumer Directed HealthSelect℠	Blue Cross and Blue Shield of Texas	• High-deductible health plan paired with a tax-free health savings account (HSA, administered by Optum Bank) • Large network • 100% of covered medical care (except preventive) and prescriptions paid by GBP member until deductible is met • Coinsurance instead of copays for services and prescription drugs • No PCP or referrals needed • Includes prescription drug coverage (administered by OptumRx) • Monthly HSA contribution from the state
Health maintenance organizations (HMOs)	**Scott and White Care Plans** in central Texas	• Regional provider network • No coverage for out-of-network care (except for emergency care)
	Community First Health Plans in the San Antonio area	
Dental Plans		
State of Texas Dental Choice Plan℠	Delta Dental	• Preferred provider organization (PPO) with lower costs for in-network care • Large, two-tiered network
DeltaCare® dental HMO	Delta Dental	• No coverage for out-of-network care • Smaller provider network than State of Texas Dental Choice PPO • Primary care dentist (PCD) required
Vision Plan		
State of Texas Vision℠	Superior Vision	• Large network of eye care professionals and vision retailers • Covers certain vision services, like eye exams and contact lens fittings • Annual allowance for cost of eyeglasses or contact lenses • Discounts on LASIK

Plan	Administrator	Highlights
Other Insurance Plans		
Optional Term Life Insurance	Securian	• Four coverage amounts to choose from • Provides equal amount of Accidental Death & Dismemberment (AD&D) coverage • Requires evidence of insurability (EOI) depending on coverage amount and after first 31 days of employment
Dependent Term Life Insurance	Securian	• One low premium for all eligible dependents • Includes AD&D insurance • Requires EOI after first 31 days of employment or qualifying life event
Voluntary Accidental Death & Dismemberment Insurance	Securian	• Coverage for you only or for you and your family • Does not require EOI

Texas Income Protection Plan℠ (TIPP) disability insurance	ReedGroup	• Pays a percentage of your salary if you're unable to work due to illness or injury
		  • Short-term disability: up to 66% for up to five months
		  • Long-term disability: up to 60% until you can return to work
		• Requires EOI after first 31 days of employment

TexFlex℠ Flexible and Commuter Spending Accounts (FSAs and CSAs)		
Health care FSA	WageWorks	• Pre-tax savings for eligible health, dental, vision and prescription drug expenses • Not available to Consumer Directed HealthSelect participants
Dependent care FSA	WageWorks	• Pre-tax savings for day care, after- school care and summer day camp for children under age 13, or day care for dependent adults who can't care for themselves
Limited-purpose FSA	WageWorks	• Pre-tax savings for eligible dental and vision expenses only • Available only to Consumer Directed HealthSelect participants
Transit CSA	WageWorks	• Pre-tax savings for public transportation expenses to and from work
Parking CSA	WageWorks	• Pre-tax savings for parking near your workplace or near public transit you take to and from work
Retirement Plans		
Texa$aver℠ 457 Plan	Empower Retirement	• Ask your benefits coordinator or HR department if you’re eligible to open a Texa$aver 457
Employee Discounts		
Discount Purchase Program	Beneplace LLC	• Access to discounts and special services by various companies • No fees or other membership requirements

Notice of creditable coverage Plan Year 2021

This notice applies to you if you are both:

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

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

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

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

This notice provides:

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

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

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

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

A. The prescription drug coverage offered by the GBP has been examined by ERS' consulting actuaries and is, on average for all plan participants, expected to pay out as much as standard Medicare Prescription Drug Coverage pays. The GBP is therefore considered to be creditable coverage.

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

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

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

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

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

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

Q. Is private Medicare Prescription Drug Coverage free?

A. No. If you enroll in private Medicare Prescription Drug Coverage, you will pay a monthly premium. The amount will likely increase each year. You will also have to pay the private Medicare Prescription Drug Coverage deductibles and copays. Currently, the deductible may be as high as $435, and will increase to $445 in 2021.

Q. How does private Medicare Prescription Drug Coverage work?

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

Q. Will private Medicare Prescription Drug Coverage have any effect on my medical plan under the GBP?

A. Yes, if the private Medicare Prescription Drug plan also includes Medicare Advantage medical coverage. Medicare rules do not allow you to be enrolled in a GBP Medicare Advantage plan (HealthSelect℠ Medicare Advantage, or KelseyCare Advantage MA HMO) and a private Medicare Prescription Drug plan that includes Medicare Advantage medical coverage at the same time. If you enroll in private Medicare Prescription Drug Coverage and it has a Medicare Advantage medical plan included, your medical coverage with the GBP Medicare Advantage plan will be terminated and you will be automatically enrolled in your previous non-Medicare Advantage plan under the GBP. If you are enrolled in a non-Medicare GBP medical plan, there is no change to your medical coverage.

If you enroll in ERS' HealthSelect Medicare Advantage or KelseyCare Advantage MA HMO, and do not decline ERS' HealthSelect Medicare RX prescription drug coverage, your private Medicare Prescription Drug Coverage will be terminated.

Q. Will private Medicare Prescription Drug Coverage have any effect on HealthSelect Medicare Rx?

A. Yes. Medicare rules do not allow you to be in two different Medicare prescription plans at the same time. If you enroll in a private Medicare prescription plan you will no longer be eligible for the HealthSelect℠ Medicare Rx plan and will lose all prescription coverage through ERS.

Q. Most GBP participants were encouraged not to enroll in private Medicare Prescription Drug Coverage last year. What about future years?

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

Q. Where can I get more information?

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

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

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

Contact information

Health Insurance

Plan	Administrator	Phone number	Website
HealthSelect of Texas® **Consumer Directed HealthSelect℠**	Blue Cross and Blue Shield of Texas Group number – 2380000	Toll-free: (800) 252-8039 (TTY: 711) Nurseline: (800) 581-0368	www.healthselectoftexas.com
Consumer Directed HealthSelect health savings accounts (HSAs)	Optum Bank	Toll-free: (800) 791-9361 (TTY: 711)	www.optumbank.com
HealthSelect℠ Prescription Drug Program	OptumRx	Toll-free: *855) 828-9834 (TTY: 711)	www.HealthSelectRx.com
Community First Health Plans	Group number – 0010180000	Toll-free: (877) 698-7032 (TTY: 711 or (210) 358-6080) Local: (210) 358-6262 NurseLink: (210) 358-6262	members.cfhp.com
Scott and White Care Plans	Group number – 012700	Toll-free: (800) 321-7947 (TTY: (800) 735-2989) VitalCare Nurse Advice: (877) 505-7947	https://ers.swhp.org

Optional Benefits

Dental Insurance

Plan	Administrator	Phone number	Website
State of Texas Dental Choice Plan℠ PPO	Delta Dental Group number – 20020	Toll-free: (888) 818-7925 (TTY: 711)	www.ERSdentalplans.com
DeltaCare® USA DHMO	Delta Dental Group number – 70140		

Vision Insurance

Plan	Administrator	Phone number	Website
State of Texas Vision℠	Superior Vision Services, Inc. Group number – 35040	Toll-free: (877) 396-4128 (TTY: 711)	www.StateofTexasVision.com

Life and accidental death & dismemberment insurance

Plan	Administrator	Phone number	Website
Basic Term Life and AD&D Insurance **Optional Term Life Insurance** **Dependent Term Life Insurance** **Voluntary AD&D Insurance**	Securian Financial	Toll-free: (877) 494-1716 (TTY: 711)	www.lifebenefits.com/plandesign/ers

Short-term and long-term disability insurance

Plan	Administrator	Phone number	Website
Texas Income Protection Plan℠ (TIPP)	ReedGroup Evidence of insurability underwritten by Guardian Life	Toll-free: (855) 604-6230 (TTY: 711)	www.texasincomeprotectionplan.com

Other programs

Plan	Administrator	Phone number	Website
TexFlex℠	WageWorks, LLC	Toll-free: (844) 884-2364 (TTY: 711)	www.texflexers.com
Texa$aver℠ 401(k) / 457 Program	Empower Retirement	Toll-free: (800) 634-5091 (TTY: (800) 766-4952)	www.texasaver.com
Discount Purchase Program	Beneplace	Toll-free: (800) 683-2886 (TTY: 711) Local: (512) 346-3300	www.Beneplace.com/DiscountProgramERS

The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ERS provides free language aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, and other formats), qualified interpreters, and written information in other languages

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

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

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

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

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

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Complaint forms are available at: **http://www.hhs.gov/ocr/office/file/index.html**.

Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201.

Phone: 1-800-368-1019, 800-537-7697 (TDD).

ATTENTION: Language assistance services, free of charge, are available to you.	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。	**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

1-877-275-4377

ERS®

Employees Retirement System of Texas