

# 2022 Fall Enrollment Medicare Retirees and Families Guide

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## Benefits to protect your health and future

Retiree and survivor benefits are offered through the Texas Employees Group Benefits Program (GBP) to eligible State of Texas retirees and their eligible dependents and survivors.

If you are a retiree eligible for Medicare, Fall Enrollment is your chance to make changes to your benefit elections. Even if you plan

to keep your current coverage, you should review this guide to refresh your knowledge about your benefits. You are responsible for understanding your health insurance and other coverage. Your decisions may affect the amount you will need to pay to cover your share of the cost of these benefits.

## No changes? No action needed

If you wish to keep your same coverage, you do not need to do anything. Your current benefits will remain the same.

Benefit elections for the new plan year are effective Jan. 1, 2023.

## Make changes to your benefits between Oct. 31 and Nov. 18



Fall Enrollment for Medicare-eligible retirees and their covered dependents is Monday, Oct. 31 through

Friday, Nov. 18. You should make any needed changes to your benefit elections during this three-week period.

You can review your current coverage and see benefit options and premium rates in your Personal Benefits Enrollment Statement. You can also view premium rates and other enrollment information at **[www.ers.texas.gov/FE-2022](http://www.ers.texas.gov/FE-2022)**.



## WHAT'S NEW?

### What's new for Plan Year 2023

#### Increases to HealthSelect MA PPO rates

For those who pay health insurance premiums for medical coverage, HealthSelect<sup>SM</sup> Medicare Advantage Plan preferred provider organization (MA PPO) rates will increase about 20%. This is due to the rising cost of prescription drugs.

**Despite the increase, HealthSelect MA PPO premium rates will remain lower than 2020 rates, after a steep drop in premiums in 2021. And we are not decreasing coverage or asking participants to pay more in out-of-pocket costs for their care.**

#### Increases to dental and life insurance rates

Premiums for the following plans will increase:

- State of Texas Dental Choice Plan<sup>SM</sup> preferred provider organization (PPO)
- DeltaCare<sup>®</sup> USA DHMO
- Optional Term Life Insurance: increase is dependent upon age and election amount (1x or 2x)
- Retiree Fixed Optional Life Insurance (\$10,000 policy)
- Retiree Dependent Term Life Insurance

**Note:** Your January 1 premium is included in your Personal Benefits Enrollment Statement (PBES) enclosed with this guide.



View all Plan Year 2023 rates at [www.ers.texas.gov/FE-2022](http://www.ers.texas.gov/FE-2022).

# HOW TO MAKE BENEFITS CHANGES

View your Personal Benefits Enrollment Statement (PBES) enclosed with this guide for information about your current benefits and other optional benefits. See the premium rate sheets at [www.ers.texas.gov/FE-2022](http://www.ers.texas.gov/FE-2022). If necessary, change your benefit elections through ERS OnLine or by mail or phone

## ERS OnLine

Only retirees can make changes through their ERS OnLine account; survivors must make changes by mail, email or phone.

**NOTE:** If you did not activate your ERS OnLine account before you retired or within 90 days after, you will need to call ERS at **(866) 399-6908 (TTY: 711)** to register or re-activate your account.

1. Go to [www.ers.texas.gov](http://www.ers.texas.gov) and click “My Account Login.”
2. Select “Proceed to Login” if you already have a username and password or contact ERS (see number above) if you need to register or re-activate your account.
3. After you log in, confirm that your contact information under “My Personal Information” is correct.
4. Click “Benefits Enrollment.”
5. Click the “edit” box in front of the benefit election you want to change. You will need to do this for each election you want to change.
6. Click “Submit” to save all your changes from the main Benefits Enrollment page.
7. ERS will email you confirmation of your changes, if you have an email address in your ERS account. If you do NOT have an email address in your ERS account, we will send a confirmation to your mailing address.

## By mail or email

Complete the form in the back of this guide, then mail it to the address on the form. The form must be postmarked by Nov. 18. You can also scan and email the completed form to [ERScustomer.service@ers.texas.gov](mailto:ERScustomer.service@ers.texas.gov).

## By phone

Call ERS toll-free at (866) 399-6908 (TTY: 711), Monday through Friday, 8:00 a.m. – 5:00 p.m. CT. Be sure to call from Oct. 31 to Nov. 18.

**NOTE:** Like many organizations, the ERS Contact Center is facing pandemic-related staffing shortages. As a result, it may take us longer to answer calls. We sincerely apologize for any delays. We continue to do all we can to reduce wait times and provide the best service possible.

## Making updates outside of Fall Enrollment

As a Medicare-eligible retiree, you can change between the HealthSelect MA PPO and HealthSelect<sup>SM</sup> Secondary plans at any time—you do not have to wait for Fall Enrollment. You also can drop any coverage for yourself or your dependents at any time.

You can add new coverage or make changes to your benefit elections outside of the annual Fall Enrollment period only if you have a qualifying life event (QLE). Throughout the plan year, you can update your family status and change your benefit elections within 31 days of the event. During Fall Enrollment, if you experience a QLE and need to change your family status and coverage, please contact ERS.

You can log in to your ERS OnLine account any time to:

- Change your mailing address, phone number or email address
- Designate or update beneficiaries for your benefits
- Certify whether you or your dependents who are enrolled in a GBP health plan use tobacco, including e-cigarettes and vaping products. You do not have to recertify unless someone’s tobacco-user status has changed.

See more about ERS OnLine at [ers.texas.gov/account-login](http://ers.texas.gov/account-login).

## Remember

Participants who do not want to change their benefit elections or do not need to update their tobacco-use status don’t need to do anything. Their current coverage will carry forward to the new plan year.



# CERTIFYING AND VERIFYING NEWLY ADDED DEPENDENTS (retirees only)

**NOTE:** Survivors cannot add new dependents to coverage.

## Certifying dependent children for coverage

If you want to enroll dependent children in any insurance coverage, you must certify they are eligible for GBP coverage. You can't add new dependent children until you complete the online certification.

You can certify your dependent children in one of two ways:

- Log in to your ERS OnLine account and click the "Benefits Enrollment" link under My Insurance Information.
- or
- Complete and print the Dependent Child Certification form at [www.ers.texas.gov/Retirees/Forms-for-retirees](http://www.ers.texas.gov/Retirees/Forms-for-retirees). You must complete a separate form for each dependent child to be covered.

## Verifying a dependent for coverage

If you enroll a new dependent—a spouse or child—in health insurance, you must prove they are eligible through the dependent eligibility verification process: Alight Solutions, which manages dependent verification for ERS, will contact you shortly after you sign up your new dependent(s) for coverage. Submit copies of documents (do not mail the originals) according to Alight's instructions.

## Adding dependents previously not verified due to dependent eligibility verification (DEV)

If you have dependents who were not verified before because you missed the DEV deadline or could not provide the needed documents, you can add them during Fall Enrollment. To do so, you must submit documentation to ERS (not Alight) to prove your dependents' eligibility. If your dependents' eligibility is approved, coverage will begin Jan. 1, 2023.

You must provide copies of documents proving dependent eligibility (see required documents at [www.ers.texas.gov/Benefits-at-a-Glance/Dependent-eligibility-chart.pdf](http://www.ers.texas.gov/Benefits-at-a-Glance/Dependent-eligibility-chart.pdf)), plus a note with:

- the name of the dependent(s) you are adding to coverage,
- specific coverage type(s) you are electing to add the dependent(s) to (for example: HealthSelect of Texas®, State of Texas Dental Choice<sup>SM</sup>, etc.) and
- the GBP member's name, last four SSN digits and contact phone number.

Mail, fax or email the documentation to ERS. (Do not mail the originals. Documents will not be returned to you.) ERS must get emailed or faxed documents by **Nov. 18, 2022**. Mailed copies must be postmarked by **Nov. 18, 2022**.

<b>Mail:</b>	Employees Retirement System of Texas P.O. Box 13207 Attn: Benefit Support Services Austin, TX 78711-3207
<b>Fax:</b>	(512) 867-7438
<b>Email:</b>	<a href="mailto:erscustomer.service@ers.texas.gov">erscustomer.service@ers.texas.gov</a>

### If you get a letter from Alight Solutions, open it right away!



Alight Solutions may send information to you after Fall Enrollment if you added dependents to your health coverage. You will be required to submit documentation to Alight verifying that your dependents are eligible for GBP coverage. Carefully review the information and keep the deadline in mind. If you don't send the right documents or if you send documents after the deadline, your dependents will be found ineligible and will lose all their GBP coverage, including medical and prescription drug, dental and vision coverage and/or Dependent Term Life insurance. They will not be eligible for COBRA.

For questions about dependent eligibility verification, call Alight Solutions toll-free at **(800) 987-6605 (TTY: 711)**. Hours are Monday – Friday, 7 a.m. – 7 p.m. CT.



## What about private Medicare Advantage or Part D plans?

You may have seen advertisements for or gotten mail from private Medicare Advantage plans or Part D prescription drug coverage. Your GBP Medicare Advantage plan provides nationwide coverage and additional benefits beyond Original Medicare. The HealthSelect MA PPO plan is a custom group plan designed exclusively for eligible retirees of ERS that is as good as, or better than, private Medicare Advantage plans.

You cannot be enrolled in the HealthSelect MA PPO and/or HealthSelect Medicare Rx and a private Medicare Advantage plan or private Part D plan at the same time. **If you enroll in a private Medicare Advantage plan and/or a private Part D plan, you will be dis-enrolled from the HealthSelect MA PPO and HealthSelect Medicare Rx. Please think carefully about enrolling in a Medicare Advantage or Part D plan that isn't offered by ERS.**

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## Medicare and your State of Texas health insurance

If you are a retiree (or you are not actively working) and are enrolled in HealthSelect of Texas (including the HealthSelect Secondary plan), and you are eligible for Medicare, your state health insurance is considered your secondary coverage, even if you are not signed up for Medicare. That means if you have a medical claim, you are responsible for the portion of the charges that Medicare would have covered as your primary health insurer, which could be significant.

You should enroll in Medicare as soon as you are eligible to keep your costs as low as possible. The same is true for your covered dependent. Once you or your dependent enrolls in Medicare, be sure to contact ERS with your or their Medicare information.

## Waiving your health care coverage: What you should know

If you waive your GBP health insurance, you will also cancel your prescription drug coverage and your \$2,500 Basic Term Life Insurance coverage. Medicare-eligible retirees can re-enroll in coverage during the next Fall Enrollment period or if they have a qualifying life event (QLE). Survivors who waive their health coverage cannot re-enroll at any time, not even during Fall Enrollment.

## See details about your benefits

View the health plans comparison chart that came in your Fall Enrollment packet to compare commonly used medical, mental health and prescription drug benefits in GBP plans.

# YOUR HEALTH INSURANCE OPTIONS

For Plan Year 2023, Medicare-eligible retirees, survivors and eligible dependents can choose from two types of health insurance plans.

## HealthSelect<sup>SM</sup> Medicare Advantage Plan

### HealthSelect<sup>SM</sup> Medicare Advantage Plan preferred provider organization (MA PPO)

The HealthSelect MA PPO plan is insured by UnitedHealthcare. You and your eligible dependents must be enrolled in Medicare Parts A and B to enroll in this plan, and you must continue to pay your federal Part B premiums.

The HealthSelect MA PPO is a Medicare Advantage plan, also known as Medicare Part C. It includes benefits under Medicare Parts A and B plus extra programs, and includes Medicare Part D prescription drug coverage through HealthSelect Medicare Rx. (See page 9 for more details about HealthSelect Medicare Rx benefits.) The HealthSelect MA PPO has no medical deductibles and typically no copays or coinsurance for medical services if you see providers who accept Medicare.

You have the same level of in-network and out-of-network benefits in this plan as long as you see providers who accept Medicare and agree to see you. In-network providers will submit claims for you. For the most convenience and no upfront costs, you should choose providers willing to bill UnitedHealthcare®. If you see a provider who will not bill UnitedHealthcare directly, you may have to pay for the cost out of pocket and then submit a claim to UnitedHealthcare for reimbursement.

The HealthSelect MA PPO offers many extra benefits (also called value-added programs) at no cost to you, including the popular SilverSneakers® program. **Note:** *Health plan carriers may discontinue or change their value-added programs at any time without notice.*

Review your current coverage and MA PPO premium rates in your Personal Benefits Enrollment Statement (PBES) enclosed with this guide.

## HealthSelect<sup>SM</sup> of Texas

### HealthSelect Secondary<sup>SM</sup>

Medicare-eligible retirees, dependents and survivors can enroll in HealthSelect Secondary, administered by Blue Cross and Blue Shield of Texas (BCBSTX). This plan includes prescription drug coverage through HealthSelect Medicare Rx. (See page 9 for more details about HealthSelect Medicare Rx benefits.) HealthSelect Secondary is not a Medicare Advantage plan, and it costs more than the HealthSelect Medicare Advantage plan. In most cases, HealthSelect Secondary pays secondary to Original Medicare. (Note: There may be times when HealthSelect Secondary pays primary to Original Medicare, such as for a service Medicare doesn't cover.)

You could have higher out-of-pocket costs in HealthSelect Secondary than in the HealthSelect MA PPO plan. HealthSelect Secondary has a \$200 per person (or \$600 per family) annual medical deductible and coinsurance. Once you meet the deductible, Medicare usually pays 80% of covered services. After Medicare has paid its portion, the HealthSelect Secondary plan usually pays either 70% of the plan's allowable amount or the amount remaining to be paid on the claim, whichever is less. You would be responsible for the rest.

**Remember:** If you are a retiree (or not actively working) and are Medicare eligible, HealthSelect Secondary is considered your secondary coverage, **even if you have not signed up for Medicare yet.** That means if you have a medical claim, you are responsible for the portion of the charges that Medicare would have covered as your primary health insurer, which could be significant. You should **enroll in Medicare as soon as you are eligible** to keep your costs as low as possible.

## What if I have other health insurance?

If you have other health insurance (excluding Medicare) that's as good as or better than what the state provides, you can elect the Health Insurance Opt-Out Credit. The Opt-Out Credit is up to \$60 per month for full-time retirees or up to \$30 per month for part-time retirees. The credit can apply toward dental and/or vision insurance premiums. If you do not use the entire \$60 or \$30 credit, the unused portion cannot be refunded to you.

You can elect the Opt-Out Credit by logging in to your ERS OnLine account or by checking the applicable boxes on the form at the back of this guide. You can also call ERS during Fall Enrollment. If you choose the Health Insurance Opt-Out Credit, you will no longer have prescription drug coverage and Basic Term Life insurance. If you opt out of GBP health

insurance and later lose your other insurance coverage, it is considered a qualifying life event. As a result, you may enroll in health insurance offered through ERS if you sign up within 31 days of losing your other health insurance coverage.

Survivors are not eligible for the Opt-Out Credit.

## Dependents not eligible for Medicare

A "split household" is when you are eligible for Medicare, but a covered dependent is not yet eligible. You can enroll in HealthSelect MA PPO while your dependent remains enrolled in HealthSelect of Texas. Once your dependent enrolls in Medicare, call ERS to provide their Medicare information and they will be enrolled in the same health plan as you.

## Tobacco-use status

All participants enrolled in GBP health insurance must certify their status as tobacco users or non-users. Please note you need to update your tobacco-use status only if your or your dependents' tobacco-use status has changed. A tobacco user is a person who has used any tobacco products five or more times within the past three consecutive months. Certified tobacco users pay a monthly tobacco user premium.

A tobacco user is a person who has used any tobacco products five or more times within the past three consecutive months. Certified tobacco users pay a monthly tobacco user premium.

Tobacco products are all types of tobacco, including but not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip and all e-cigarettes and vaping products. If you or a covered family member uses these products, you are required to report it to ERS.

You can update your tobacco-use status during Fall Enrollment through your ERS OnLine account or by calling ERS at (866) 399-6908 (TTY: 711). Participants who change a certification to tobacco user during Fall Enrollment will have the first premium apply January 2023.

If your or your dependents' tobacco use changes during the plan year, you should update the status in your account as soon as possible. You do not have to wait for Fall Enrollment to change your tobacco-use status. Failing to report tobacco use could result in losing your GBP health insurance coverage. If you are using the form to update your tobacco-use status, complete and print the certification form at [www.ers.texas.gov/PDFs/Forms/Tobacco\\_User\\_Certification\\_ERS2933](http://www.ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933). Please note the form is not necessary if you choose to update certification through your ERS OnLine account.

## 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 on this alternative, called "Choose to Quit," view the ERS Tobacco Policy on ERS' website at [www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification](http://www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification).





## RETURNING TO WORK FOR THE STATE

If you are a retiree who returns to work for the state, you have the option of switching to active employee benefits or keeping your retiree benefits. You can switch to active benefits only within the first 30 days of your return to work or during Fall Enrollment.

If you choose active employee benefits, you have more options, including the TexFlex flexible spending accounts, the Texas Income Protection Plan<sup>SM</sup> (TIPP) disability insurance and a Voluntary Accidental Death and Dismemberment (AD&D) insurance policy. Also, the Basic Term Life Insurance you get with your health insurance increases from \$2,500 to \$5,000. If you have Dependent Term Life Insurance, it also increases from \$2,500 to \$5,000 per covered dependent. An AD&D policy of \$5,000 will also be added automatically to Basic Term Life Insurance and if you've enrolled in it, Dependent Term Life Insurance and/or Optional Term Life Insurance.

If you return to work in a part-time position, and elect active benefits, you will get only part of the state's contribution toward your and your dependents' health insurance premiums.

**Note:** When you are actively working, you and your dependents can no longer participate in the HealthSelect MA PPO, which includes the HealthSelect Medicare Rx prescription drug plan. If you were previously enrolled in the HealthSelect MA PPO, ERS will automatically enroll you and your covered dependents in HealthSelect of Texas<sup>®</sup>. If you leave state employment again, ERS will re-enroll you and your Medicare-eligible dependents in the HealthSelect MA PPO at that time.

### Optional Term Life Insurance as a return-to-work retiree, and beyond

Your Optional Term Life Insurance benefit amount is based on your final annual salary when you last worked as an active employee. If your new annual salary is lower than it was when you retired and you choose active benefits, your Optional Term Life Insurance amount remains lower, even when you switch back to retiree benefits.

### Switching from retiree benefits to active employee benefits

If you are a return-to-work retiree and want to switch to active employee benefits during Fall Enrollment, contact your agency's benefits coordinator before Fall Enrollment closes on Nov. 18. HHS Enterprise employees: Contact the HHS Employee Service Center toll-free at (888) 894-4747. Coverage is effective Jan. 1, 2023.

Your benefits will revert back to retiree benefits when you leave state employment again. However, your life insurance coverage calculations will be based on your last salary if you enrolled in active employee benefits.



# PRESCRIPTION DRUG COVERAGE



## HealthSelect Medicare Rx

If you are a Medicare-enrolled retiree, dependent or survivor with GBP medical coverage, and enrolled in Medicare Part A and/or Part B, you are automatically enrolled in HealthSelect Medicare Rx. This plan is a Medicare Part D prescription drug program. UnitedHealthcare is the administrator for HealthSelect Medicare Rx. Their affiliate, OptumRx, administers mail order prescriptions.

Your prescription drug ID card is separate from your medical ID card. You may need to present your card when filling a prescription.

Prescription drugs fall into three categories, called tiers. There are 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 higher cost.

You can lower your own health care costs, and those of the plan, by using generic drugs whenever possible.

Covered dependents who are not yet eligible for Medicare and are covered by HealthSelect of Texas have different prescription drug coverage through the HealthSelect<sup>SM</sup> Prescription Drug Program, administered by OptumRx. See the prescription drug benefit chart online at [www.ers.texas.gov/FE-2022](http://www.ers.texas.gov/FE-2022) for details.

## Prescription drug deductibles

You and your covered dependents each have an annual \$50 prescription drug deductible. The deductible is based on the calendar year and resets on Jan. 1 each year.

## Learn more

The health plans comparison chart that came in your Fall Enrollment packet provides a more detailed overview of medical and prescription drug coverage in both GBP plans available to Medicare-eligible participants. To see the basics of coverage in the plan available to your non-Medicare dependents, please view the Health Plans Comparison Chart online at [www.ers.texas.gov/FE-2022](http://www.ers.texas.gov/FE-2022). For even more information, see the Master Benefits Plan Documents available on the plan's website. (**Note:** Consumer Directed HealthSelect is not available to dependents of Medicare-eligible retirees.)

## Purchasing prescriptions: Know your options

You can get maintenance medications with no extra fee if you go to a retail pharmacy in your prescription drug plan's Extended Day Supply (EDS) network. When you purchase medications from the pharmacies in this network, you pay the plan's lower mail service cost. EDS pharmacies include Brookshire Brothers, CVS, H-E-B, Kroger, Safeway stores (including Tom Thumb and Randalls), Walmart and a number of independent pharmacies. For more information visit [http://www.retiree.uhc.com/content/dam/retiree/pdf/ers/2022/ERS\\_EDS\\_Network\\_Listing.pdf](http://www.retiree.uhc.com/content/dam/retiree/pdf/ers/2022/ERS_EDS_Network_Listing.pdf).

If a generic drug is available and you choose to buy the brand-name drug, you will pay the generic copay plus the cost difference between the brand name and generic drugs. You do not need to fill out any forms to buy the brand-name drug.

## Take note

You can decline HealthSelect Medicare Rx coverage. If you do, you will not have any prescription drug coverage through the GBP. A covered dependent cannot decline HealthSelect Medicare Rx coverage unless the eligible member who covers them also declines the coverage.

# DENTAL INSURANCE



## State of Texas Dental Choice

The State of Texas Dental Choice Plan<sup>SM</sup> is a preferred provider organization (PPO) dental insurance plan. You can see any dentist you want, but you generally pay less if you go to a dentist in one of two Delta Dental networks:

- Delta Dental PPO
- Delta Premier

All Delta Dental PPO and Delta Premier dentists are in-network providers. You 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 covered services.

Out-of-network dentists can bill for charges above the amount covered by Delta Dental. Visit an in-network dentist to ensure you do not have to pay additional charges above the amount covered by Delta Dental.

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

Review dental PPO premium insurance rates in your Personal Benefits Enrollment Statement enclosed with this guide or online at **[www.ers.texas.gov/FE-2022](http://www.ers.texas.gov/FE-2022)**.

## DeltaCare USA dental health maintenance organization

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

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

DeltaCare<sup>®</sup> USA

## Check the Discount Purchase Program for dental discounts

The Discount Purchase Program<sup>SM</sup>, administered by Beneplace, offers dental discount programs and discounted dental services. View them at **<https://www.beneplace.com/discountprogramers/>**. (To access discounts, you will need to register using your email address.)

## Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. See plan booklets for actual coverage and limitations.

Delta Dental administers both plans. Before starting treatment, discuss the treatment plan and all charges with your dentist.

	State of Texas Dental Choice Plan PPO – In-Network	State of Texas Dental Choice Plan PPO – Out-of-Network	DeltaCare USA DHMO (Services from participating PCDs only)
<b>Dentists</b>	In-network dentist	Out-of-network dentist	You must select a primary care dentist (PCD).  NOTE: Not all in-network dentists accept new patients. Dentists are not required to stay on the plan for the entire year.
<b>Deductibles</b>	Preventive: Individual-\$0; Family-\$0  Combined Basic/Major: Individual-\$50; Family-\$150  Orthodontic services: no deductible  In State of Texas Dental Choice, deductibles are based on the calendar year and reset on Jan. 1.	Preventive: Individual-\$50; Family-\$150  Combined Basic/Major: Individual-\$100; Family-\$300  Orthodontic services: no deductible	None
<b>Copays/ coinsurance</b>	Preventive and Diagnostic Services: None.  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  After reaching the Maximum Calendar Year Benefit, 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 1.	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 when specialty care is coordinated by the PCD. Plan pays \$0.
<b>Maximum calendar year benefits</b>	\$2,000 per covered individual (includes orthodontic extractions) plus 40% after Maximum Calendar Year Benefit is met	\$2,000 per covered individual (includes orthodontic extractions)	Unlimited
<b>Maximum lifetime benefit</b>	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
<b>Average cost of cleaning / oral exams</b>	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.	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet.  Up to two cleaning/oral exams per calendar year allowed.
<b>Orthodontic coverage</b>	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.	Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code: child-\$1,800; adult-\$2,100.  If care is coordinated by the PCD, participant pays 75% of specialist’s fee. Plan pays \$0.



# VISION INSURANCE



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

GBP health plans available in 2023 do not cover the cost of eyeglasses or contact lenses. For this type of coverage, you and your eligible dependents can enroll in State of Texas Vision<sup>SM</sup> for an additional monthly premium. (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.)

Administered by Superior Vision Services, State of Texas Vision covers an eye exam, contact lens fitting and other eyewear options. The plan includes an allowance for eyeglass frames or contact lenses, as well as discounts for LASIK. The State of Texas Vision plan gives you an annual \$200 retail allowance to use toward either contact lenses OR eyeglasses (frames and lenses) in the same plan year. For example, if you choose to use your \$200 allowance to purchase contact lenses, you will not have an allowance for eyeglasses for the remainder of the year. For a complete list of plan benefits and a list of providers, visit [StateOfTexasVision.com](https://StateOfTexasVision.com).

## Vision coverage comparison chart, in-network services

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
<b>Routine eye exam</b>	\$15 copay	\$40 copay	After deductible is met: 20% coinsurance; Before deductible is met: possibly the full cost of the exam
<b>Frames</b>	\$200 retail allowance in-network \$75 retail allowance non-network	Not covered	Not covered
<b>Standard contact lens fitting*</b>	\$25 copay	Not covered	Not covered
<b>Specialty contact lens fitting*</b>	\$35 copay	Not covered	Not covered
<b>Single-vision lenses</b>	\$10 copay	Not covered	Not covered
<b>Bifocal lenses</b>	\$15 copay	Not covered	Not covered
<b>Trifocal lenses</b>	\$20 copay	Not covered	Not covered
<b>Progressives</b>	\$70 copay	Not covered	Not covered
<b>Polycarbonate</b>	\$50 copay	Not covered	Not covered
<b>Scratch coat</b> (factory, single sided)	\$10 copay	Not covered	Not covered
<b>Ultraviolet coating</b>	\$10 copay	Not covered	Not covered
<b>Tint</b>	\$10 copay	Not covered	Not covered
<b>Standard anti-reflective coating</b>	\$40 copay	Not covered	Not covered
<b>Contact lenses**</b>	\$200 retail allowance in-network \$150 retail allowance non-network	Not covered	Not covered

\*A contact lens fitting exam has its own copay and is separate from the eye exam copay. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a participant who wears toric, gas permeable, or multi-focal lenses.

\*\*Contact lenses are in lieu of eyeglass lenses and frames benefits. The \$200 allowance can be used once every plan year. This allowance can be applied to eyeglass frames OR contact lenses, and not both. All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances. Purchases from non-network providers are reimbursed at the non-network rate of up to \$75 retail for frames or up to \$150 retail for contact lenses.

# LIFE INSURANCE (RETIREES ONLY)

Life insurance is not available to survivors. If you are a retiree enrolled in GBP health coverage, your health insurance comes with Basic Term Life Insurance that pays \$2,500 to your beneficiary upon your death. You have the following options for additional coverage.

Review optional life insurance premium rates in your Personal Benefits Enrollment Statement enclosed with this guide.

## Optional Term Life Insurance

If you were enrolled in Optional Term Life Insurance when you retired, you were eligible to continue it at Election 1 or 2. If you had Election 3 or 4 at the time of retirement, your coverage was automatically changed to Election 2, unless you chose Election 1 or Retiree Fixed Optional Life Insurance (\$10,000 policy) or waived coverage. (You can confirm your current election in your PBES.)

**IMPORTANT:** Optional Term Life Insurance coverage begins to decrease when you reach age 70. Premiums do not decrease and, in fact, will continue to increase as you age and/or when the plan must make premium increases. When the coverage amount drops to \$10,000 or below, the plan automatically switches to the Retiree Fixed Optional Life Insurance, which has both a fixed benefit and a fixed monthly premium that doesn't increase as you age but could change when the plan must make premium increases.

During Fall Enrollment or anytime during the plan year, you can decrease your current Optional Term Life Insurance coverage without evidence of insurability (EOI): from Election 2 to Election 1, or to Retiree Fixed Optional Life Insurance. Once you decrease your coverage, you cannot increase it. You can also drop your optional life insurance coverage at any time.

If you aren't currently enrolled in a GBP optional life insurance plan, during Fall Enrollment you can apply through EOI for Retiree Fixed Optional Life Insurance. You also can apply outside of Fall Enrollment within 31 days of a qualifying life event (QLE). (For information about QLEs, see [www.ers.texas.gov/Retirees/Life-Changes-for-retirees](http://www.ers.texas.gov/Retirees/Life-Changes-for-retirees).)

See page 14 for more information about EOI.

If you currently have Optional Term Life Insurance, you should read the information above carefully to understand how your benefit and costs change when you reach age 70.

## Dependent Term Life Insurance

For an additional monthly premium, you can apply through EOI to enroll your eligible dependents in dependent term life insurance.

If your dependents are approved, the benefit includes \$2,500 term life for each covered family member. The benefit will be paid to you upon the death of a covered dependent. Your monthly premium covers all your eligible dependents, but you must list each dependent on your policy.

## Additional benefits for life insurance participants

Life insurance participants can access "Lifestyle Benefits" such as financial counseling and estate planning. Visit <https://web1.lifebenefits.com/sites/lbwem/ers/resources/lifestyle-benefits> to learn more. The "Lifestyle Benefits" offerings are value-added benefits. ERS does not guarantee the length of time that a specific value-added product will be offered.

# EVIDENCE OF INSURABILITY

## What is evidence of insurability?

When you request to enroll yourself and/or a dependent in life insurance coverage, you must provide evidence of insurability (EOI). EOI is an application step in which you provide information about your health or that of your dependents. It is required when you apply for Retiree Fixed Optional Life Insurance or apply to add a dependent to Dependent Term Life Insurance.

After you request to enroll, you can start the EOI process through ERS OnLine or by calling ERS customer service. You can choose whether you want the EOI underwriter to communicate with you by email or mail. Then:

- The EOI underwriter will provide instructions for submitting your EOI application.
- Answer all questions on the EOI application truthfully and completely. Missing information can delay the process.
- If needed, the EOI underwriter will request additional information to make a decision on your application.

The EOI underwriter must receive your application within 30 days or your coverage will be denied. You or your dependents may be denied coverage based on the information in your EOI application. You can reapply for coverage during the next Fall Enrollment or with a qualifying life event.

For questions about the EOI process for life insurance EOI, please contact Securian toll-free at **(877) 494-1716**, Monday – Friday, 8 a.m. – 5 p.m.

### Coverage start dates

If you start EOI during Fall Enrollment and get approval before Jan. 1, your coverage begins on Jan. 1. If EOI is approved on or after Jan. 1, coverage begins the first of the month after the EOI approval date.

## TEXA\$AVER<sup>SM</sup> 401(k) / 457 PROGRAM FOR RETIREES

Texa\$aver is not available to survivors.

**TEXA\$AVER<sup>SM</sup>** 401(k) / 457 Program

Return-to-work retirees can set aside pre-tax or Roth after-tax dollars from their paychecks

by enrolling in the Texa\$aver 401(k) / 457 program. This is an option whether you are enrolled in retiree or active employee benefits.

When you retire, you can keep your money with the Texa\$aver program as long as you like, without losing your options.

- Leave your money in your 401(k) or 457 program as is.
- Receive periodic payments, which is like still getting a paycheck in retirement.
- Take a partial lump sum distribution(s); withdraw what you need, when you need it, or take all of the money in a single lump-sum distribution.
- Roll over the balance in whole or part to another qualified plan or an IRA.

You can also roll funds from another qualified plan or IRA into your Texa\$aver account.

### Texa\$aver distributions

While you don't need to do anything to maintain your Texa\$aver program account(s), once you reach age 72, you must start taking required minimum distributions.

To initiate a distribution from your Texa\$aver account after you retire, download, complete and submit a Distribution/ Direct Rollover Request form from the Texa\$aver website ([www.texasaver.com](http://www.texasaver.com)).

Texa\$aver account withdrawals may be subject to ordinary income tax. A 10% early withdrawal penalty may apply to withdrawals made before age 59½. The 10% federal early withdrawal penalty does not apply to the 457 plan withdrawals except for withdrawals attributable to rollovers from another type of plan or account.

If you have questions, call Texa\$aver toll-free at (800) 634-5091, Monday – Friday, 8 a.m. – 7 p.m. CT. You can also visit [https://ers.texas.gov/Retirees/Retirement/Texa\\$aver-401\(k\)-457-Program](https://ers.texas.gov/Retirees/Retirement/Texa$aver-401(k)-457-Program). This information is not intended as tax, financial planning or investment advice. Please consult with your financial planner, attorney and/or tax advisor as needed.



# FALL ENROLLMENT FAIRS AND WEBINARS

ERS and plan administrators will host Fall Enrollment webinars to help you make informed decisions about your benefits. You can participate in as many webinars as you wish from the convenience of your home, or anywhere you have internet access. Q&A sessions led by plan administrators will feature a brief overview of the plans followed by time for questions. (Plan representatives can answer general questions; if you have a specific question about your account or a claim, contact the plan's customer service number.) Register for a Fall Enrollment webinar at <https://ers.texas.gov/Event-Calendars>.

For the first time since 2019, we are also holding in-person Fall Enrollment fairs in a few cities. If there's a fair near you, please feel free to attend, even if you didn't work at the agency where it's taking place. You don't have to register to attend a fair.

**PLEASE NOTE:** In rare cases, ERS must cancel or change events due to issues beyond our control. When possible, we will provide notice of cancellations and/or changes on the ERS website. If you're planning to attend a webinar or fair, check the ERS Events webpage ([www.ers.texas.gov/Event-Calendars](http://www.ers.texas.gov/Event-Calendars)) shortly before the event for any updates. Other webinars may be added. Visit the Fall Enrollment webpage at [www.ers.texas.gov/FE-2022](http://www.ers.texas.gov/FE-2022) to check for schedule updates and to access webinar recordings.

## In-person Fall Enrollment fairs

(All fairs will run from 10 a.m. to 1 p.m. CT. The presentation will start at 10:30 a.m. CT.)

Date	Host and Location	Date	Host and Location
November 3	Texas Department of Transportation 4615 NW Loop 410 San Antonio, TX 78229	November 8	Employees Retirement System of Texas 1836 San Jacinto Blvd Austin, TX 78701
November 4	Texas Department of Transportation 7600 Washington Avenue Houston, TX 77007	November 15	Texas Department of Transportation 2501 SW Loop 820 Fort Worth, TX 76133

## Fall Enrollment webinars

Register for a webinar at [www.ers.texas.gov/Event-Calendars](http://www.ers.texas.gov/Event-Calendars). Once you register, you will get the login information via email.

Topic	Presenter(s)	Dates and times (All times are Central, and all webinars last one hour.)		
Fall Enrollment Overview	ERS	October 31, 10 a.m.	November 9, 3 p.m.	November 15, 1 p.m.
HealthSelect <sup>SM</sup> Medicare Advantage	UnitedHealthcare	October 31, 1 p.m.	November 8, 3 p.m.	
HealthSelect <sup>SM</sup> Secondary	Blue Cross and Blue Shield of Texas	November 1, 1 p.m.		
HealthSelect <sup>SM</sup> Medicare Rx	UnitedHealthcare	November 3, 1 p.m.	November 7, 10 a.m.	
Dental Plans	Delta Dental	November 2, 10 a.m.	November 14, 10 a.m.	
State of Texas Vision <sup>SM</sup>	Superior Vision	November 2, 3 p.m.	November 7, 1 p.m.	
Life Insurance	Securian Financial	November 1, 3 p.m.		

# CONTACTS

## Health insurance

Plan	Administrator	Phone number	Website
<b>HealthSelect MA PPO</b>	UnitedHealthcare Group number – 13546	Toll-free: (855) 853-0453 (TTY: 711)	<a href="http://www.HealthSelect-MAPPO.com">www.HealthSelect-MAPPO.com</a>
<b>HealthSelect Secondary HealthSelect of Texas</b> (for dependents not eligible for Medicare)	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711)	<a href="http://healthselectoftexas.com">healthselectoftexas.com</a>
<b>HealthSelect Medicare Rx</b> (for Medicare-enrolled participants)	UnitedHealthcare	Toll-free: (855) 828-9834 (TTY: 711)	<a href="http://www.hsmedicarerx.com">www.hsmedicarerx.com</a>
<b>HealthSelect Prescription Drug Program</b> (for dependents not enrolled in Medicare)	OptumRx	Toll-free: (855) 828-9834, TTY: 711	<a href="http://www.HealthSelectRx.com">www.HealthSelectRx.com</a>

## Dental insurance

<b>State of Texas Dental Choice Plan</b>	Delta Dental Group Number – 20010	Toll-free: (888) 818-7925 (TTY: 711)	<a href="http://www.ERSdentalplans.com">www.ERSdentalplans.com</a>
<b>DeltaCare USA DHMO</b>	Delta Dental Group Number – 79140		

## Vision insurance

<b>State of Texas Vision</b>	Superior Vision Services, Inc. Group number – 35040	Toll-free: (877) 396-4128 (TTY: 711)	<a href="http://www.StateofTexasVision.com">www.StateofTexasVision.com</a>
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## Life insurance

<b>Basic Term Life Insurance Optional Term Life Insurance Dependent Term Life Insurance</b>	Securian	Toll-free: (877) 494-1716, TTY: 711	<a href="http://www.lifebenefits.com/plandesign/ers">www.lifebenefits.com/plandesign/ers</a>
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## Other programs

<b>Texa\$aver 401(k) / 457 Program</b>	Empower Retirement™	Toll-free: (800) 634-5091, TTY: (800) 766-4952	<a href="http://www.texasaver.com">www.texasaver.com</a>
<b>Dependent eligibility verification</b>	Alight Solutions	Toll-free: (800) 987-6605 TTY: 711	<a href="http://www.yourdependentverification.com/plan-smart-info/">www.yourdependentverification.com/plan-smart-info/</a>
<b>Discount Purchase Program</b>	Beneplace	Toll-free: (800) 683-2886 Local: (512) 346-3300	<a href="http://www.beneplace.com/discountprogramERS">www.beneplace.com/discountprogramERS</a>

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**NOTE:** Return-to-work retirees who are thinking about switching to active employee benefits can contact their HR department or ERS for information on TexFlex<sup>SM</sup> flexible spending accounts, Texas Income Protection Plan<sup>SM</sup> disability insurance and Voluntary Accidental Death and Dismemberment (AD&D).

You may either enter your changes using your online account at **[www.ers.texas.gov](http://www.ers.texas.gov)** or by completing and sending this form to:  
**Employees Retirement System of Texas**  
**P.O. Box 13207**  
**Austin, Texas 78711-3207**  
**Toll-free (866) 399-6908**

If you do not need to make changes, it is not necessary to complete this form or contact ERS.

Information provided to the ERS is maintained for managing your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

## SECTION A: MEMBER DATA (To be completed by participant)

<b>Member Name: First, MI, Last</b>			<b>Last 4 digits of Social Security Number/ National ID (SSN)</b>			
			XXX-XX-			
<b>Phone Number</b>	<b>Home</b>	<b>Cell</b>	<b>Email Address</b>			
(      )						
<b>Mailing Address</b>	<b>Check if new</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Eligibility County</b>	

## SECTION B: BENEFITS OPTIONS (Mark boxes to indicate the benefits changes you want beginning January 1, 2022)

<b>Health Coverage</b>	Waive*	HealthSelect of Texas <sup>®</sup>	HealthSelect <sup>SM</sup> MA PPO			
	Medicare No. (From Medicare Card)		Medicare Part A Effective Date ____/____/____			
			Medicare Part B Effective Date ____/____/____			
	Waive + Opt-Out (For retirees who can certify they have comparable coverage that is not Medicare.)					
	Enroll/Drop Dependent (See Section C)					
<b>Optional Benefits (May be elected without being enrolled in health coverage.)</b>						
<b>Dental</b>	Waive	DeltaCare <sup>®</sup> USA DHMO	State of Texas Dental Choice Plan <sup>SM</sup>			
	Enroll/Drop Dependent (See Section C)					
<b>Vision</b>	Waive	State of Texas Vision <sup>SM</sup>	Enroll/Drop* Dependent (See Section C)			
<b>Optional Term Life Insurance*</b>	Waive	<b>OR</b>	Enroll \$10,000	Decrease Level to:	Election I	\$10,000
<b>Dependent Term Life Insurance*</b>	Waive	Enroll/Drop Dependent (See Section C)				
<p><b>Tobacco user Certification:</b> If you are enrolled or enrolling in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months?</p> <p>This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products.</p> <p style="text-align: center;">Yes      No</p>						

\*To apply for Dependent Term Life Insurance or the Retiree Fixed \$10,000 Optional Life Insurance coverage, evidence of insurability (EOI) is required. Initiate the EOI process by signing in to your **ERS OnLine** account at **[www.ers.texas.gov](http://www.ers.texas.gov)**, or by contacting ERS.



**SECTION C: DEPENDENT PERSONAL DATA (and benefits choices)**

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

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

\*Relationship Code: **Sp** – Spouse; **D** or **S** - Daughter or son (natural or adopted)

**O** – Other than natural or adopted child. Includes stepchild, foster child or ward.

If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at [www.ers.texas.gov](http://www.ers.texas.gov) or call ERS. For newly added dependents, you may be required to provide documentation to Alight Solutions, a company that is working with ERS to conduct the dependent eligibility verification.

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

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

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

**Tobacco Use Certification:** I certify my understanding and agreement to the following: “Tobacco product” is defined 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 and a “tobacco user” is a participant who has used a tobacco product or tobacco products five or more times during the preceding three months. If I (or any of my covered dependents): 1) have used tobacco products as a tobacco user; or 2) start using tobacco products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS may constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using tobacco products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS may constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. For more information about this program, visit, [www.ers.texas.gov/Employees/Health/Tobacco\\_Policy](http://www.ers.texas.gov/Employees/Health/Tobacco_Policy).

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco during the preceding three months, you must complete the Tobacco User Certification form (ERS 2.933) available at [http://ers.texas.gov/PDFs/Forms/Tobacco\\_User\\_Certification\\_ERS2933](http://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933), or change the certification using your online account at [www.ers.texas.gov](http://www.ers.texas.gov).

**If you selected “Waive + Opt-Out Credit”**

I certify that I do not want the health plan coverage offered to me as an eligible participant. I am waiving my health plan coverage and certify that I have other health plan coverage with substantially equivalent coverage to the basic health plan. I understand waiving my state health insurance will cancel my prescription drug coverage and \$2,500 Basic Term Life Insurance policy. You must certify that you have comparable health coverage to the basic health plan. A credit of up to \$60 (or \$30 for part-time participants) is applied toward the cost of eligible optional coverage (dental and vision). The credit is in lieu of the state contribution for basic health coverage.” Due to federal legislation Medicare members cannot receive the Opt-Out Credit. I am able to view the Health Insurance Opt-Out Credit applied toward my eligible optional coverage premium by signing in to my **ERS OnLine** account at [www.ers.texas.gov](http://www.ers.texas.gov).

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

Participant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

(mm-dd-yyyy)

You may either contact ERS or send this completed form to:

**Employees Retirement System of Texas**  
P.O. Box 13207  
Austin, Texas 78711-3207  
(866) 399-6908 Toll-free

**If you do not need to make any changes,  
it is not necessary to complete this form or contact ERS.**

**Information provided to the ERS is maintained for managing your benefits.  
If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.**

## SECTION A: SURVIVING DEPENDENT DATA *(To be completed by surviving dependent)*

Surviving Dependent: First, MI, Last			Last 4 digits of Social Security Number/National ID (SSN)		Phone Number	Home	Cell
			XXX-XX-		( )		
Email Address	Mailing Address	Check if New	City	State	ZIP Code	Eligibility County	

## SECTION B: INSURANCE COVERAGE *(Mark boxes to indicate the coverage changes you want starting January 1, 2022.)*

Medical Coverage	Waive*	HealthSelect of Texas®	HealthSelect <sup>SM</sup> MA PPO
	Medicare No. (From Medicare Card)	Medicare Part A Effective Date ____/____/____	
		Medicare Part B Effective Date ____/____/____	
Drop Dependent (See Section C)			
Optional Benefits <i>(May be elected without being enrolled in health coverage.)</i>			
Dental	Waive	State of Texas Dental Choice Plan <sup>SM</sup>	DeltaCare® USA DHMO
	Add/Drop**	Dependent (See Section C)	
Vision	Waive	State of Texas Vision <sup>SM</sup>	Add/Drop** Dependent (See Section C)
<b>Tobacco-User Certification:</b> If you are enrolled in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months? This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products. Yes      No			

\*Surviving dependents who waive coverage cannot re-enroll at a later date. The health, dental and vision coverage that an eligible survivor has on the date of the member's death continues automatically. The surviving spouse or other eligible dependents may: drop health coverage at any time but cannot re-enroll in health coverage later, and/or

\*\*drop dental and/or vision coverage at any time and re-enroll in dental and/or vision coverage later, provided their health coverage is still in effect.

## SECTION C: DEPENDENT PERSONAL DATA *(and coverage choices.)*

**Dependent Tobacco-User Certification:** If your dependents are enrolled in a GBP health plan, you must certify below if your dependent used any type of tobacco product five or more times in the last three months. This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products.

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health**	Dental	Vision	Tobacco User
D   S   O		M F		XXX-XX-	No	No	No	Yes No
D   S   O		M F		XXX-XX-	No	No	No	Yes No
D   S   O		M F		XXX-XX-	No	No	No	Yes No
D   S   O		M F		XXX-XX-	No	No	No	Yes No
D   S   O		M F		XXX-XX-	No	No	No	Yes No

\*Relationship Code: D or S - Natural or adopted daughter or son   O – Other than natural or adopted child. Includes stepchild, foster child, or ward child. Only eligible dependents at the time of the member's death are eligible to be covered as surviving dependents.

\*\* Once a surviving dependent waives their medical coverage, the surviving dependent cannot re-enroll in medical coverage at a future date.

**SECTION D: AUTHORIZATION** *(Carefully read the statements below before you sign and date.)*

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

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

**Tobacco Use Certification:** I certify my understanding and agreement to the following: “Tobacco product” is defined 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 and a “tobacco user” is a participant who has used a tobacco product or tobacco products five or more times during the preceding three months. If I (or any of my covered dependents): 1) have used tobacco products as a tobacco user; or 2) start using tobacco products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS may constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using tobacco products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS may constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. For more information about this program, visit, [www.ers.texas.gov/Employees/Health/Tobacco\\_Policy](http://www.ers.texas.gov/Employees/Health/Tobacco_Policy).

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco during the preceding three months, you must complete the Tobacco User Certification form (ERS 2.933) available at [http://ers.texas.gov/PDFs/Forms/Tobacco\\_User\\_Certification\\_ERS2933](http://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933), or change the certification using your online account at [www.ers.texas.gov](http://www.ers.texas.gov).

**I understand that if I, as a surviving dependent, waive my medical coverage, I cannot re-enroll in medical coverage at a future date. If I waive all coverage, medical and optional benefits, I cannot re-enroll in any coverage at a future date.**

Surviving dependent’s signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Parent or legal guardian may sign for minor child) (mm-dd-yyyy)