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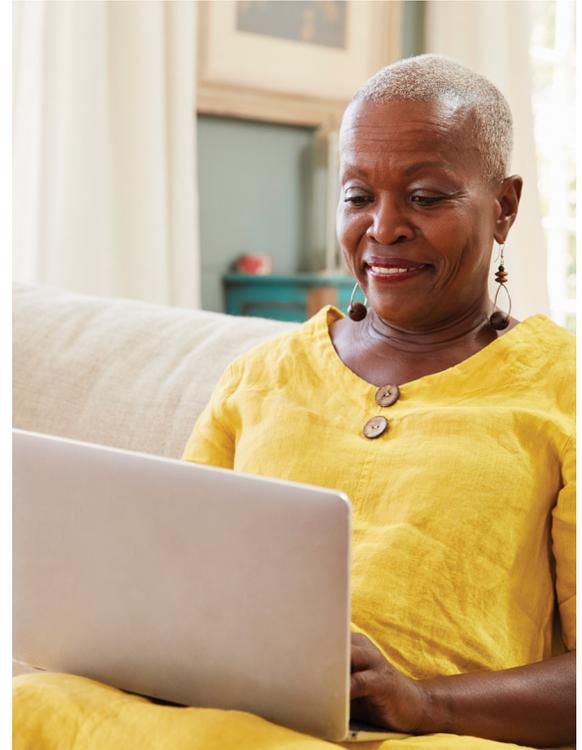
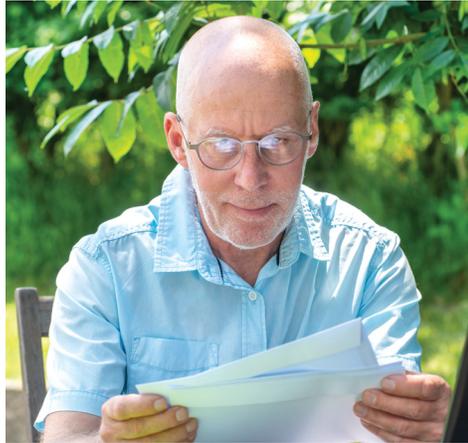
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Benefits to protect your health and future

The State of Texas offers a valuable benefits package to support your health and well-being in retirement.

Summer Enrollment is your chance to review your benefits and make any necessary changes. It is the only time each year you can make benefits changes unless you have a qualifying life event (see <https://ers.texas.gov/Retirees/Life-Changes-for-retirees>). You can drop coverage at any time.

There are no major changes in what your health plan covers for Plan Year 2021. Still, you should make the most of this opportunity to refresh your knowledge about your coverage options. View more details and premium rate sheets at <https://www.ers.texas.gov/SE>.

When do you need to act?

You should make any needed changes to your benefits during your assigned Summer Enrollment phase. The assigned two-week enrollment phase for retirees and their covered dependents is **July 13 – July 24**.

No changes? No action needed

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

Benefit elections for the new plan year are effective September 1.

SUMMER ENROLLMENT WEBINARS

To ensure the health and safety of state employees and retirees during the COVID-19 pandemic, ERS and Texas Employees Group Benefits Program (GBP) plan administrators are hosting several hour-long Summer Enrollment webinars instead of our traditional fairs.

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 address general questions; if you have a specific question about your account or a claim, contact the plan's customer service number.)

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 join a webinar, check the Events webpage (<https://ers.texas.gov/Event-Calendar>) shortly before the event for any updates. Other webinars may be added. Visit the Summer Enrollment webpage at <https://ers.texas.gov/SE> to check for schedule updates and to access webinar recordings.

ERS Summer Enrollment webinars

Register at <https://ers.texas.gov/Event-Calendar>.

Topic	Presenter(s)	Dates and times (All times are Central, and all webinars last one hour.)		
Summer Enrollment Overview	ERS	June 22; 10 a.m. June 24; 10 a.m. June 26; 10 a.m. June 30; 1 p.m.	July 1; 1 p.m. July 2; 1 p.m. July 8; 3 p.m. July 10; 3 p.m.	July 14; 10 a.m. July 16; 10 a.m. July 20; 1 p.m. July 22; 1 p.m.
Q&A: HealthSelect of Texas[®]	Blue Cross and Blue Shield of Texas	June 22; 3 p.m. July 2; 3 p.m.	July 10; 1 p.m. July 13; 3 p.m.	July 21; 10 a.m.
Q&A: Consumer Directed HealthSelectSM	Blue Cross and Blue Shield of Texas Optum Bank	June 23; 3 p.m. July 3; 10 a.m.	July 6; 1 p.m. July 14; 3 p.m.	July 20; 10 a.m.
Q&A: HealthSelectSM Prescription Drug Program	OptumRx	June 24; 3 p.m.	July 1; 10 a.m.	
Q&A: Scott and White Health Plan (HMO)	Scott and White Health Plan	June 26; 3 p.m.	July 7; 1 p.m.	July 15; 3 p.m.
Q&A: Community First Health Plans (HMO)	Community First Health Plans	June 25; 3 p.m.	July 9; 1 p.m.	July 17; 3 p.m.
Q&A: Dental Plans	Delta Dental	June 22; 1 p.m. June 30; 3 p.m.	July 8; 10 a.m. July 16; 1 p.m.	July 21; 3 p.m.
Q&A: State of Texas VisionSM	Superior Vision	June 23; 1 p.m. July 1; 3 p.m.	July 9; 10 a.m. July 17; 1 p.m.	July 20; 3 p.m.
Q&A: TexFlexSM	WageWorks	June 26; 1 p.m. June 29; 3 p.m.	July 7; 10 a.m. July 14; 1 p.m.	July 22; 3 p.m.
Q&A: Term Life and AD&D Insurance	Securian Financial	June 25; 1 p.m. July 3; 3 p.m.	July 6; 10 a.m. July 15; 1 p.m.	
Q&A: Disability Insurance	ReedGroup	June 24; 1 p.m. July 2; 3 p.m.	July 10; 10 a.m. July 13; 1 p.m.	



What's new?

Tobacco-user status will include e-cigarettes and vaping

Starting September 1, 2020, GBP health plan participants who use tobacco, electronic cigarettes or vaping products will be considered tobacco users and must certify as such. If you or your covered dependents use these products and are currently certified as tobacco non-users, you will need to update the tobacco-use status to tobacco user. You can update your and/or your dependents' tobacco-use status during your assigned two-week Summer Enrollment phase. (Read more on page 13.)

HOW TO MAKE BENEFITS CHANGES

Update your elections online—fastest and available 24/7

Go online to make changes to your benefits anytime during your two-week enrollment phase:

1. Go to www.ers.texas.gov.
2. Click “My Account Login” in the upper right corner.
3. Select “Proceed to Login” if you already have a username and password or “Register now” if you need to create an account.
4. After you log in, confirm that your contact information under “My Personal Information” is correct.
5. Click “Benefits Enrollment.” Confirm that the last four digits of the Social Security number and date of birth for each of your dependents are correct and begin making your changes.

If you don't have internet access

Call ERS toll-free at (866) 399-6908. Be sure to call during your two-week enrollment phase listed on your Personal Benefits Enrollment Statement.

Remember

If you do not need to change your benefit elections or update your tobacco-use status, **no action is required**. Your current coverage will carry forward to the new plan year.

Retirees returning to work

If you are a return-to-work retiree, you can switch between retiree and active benefits during your Summer Enrollment phase. Contact your agency's or institution's benefits coordinator or Human Resources office to do so. **Health and Human Services Enterprise employees:** Contact the HHS Employee Service Center before **July 24**.

COVERAGE FOR DEPENDENTS

Your spouse and other eligible dependents can get health insurance and other coverage for an additional premium. However, you must be enrolled in a plan before you can enroll your dependents. Visit <https://ers.texas.gov/PDFs/Dependent-eligibility-chart.pdf> to learn more about benefits eligibility.

Certifying a dependent child

If you want to enroll dependent children in any insurance coverage, you will be asked to certify their eligibility before you submit your enrollment elections.

You can certify your dependents through your ERS OnLine

account or you can complete and print the Dependent Child Certification form at <https://ers.texas.gov/Retirees/Forms-for-retirees>. You must complete a separate form for each dependent child to be covered.

Verifying any dependent for health coverage (DEV)

When you enroll any dependent in health coverage, you must prove they are eligible to participate through the dependent eligibility verification (DEV) process:

1. Enroll your dependent(s) in health coverage and certify dependent child(ren), as noted above.
2. ERS will process your request.
3. Alight Solutions, ERS' third-party administrator for dependent verification, will mail you a letter outlining the steps you must take to verify that your dependent is eligible for coverage.

4. **IMPORTANT:** When you get a letter from Alight Solutions, open it right away! Carefully review the information and keep the deadline in mind.
5. Submit the necessary documents according to Alight's instructions.

If you don't submit the necessary documents or if you miss the deadline, your dependents will be ineligible and will lose coverage in all GBP plans. If you have questions about dependent eligibility verification, call Alight Solutions toll-free at (800) 987-6605 (TTY: 711).

Adding dependents previously not verified due to DEV

If you have dependents who previously were not verified because you missed the DEV deadline or could not provide the needed documents, you can add them during Summer Enrollment. To do so, you must submit documentation to ERS (not Alight) to prove your dependent's eligibility. If the dependent eligibility is approved, coverage will begin September 1, 2020.

You must provide copies of documents proving dependent eligibility (see 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) (for example: HealthSelect of Texas, State of Texas Dental ChoiceSM, etc.),
- tobacco-user status of dependents you are adding to health coverage and
- the member's contact phone number.

Mail, fax or email the documentation to ERS. (Do not mail the originals.) ERS must receive emailed or faxed copies by July 24, 2020. Mailed copies must be postmarked by July 24.

Mail: Employees Retirement System of Texas
P.O. Box 13207
Attn: Benefit Support Services
Austin, TX 78711-3207

Fax: (512) 867-7438

Email: erscustomer.service@ers.texas.gov

Adding coverage for a dependent previously not verified? Don't miss this deadline

ERS must receive complete and accurate documentation verifying that newly added dependents are eligible for coverage by **July 24, 2020**.

YOUR HEALTH INSURANCE OPTIONS

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

Read the Master Benefits Plan Document on each plan's website for more details. Each plan's Summary of Benefits and Coverage (SBC) also provides an easy-to-understand overview of coverage. Find SBCs on the ERS website at <https://ers.texas.gov/Summaries-of-Benefits-and-Coverage>.

Health insurance plan features at a glance

	HealthSelect of Texas	Consumer Directed HealthSelect of Texas	Community First Health Plans, Scott and White Health Plan
Key advantages	<ul style="list-style-type: none"> • Lower 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) 	<ul style="list-style-type: none"> • Tax-advantaged health savings account (HSA), with monthly contributions from the state • Large statewide and nationwide networks • Referrals not required 	<ul style="list-style-type: none"> • Low out-of-pocket costs for in-network care • Lower monthly premiums
In-network preventive care covered at 100%	Yes	Yes	Yes
Prescription drug coverage	Yes	Yes	Yes
Key downside(s)	<ul style="list-style-type: none"> • Referrals needed for most specialty care • Higher monthly premiums for dependents and part-time employees 	<ul style="list-style-type: none"> • The plan pays nothing until the deductible is met • Must meet IRS' eligibility guidelines to participate in the HSA 	<ul style="list-style-type: none"> • Limited regional network • Plan pays nothing for out-of-network care (except emergencies)
Might be good for people who...	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 lower dependent or part-time employee premiums

Health insurance Opt-out Credit

If you can certify that you have other health insurance that is equal to or better than coverage offered through ERS, you can sign up for a monthly health insurance Opt-out Credit. You must be eligible for the state contribution toward your health insurance premium to qualify for the Opt-out Credit.

The credit is up to \$60 for full-time retirees and \$30 for part-time retirees. You can apply this credit to your dental and/or vision insurance premiums.

The health insurance Opt-out 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 health insurance coverage.

Opting out: What you should know

If you opt out of your health plan, you give up your prescription drug coverage and will no longer have Basic Term Life insurance.

If you subsequently 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.

HEALTHSELECT OF TEXAS AND CONSUMER DIRECTED HEALTHSELECT

Participants in HealthSelect of Texas or Consumer Directed HealthSelect have access to a network of more than 50,000 health providers in Texas. Each plan includes a prescription drug program. ERS sets the plan benefits and pays claims, Blue Cross and Blue Shield of Texas (BCBSTX) manages the provider network, processes claims and provides customer service.

HealthSelect^{of Texas}

HealthSelect of Texas is a point-of-service health insurance plan. With this type of plan, you'll pay less if all of your medical care is handled by in-network providers. While the plan will cover out-of-network care, you will pay more—sometimes a lot more—than you pay for in-network care. (Learn about avoiding surprise medical bills at ers.texas.gov/Avoiding-Unexpected-Health-Costs.)

With this type of plan you must designate a primary care provider (PCP) and get referrals to specialists. If your PCP is in the HealthSelect network, you do not have to meet a deductible and the plan begins to pay right away.

HealthSelect of Texas annual medical deductibles

Deductibles are based on calendar year and reset January 1.

	In-network	Out-of-network
Individual	\$0	\$500
Family	\$0	\$1,500 (\$500 per participant)*

Note: This does not include the annual \$50 per-person prescription drug deductible.

*See details about how this deductible is applied in the HealthSelect of Texas Master Benefit Plan Document at <https://healthselect.bcbstx.com/content/publications-and-forms/index>.

Copays and coinsurance

HealthSelect of Texas participants are responsible for copays and/or coinsurance for doctor and hospital visits, procedures like outpatient surgery and other medical services. For example, if you have outpatient surgery at an in-network facility, you will owe a \$100 copay and 20% of the allowable amount.

Why do you need a PCP?

HealthSelect of Texas participants who live in Texas must get a referral from their designated primary care provider (PCP) to see specialists and receive in-network benefits for specialist services. If you do not get a referral from your PCP, you will pay more for your treatment, even if the specialist is in the HealthSelect network.

Your PCP is a valued partner in your health care. He or she gets to know you, your medical history and your lifestyle. If you have a medical issue, your PCP can make it easier and faster to get the care you need.

You **do not** need a referral from your PCP for:

- routine and diagnostic eye exams,
- 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 or
- urgent care centers and convenience care clinics.

Make the most of your HealthSelect benefits

Your health care coverage is not just about helping you when you're sick. Learn about programs and incentives to keep you well at healthselectoftexas.com.

A BCBSTX Personal Health Assistant also can answer questions about your plan's benefits and coverage and direct you to useful programs and tools. Call toll-free at (800) 252-8039 (TTY: 711), Monday through Friday from 7 a.m. to 7 p.m. CT, and Saturday from 7 a.m. to 3 p.m. CT.

To learn more about your prescription drug benefits, see page 8 of this guide, visit www.healthselectrx.com or call (855) 828-9834 (TTY: 711), 24 hours a day, 7 days a week.

CONSUMER DIRECTED

HealthSelectSM

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 your 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.

In this plan, you are responsible for all non-preventive health care costs, including prescription drug costs, until you meet the annual deductible. The deductible is based on the calendar year and resets on January 1.

Consumer Directed HealthSelect annual deductibles

2020-2021 Deductible (includes prescription drugs)

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

After you meet the deductible, you pay coinsurance (20% in-network, 40% out-of-network) for medical services and prescriptions. You do not have a copay for any services in this plan.

You don't need to designate a primary care provider (PCP) or get a referral to see a specialist in Consumer Directed HealthSelect, but you will generally pay less for care—sometimes much less—if you see a provider who is in the network.

Health savings account

Consumer Directed HealthSelect participants can save money by setting up a tax-free health savings account (HSA) for health care expenses. While your HSA contributions cannot be deducted from your monthly annuity payment, you can contribute to your HSA, then claim your contributions when you file your taxes. Eligible plan participants also get a monthly contribution from the state.

Use money in your HSA to pay for qualified medical expenses for yourself, your spouse and eligible dependents, even if they aren't covered under your insurance. (Learn more at <https://hsastore.com/learn/taxes/who-can-i-cover-hsa> and www.optumbank.com/all-products/medical-expenses.html.)

The IRS sets the maximum contribution amount each year (see chart). If you are age 55 or older, you can contribute an additional \$1,000 each year. All the money in your HSA carries over from one year to the next, and you keep the funds if you change health plans.

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, or based on eligibility requirements and the participant's age. Maximums are set by the IRS and include both pre-tax and post-tax contributions to an HSA. Monthly contributions are deposited to accounts by the middle of the month.

**A family account includes the GBP member plus any number of dependents enrolled in Consumer Directed HealthSelect.

Enrolling in Consumer Directed HealthSelect? Open an HSA as soon as possible

When you choose to enroll in Consumer Directed HealthSelect through ERS OnLine, you will see a link to the Optum Bank website (optumbank.com). From there you can immediately open a health savings account (HSA). If you don't open your HSA through ERS OnLine, Optum Bank will send you information about opening an account after you have enrolled in Consumer Directed HealthSelect.

Once you've opened your HSA, Optum Bank will send you a debit card to pay for eligible health care expenses. Be aware that you only have access to money that has accumulated in your HSA—not funds that have been pledged to be deposited in the future.

Review IRS guidelines or consult a tax advisor to make sure you are eligible to participate in an HSA. For more information, visit <https://ers.texas.gov/Contact-ERS/Additional-Resources/FAQs/Consumer-Directed-HealthSelect-Health-Savings-Account>.

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)



If you live in an eligible county, you have the option of enrolling in an HMO. These regional plans have smaller networks than the HealthSelect plans, but they cover the same care and services and generally have lower dependent premiums.

You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered, unless the health plan 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 prescription drug deductible is \$50 per person per plan year, which resets 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 Health Plan	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

PRESCRIPTION DRUG COVERAGE

Your health insurance plan includes coverage for prescription drugs. OptumRx administers the prescription drug program for the HealthSelect plans. Learn more about OptumRx at www.healthselectrx.com.

In HealthSelect plans, 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, 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 higher cost.

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

Learn more

See the health plans comparison chart that came in your Summer Enrollment packet to compare prescription drug coverage in the different GBP health plans. Learn additional details about your prescription drug coverage on your plan's website or at <https://www.ers.texas.gov/Retirees/Health-Benefits/Prescription-Drug-Programs>.

Out-of-pocket limits on health expenses

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 drug expenses. If you reach this maximum, the plan will pay 100% of covered in-network provider and pharmacy expenses for the rest of the year. (There is no out-of-network out-of-pocket maximum 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
	HMOs (through Aug. 31, 2020)	\$13,500 family*
Plan Year 2021	HealthSelect (Jan. 1 - Dec. 31, 2021)	\$6,750 individual
	HMOs (Sept. 1, 2020 – Aug. 31, 2021)	\$13,500 family*

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

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 (see 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. For this type of coverage, you and your eligible dependents can enroll in State of Texas Vision 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. For a complete list of plan benefits and a list of providers, visit 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	Community First HMO	Scott and White HMO
Routine eye exam	\$15 copay	\$40 copay	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 lenses²	\$200 allowance	Not covered	Not covered	\$125 allowance	Not covered

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

²Contact lenses are in lieu of eyeglass lenses and frames benefits.

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



DENTAL INSURANCE



State of Texas Dental Choice

State of Texas Dental Choice Plan 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 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 coverage.

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

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 DHMO network dentist in your area.
- You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from participating specialty dentists cost 25% less than the dentists' usual charges.

DeltaCare[®] USA

What is a “smart” ID card?

While participating Delta dentists shouldn't require a plan ID card, you can download a virtual ID card to your smartphone anytime through the Delta Dental app. You can also download and print your ID 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.

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

Check the Discount Purchase Program for dental discounts

The Discount Purchase ProgramSM, administered by Beneplace, offers dental discount programs and discounted dental procedures. 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. 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)
Dentists	In-network/participating dentist	Out-of-network/non-participating dentist*	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.
Deductibles	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	None
Copays/ coinsurance	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. DHMO pays nothing.
Maximum calendar year benefits	\$2,000 per covered individual (includes orthodontic extractions)	\$2,000 per covered individual (includes orthodontic extractions)	Unlimited
Maximum lifetime benefit	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
Average cost of cleaning / oral exams	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.
Orthodontic coverage	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. Orthodontic services performed by specialist: 75% of the usual fee. DHMO pays nothing.

*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.

OPTIONAL TERM LIFE AND VOLUNTARY AD&D INSURANCE

Financial security for you and your family



Optional Term Life Insurance

If you had 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 retirement, your coverage automatically changed to Election 2.

During Summer Enrollment, you can decrease or drop your current election from Optional Term Life insurance to Retiree Fixed Optional Life Insurance without evidence of insurability (EOI). Once you decrease your coverage, you cannot increase it. If you don't already have life insurance, you can apply, with EOI, for the Retiree Fixed Optional Life Insurance \$10,000 Fixed Optional Life.

Learn more about your options at <https://ers.texas.gov/Retirees/Optional-Add-on-Benefits/Optional-Life-Insurance>.

Securian's calculator at web1.lifebenefits.com/sites/lbwem/ers/learn-more/how-much-life-insurance-is-enough can help you decide how much life insurance coverage you might need.

Dependent Term Life Insurance

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

If your dependents are approved (see EOI at right), the benefit includes \$2,500 term life with \$2,500 AD&D for each covered family member. The benefit will be paid to you upon the death of a covered dependent or in the event of certain accidental injuries. Your monthly premium covers all your eligible dependents, but you must list each dependent on your policy.

Evidence of insurability

When you request to enroll in Retiree Fixed Optional Life Insurance and/or dependent life insurance, you must provide evidence of insurability (EOI). Evidence of insurability is an application step in which you provide information about you or your covered dependents' health.

How to submit your EOI

Initiate the EOI process online after you request to enroll in life insurance. You can choose whether you want the EOI underwriter to communicate with you by email or mail. Then:

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

If you have any 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. CT.

Coverage start dates

If you initiate EOI during Summer Enrollment and receive EOI approval, coverage begins:

- on September 1, 2020, if the EOI approval is dated before September 1, or
- the first day of month following EOI approval if the approval is dated on or after September 1.

Note: You or your dependents may be denied coverage based on information in your EOI application.



Vaping and e-cigarettes added to definition of tobacco use

All participants enrolled in Texas Employees Group Benefits Program (GBP) health insurance plans must certify their status as tobacco users or non-users. 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.

In March, the ERS Board of Trustees voted to update the definition of tobacco in ERS' tobacco policy to include electronic cigarettes and vaping products. If you or a covered family member uses these products, you are required to report it to ERS by August 31, 2020.

You can update your tobacco-use status during your Summer Enrollment phase through your ERS OnLine account, by phone or by returning the Tobacco-Use Certification form to ERS. Failing to do so could result in losing your GBP health insurance

coverage. Complete and print the certification form online at https://www.ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933.

Participants who change a certification to tobacco user during Summer Enrollment will have the first premium deducted from their September 30 annuity check.

For more information on the tobacco-user premium, see the Plan Year 2021 rate sheet (available online at <https://ers.texas.gov/SE>) or your Personal Benefits Enrollment Statement. Read about the tobacco policy at www.ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification.

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, view the ERS Tobacco Policy on ERS' website (see above).

Make premium payments easy on yourself

Set up automatic withdrawals from your bank account by completing the Automatic Withdrawal/Cancellation of Insurance Premiums form. Find it on the ERS website at www.ers.texas.gov/Former-Employees/Forms/Automatic-Withdrawal-Cancellation-of-Insurance_2945.

CONTACTS

Health

Plan	Administrator	Phone number	Website
HealthSelect of Texas	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711)	www.healthselectoftexas.com
Consumer Directed HealthSelect		Nurseline: (800) 581-0368	
Consumer Directed HealthSelect health savings account (HSA)	Optum Bank	Toll-free: (800) 791-9361 (TTY: 711)	www.optumbank.com
Community First Health Plans	An affiliate of University Health System Group number – 0010180000	Toll-free: (877) 698-7032 (TTY: (210) 358-6080) Local: (210) 358-6262 NurseLink: (210) 358-6262	members.cfhp.com
Scott and White Health Plan		Toll-free: (800) 321-7947 (TTY: (800) 735-2989) VitalCare Nurse Advice: (877) 505-7947	https://ers.swhp.org/

Prescription Drug Program

HealthSelect of Texas Consumer Directed HealthSelect	OptumRx	Toll-free: (855) 828-9834 (TTY: 711)	www.HealthSelectRx.com
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Dental

State of Texas Dental Choice PPO	Delta Dental Group Number – 20010	Toll-free: (888) 818-7925 (TTY: 711)	www.ERSdentalplans.com
DeltaCare USA DHMO	Delta Dental Group Number – 79140		

Vision

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

Basic and Optional Term Life Insurance Dependent Term Life Insurance Retiree Fixed Optional Life	Securian Financial	Toll-free: (877) 494-1716 (TTY: 711)	www.lifebenefits.com/plandesign/ers
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Other programs

Discount Purchase Program	Beneplace	Toll-free: (800) 683-2886 (TTY: 711) Local: (512) 346-3300	www.Beneplace.com/DiscountProgramERS
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You may either enter your changes using your online account at www.ers.texas.gov 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: RETIREE DATA (To be completed by retiree.)

Retiree Name: 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 September 1, 2020.)

Medical Coverage	Waive	HealthSelect of Texas [®]	Consumer Directed HealthSelect SM			
	HMO Name _____					
	Waive + Opt-Out (For retirees who can certify they have comparable coverage that is not Medicare.)					
	Enroll/Add/Drop Dependent (See Section C)					
Optional Benefits (May be elected without being enrolled in health coverage.)						
Dental	Waive	State of Texas Dental Choice Plan SM	DeltaCare USA DHMO			
	Enroll/Add/Drop Dependent (See Section C)					
Vision	Waive	State of Texas Vision	Enroll/Add/Drop Dependent (See Section C)			
Optional Term Life Insurance**	Waive	OR	Enroll \$10,000	Decrease Level to:	Election I*	\$10,000
Dependent Term Life Insurance**	Waive	Enroll/Add/Drop Dependent (See Section C)				
Tobacco-User Certification: 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? This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes / vaping products. Yes No						

*You must be currently enrolled in Optional Life x 2. Once you elect to decrease to Level I, you cannot increase the level of Optional Term Life Insurance at a later date.

**To apply for Dependent Term Life Insurance or the \$10,000 Retiree Fixed 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, or contact ERS.

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	Dep. Life	Tobacco User
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F		XXX-XX-	No	No	No	No	No
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F		XXX-XX-	No	No	No	No	No
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F		XXX-XX-	No	No	No	No	No
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F		XXX-XX-	No	No	No	No	No

*Relationship Code: Sp – Spouse D or S - Natural or adopted daughter or son O – Other than natural or adopted child. Includes stepchild, foster child, or ward child. If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at www.ers.texas.gov or call ERS. For dependents newly enrolled in health coverage, you may be required to provide documentation to Alight Solutions to verify your dependents' eligibility.

** If your dependent is Medicare eligible, contact ERS and provide their Medicare information. Once their Medicare information is updated, we can review their options.

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, 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 User 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, dip, and all e-cigarettes / vaping products, and a **“Tobacco User”** is a person who has used any Tobacco Products five or more times within the past three consecutive months. If I (or any of my covered dependents): 1) have used Tobacco Products as a Tobacco User; or 2) start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS will constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS will constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco user premium, if it is right for your health status and complies with your doctor’s recommendations. For more information about this program, visit, <https://ers.texas.gov/About-ERS/Policies/Tobacco-Policy-and-Certification>.

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco for three consecutive months, you must complete the Tobacco User Certification Form (ERS 2.933) available at https://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933.pdf, or change the certification using your ERS OnLine account at 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 Retiree Basic Term Life Insurance policy. I will receive a credit of up to \$60 (or \$30 for part-time participants) that will be applied toward the cost of eligible optional coverage (dental and/or vision). The credit is in place of the state contribution for basic health coverage. Due to federal legislation Medicare members cannot receive the Opt-Out Credit. I am able to view the Health Insurance Opt-Out Credit applied toward my eligible optional coverage premium by signing in to my ERS OnLine account at www.ers.texas.gov.

I understand that if I am currently in a waived status, I must have a qualifying life event or wait until the next Summer Enrollment to enroll in medical or optional coverage offered to eligible participants.

Retiree’s Signature: _____

Date Signed: _____

(mm-dd-yyyy)