ERS® Employees Retirement System of Texas

2021 Summer Enrollment Retirees and Families Guide

Inside:

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 any time.

This year, there's an important change for health maintenance organization (HMO) participants. Starting September 1, the Scott and White Care Plans (SWCP) and Community First Health Plans (CFHP) HMOs will no longer be offered through the GBP. Central Texas and San Antonio-area HMO participants will automatically move to HealthSelect of Texas®. During Summer Enrollment, current HMO participants may choose to enroll in Consumer Directed HealthSelect℠ , waive GBP coverage or choose the Health Insurance Opt-Out Credit if they have other group health insurance that is comparable to GBP health insurance. View more details and premium rate sheets at **https://www.ers.texas.gov/SE**.

Need to make changes to your benefits?

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 12–July 23**.

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 the Texas Employees Group Benefits Program (GBP) plan administrators are hosting several hour-long Summer Enrollment webinars instead of our traditional in-person fairs.

Participate in as many webinars as you wish from the convenience of your home or office. 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 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-Calendars**) 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 **www.ers.texas.gov/Event-Calendars**.

Topic	Presenter(s)	Dates and times (All times are Central, and all webinars last one hour.)		
Summer Enrollment Overview	ERS	June 21; 10 a.m. June 23; 10 a.m. June 25; 10 a.m. June 28; 1 p.m. June 29; 1 p.m.	July 1; 3 p.m. July 6; 8 a.m. July 7; 1 p.m. July 8; 6 p.m. July 13; 10 a.m.	July 15; 10 a.m. July 21; 1 p.m.
Q&A: HealthSelect of Texas®	Blue Cross and Blue Shield of Texas	June 21; 1 p.m. June 29; 10 a.m.	July 9; 1 p.m. July 12; 3 p.m. July 20; 10 a.m.	
Q&A: Consumer Directed HealthSelect℠	Blue Cross and Blue Shield of Texas Optum Bank	June 22; 3 p.m. June 28; 10 a.m.	July 9; 3 p.m. July 13; 3 p.m.	
HMO Transition (from Scott and White Care Plans, Community First Health Plans)	ERS, Blue Cross and Blue Shield of Texas OptumRx	June 21; 3 p.m.	July 1, 10 a.m. July 6; 1 p.m. July 14; 3 p.m.	July 20; 1 p.m.
Q&A HealthSelect℠ Prescription Drug Program	OptumRx	June 23; 3 p.m. June 30; 10 a.m.	July 8; 1 p.m. July 22; 1 p.m.	
Q&A: Dental Plans	Delta Dental	June 22; 1 p.m. June 29; 3 p.m.	July 7; 10 a.m. July 12; 10 a.m.	
Q&A: State of Texas Vision℠	Superior Vision	June 24; 3 p.m. June 30; 3 p.m.	July 8; 10 a.m. July 19; 1 p.m.	
Q&A: TexFlex℠	PayFlex® Systems, Inc.	June 25; 1 p.m. June 28; 3 p.m.	July 6; 10 a.m. July 14; 1 p.m.	July 21; 3 p.m.
Q&A: Term Life and AD&D Insurance	Securian Financial	June 24; 1 p.m. June 30; 1 p.m.	July 7; 3 p.m. July 13; 1 p.m.	
Q&A: Texas Income Protection Plan℠	ReedGroup	June 23; 1 p.m.	July 9; 10 a.m. July 19; 3 p.m.	

WHAT'S NEW?

Starting September 1, 2021, the GBP will no longer offer HMOs

The Scott and White Care Plans (SWCP) and Community First Health Plans (CFHP) HMOs will no longer be offered through the Texas Employees Group Benefits Program (GBP) starting September 1, 2021. Central Texas and San Antonio-area HMO participants who are not enrolled in Medicare will be automatically moved to HealthSelect of Texas®, administered by Blue Cross and Blue Shield of Texas (BCBSTX) and have prescription drug coverage administered by OptumRx. During Summer Enrollment, current HMO participants may choose to enroll in Consumer Directed HealthSelect℠, waive GBP health coverage or choose the Health Insurance Opt-Out Credit if they have other group health insurance that is comparable to GBP health insurance. See page 9 of this guide and the insert in your Summer Enrollment packet for more information.

HealthSelect℠ plans benefit changes

Starting July 1, 2021, the HealthSelect of Texas, HealthSelect Out-of-State, and HealthSelect Secondary medical plans' in-network virtual visit mental health copays will be covered at no cost to the participant through MDLive and Doctor on Demand.

The HealthSelect plans will also include the benefit changes below starting September 1, 2021.

- The HealthSelect of Texas and Consumer Directed HealthSelect health plans' total annual in-network out-of-pocket maximums (medical and pharmacy combined) will increase to $7,000 per person per individual (up from $6,750) and $14,000 per family (up from $13,500) to align with the IRS maximums.
- The Consumer Directed HealthSelect and HealthSelect Secondary medical plans will cover in-network diagnostic hemoglobin A1c testing for individuals diagnosed with diabetes without first requiring the annual medical plan deductible to be met. Coinsurance will still apply.
- Formulary insulin dispensed at in-network pharmacies will be covered under the HealthSelect of Texas and Consumer Directed HealthSelect Prescription Drug Programs, without first having to pay the annual plan deductible. Copays and coinsurance for formulary insulin will still apply.

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."
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.
6. 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.
7. Click Submit to save all your changes from the main Benefits Enrollment page.
8. ERS will email you confirmation of your changes, if you have an email address in your ERS account. If you don't have an email address in your ERS account, we will send a confirmation to your mailing address.

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, **July 12–July 23**.

Remember

If you do not need to change your benefit elections or update your tobacco-use status, **you do not have to do anything**. Your current coverage and contributions will carry forward to the new plan year.

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 **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 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 **ers.texas.gov/Retirees/Forms-for-retirees**. You must complete a separate form for each dependent child to be covered.

Verifying eligible dependents for health coverage

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

1. Enroll your eligible dependents in health coverage and certify their eligibility, as noted above.
2. ERS will send your information to Alight Solutions, ERS' third-party administrator for dependent verification. Alight Solutions will mail you a letter outlining the steps you must take to verify that your dependent is eligible for coverage.

   IMPORTANT: When you get a letter from Alight Solutions, open it right away! Carefully review the information and keep the deadline in mind.
3. Submit the necessary documents according to Alight's instructions by the due date listed on the letter.

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 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 Summer Enrollment. To do so, you must submit documentation to ERS (not Alight) to prove your dependent's eligibility. If the dependents' eligibility is approved, coverage will begin September 1, 2021.

You must provide copies of documents proving dependent eligibility (see required documents at **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℠, 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 July 23, 2021. Mailed copies must be postmarked by July 23.

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 get complete and accurate documentation verifying that dependents are eligible for coverage by **July 23, 2021** in order for coverage to begin September 1, 2021.

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 the HealthSelect plans.

Read the Master Benefit Plan Document for each plan on the HealthSelect website for more details: **https://healthselect.bcbstx.com/content/medical-benefits/index**.

Each plan's Summary of Benefits and Coverage (SBC) also provides an easy-to-understand overview of coverage. Plan Year 2022 SBCs will be available starting June 23.

Health insurance plan features at a glance

	HealthSelect of Texas	Consumer Directed HealthSelect of Texas
Key advantages	• 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)	• Tax-advantaged health savings account (HSA), with monthly contributions from the state • Large statewide and nationwide networks • Referrals not required • Lower monthly premium for dependents and part-time employees
In-network preventive care covered at 100%	Yes	Yes
Prescription drug coverage	Yes	Yes
Key downside(s)	• Referrals needed for most specialty care • Higher monthly premiums for dependents and part-time employees	• The plan pays nothing until the deductible is met • Must meet IRS' eligibility guidelines to participate in the HSA
Might be good for people who…	• Want to keep their out-of-pocket costs low • Don't mind getting referrals for specialty care • Are willing to pay higher dependent or part-time employee premiums	• Usually have low (or very high) health expenses • Can 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

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 the 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 vision and/or dental insurance premiums. If you do not use the entire $60 or $30 credit, the unused portion cannot be refunded.

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 113,000 medical and mental 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.)

In this plan, you must designate a primary care provider (PCP) in the HealthSelect network and get referrals to specialists to get the highest level of benefit. If your providers are 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.

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

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

*See details about how this deductible is applied in the HealthSelect of Texas Master Benefit Plan Document at **https://healthselect.bcbstx.com/content/publications-andforms/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 and work in Texas must get a referral from their designated primary care provider (PCP) to see specialists and get 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 **www.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 HealthSelect℠

Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). It is available to GBP participants who are not enrolled in Medicare. 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 in-network preventive services at 100%.

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

For Plan Year 2022 (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 referrals to see specialists in Consumer Directed HealthSelect, and generally you will 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 health savings account (HSA) to pay eligible health care expenses. When you contribute to an HSA, you also save money on federal taxes by lowering your taxable income. 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, 2021	Up to age 54: $3,600 Age 55 and older: $4,600	$7,200
Annual maximum contribution Jan 1, 2022 – Dec. 31, 2022	Up to age 54: $3,650 Age 55 and older: $4,650	$7,300
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 elect to enroll in Consumer Directed HealthSelect through ERS OnLine, you will see a link to the Optum Bank website (optumbank.com) that allows you to 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. You must have an Optum Bank HSA to get the state's contribution; the state will not make deposits into an HSA at another bank.

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 have access only 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 a HSA. For more information, visit **https://ers.texas.gov/Contact-ERS/Additional-Resources/FAQs/Consumer-Directed-HealthSelect-Health-Savings-Account**.

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. Under the HealthSelect Prescription Drug Program, 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.

Learn more

See the health plans comparison chart that came in your Summer Enrollment packet to compare prescription drug coverage in the different HealthSelect plans. Learn additional details about your prescription drug coverage on your plan's website or at **https://www.ers.texas.gov/Active-Employees/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 out-of-pocket maximums for care you get from in-network providers (excluding Medicare plans). 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 medical 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). The chart below lists the out-of-pocket maximums for the health plans.

In-network out-of-pocket maximums for GBP health plans (excluding Medicare plans)		
Plan Year 2021	HealthSelect (through Dec. 31, 2021)	$6,750 individual $13,500 family*
	HMOs (through Aug. 31, 2021)	
Plan Year 2022	HealthSelect (Jan. 1 - Dec. 31, 2022)	$7,000 individual $14,000 family*

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

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

Starting September 1, 2021, the Scott and White Care Plans (SWCP) and Community First Health Plans (CFHP) HMOs will no longer be offered through the Texas Employees Group Benefits Program (GBP). HMO participants who are not enrolled in Medicare will automatically move to HealthSelect of Texas®, administered by Blue Cross and Blue Shield of Texas (BCBSTX) and have prescription drug coverage administered by OptumRx. During Summer Enrollment, current HMO participants may choose to enroll in Consumer Directed HealthSelect℠, waive GBP health coverage or, if they have other group health insurance that is comparable to GBP health insurance, select the Health Insurance Opt-Out Credit. If participants choose to waive GBP health coverage or choose the Health Insurance Opt-Out Credit, they will no longer have prescription drug coverage or Basic Life insurance. ERS will mail information about the health plan transition to current HMO participants.

SWCP and CFHP participants should see little difference in medical and prescription drug benefits between the HMOs and HealthSelect of Texas, and in most instances, HealthSelect of Texas benefits are better.

Consumer Directed HealthSelect is a high-deductible health plan with a health savings account (HSA), and is very different from the HMOs. Eligible members who enroll in Consumer Directed HealthSelect will get a contribution from the state into their HSA every month, but could have higher out-of-pocket costs.

Most HMO network providers—more than 90%—participate in the HealthSelect network, and most current participants will not need to change their current providers. Participants will have a much larger network of providers and pharmacies to choose from than they have in the HMOs, and if they need to find a new provider, their new plan can help them find the right one.

To get the most out of their HealthSelect of Texas benefits, current HMO participants will have to contact BCBSTX to name an in-network primary care provider (PCP). After 60 days, if the participant hasn't named a PCP, out-of-network costs apply to most services—even if they're from an in-network provider—until an in-network PCP is named.

Consumer Directed HealthSelect does not require participants to select a PCP or get referrals to specialists.

Unlike the HMOs, HealthSelect plans cover medical and prescription drug services from out-of-network providers, although HealthSelect participants will pay more if they go out of network.

BCBSTX and the HealthSelect℠ Prescription Drug Program will send plan guides and new ID cards to SWCP and CFHP participants before September 1, 2021.

See pages 5-7 for more information about the HealthSelect plans.

Tobacco-use status

All participants enrolled in Texas Employees Group Benefits Program (GBP) health insurance plans must certify their status as tobacco users or non-users. Please note you only need to update your tobacco use status if you or your dependent(s)' 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.

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 your Summer Enrollment phase through your ERS OnLine account, your agency or higher education institution's benefits coordinator or by returning the Tobacco Use Certification form to ERS. Failing to do so 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**. Please note the form is not necessary if you choose to update certification through your ERS OnLine account or your benefits coordinator.

Participants who change a certification to tobacco user during Summer Enrollment will have the first premium deducted from their October 1 paycheck (employees) or September 30 annuity check (retirees). For more information on the tobacco-user premium, see the Plan Year 2022 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 your or a dependent's 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 Summer Enrollment to change your tobacco-use status.

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 (see above).

DENTAL INSURANCE

State of Texas Dental Choice

The 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 covered services.

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 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 participating specialty dentists cost 25% less than the dentists' usual charges when specialty care is coordinated by your PCD.

What is a "smart" ID card?

To keep costs low, retirees who sign up for GBP dental insurance will not get an ID card, and participating Delta dentists shouldn't require them.

If you would like a card, you can download a virtual ID card to your smartphone 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.

Your covered dependents cannot access the Delta Dental app, and their names aren't listed on the ID card. Providers can verify your dependent's coverage using your dependent's name or your name and the plan ID number.

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 when specialty care is coordinated by the PCD. 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. If care is coordinated by the PCD, participant pays 75% of specialist’s fee. Plan pays $0.

Note: 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 above the amount covered by Delta Dental.

VISION INSURANCE

STATE OF TEXAS VISION

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).

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. The State of Texas Vision plan provides you with an annual allowance of $200 to use towards either contact lenses OR frames for eyeglasses, and not both. For example, if you choose to use your $200 allowance to purchase contact lenses, you will not have a frames allowance for the remainder of the year. 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
Routine eye exam	$15 copay	$40 copay	After deductible is met: 20% coinsurance; Before deductible is met: possibly the full cost of the exam
Frames	$200 retail allowance	Not covered	Not covered
Standard contact lens fitting[1]	$25 copay	Not covered	Not covered
Specialty contact lens fitting[1]	$35 copay	Not covered	Not covered
Single-vision lenses	$10 copay	Not covered	Not covered
Bifocal lenses	$15 copay	Not covered	Not covered
Trifocal lenses	$20 copay	Not covered	Not covered
Progressives	$70 copay	Not covered	Not covered
Polycarbonate	$50 copay	Not covered	Not covered
Scratch coat (factory, single sided)	$10 copay	Not covered	Not covered
Ultraviolet coating	$10 copay	Not covered	Not covered
Tint	$10 copay	Not covered	Not covered
Standard anti-reflective coating	$40 copay	Not covered	Not covered
Contact lenses[2]	$200 allowance	Not covered	Not covered

[1]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.

[2]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.

OPTIONAL TERM LIFE AND VOLUNTARY AD&D INSURANCE

securian FINANCIAL™ **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 Financial'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 dependent term life insurance.

If your dependents are approved (see EOI at right), the benefit includes $5,000 term life with $5,000 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 additional life and/or dependent life insurance after your first 31 days of employment, 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:

- The EOI underwriter will provide instructions for submitting your EOI application.
- You must 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.

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 initiate EOI during Summer Enrollment and receive EOI approval, your coverage will begin on:

- September 1, 2021, 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.

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® Consumer Directed HealthSelect℠	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711) Nurseline: (800) 581-0368	**www.healthselectoftexas.com**
HealthSelect℠ of Texas Prescription Drug Program	OptumRx	Toll-free: (855) 828-9834 (TTY: 711)	**www.HealthSelectRx.com**
Consumer Directed HealthSelect℠ health savings account (HSA)	Optum Bank	Toll-free: (800) 791-9361 (TTY: 711)	**www.optumbank.com**

Dental

State of Texas Dental Choice Plan℠	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**

Life Insurance

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

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 23**.

ERS®
EMPLOYEES RETIREMENT SYSTEM OF TEXAS

RETIREE SUMMER ENROLLMENT FORM

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, 2021.)*

Medical Coverage	☐ Waive	☐ HealthSelect of Texas®	☐ Consumer Directed HealthSelect℠
	☐ 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℠ ☐ 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 ☐ S ☐ O		☐ M ☐ F		XXX-XX-	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Sp ☐ D ☐ S ☐ O		☐ M ☐ F		XXX-XX-	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Sp ☐ D ☐ S ☐ O		☐ M ☐ F		XXX-XX-	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Sp ☐ D ☐ S ☐ O		☐ M ☐ F		XXX-XX-	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Sp ☐ D ☐ S ☐ O		☐ M ☐ F		XXX-XX-	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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)