

Rock en Roll

ERS SUMMER ENROLLMENT FEST

2025

RETIREES AND FAMILIES GUIDE

What's New?

SET LIST

Find out what's changing
in Plan Year 2026
(handout included)

Summer headliners:

Health insurance options
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Dental insurance
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That'll be the day:

Life insurance (page 14)

We'll be everywhere, man:

ERS event schedule
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Now's your chance to fine-tune your state benefits!

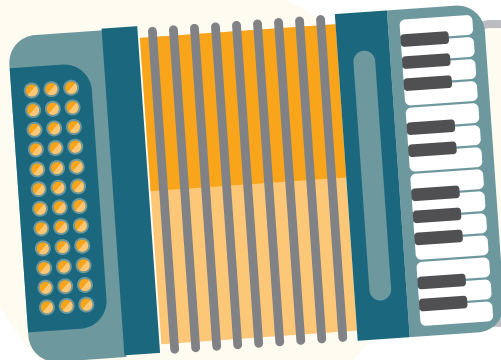
The Texas Employees Group Benefits Program (GBP) provides valuable benefits for you and your family. As a State of Texas retiree, Summer Enrollment is your only chance to review or make changes to your benefits without a qualifying life event (QLE) during the plan year.

**Any changes you make will
take effect Sept. 1, for Plan Year 2026**
(Sept. 1, 2025–Aug. 31, 2026).

Stand by your plan

If you're happy with your current benefits and want to keep the same coverage, you don't have to do anything.

Your Summer Enrollment Fest Checklist



Have you had any life changes in the past year? Think about what medical, dental or vision care services you or your family members might need in Plan Year 2026 (Sept. 1, 2025–Aug. 31, 2026). Not making any changes? You don't have to do anything. If you are, follow the checklist below!



Visit your ERS Summer Enrollment headquarters online at **ers.texas.gov/SE-2025** for premium rate sheets; health, dental and vision comparison charts; the ERS event schedule; and more.

Soundcheck

- ☐ Review your Personal Benefits Enrollment Statement (PBES) (included in this packet), or log in to your ERS OnLine account at **ers.texas.gov** to see what benefits you're enrolled in.
- ☐ Read through this guide, join a webinar or attend an in-person fair to learn about new updates or changes to your coverage. (See schedule 18.)
- ☐ Check the top left corner of your PBES to see your two-week phase to make changes.

Choose your lineup

- ☐ Decide if you want to change your coverage or add dependents.
- ☐ Make your changes online or by phone during your phase, or, at a Summer Enrollment fair. (See page 3.)
- ☐ If you added a new dependent to any coverage, provide any necessary documents by the correct deadline.
- ☐ If you added coverage that requires Evidence of Insurability (EOI), submit your document by the deadline.

Showtime

- ☐ If you made changes to your benefits, you can begin using them Sept. 1, 2025.

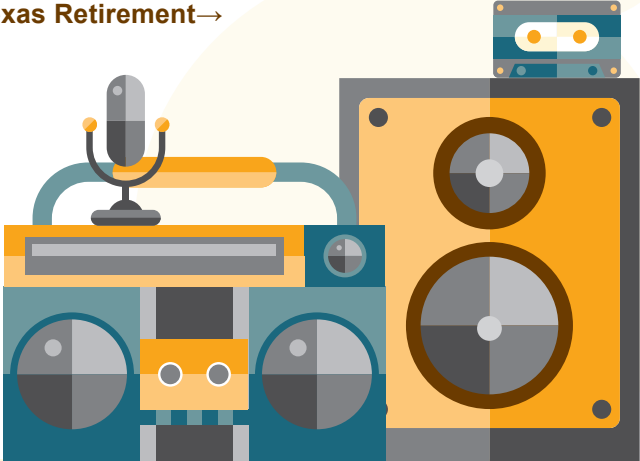


All benefits available through the Texas Employees Group Benefits Program (GBP) could change without notice. The Texas Legislature decides the level of funding for GBP benefits and has no continuing obligation to provide those benefits beyond each fiscal year.

Return-to-work retirees

If you are a return-to-work retiree, you can switch between retiree and active benefits during your Summer Enrollment phase. Your benefits would begin Sept. 1. Contact your agency or institution’s benefits coordinator or Human Resources office to make the change. Health and Human Services Enterprise employees: Contact the HHS Employee Service Center at **(888) 894-4747 (TTY: (866) 839-2747)** before **July 25**.

If you are a return-to-work retiree who is eligible for Medicare, it is important to understand how your state insurance works with Medicare. Call ERS or speak with your Benefits Coordinator for more information. You can find more information by visiting **ers.texas.gov→ Retirees→ My ERS Retirement→ State of Texas Retirement→ Benefits for return-to-work retirees**.



Time to rock enroll

Go online or call to make benefits changes

Be sure to make changes during your **two-week enrollment phase** listed on your Personal Benefits Enrollment Statement. The benefits counselors will work extended hours during Summer Enrollment, from 7:30 a.m. to 7 p.m., CT, Monday through Friday. If you need to make changes after Summer Enrollment is over, you can only make them within 31 days of a qualifying life event (QLE).

| Online | Call |
|---|--|
| Log in to your ERS OnLine account at ers.texas.gov . | Call ERS at (866) 399-6908 (TTY: 711) |

VIP TIP

The fastest way to make changes to your benefits is by logging in to your ERS OnLine account. Remember, you can access your account 24 hours a day, seven days a week.



Two-steppin' to a safe login

Are you making changes online?

ERS improved security measures by requiring two-factor authentication (2FA) for all user accounts on ERS OnLine. This makes your account extra secure!

What is 2FA and how does it work?

It's a security method that requires you to not only provide a username and password, but also have a valid email address or cell phone number on file. If you do not have a valid email address or cell phone number associated with your account, please call ERS at **(877) 275-4377 (TTY: 711)** to add one. Once one has been added, proceed to log-in. A code will be sent to you via the email address or cell phone number you provided. Entering this code will allow you to gain access and make changes to your ERS OnLine account.

Once you set up your 2FA, sign in like this!

Log in using your
username and
password.

Request a unique code
to be sent to your email
or cell number

Enter the code
to gain access to
your account.



Updating your benefits using your ERS OnLine account

Visit **ers.texas.gov** and choose "My Account Login."

My Account Login



FIRST

"Login" or "Register Now" (if you have not set up your ERS OnLine Account).



THEN

Complete the 2FA process. If you don't have a valid email address or cell number on file with ERS, call ERS to update your account.



NEXT

In the "Benefits Enrollment" section, choose the "edit" box in front of the benefit option you want to change. Do this for each election you want to change.



LAST

To save your changes, hit "Submit" on the main Benefits Enrollment page.

Once you've submitted your changes

ERS will send a confirmation of your changes to the email listed in ERS OnLine; if you don't get a confirmation email or letter with your changes you did not complete the process correctly. Try again or call ERS if you have questions.





We are family

Certifying and verifying newly added 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. You can add them during your Summer Enrollment phase.

To learn which dependents are eligible for ERS benefits, visit ers.texas.gov→Retirees→Eligibility.

Certifying children for any insurance coverage

If you are enrolling a dependent child in insurance coverage for the first time, you must certify their eligibility by completing the dependent child certification.


- Log in to your ERS OnLine account and click “Benefits Enrollment” under “My Insurance Information.”
or
- Complete the dependent child certification for each dependent child or print the form and turn in the completed form(s). You can find the form at **Home** → **Retirees** → **Rates and Forms** → **Find forms**.
- If you are enrolling a child in health insurance for the first time, you must also complete the dependent eligibility verification process (see below).

Verifying any dependent for health insurance coverage

If you are enrolling a spouse or dependent child in health insurance for the first time, you must verify their eligibility by completing the dependent eligibility verification process. If the dependent was previously verified, you don’t need to go through the process again if you are re-enrolling them in health coverage.

Signed, sealed, delivered to Alight Solutions

It’s very important that you open and read any mail or messages you get from Alight Solutions, the third-party administrator for dependent eligibility verification. If you don’t submit the necessary documents or if you miss the deadline, your dependents will be considered ineligible and they will lose coverage in all GBP plans. If you have questions, call Alight Solutions toll-free at **(866) 416-4091 (TTY: 711)**, Monday – Friday, 7 a.m. – 10 p.m. CT.



Verify in 3 steps

STEP 1:

Add your eligible dependents to health coverage (online or with the help of your benefits coordinator) and certify any dependent children. (Certifying eligible dependent children is separate from verifying eligible dependents.)

STEP 2:

ERS will send your information to Alight Solutions. You will get a letter, email or text message (if you opt in to text notifications) from **Alight Solutions** outlining which documents to submit and the deadline to submit them.

STEP 3:

Submit the documents by the deadline. If you fail to do this, your dependents will be considered ineligible and will lose coverage in all plans.



Adding dependents previously not verified through the dependent eligibility verification process.

If you have dependents who were not verified because you missed the dependent eligibility verification deadline before or did not submit the correct documentation, you can add them during Summer Enrollment; however, you must submit your documentation to prove their eligibility to ERS, not Alight Solutions. ERS must get complete and accurate documentation verifying that dependents are eligible for coverage by July 25, 2025. Please be sure to provide documentation by the deadline. Find a list of supporting documents at ers.texas.gov → **Retirees Employees** → **Eligibility** → **Eligibility Requirements**.

How would I know if my dependent was not previously verified?

Their name will be greyed out and you will not be able to add them as a dependent in your ERS OnLine account.

Send your documents along with a note stating:

- your name, last four digits of your SSN and phone number,
- the name of each dependent you are adding and
- specific coverage type(s) you want to add them to (e.g. HealthSelect of Texas, State of Texas Dental Choice, etc.)

Mail, fax or email the documentation to ERS. (Do not mail the originals. We cannot return the documents to you.) Emailed or faxed documents must arrive no later than **July 25, 2025**. Mailed documents must be postmarked by **July 25, 2025**.

- **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

If ERS approves your dependents' eligibility, their coverage will begin Sept. 1, 2025.



You can go your own way

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 monthly 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. There is no refund for any unused portion of the \$60 or \$30 credit. When you opt out of your health plan, you are also giving up your prescription drug coverage and your Basic Term Life Insurance coverage.

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,
- you are not eligible for the state contribution, or
- you get a state contribution for health insurance coverage from another group benefit plan.

Waiving health coverage: What you should know

If you waive your health coverage, you also give up your prescription drug coverage and will no longer have the \$2,500 Basic Term Life coverage.

If you waive your GBP health insurance and later lose your other health coverage due to a valid qualifying life event, you may enroll in health insurance offered through ERS if you sign up within 31 days of losing your other health insurance coverage.



Summer headliners

Your health insurance options

ERS offers two health insurance options:

- **HealthSelect of Texas** (page 8) and
- **Consumer Directed HealthSelect** (page 9).

Both plans are administered by Blue Cross and BlueShield of Texas (BCBSTX) and include **HealthSelect prescription drug coverage** (page 10), administered by Express Scripts, at no additional cost to you.

ERS sets the plan benefits and pays claims. BCBSTX manages the provider network, processes claims and provides customer service.

What plan should you choose?

You're unique, so we recommend reviewing each plan to see how it fits your and/or your family's needs. Are cost savings important? How often do you see the doctor? Review each of the plans before you make a decision. View the health plan comparison chart included in your Summer Enrollment packet to compare commonly used medical, mental health and prescription drug benefits.

Join a webinar to learn more about the plan and participate in a Q&A session with BCBSTX representatives. (See webinar schedule on page 16.)

Prefer to do your own research?

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

| Health insurance plan features at a glance | HealthSelect of Texas | Consumer Directed HealthSelect |
|--|-----------------------|--|
| Participants pay for non-preventive doctor visits with: | Copays | Coinsurance, after meeting the annual deductible |
| Large statewide and nationwide networks | ✓ | ✓ |
| Tax-advantaged health savings account (HSA) with monthly contributions from state | | ✓ |
| Referrals required for most care | ✓ | |
| In-network preventive care covered at 100% | ✓ | ✓ |
| Prescription drug coverage | ✓ | ✓ |
| Lower monthly premium | | ✓ |
| You must reach combined medical and prescription drug deductible before the plan starts paying for non-preventive care | | ✓ |
| Primary care provider required | ✓ | |
| Save money by seeing in-network providers | ✓ | ✓ |

For a more detailed view of coverage, see the Health Plans Comparison Chart online at ers.texas.gov/se-2025.



HealthSelect[®] of Texas

HealthSelect of Texas is a point-of-service health insurance plan. With this type of plan, you generally pay less if you choose in-network providers for your medical care. The plan will cover out-of-network care, but you will pay more—sometimes a lot more—than you pay if you choose in-network care. If your providers are in the HealthSelect network, you don't have to meet a medical deductible—only pay a copay—and the plan begins to pay right away.

This plan keeps your out-of-pocket costs low. It requires designating a primary care provider (PCP) and getting referrals for some specialty care. Your PCP is a valued partner in your health care. They get 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.

If you don't get a referral from your PCP, you will pay more for your treatment, even if the specialist is in the HealthSelect network.

However, you don't need a referral from your PCP for:

- routine and diagnostic eye exams;
- dermatologist visits;
- 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.

Calendar Year 2026 annual medical deductibles

Deductibles are based on the calendar year and reset Jan. 1. There is no medical deductible for in-network providers. 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) |

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.

- See details about how the family deductible is applied in the HealthSelect of Texas Master Benefit Plan Document at [HealthSelectofTexas.com](https://www.healthselectoftexas.com) → **Publications and Forms**.
- Learn about avoiding surprise medical bills at [ers.texas.gov](https://www.ers.texas.gov) → **Retirees** → **Health Benefits** → **Understanding health costs**.

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 **HealthSelect of Texas** and **Consumer Directed HealthSelect** offer to keep you well at [healthselectoftexas.com](https://www.healthselectoftexas.com).

Out-of-pocket limits on health expenses

To help protect you from extremely high health costs, HealthSelect of Texas and Consumer Directed HealthSelect (see page 9) have set a limit on the 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% covered in-network provider and pharmacy expenses for the rest of the calendar year. There are no out-of-pocket maximums for out-of-network care. Out-of-pocket maximums reset every calendar year (Jan. 1).

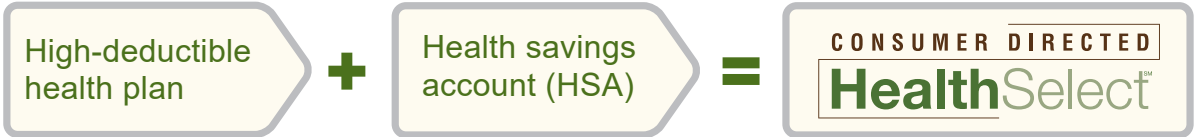
In-network out-of-pocket maximums for the HealthSelect plans (excluding Medicare plans)

Calendar Year 2025
(Jan. 1-Dec.31, 2025)

\$8,050 individual
\$16,100 family (GBP member + one or more covered family member)

Calendar Year 2026
(Jan. 1-Dec.31, 2026)

\$8,300 individual
\$16,600 family (GBP member + one or more covered family member)



Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). The plan covers in-network preventive care services at 100%. You don't have to designate a PCP or get referrals to see specialists.

How does the high deductible work?

In this plan, you pay all non-preventive health care costs, including prescription drug costs, until you meet the annual deductible which is based on the calendar year and resets on Jan. 1. A high deductible means you could have higher out-of-pocket costs before your health plan begins to pay anything toward your non-preventive medical services and prescription drugs. After you meet the deductible, you pay coinsurance (20% for in-network, 40% for out-of-network) for medical services and prescriptions.

Annual deductibles for Calendar Year 2026 (includes prescription drugs)

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

Health savings account

Consumer Directed HealthSelect offers a health savings account (HSA) with Optum Bank that you can use to pay eligible health care expenses not reimbursed from another source. Funds can be used to pay for qualified medical expenses for yourself, your spouse and eligible dependents, even if they aren't covered under your insurance. You will get a monthly contribution from the state.

HSAs have three federal tax advantages: contributions are tax-free; funds used to pay for eligible expenses are not taxed; and earnings on HSA funds can grow tax-free.

All HSA funds carry over each year and you keep the funds (including state contributions). You can invest HSA funds once the account has more than \$2,000. Once you turn 65, you can use HSA funds for any reason, but ineligible expenses will be taxed.

The IRS sets the maximum contribution amount each year (see chart below). Maximums include both pre-tax and post-tax contributions to an HSA. All state and paycheck contributions are deposited to accounts by the middle of the month.

Don't forget to setup your HSA

Open an Optum Bank HSA at optumbank.com. Be aware that you have access only to money that has accumulated in your HSA—not funds that you pledged to deposit in the future. The state will only make deposits into an Optum Bank HSA. Optum Bank will send you a debit card you can use to pay for expenses. Review IRS guidelines or consult a tax advisor to make sure you are eligible to participate in a HSA.

HSA contributions and maximums

| Contribution | Individual Account | Family Account* |
|---|--|------------------------|
| Calendar Year 2025 annual total maximum contribution (Jan. 1 – Dec. 31, 2025) | Up to age 54: \$4,300 Age 55 and older: \$5,300 | \$8,550 |
| Calendar Year 2026 annual total maximum contribution (Jan. 1 – Dec. 31, 2026) | Up to age 54: \$4,400 Age 55 and older: \$5,400 | \$8,750 |
| Fiscal Year 2026 annual state contribution (Sept. 1, 2025 – Aug. 31, 2026) | \$540 (\$45 monthly) | \$1,080 (\$90 monthly) |

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

All Rx's live in Texas



Your prescription drug coverage

Your health insurance plan includes the HealthSelect Prescription Drug Program (PDP), administered by Express Scripts.

HealthSelect of Texas

HealthSelect of Texas participants pay a \$50 per person annual deductible before HealthSelect PDP covers their prescriptions. The deductible is based on a calendar year (Jan. 1-Dec. 31). Once a participant meets their deductible, their prescription drug copays are based on the tiers below.



Tier 1:

Prescriptions are typically lower-cost 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.



VIP TIP

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

Consumer Directed HealthSelect

Participants in Consumer Directed HealthSelect must meet the combined medical/pharmacy deductible before HealthSelect PDP pays any prescription drug benefits. Once the deductible is met, participants pay 20% of the cost of prescriptions filled at in-network pharmacies or 40% of the cost at out-of-network pharmacies.

To price a medication, find an in-network pharmacy and more, go to **HealthSelectRx.com** or call a customer care representative toll-free at **(800) 935-7189 (TTY: 711)**.



Check yes or no

Tobacco-use status

If you or your dependents (including children) use any kind of tobacco products and are enrolled in health insurance, you must certify your status as tobacco users or non-users. Certified tobacco users and participants who aren't certified pay an additional monthly premium.

You can change your status at any time through your ERS OnLine account, or complete and print the certification form at **ers.texas.gov** → **Retirees** → **Find Forms**. Turn in the completed form(s) to ERS.

Choose to Quit

You may qualify for an alternative to the tobacco-user premium called "Choose to Quit." For more information, view the tobacco policy at **ers.texas.gov** → **Retirees** → **Health Benefits** → **Read about ERS' tobacco policy**.

Eyes of Texas



STATE OF TEXAS VISION

If you wear contacts or glasses, you can save money with State of Texas VisionSM. EyeMed Vision Care, LLC is the administrator of State of Texas Vision. Plan participants have access to EyeMed's INSIGHT network, which includes independent, national and regional retailers and online providers.

The State of Texas Vision covers one comprehensive eye exam at any time during the plan year (Sept. 1–Aug. 31); an annual \$200 retail allowance to use toward either eyeglass frames or contact lenses; and discounts for Lasik. Any dependent you enroll in this plan will receive each of these benefits.

Does the plan cover eye conditions like glaucoma or cataracts?

No. Only your HealthSelect health plan covers eye conditions, eye injuries and diseases. It also covers an annual eye exam, but doesn't cover glasses or contacts like State of Texas Vision.

For a complete list of plan benefits and a list of providers, visit StateofTexasVision.com

Vision Comparison Chart

| Vision Care Services | In-Network Member Cost | Out-of-Network Member Reimbursement |
|---|---|-------------------------------------|
| Exam Services | | |
| Exam | \$15 copay ¹ | Up to \$40 after \$15 copay |
| Contact Lens Fit and Follow-Up² | | |
| Fit and Follow-up – Standard | \$25 copay ¹ | Up to \$100 |
| Fit and Follow-up – Premium | \$35 copay ¹ | Up to \$100 |
| Frame | | |
| Frame | \$200 retail allowance; 20% off amount over \$200 | Up to \$75 |
| Lenses | | |
| Single Vision | \$10 copay ¹ | Up to \$30 |
| Bifocal | \$15 copay ¹ | Up to \$45 |
| Trifocal | \$20 copay ¹ | Up to \$60 |
| Progressive – Standard³ | \$70 copay plus bifocal \$15 ¹ | Up to \$45 |
| Lens Options | | |
| Polycarbonate - Standard | \$40 copay ¹ | Not covered |
| Scratch Coating - Standard Plastic | \$10 copay ¹ | Not covered |
| Tint - Solid and/or Gradient | \$10 copay ¹ | Not covered |
| UV Treatment | \$10 copay ¹ | Not covered |
| Anti-Reflective Coating - Standard | \$40 copay ¹ | Not covered |
| Contact Lenses | | |
| Contacts - Elective | \$200 allowance | Up to \$200 |
| Contacts - Medically Necessary | \$0 copay | Up to \$210 |
| Other | | |
| LASIK or PRK from U.S. Laser Network | 15% off retail or 5% off promo price; call (800) 988-4221 | Not covered |
| Retinal Imaging | You are responsible for 100% of the cost, which is up to \$39 for EyeMed customers. | Not covered |

¹ Covered in full after copay is met.

² A Contact Lens Fit and Follow-Up has its own copay and is separate from the eye exam copay. Standard Contact Lens Fit and Follow-up applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Premium Contact Lens Fit and Follow-up applies to new contact wearers and/or a participant who wears toric, gas permeable, or multi-focal lenses.

³ Standard progressives are covered in full after a \$70 copay. The \$15 bifocal copay also applies to standard progressive lenses. For premium progressive lenses, the plan coverage is up to the in-network plan payment for standard progressive lenses.



Miles and smiles of Texas



Dental insurance

ERS offers two dental plans: **State of Texas Dental Choice Plan** (nationwide) and **DeltaCare® USA** (only in Texas). Both plans are administered by Delta Dental. If you want to enroll a dependent, you must be enrolled in the same plan; however, you can designate different primary care dentists.

VIP TIP
Check the Discount Purchase Program for dental discounts.

Which plan works best for you?

We recommend reviewing each plan to see how it fits your family's needs. How often do you see the dentist? Are you or your dependent planning to see an orthodontist? If you're considering the dental health maintenance organization, is your preferred dentist in the service area? Review each of the plans before you make a decision. If you have questions, call Delta Dental toll free at **(888) 818-7925 (TTY: 711)**.

| | <div>STATE OF TEXAS DENTAL CHOICE PLAN</div> | DeltaCare® USA |
|--|--|--|
| | State of Texas Dental Choice Plan PPO This is a preferred provider organization (PPO) dental insurance plan. | DeltaCare USA DHMO This is a dental health maintenance organization (DHMO) insurance plan. |
| | Nationwide | Only in Texas |
| Where can I use this plan? | You can see any dentist in the U.S., Canada or Mexico but you generally pay less if you stay in one of the plan's two networks: <ul style="list-style-type: none">• Delta Dental PPO• Delta Premier (dentists can charge higher rates) For information about coverage available outside of the U.S., please see the Master Benefits Document online at www.ERSdentalplans.com | 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. |
| Is a primary care dentist (PCD) required? | No , but you pay less if you use an in-network dentist. | Yes . Make sure there is a PCD in your area before enrolling in this plan. You and your enrolled dependents can choose different PCDs. |
| Deductible | Yes . The amount differs for in-network and out-of-network dentists. | No |
| Copays/coinsurance | | Yes , depending on the service. |

Your dental ID card

When you enroll in dental, you'll receive an ID card in the mail, but participating Delta dentists shouldn't require them.

You can also download a virtual ID card to your smartphone through the Delta Dental app, download and print your ID information from ERSdentalplans.com.

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 Comparison Chart

| | 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 dentist | Out-of-network dentist | You must select a primary care dentist (PCD). NOTE: Not all in-network dentists accept new patients. Dentists are not required to stay on the plan for the entire year. |
| Deductibles | Preventive: Individual-\$0; Family-\$0 Combined Basic/Major: Individual-\$50; Family-\$150 Orthodontic services: no deductible In State of Texas Dental Choice, deductibles are based on the calendar year and reset on January 1. | 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. | Primary care dentist (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) plus 40% after maximum calendar year benefit is met | Does not apply to orthodontic services provided by out-of-network dentists (plan pays \$0) | 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 a specialist: 75% of the usual fee (DHMO pays nothing) |

That'll be the day

Your life insurance options

If you're a retiree enrolled in one of ERS' health plans, your health insurance comes with Basic Term Life Insurance that pays \$2,500 to your beneficiary upon your death. If you want additional retiree coverage, you have options.

| | Optional Term Life Insurance | Retiree Fixed Optional Life Insurance |
|--|---|--|
| Eligibility | Only for retirees who are already enrolled | Available to retirees not enrolled in Optional Term Life Insurance, or retirees who choose to reduce their Optional Term Life Insurance to this option. |
| Coverage | You can continue at Election 1 or 2 times your last annual salary. If you decrease from Election 2 to Election 1, you can never increase it. Coverage decreases at age 70 and every five years after that. (See below) When the coverage amount drops to \$10,000, the plan automatically switches to the Retiree Fixed Optional Life Insurance. | Pays \$10,000 to your beneficiary upon your death. |
| Premiums | Based on your election, your annual salary when you retired and your age. | \$24.80 per month in Plan Year 2026 |
| When can I make changes | You can decrease/drop your coverage without EOI at any time, not just during Summer Enrollment. As a retiree, you cannot enroll in or increase this coverage. | Retirees can change from Optional Term Life Insurance to Retiree Fixed Optional Life Insurance without EOI any time of the year or during Summer Enrollment. If you don't have Optional Term Life insurance, you can apply for this coverage through EOI during Summer Enrollment or within 31 days of a qualifying life event. You can drop coverage at any time. |
| Does it require EOI? (See page 15) | N/A | Yes |

How your age affects your Optional Term Life Insurance

Your Optional Term Life insurance coverage automatically decreases every five years, while your premiums will continue to increase.

Your coverage will be reduced to a percentage of your elected amount, based on your age on September 1 of each year, rounded to the next highest \$1,000.

| Starting at age 70 | |
|--------------------|--------------------------------|
| Premiums | Coverage |
| Age on Jan. 1 | Percentag of original coverage |
| 70-74 | 65% |
| 75-79 | 40% |
| 80-84 | 25% |
| 85-89 | 15% |
| 90 and over | 10% |

Dependent Term Life Insurance

You also have the option of covering eligible dependents in dependent term life insurance. For an additional monthly premium, you can apply to enroll them through EOI (Read about EOI, page 15). To enroll your eligible dependents in Dependent Term Life Insurance with AD&D insurance. The benefit includes \$5,000 upon the death of a dependent or \$5,000 AD&D in the event of certain accidental injuries for each covered dependent. Your monthly premium covers all your eligible dependents listed on your policy.

Tell it like it is

Evidence of insurability (EOI)

Evidence of insurability (EOI) is an application process in which you provide information about your health or the health of your dependents.

When is it required?

You must complete the EOI process if you are:

- enrolling in the Retiree Fixed Optional Life Insurance or
- adding a dependent to Dependent Term Life Insurance.

VIP TIP

Answer all questions on the EOI application honestly. Do not leave any questions blank. Missing information can delay the process.

Following your enrollment request, start the EOI process.

Step 1

Log in to your ERS OnLine account or call ERS.

Step 2

Read and follow the instructions sent to you by the EOI underwriter.

Step 3

Complete and submit your application within 31 days.

The EOI underwriter may request additional information before making a decision. Your coverage may also be denied based on the information provided on your application. If your coverage is denied, you can apply again during the next Summer Enrollment or within 31 days of a qualifying life event.

When does my coverage begin?

If you initiate EOI during Summer Enrollment and are approved, your coverage will begin on Sept. 1, 2025 or the first day of month following EOI approval if the approval is dated on or after Sept. 1.

Questions?

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

Don't stop thinking about tomorrow

TEXA\$AVERSM
401(k) / 457 Program

When you retired, you had the option to keep your money with the Texa\$aver program. If you did, you can continue to take advantage of the competitive fees and guidance you enjoyed as an active employee. Schedule a free appointment with a Retirement Plan Advisor at **texasaver.com** to discuss your options throughout retirement. They're based in regions around the state, so can meet with you in person. Their salaries are paid from all Texa\$aver participants' monthly fees; they don't make any type of commission.

- Leave your money in your 401(k) or 457 program as is.
- Receive periodic payments, like getting a paycheck in retirement.
- Take a partial lump-sum distribution(s); withdraw what you need when you need it, or take all of the money in a single lump-sum distribution.
- Roll funds from another qualified plan or IRA into your Texa\$aver account.

Texa\$aver distributions and withdrawals

While you don't need to do anything to keep your Texa\$aver account(s), once you reach age 73, you may be required to begin taking minimum distributions. If you have questions, call Texa\$aver toll-free at **(800) 634-5091**, Monday – Friday, 8 a.m. – 7 p.m. CT. You can also visit **texasaver.com**.

We'll be everywhere, man

ERS and plan administrators will be at Summer Enrollment fairs and will host webinars to help you make informed decisions about your benefits. You may attend any of the webinars and fairs listed below, even if you don't work at the agency or institution where it's taking place.

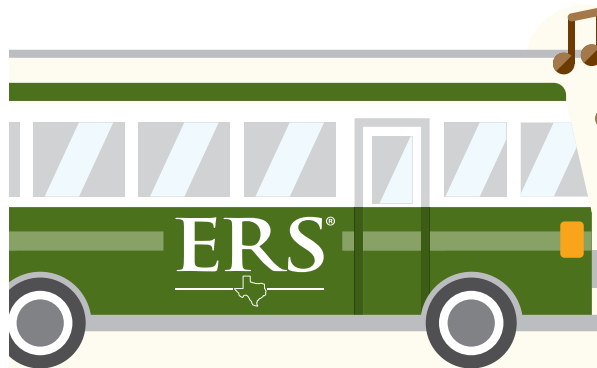
Stream us from home

Summer Enrollment webinars will provide brief overviews of all GBP plans and any changes in the upcoming plan year. Webinars about specific plans will feature an overview of the plan, followed by Q&A with the plan administrator. (Plan representatives can answer general questions. If you have a specific question about your account or a claim, contact the plan's customer service number.)

Webinars during Summer Enrollment

Register for a webinar at ers.texas.gov/Event-Calendar. Once you register, you will get the login information via email.

| Topic | Presenter(s) | Dates and times | |
|--|--|-------------------------------------|--------------------|
| | | All webinar times are Central Time. | |
| Summer Enrollment overview | ERS | June 24 at 10 a.m. | July 14 at 3 p.m. |
| HealthSelect of Texas® | Blue Cross and Blue Shield of Texas | June 24 at 3 p.m. | July 14 at 10 a.m. |
| Consumer Directed HealthSelect SM | Blue Cross and Blue Shield of Texas Optum Bank (health savings account) | June 27 at 3 p.m. | July 7 at 10 a.m. |
| HealthSelect SM Prescription Drug Program | Express Scripts | June 27 at 10 a.m. | July 7 at 3 p.m. |
| Dental Insurance | Delta Dental | July 3 at 3 p.m. | July 11 at 3 p.m. |
| State of Texas Vision SM | EyeMed | July 3 at 10 a.m. | July 15 at 3 p.m. |
| Term Life Insurance | Securian Financial | July 11 at 10 a.m. | July 17 at 3 p.m. |



On the road again: See ERS live!

All fairs are from 10:30 a.m. to 1 p.m. local time. The ERS presentation starts at 11 a.m. If you're an active employee, your agency or institution may be hosting a private fair that's not listed below. Contact your human resources department for information. (See tour schedule page 17.)

Note: Occasionally, due to weather or other issues beyond our control, ERS may cancel or change an event. When possible, we'll provide notice of a cancellation or change on the ERS website. Be sure to check ers.texas.gov the morning of the event for any updates.

June 17**Texas Department of Insurance**

Barbara Jordan Building

1601 Congress Ave.

Austin, TX 78701

*Parking Map: tdi.texas.gov/general/BJB-parking.html***June 18****Texas Department of License and Regulation**

1106 Clayton Lane

Austin, TX 78723

*Park in front of building***Alamo Community College**

ACCESS Building

Boardroom, Broadway 100

2222 N. Alamo St.

San Antonio, TX 78215

*Park in front or back of building or in garage***June 23****Texas Department of Criminal Justice**

Texas Prison Museum

491 TX-75 N

Huntsville, TX 77320

*Park in lot in front of building except in front row spaces***June 24****Lone Star College**

Community Building, Ballroom

5000 Research Forest Drive

The Woodlands, TX 77381

*Park directly outside of building***June 25****Houston Community College**

West Loop, Campus Auditorium

5601 W. Loop S

Houston, TX 77081

*Park in front of building or in garage***June 26****El Paso Community College**

Building A, Auditorium A

9050 Viscount Blvd.

El Paso, TX 79925

*Park outside of Building A or B***Texas Department of Transportation**

Auditorium

7600 Washington Ave.

Houston, TX 77007

*Park in garage except in spots labeled "reserved"***June 30****North Central Texas College**

Downtown Denton Campus

316 E. Hickory St.

Denton, TX 76201

*Park in garage on 316 E. Sycamore St.***July 2****Austin Community College Highland Campus**

Room 1550, Presentation Hall

6101 Highland Campus Drive

Building 2000

Austin, TX 78752

*Park in garage***Tarrant County College District**

Trinity River Campus

Room TRTR 4008 (presentation);

Room TRTR Main St. (benefit fair)

300 Trinity Campus Circle

Fort Worth, TX 76102

*Park in Trinity River Campus parking garage at 700 W. Belknap St.; entrance to garage at intersection of Belknap Street and Cherry Street***July 8****Texas Tech University Health Sciences Center**

School of Pharmacy Academic

Classroom Building

1340 S. Coulter St.

Amarillo, TX 79106

*Park in Lot F1 or Lot E1 except in spaces marked "reserved"***South Texas College**

Student Union Ballroom 2.100

3201 W. Pecan Blvd.

Building U

McAllen, TX 78501

*Park in any lot***July 9****Texas Tech University Health Sciences Center**

Academic Event Center

3601 Fourth St.

Lubbock, TX 79430

*Park in Lot D2 in front of Academic Center or Lot B3***July 10****Community Supervision and Corrections Department**

3036 N. Bryant Blvd.

San Angelo, TX 76903

*Park in front of building***Texas State Technical College**

Room 133 A (benefits fair)

Room 136 (presentation)

2424 Boxwood St.

Harlingen, TX 78550

*Park in front of building***July 15****Texas Department of Insurance**

Barbra Jordan Building

1601 Congress Ave.

Austin, TX 78701

*Parking map: tdi.texas.gov/general/BJB-parking.html***July 21****College of the Mainland**

COM Conference Center

Room 135 A, B, C

1200 N. Amburn Rd.,

Texas City, TX 77591

*Park in Lot C in unmarked spots; enter from Amburn Road, turn left into Lot C, before the stop sign***July 22****Brazosport College**

Corporate Learning Center

Room 103 (no presentation)

500 College Drive

Lake Jackson, TX 77566

*Park in Orange Lot***July 23****Texas State Technical College**

ITC Building, Open Foyer Area

26706 Southwest Freeway

Rosenberg, TX 77471

*Park in any lot***July 24****University of Houston Clear Lake**

Bayou Building, Garden Room

2700 Bay Area Blvd.

Houston, TX 77058

*Temporary visitor permits may be purchased via parking kiosks***Don't miss the show!****All fairs: 10:30 a.m. - 1 p.m.****Presentations: 11 a.m.****More parking information online at ers.texas.gov/SE-2025**



Call me maybe

Health

| Plan | Administrator | Phone number | Website |
|--|--|---|--------------------------------|
| HealthSelect of Texas® HealthSelectSM Out-of-State Consumer Directed HealthSelectSM | Blue Cross and Blue Shield of Texas Group number – 238000 | Toll-free: (800) 252-8039 (TTY: 711) Nurseline: (800) 581-0368 | healthselectoftexas.com |
| HealthSelectSM Prescription Drug Program | Express Scripts | Toll-free: (800) 935-7189 (TTY: 711) | HealthSelectRx.com |
| Consumer Directed HealthSelect health savings account (HSA) | Optum Bank Group number – ERS 001 | Toll-free: (800) 234-8913 (TTY: 711) | optumbank.com |

Dental

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

Vision

| | | | |
|---|---|--------------------------------------|-------------------------------|
| State of Texas VisionSM | EyeMed Vision Care, LLC Group Number - 1050072 | Toll-free: (844) 949-2170 (TTY: 711) | StateofTexasVision.com |
|---|---|--------------------------------------|-------------------------------|

Life and Accidental Death & Dismemberment Insurance

| | | | |
|---|--------------------------------|--------------------------------------|--|
| Basic Term Life Insurance Optional Term Life Insurance Dependent Term Life Insurance | Securian Financial Group, Inc. | Toll-free: (877) 494-1716 (TTY: 711) | lifebenefits.com/plandesign/ers |
|---|--------------------------------|--------------------------------------|--|

Other programs

| | | | |
|---|-----------|---|--|
| Texa\$averSM 401(k) / 457 Program | Empower | Toll-free: (800) 634-5091 (TTY: (877) 606-4790) | texasaver.com |
| Discount Purchase Program | Beneplace | Toll-free: (800) 683-2886 (TTY: 711) Local: (512) 346-3300 | Beneplace.com/ DiscountProgramERS |

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

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

Information provided to 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 <input type="checkbox"/> Home <input type="checkbox"/> Cell | |
| | | XXX-XX- | | () | |
| Email Address | Mailing Address <input type="checkbox"/> Check if New | City | State | ZIP Code | Eligibility County |
| | | | | | |

SECTION B: INSURANCE COVERAGE *(Mark boxes to indicate the coverage changes you want starting Sept. 1, 2025.)*

| | | | |
|---|--|--|---|
| Health Insurance | <input type="checkbox"/> Waive | <input type="checkbox"/> HealthSelect of Texas [®] | <input type="checkbox"/> Consumer Directed HealthSelect SM |
| | <input type="checkbox"/> Waive + Opt-Out (for retirees who can certify they have comparable coverage that is not Medicare) | | |
| | <input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C.) | | |
| Optional Benefits <i>(You may elect these without being enrolled in health insurance.)</i> | | | |
| Dental | <input type="checkbox"/> Waive | <input type="checkbox"/> State of Texas Dental Choice Plan SM | <input type="checkbox"/> DeltaCare [®] USA DHMO |
| | <input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C.) | | |
| Vision | <input type="checkbox"/> Waive | <input type="checkbox"/> State of Texas Vision SM | <input type="checkbox"/> Enroll/Add/Drop Dependent (See Section C) |
| Optional Term Life Insurance** | <input type="checkbox"/> Waive | OR <input type="checkbox"/> Enroll in \$10,000 | Decrease to: <input type="checkbox"/> Election I* <input type="checkbox"/> \$10,000 |
| Dependent Term Life Insurance** | <input type="checkbox"/> Waive <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

*You must be currently enrolled in Optional Life Election 2. Once you decrease to Election I (or \$10,000 fixed coverage), you cannot increase your 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 contacting 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 |
|---|------------------------------------|--|----------------------------|---|---|---|---|---|---|
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | XXX-XX- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | XXX-XX- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | XXX-XX- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | XXX-XX- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sp <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> O | | <input type="checkbox"/> M <input type="checkbox"/> F | | XXX-XX- | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 to any coverage, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at **www.ers.texas.gov** or call ERS. For any dependent newly enrolled in health coverage, a contracted third party will contact you by mail about providing required documentation to Align Solutions to verify their eligibility.

** If your dependent is eligible for Medicare, contact ERS and provide their Medicare information. Once ERS has their Medicare information, we can review their health insurance 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)