



NEW EMPLOYEE Benefits Guide

PLAN YEAR 2017

September 1, 2016 - August 31, 2017

For state agency employees

A message from ERS Executive Director Porter Wilson



Congratulations on your new job! I want to be among the first to welcome you to your new position in public service.

As a State of Texas employee, you have a valuable benefits package. In fact, your benefits make up about one-third of your total compensation package. These comprehensive benefits are designed to help you enhance your wellness and secure your future.

You have a limited window of time to make important decisions about your benefits. I encourage you to read this guide to educate yourself and make informed choices in your first 31 to 60 days of employment.

At the Employees Retirement System of Texas, we're proud to support excellence in public service by administering health insurance, retirement and other benefits to you and your family.

This *New Employee Benefits Guide* provides the information you need to make the most of your retirement, insurance and related benefits offered by the State of Texas. For more information, visit the ERS website at www.ers.state.tx.us.

Sincerely,

Porter Wilson
Executive Director
Employees Retirement System of Texas

Employees Retirement System of Texas

Always available online at www.ers.state.tx.us

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

Published September 2016.

Table of Contents

Getting Started	2
New Employee Benefits Checklist	3
Health Insurance	4
Prescription Drug Coverage	6
Dependent Coverage	8
State of Texas Vision	10
Dental Plans	12
Life, AD&D and Disability Insurance	14
TexFlex Flexible Spending Accounts	16
Retirement	18
TexaSaver 401(k) / 457 Program	20
Resources and Rates	22
Learn More about Your Benefits	27
Contact Information	28



For a quick overview of your new employee benefits, visit
www.ers.state.tx.us/Employees/New-Employee/Overview

The *New Employee Benefits Guide* for Plan Year 2017 highlights benefits effective at the time of publication. Health and other insurance benefits for employees and retirees are subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits with no obligation to provide these benefits beyond each fiscal year.

ERS OFFERS COMPETITIVE BENEFITS
 TO ENHANCE THE LIVES OF ITS MEMBERS.

Getting started: signing up for your benefits

Benefits

As a new employee, you have some important decisions to make about your health insurance coverage, optional insurance and dependent coverage.

If you do not enroll in optional benefits during your first month on the job, you will need to wait until the Summer Enrollment period or experience a qualifying life event (QLE) to do so.

Use the checklist on the next page to make sure you have provided the information you need to start getting the most out of your benefits package.

You will automatically be enrolled in:

- HealthSelectSM of Texas health and prescription drug coverage if you're a full-time employee (part-time employees are not automatically enrolled);
- \$5,000 Basic Term Life and AD&D insurance at no cost for full-time employees (part-time employees are not automatically enrolled);
- The ERS defined benefit retirement plan with an employee contribution of 9.5% of salary (the Texas Legislature sets this contribution level, and the state and your employer also contribute an additional total of 10% of your salary to the ERS retirement fund); and
- A TexaSaver 401(k) retirement savings account at an initial contribution rate of 1% of your salary. Contributions are deducted from your paycheck automatically, before income taxes are taken out. This does not apply to employees who transfer from another state agency or return-to-work retirees.

You have the option of enrolling in:

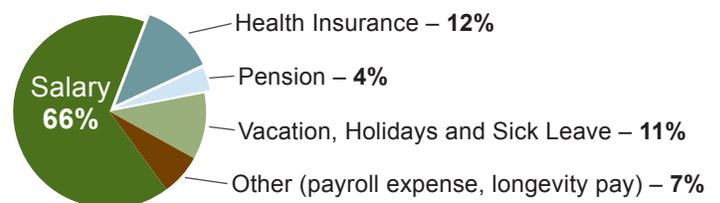
- One of the following health insurance plans instead of HealthSelect of Texas:
 - Consumer Directed HealthSelectSM for you and your eligible dependents
 - an HMO, if you live or work in an eligible county, for you and your eligible dependents;
- one of three dental plans for you and your eligible dependents;
- State of Texas Vision for you and your eligible dependents
- additional life insurance for you and your eligible dependents;
- accidental death & dismemberment (AD&D) insurance;
- Texas Income Protection PlanSM (TIPP) short-term and/or long-term disability insurance; and
- TexFlex flexible spending accounts: dependent care, and health or limited accounts.

For the average state employee, the State of Texas benefits package makes up about one-third of the total compensation.

Average state employee total compensation = **\$60K**

- \$40K in salary
- \$20K in benefits

Employers and employees say that benefits are a major draw to state employment.



Source: Texas State Auditor's Office, State Employee Benefits as a Percentage of Total Compensation, April 2014

First 31 days: No Questions Asked

Your first month of employment is your chance to get disability coverage and additional life insurance—no questions asked. If you enroll in certain life and disability benefits as a new employee, you won't need to produce evidence of insurability (EOI). EOI is an application process in which you must provide information about your or your dependents' health. If you miss the 31-day new-employee opportunity and go through the EOI process, you or your dependents may not be approved for these benefits if you don't qualify. If you want additional life insurance coverage and/or disability insurance, now is the best time to sign up.



When do my benefits start?

Health insurance and prescription drug coverage begin the first of the month following your 60th day of employment.

This waiting period does not apply if you:

- were rehired without a break in coverage,
- are transferring from the University of Texas or Texas A&M University without a break in coverage,
- are a return-to-work retiree enrolled in health coverage as a retiree,
- are enrolled in health coverage through ERS as a dependent or in accordance with COBRA on the date of hire or rehire, or
- were rehired on or after September 1, 2015 and returned to employment at the same state agency within 90 days of leaving active military duty.

NOTE: You need to notify your human resources department within 31 days of your hire date in order for the waiting period to be removed.

Even though you do not have a waiting period, you will have 31 days to make health coverage changes if you want to make them. For those starting mid-month, your coverage begins the first of the next month.

For optional benefits (dental, vision, optional life elections 1 and 2, dependent life, AD&D, TIPP disability insurance and TexFlex):

- If you enroll on your first day, coverage begins that day.
- If you enroll within 31 days of your hire date, coverage begins on the first day of the month after you enroll.
- For optional life elections 3 and 4, coverage begins the first day of the month after you are approved through EOI.

Deciding between HealthSelect of Texas and another health plan?



See the employee health plans comparison chart on page 22. A rate calculator is available at www.ers.state.tx.us/Employees/Calculate-Rates

✓ New Employee Benefits Checklist

✓ Within 60 Days (of hire)

Health insurance

- Enroll in HealthSelect of Texas (automatic for full-time employees) OR
- Enroll in Consumer Directed HealthSelect instead of HealthSelect of Texas and open a health savings account OR
- Enroll in an HMO, if you live or work in an eligible county
- Enroll eligible dependents; you and your dependents must be in the same plan
- Complete dependent certification and verification (See page 8)
- Certify tobacco-use status for yourself and your covered dependents
- Waive coverage; use the Health Insurance Opt-Out Credit, if applicable

✓ Within 31 Days (of hire)

Dental plans

Enroll yourself and your dependents in a dental plan:

- HumanaDental DHMO
- State of Texas Dental Choice PlanSM
- State of Texas Dental Discount PlanSM

State of Texas Vision

- Enroll yourself and your dependents

Optional Term Life Insurance

- Enroll yourself for coverage of 1 or 2 times your annual salary
- Apply for coverage of 3 or 4 times your annual salary through evidence of insurability (EOI)

Dependent Term Life Insurance

- Enroll eligible dependents

Voluntary Accidental Death & Dismemberment (AD&D)

- Enroll yourself or yourself and family

Texas Income Protection Plan (TIPP) disability insurance

- Enroll in short-term disability
- Enroll in long-term disability

TexFlex flexible spending accounts

- Enroll in TexFlex health care account
- Enroll in TexFlex dependent care account
- Enroll in a TexFlex limited flexible spending account if you enroll in Consumer Directed HealthSelect

Health Insurance Options – HealthSelect

For a plan comparison chart and detailed coverage information, see page 22.

It pays to stay in the Network!

With HealthSelect of Texas and Consumer Directed HealthSelect, you have access to the same provider network of more than 58,000 doctors in Texas. These network doctors have been carefully evaluated for quality care.

If you are enrolled in HealthSelect of Texas or Consumer Directed HealthSelect, you can use any health care provider. But, you will pay more if a doctor, hospital or other provider is not part of the HealthSelect provider network.

Be sure to find out if a provider is in the HealthSelect network before scheduling visits or procedures by going to the “Find a Doctor” link on the HealthSelect website.

Even if a hospital is in the HealthSelect network, doctors and other providers who practice at that hospital may not be. Find out if all your providers are in the HealthSelect network.

UnitedHealthcare is the plan administrator for HealthSelect of Texas and Consumer Directed HealthSelect. To access information about your benefits, sign up for an online account with UnitedHealthcare at myuhc.com/healthselect.



You can also download the UnitedHealthcare Health4me app for easy access to information about your health insurance coverage.

HealthSelect^{of Texas} You must designate a primary care physician (PCP) from the HealthSelect network. Your PCP will help you maintain your overall health and issue referrals for specialty care.

There is no charge for in-network preventive care, including annual physicals and immunizations. Your provider must code the treatment as preventive.

There is no annual medical deductible if you stay in the HealthSelect network. If you see a non-network provider, there is a \$500 per person, \$1,500 per family deductible that must be met before the plan begins to pay for non-network services.

CONSUMER DIRECTED

HealthSelectSM

You do not need to designate a primary care physician (PCP) and you don't need referrals to see specialists.

There is no charge for in-network preventive care, including annual physicals and immunizations.

The monthly premium is lower. But you pay the full cost of doctor visits, prescriptions and other health care costs until you reach the annual deductible.

Plan Year 2017 Deductible	Individual Coverage	Family Coverage
In-Network	\$2,100	\$4,200
Out-of-Network	\$4,200	\$8,400

Health savings account

To help cover your out-of-pocket health care costs, the state will make a monthly contribution to your health savings account (HSA). The state contributes \$45 per month for individuals and \$90 per month for family coverage.

You can also make pre-tax contributions to your HSA. The IRS sets this amount each year. The combined annual maximum contribution limit is **\$3,350** for individuals and **\$6,750** for families. The balance in your HSA carries over from one year to the next, and you can keep the funds if you change health plans or leave state employment. You can use the funds for qualified medical expenses for you, your spouse and eligible dependents.

If you enroll in Consumer Directed HealthSelect, you need to open your HSA as soon as possible so that funds can be deposited into your account.

For a cost estimator and other information about Consumer Directed HealthSelect, go to www.healthselectoftexas.com/cdhs.

Health Insurance Options – HMOs



If you live or work in an eligible county, you have the option to enroll in an HMO. These regional providers have large networks to meet varied health care needs.

If you enroll in Community First Health Plans, you must select a PCP. If you enroll in Scott & White Health Plan or KelseyCare powered by Community Health Choice, you can go to any network provider without a referral. You can choose a PCP if you want to.

You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered, unless the health plan has authorized your treatment. Only emergency care services are covered outside the network.

HMOs have their own prescription drug coverage. The annual drug deductible is \$50 per plan year, which resets on September 1.

HMO areas

If you live or work in a covered HMO service area, you may choose to enroll in that plan.

HMO Plan	Service area	Counties
Community First Health Plans	San Antonio area	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson
KelseyCare powered by Community Health Choice	Houston area	Brazoria, Fort Bend, Galveston, Harris and Montgomery
Scott & White Health Plan	Central and West Texas areas	Austin, Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Coke, Coleman, Concho, Coryell, Crockett, Falls, Freestone, Grimes, Hamilton, Hill, Irion, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McCulloch, McLennan, Menard, Milam, Mills, Reagan, Robertson, Runnels, San Saba, Schleicher, Somervell, Sterling, Sutton, Tom Green, Travis, Walker, Waller, Washington and Williamson

Out-of-pocket limits

All five health plans have an out-of-pocket maximum to help protect you from catastrophic health care costs. This is the maximum amount you will pay in one year for copays, coinsurance, prescriptions, deductibles and other

qualified health care expenses (not including monthly premiums). All five health plans have in-network out-of-pocket maximums. Only Consumer Directed HealthSelect has an out-of-network out-of-pocket maximum.

	In-Network Out-of-Pocket Maximum	Out-of-Network Out-of-Pocket Maximum (Consumer Directed HealthSelect only)
Before December 31, 2016	Individual: \$6,450 Family: \$12,900	Individual: \$12,900 Family: \$25,800
After January 1, 2017	Individual: \$6,550 Family: \$13,100	Individual: \$13,100 Family: \$26,200

Opting out of health insurance

You can waive or opt out of health insurance coverage.

Health Insurance Opt-Out Credit: If you can certify that you already have other health insurance that is equal to or better than coverage offered through ERS, you can sign up for a monthly Health Insurance Opt-Out Credit of up to \$60 for full-time employees and \$30 for part-time employees. You must be eligible for the state contribution toward your health insurance premium to qualify for the opt-out credit.

This credit must be applied to your Dental insurance and/or Voluntary Accidental Death & Dismemberment premiums.

The credit cannot be applied to premiums for the State of Texas Dental Discount Plan or State of Texas Vision.

The Health Insurance Opt-Out Credit is not available if your other insurance is Medicare, you have GBP coverage through ERS as a dependent, or you receive a state contribution for other insurance coverage.

IMPORTANT: If you waive or opt-out of your health plan, you are giving up your prescription coverage and you no longer have the Basic Term Life coverage. If you lose your other coverage, you may enroll in health coverage offered through ERS as a QLE if you do so within 31 days of losing the other coverage.

Prescription drug coverage

Each health insurance plan includes coverage for prescription drugs. Prescription medications are divided into three tiers, with different copays for each tier. Tier 1 are usually inexpensive medications, such as generic drugs. Tier 2 are usually lower-cost preferred brand-name drugs. Tier 3 typically are non-preferred brand-name drugs with a high cost.

	HealthSelect of Texas	Consumer Directed HealthSelect	HMOs
Pharmacy Network	See plan website.	See plan website.	See plan website.
Deductible	\$50 for each covered individual (January 1 - December 31)	\$2,100 per individual and \$4,200 per family (in combined medical and pharmacy expenses) using in-network pharmacies (January 1 - December 31)	\$50 for each covered individual (September 1 - August 31)
Co-payments: In-network	Up to a 30-day supply of Non-maintenance medications: Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 Maintenance medications: Tier 1: \$10, Tier 2: \$45, Tier 3: \$75	20% coinsurance after the annual deductible is met	Up to a 30-day supply of Non-maintenance medications: Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 Maintenance medications: Tier 1: \$10, Tier 2: \$45, Tier 3: \$75
Co-payments: Out-of-network	40% coinsurance of drug price minus copay OR average wholesale price of the drug, plus a dispensing fee, minus copay	40% coinsurance after the annual out-of-network deductible is met	Does not cover
Extended Days Supply (EDS)	No maintenance fee for 31- to 90-day prescriptions from pharmacies in the EDS network	No maintenance fee for 31- to 90-day prescriptions from pharmacies in the EDS network	Does not apply
Mail order	Yes	Yes	Yes
Brand-name drug payment	If a generic drug is available and you choose the brand-name drug, you will pay the Tier 1 copay or coinsurance, as applicable, plus the difference in cost to the plan between the brand-name drug and the generic drug.		

Beginning January 1, 2017, Optum Rx, an affiliate of UnitedHealthCare Services, Inc., will replace Caremark as the third-party administrator of the prescription drug programs for HealthSelect of Texas and Consumer Directed HealthSelect.



You must certify—whether you use tobacco or not

Tobacco-use status

All participants enrolled in health insurance plans offered through ERS must certify their status as tobacco users or non-users. Members and covered dependents who do not certify their tobacco-use status will be charged a monthly tobacco-user premium—even if they don't use tobacco.

This online certification is legally binding. If you have already certified yourself and your dependents, you only need to re-certify if you or your dependents have a change in tobacco-use status.

All health plans offered through ERS cover programs and prescription drugs for tobacco cessation.

For more information, see the ERS Tobacco policy on the ERS website at www.ers.state.tx.us/Employees/Health/Tobacco_Policy/.

Ready to quit?

Take advantage of the tobacco cessation programs offered by your health plan. If you're tobacco-free for at least three consecutive months, you won't pay the higher premiums if you re-certify as a tobacco non-user.

Tobacco premium alternative

If you're a tobacco user, you may be able to participate in the Choose to Quit program, which allows tobacco users to have their tobacco-user premiums waived for the plan year. Program rules apply.

Good health!

Good health is one of the most valuable assets you can have. Your state benefits package offers a variety of programs and incentives to help you get and stay healthy. Watch a monthly webinar on wellness topics, take advantage of gym membership discounts and fitness programs, or quit smoking. To find out more about wellness programs, go to your health insurance provider's website.



JENNICA PRESTON Benefits Coordinator

Seeing Results with Real Appeal

Eligible HealthSelect participants can join Real Appeal, an online program to improve health and wellness. Real Appeal offers support and step-by-step guidance throughout a 52-week program. Participants receive a Real Appeal Success Kit - delivered to your door and filled with tools and resources to help keep you on track.

Jennica Preston joined Real Appeal to try to lose the weight she gained after the birth of her eight-year-old son.

"After my son was born, I lost my motivation to eat right and take care of myself," says Preston. "Real Appeal helps me stay motivated to make the right choices. Right off the bat, I went cold turkey and stopped eating fast food and sodas. I started using my husband's workout equipment to get exercise at home. A few times each week, I walk the twelve flights of stairs to my office."

In less than six months, she has lost 32 pounds. She is on track to lose ten more in order to reach her goal weight.

"I've always been petite and small," says Preston. "I'm thrilled to be getting back to the person I really am."



Dependent coverage

Your spouse and other qualified dependents can receive health insurance and other coverage for an additional premium. They must be enrolled in the same plan(s) as you. To be eligible, they must meet certain criteria. A dependent's employment or school enrollment currently has no bearing on benefits eligibility. For more information about dependent eligibility, go to www.ers.state.tx.us/GBP-Eligible/.

You must certify that your dependent children are eligible.

To certify them, log in to your ERS OnLine account. Make sure you have the right documents before you begin. You will be guided through the steps in the certification process.

This online certification is legally binding. Providing false information could result in the loss of benefits for you and your dependents. Intentionally providing false information may lead to criminal penalties.

ERS has contracted with Aon Hewitt to verify that every dependent enrolled in health coverage is eligible. After you have enrolled and certified your dependents, Aon Hewitt will mail you a letter outlining the steps in the verification process, listing the dependents that need to be verified, the documentation needed and the deadlines for submitting documentation. For example, to enroll a common law spouse, you must provide a Declaration of Informal Marriage with a registration date prior to the date of your spouse's enrollment. If you do not provide this information or if your dependent is found ineligible, he or she will be dropped from coverage.

If you have questions about dependent eligibility verification, contact the Aon Hewitt Dependent Verification Center toll-free at (800) 987-6605.

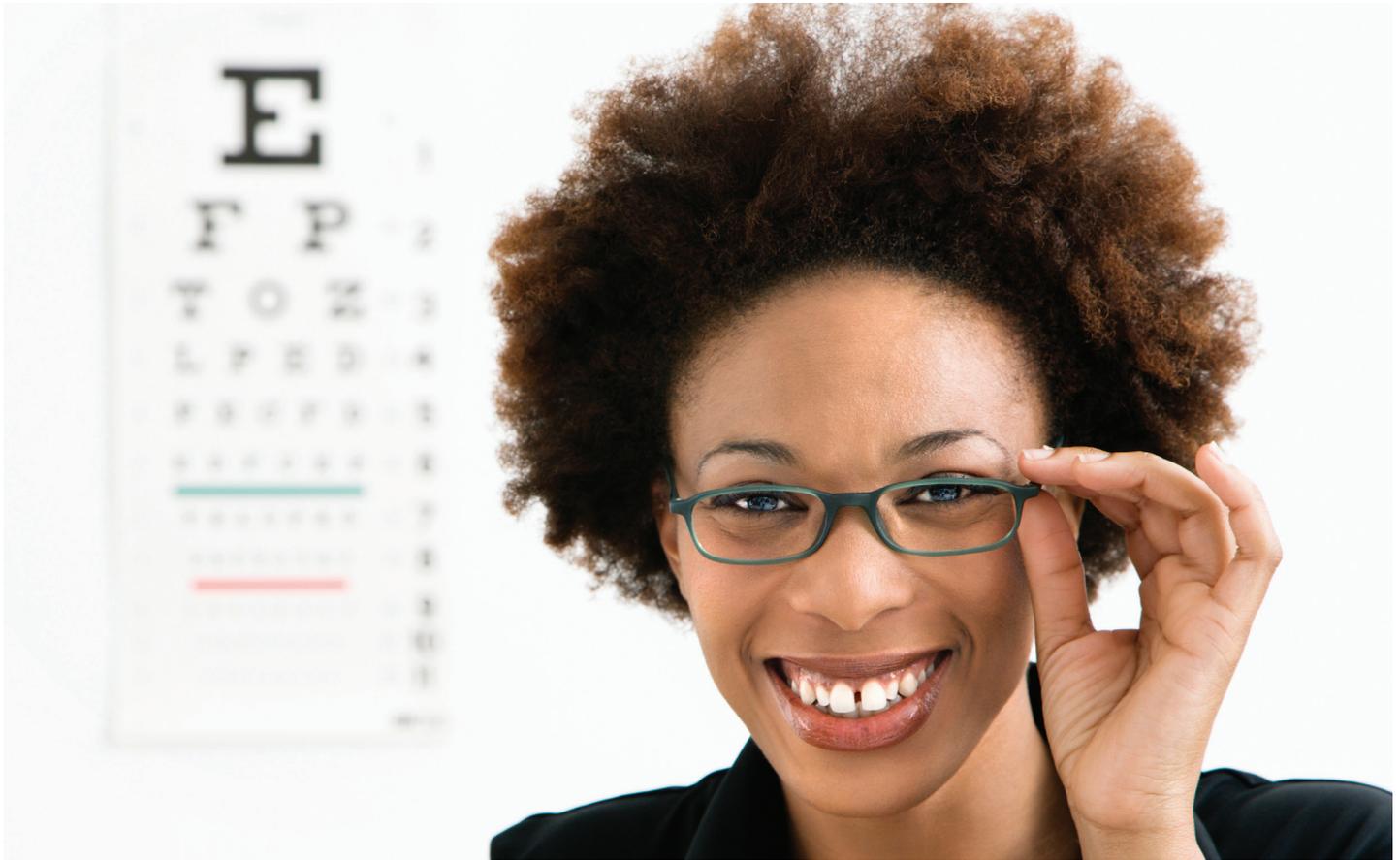
Dependent eligibility chart

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage. You are required to provide a birth certificate to Aon Hewitt once you enroll a newborn child. A hospital-issued birth certificate will be accepted in place of a government-issued birth certificate for newborn children, three months of age or younger. If you are unable to supply the documents listed below please contact Aon Hewitt Customer Service.

Dependent of the Participant (employee, retiree or other individual enrolled in program as recognized by Texas law)	Eligibility	Examples of Supporting Documents (these documents are required)
Spouse	Spouse as recognized by law	<ul style="list-style-type: none"> • Government-issued marriage certificate and • Current federal tax return OR • Proof of joint ownership** issued within last six months OR • Government-issued marriage certificate only (if married in the last 12 months)
Common Law Spouse	Spouse as recognized by law	<ul style="list-style-type: none"> • Declaration of informal marriage with the county courthouse AND • Current federal tax return OR • Proof of joint ownership** issued within last six months
Biological Child*	Natural-born child	<ul style="list-style-type: none"> • Government-issued birth certificate
Adopted Child*	Child is eligible at time of placement.	<ul style="list-style-type: none"> • Adoption certificate OR • Adoption placement agreement AND • Petition for adoption
Stepchild*	Child is not required to live in participant's household.	<ul style="list-style-type: none"> • Government-issued marriage certificate OR • Declaration of informal marriage with the county courthouse AND • Child's government-issued birth certificate AND • Current federal tax return OR • Proof of joint ownership** issued within last six months
Child of Managing Conservator*	Child is identified in the managing conservatorship granted to the participant.	<ul style="list-style-type: none"> • Managing conservatorship court document signed by judge
Foster Child*	Child must not have other governmental insurance.	<ul style="list-style-type: none"> • Placement order AND • Affidavit of foster child
Legal Ward Child*	Child is under the protection or in the custody of the participant.	<ul style="list-style-type: none"> • Court order signed by a judge appointing participant as the child's guardian (documentation of legal custody) AND • Government-issued birth certificate
Other Child*	<p>Child is related to participant by blood or marriage, was claimed as dependent on participant's federal income tax return for previous tax year, and will continue to be claimed on participant's federal income tax return for every calendar year the child is covered.</p> <p>A child who is acquired or born in the current calendar year will be claimed and continue to be claimed on participant's federal income tax return for every calendar year the child is covered.</p>	<ul style="list-style-type: none"> • Government-issued birth certificate OR • Government-issued marriage license to prove family relationship AND • Current federal tax return OR • Affidavit of good cause

*Child must be under age 26 for health insurance, and can be married or unmarried. Child must be under age 26 and unmarried for dental coverage, State of Texas Vision and Dependent Term Life Insurance. Disabled dependent children age 26 and over may be eligible for insurance. For more information, visit the ERS website.

**See Documentation Requirements in the communications Aon Hewitt sends you for examples of Joint Ownership documents. False information could lead to expulsion from the GBP and/or criminal prosecution.



STATE OF TEXAS VISION

You and your eligible dependents can enroll in State of Texas Vision for an additional premium. The vision plan covers all or a portion of the cost of eyeglasses and contact lenses as well as discounts for LASIK. Retail providers include Walmart, Target Optical, LensCrafters and many others. The chart on the next page lists some of the plan benefits. For a complete list, see the State of Texas Vision page on the ERS website.

Your health plan covers some vision and eye health services, such as an annual eye exam.

	In-Network	Out-of-Network ¹
Routine Eye Exam	\$25 co-pay	\$25 co-pay (covered up to \$40)
Frames	\$150 retail allowance ³	\$50 retail allowance ³
Contact Lens Fitting (Standard Fitting)	\$25 co-pay	Up to \$100 allowance ³
Contact Lens Fitting (Specialty Fitting)	\$35 co-pay	Up to \$100 allowance ³
Single Vision Lenses	\$10 co-pay	Up to \$30 allowance ³
Bifocal Lenses	\$15 co-pay	Up to \$45 allowance ³
Trifocal Lenses	\$20 co-pay	Up to \$60 allowance ³
Progressives	\$70 co-pay	Not covered
Polycarbonate	\$50 co-pay	Not covered
Scratch Coat (factory, single sided)	\$10 co-pay	Not covered
Ultraviolet Coating	\$10 co-pay	Not covered
Tint	\$10 co-pay	Not covered
Standard Anti-Reflective Coating	\$40 co-pay	Not covered
Contact Lenses² (Conventional or Disposable)	\$150 allowance ³	Up to \$100 allowance ³

¹If you use out-of-network providers, you will be required to pay out-of-pocket cost which will be higher. Please see the State of Texas Vision website for more information.

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

³All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.

Frequencies for all State of Texas Vision plan benefits are once every twelve (12) months.

All benefits, administrative duties and definitions are detailed in the certificate of insurance.



Dental plans

For an additional premium, you can choose between the following three dental plans. You must be enrolled before you can enroll eligible dependents, and you and your dependents must enroll in the same plan.

State of Texas Dental Discount PlanSM

- This is not a dental insurance plan. You receive discounted prices on usual charges for dental treatment and services at participating providers.
- There are no claim forms, copays, deductibles, annual maximums or limits on use.
- Available throughout the United States, excluding Vermont and U.S. territories, and in the United Kingdom.

State of Texas Dental ChoiceSM

- This is a preferred provider organization (PPO) dental insurance plan.
- You can see any dentist, but you get a higher benefit by using a network provider.
- Benefits applicable in the United States and Canada, or Mexico if you live in the United States.

HumanaDental Dental Health Maintenance Organization (DHMO)

- Coverage only applies to dentists in the Texas service area. Before you enroll, make sure there is a DHMO network dentist in your area. For a list of providers go to HumanaDental.com/ers, or call HumanaDental.
- You must select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different primary care dentists.
- Services from participating specialty dentists cost 25% less than the dentist's usual charge.

Dental insurance plans comparison chart

	HumanaDental DHMO ¹	State of Texas Dental Choice Plan SM Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
Dentists	You must select a primary care dentist (PCD). NOTE: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.	In-network/ participating dentist	Out-of-network/ non-participating dentist ²
Deductibles	None	Preventive-Individual-\$0; Family-\$0 Combined Basic/Major/Prosthodontic -Individual-\$50; Family-\$150 Orthodontic services-no deductible	Preventive-Individual-\$50; Family-\$150 Combined Basic/Major/Prosthodontic -Individual-\$100; Family-\$300 Orthodontic services-no deductible
Copays / Coinsurance	Primary dentist - Copays vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Specialty dentistry - You pay 75% of the dentist's usual and customary fee. DHMO pays nothing.	Preventive and Diagnostic Services - You pay nothing. Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. Major Services - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. ³	Preventive and Diagnostic Services - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services - You pay 30% coinsurance after meeting the Basic Services deductible. Major Services - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. ³
Maximum Calendar Year Benefit	Unlimited	\$1,500 (includes orthodontic extractions)	\$1,500 (includes orthodontic extractions)
Maximum Lifetime Benefit	Unlimited	\$1,500 for orthodontic services	\$1,500 for orthodontic services
Average Cost of Cleaning / Oral Exams	Vary according to service and are listed in the "Schedule of Dental Benefits" booklet Up to two cleaning/oral exams per calendar year allowed	You pay nothing. Up to two cleaning/oral exams per calendar year allowed	10% of the allowed amount after deductible is met Up to two cleaning/oral exams per calendar year allowed
Orthodontic Coverage	Orthodontic services performed by a general dentist listed in the directory with an "O" treatment code – child - \$1,800, adult - \$2,100 Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

NOTE: The Comparison Chart is only a summary of the benefits offered by the two dental insurance plans. See plan booklet for actual coverage and limitations. Prior to starting treatment, discuss with your dentist the treatment plan and all charges.

¹ This Comparison Chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less than the dentist's usual charge.

² In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.

³ Services received after the Maximum Calendar Year Benefit is reached will be paid at 40% coinsurance by the plan.

Life, AD&D and disability insurance

Optional Term Life Insurance

Your health coverage through ERS includes \$5,000 Basic Group Term Life Insurance with \$5,000 of accidental death and dismemberment (AD&D) coverage at no cost. You can purchase additional life insurance coverage in increments based on your annual salary.

Optional Term Life Election 1 or 2 (one or two times your annual salary) is available without evidence of insurability (EOI) during your first 31 days of employment.

Optional Term Life Election 3 or 4 (three or four times your annual salary) is available for coverage of up to \$400,000, but you must submit EOI. To initiate the EOI request, sign in to your ERS OnLine account, select the desired coverage, and follow the prompts on the screen.

Each election provides an equal amount of AD&D coverage, in case of an accidental death or dismemberment. Your monthly premiums and the amount your beneficiary will receive depend on your age, salary and the level of coverage you purchase.

Dependent Term Life Insurance

For an additional monthly premium, you can enroll your eligible dependents in term life insurance. 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. All eligible dependents are covered with one premium, but you must list each dependent on the policy.

Newborn coverage is guaranteed if the baby is added within 31 days of birth.

Voluntary AD&D Insurance

Voluntary AD&D coverage can provide additional financial protection for you and your family in the event of certain accidental injuries or accidental death. You can choose insurance in increments of \$5,000, starting at \$10,000 up to \$200,000. EOI is not required for AD&D Insurance. You can sign up for coverage for yourself only, or for yourself and your eligible family members.

- If you die as the direct result of an accidental bodily injury, your beneficiaries receive the full coverage amount.
- If a covered family member dies in an accident, you will receive part of the coverage amount. Go to the ERS website for more information.
- If you have an accident and suffer any of the covered injuries, such as loss of a hand, foot or sight of one eye in an accident, you will receive a benefit up to the full amount of coverage.
- If an eligible family member loses a hand, foot or sight of one or both eyes in an accident, you will receive a percentage of the benefit.

Disability insurance

Just like auto insurance covers your car if you get in an accident, disability coverage covers your wallet if you become disabled and can't work. Pregnancy, accident, illness – when you can't work, the Texas Income Protection PlanSM (TIPP) provides you money to pay the bills.

Short-term disability insurance coverage provides a maximum benefit of 66% of your monthly salary (up to \$10,000) or \$6,600, whichever is less, for up to five months. For example, if your monthly salary is \$4,000, the highest amount you'll get for short-term disability is \$2,640 per month.

Long-term disability insurance coverage provides a maximum benefit of 60% of your monthly salary (up to \$10,000) or \$6,000, whichever is less, for a period ranging from 12 months to Normal Social Security Retirement age, depending on your age at the time of disability.

You must use all of your sick leave (including extended sick leave, sick leave pool, and/or donated sick leave) or complete the 30-day waiting period, whichever option is longest, before disability benefits will be paid. Pre-existing conditions are subject to certain exclusions. This coverage is not available to family members.

Please see page 26 for premium information.

Up-close

THOMAS BARKER-WHITE Statewide Intake Supervisor

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



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

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

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

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

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

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

Having both short-term and long-term disability insurance made a huge difference by providing the financial support

the couple needed when one of them could no longer work, says Barker-White.

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

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

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

First 31 days: No Questions Asked

Your first month of employment is your chance to get disability coverage and additional life insurance—no questions asked. If you enroll in certain life and disability benefits as a new employee, you won't need to produce evidence of insurability (EOI). EOI is an application process in which you must provide information about your or your dependents' health. If you miss the 31-day new-employee opportunity and go through the EOI process, you or your dependents may not be approved for these benefits if you don't qualify. If you want additional life insurance coverage and/or disability insurance, now is the best time to sign up.

TEXFLEX

TexFlex flexible spending accounts (FSAs) allow you to set aside money from your paycheck, pre-tax, to pay for eligible health and dependent care expenses. Financial planners and tax advisors encourage people to reduce their taxable income, and save money as a result, by participating in flexible spending accounts.

TexFlex offers three different FSAs: health care account, dependent care account and limited flexible spending account (LFSA). The LFSA is available only to employees enrolled in Consumer Directed HealthSelect.

You decide how much you want to contribute to your TexFlex account each year. This amount will be divided by the number of months you work in a year. Your TexFlex

contribution will be withdrawn from your paycheck each month before taxes and deposited in your TexFlex account. You can only change your TexFlex contribution amount during Summer Enrollment unless you have a qualifying life event during the plan year.

You do not have to continue making FSA contributions if you leave employment before the end of the plan year on August 31. Expenses incurred between September 1 and your termination date will be eligible for reimbursement. It is important to remember to keep all receipts for eligible expenses in case you're asked to prove a claim. The IRS requires that FSA participants provide documentation for claims that can't be automatically proven.

Health care

You can use funds in a TexFlex health care account to pay for copays, prescription drugs, hearing aids, eyeglasses and contact lenses, and other eligible expenses. A complete list of eligible expenses is posted on the TexFlex website.

You can contribute any amount between \$15 and \$212 per month, with a maximum of \$2,550 per year. Your entire annual contribution is available for you to use at the beginning of the plan year starting September 1. You pay it back through monthly contributions from your paycheck.

After you enroll in a TexFlex health care account, you will receive a debit card in the mail. You can use it to pay for eligible health care expenses. There is no cost to you for using the debit card, and you can request additional cards for you or your dependents free of charge by calling TexFlex customer care at (844) 884-2364. You can also submit a claim online or by mail or fax.

If you submit a claim for reimbursement online, by mail or fax, the reimbursement will be deposited in your bank account or a check will be mailed to you.

Limited flexible spending account

If you have a health savings account as part of Consumer Directed HealthSelect, you also can contribute between \$180 and \$2,550 per family each year to a limited flexible

spending account (LFSA). Funds can be used only on eligible vision and dental expenses. IRS rules prohibit participating in the TexFlex health care account and an LFSA during the same year.

Dependent care

You can use funds in a TexFlex dependent care account to pay for eligible day care expenses (including before- and after-school care and summer day camp) for your dependent children under age 13 and for adult day care for qualifying individuals. You cannot use TexFlex funds to pay an older dependent to care for younger dependents. A complete list of eligible expenses and specific eligibility rules is posted on the TexFlex website.

You can contribute any amount between \$15 and \$416 per month, up to \$5,000 per year per household. Unlike the health care account, you can only be reimbursed up to the amount in your account each month.

You cannot use the TexFlex debit card to pay eligible dependent care expenses. To be reimbursed, you must submit a claim online, by mail or fax for dependent care services that have already been provided. You can specify whether you want the reimbursement to be deposited into your bank account or mailed to you in a check.

	Health Care / Limited Flexible Spending Account	Dependent Care Account
Annual Maximum Contribution	\$2,550 per participant	\$5,000 per household
Fund Availability	Full annual amount available when contributions begin	Funds available monthly as they are added to TexFlex account from paycheck
Debit Card	Can be used to pay eligible expenses. No fee for the card. Keep all receipts for eligible expenses in case you're asked to substantiate a claim.	Cannot be used to pay eligible expenses. All claims must be submitted online or by mail or fax.
Carryover of Funds	Up to \$500 of unused funds can be carried over from one plan year to the next when you are actively employed. You can still contribute up to \$2,550 for that plan year.	No carryover of funds from one plan year to the next. However, you have a 2-½ month grace period after the end of the plan year in which you can incur new claims using previous plan year funds.
Runout Period	Submit claims incurred between Sept. 1, 2016 and Aug. 31, 2017 by Dec. 31, 2017.	Submit claims incurred between Sept. 1, 2016 and Nov. 15, 2017 by Dec. 31, 2017.

Up-close

SERENA ZETINA Information Specialist



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

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

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

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

Retirement

One of the most valuable benefits of state employment is participation in a defined benefit retirement plan. This type of plan supports future financial security for you, your spouse and dependents. When you become eligible for retirement after working for a certain number of years, you will receive monthly annuity payments for the rest of your life. Currently, the average state employee retires after 21 years of service and receives an annuity payment of \$1,600 per month for life.

In a defined benefit plan, a percentage of your salary (currently 9.5%) is withheld from your pre-tax earnings. This is your monthly contribution to your ERS retirement account. At the same time, the state contributes 9.5% of your salary and your agency contributes an additional 0.5% to the ERS retirement fund.

Defined benefit plans are designed with the understanding that all employees will participate and contribute a set amount. You do not have the choice of opting out of or contributing more or less to your ERS retirement account. Monthly state contributions do not go into your individual account, like other workplace retirement savings plans. You cannot take out loans against the amount you have contributed.

The Texas Legislature determines the percentage of salary employees are required to contribute to the ERS retirement fund, and how much the state and agencies will contribute.

If you leave state employment, you can request a refund of your retirement contributions. You will receive the amount you contributed plus interest, minus taxes and a penalty if you withdraw the funds before age 59 1/2. If you withdraw your contributions, you lose the service credit associated with those contributions. For additional information, please contact ERS to speak with a Retirement Counselor or visit www.ers.state.tx.us/Former/Retirement/Withdraw/.

Your retirement eligibility and benefits depend on when you were hired, your years and months of service (service credit), and your final average salary. Retirement eligibility and benefits are different for law enforcement and custodial officers, elected state officials, district attorneys and judges.

For more information about your ERS retirement, including annuity calculators, minimum retirement age, occupational and non-occupational disability retirement and other retirement benefits, go to www.ers.state.tx.us/Employees/Retirement/Overview. Additional information is available in the ERS publication *Planning Your Retirement*, which is available on the ERS website.

Retirement service credit

If you previously left state employment and received a refund of your retirement contributions, the service credit associated with those contributions does not count toward your retirement. You can purchase withdrawn service credit if you return to state employment. This will increase your annuity amount and may help you retire sooner. To buy back withdrawn ERS service, you

must be an active member of ERS or participate in the Proportionate Retirement Program (See next page). At least six months must have passed since the date of your withdrawal.

If you were a new employee for the state between Sept. 1, 2003 and Aug. 31, 2015, you had a 90-day waiting period before you began contributing to the ERS retirement fund. You can purchase credit for this waiting period.

Military Service

After your first month of employment when your first retirement contribution is with ERS, you can purchase up to 60 months of your active duty U.S. military service without paying interest. If you purchase military service after your first year of employment, you'll be charged 10% interest per year.

You must have at least five years of regular ERS service (not counting military) credited before your purchased military service can be used to determine eligibility for service retirement or nonoccupational disability retirement benefits.

You can't purchase active duty military service if you're eligible for military retirement based on 20 or more years of active military duty, or if you were dishonorably discharged from the military.

Additional Service Credit

You can buy up to three years of additional service credit if you:

- are an active employee,
- have purchased all other service available to you, and
- have at least 10 years of actual ERS service credit (not counting military service).

The cost is based on actuarial factors such as your age, years of service and salary. It tends to be more expensive than withdrawn and military service.

Service credit can be purchased with:

- lump sum payments (check or money order),
- through a rollover from your Texa\$aver account, or
- other qualified sources such as individual retirement accounts (IRAs).

Learn more about purchasing service credit by visiting www.ers.state.tx.us/Employees/Retirement/Service_Credit.

Service from other Texas retirement systems

The following Texas retirement systems participate in the Proportionate Retirement Program:

- City of Austin Retirement System
- City of Austin Police Retirement System
- El Paso City Employees' Pension Fund
- El Paso Firemen & Policemen's Pension Fund
- ERS
- Judicial Retirement System of Texas Plan 1
- Judicial Retirement System of Texas Plan 2
- Texas County and District Retirement System (TCDRS)
- Texas Municipal Retirement System (TMRS)
- Teacher Retirement System of Texas (TRS)

If you have service credit with any of these retirement systems, you can purchase withdrawn ERS service without being re-employed by the state. If you are an active ERS member, you can purchase withdrawn service from any of these systems.

You can combine service credit from two or more of these systems to become eligible for retirement.

Up-close

CHARLIE KEEN ERS Retiree

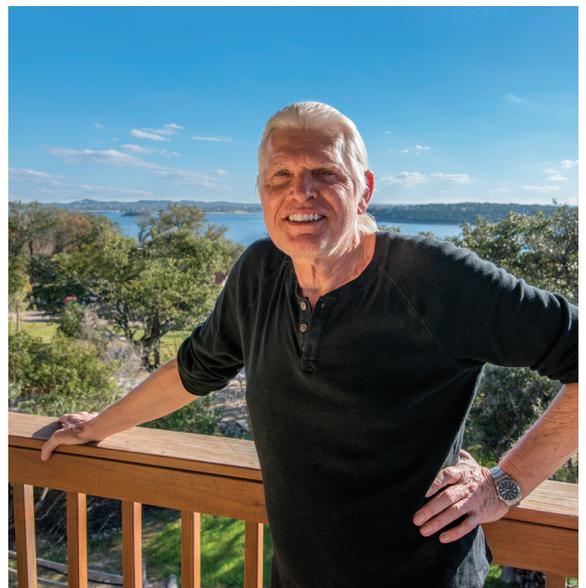
Most evenings, ERS retiree Charlie Keen enjoys some of the most beautiful sunsets in Texas from the deck of his home overlooking Lake Travis. He built the home in Volente, nine miles from Austin, on land he purchased in 1981.

Keen retired in 2007 after working as an appraiser in the Property Tax Division of the State Comptroller's Office for 15 years and in a county appraisal office for nine years.

"Owning a home was always my dream. It represents all I have worked for in my life and security for the future," he says.

Health insurance and a defined benefit retirement plan are the most important advantages of working for the State of Texas instead of the private sector, Keen says.

"I have been able to have a comfortable retirement because I have good health insurance and a reliable source of income." Keen says. "The defined benefit annuity is the only type of plan that offers true security later in life."



TEXA\$AVERSM

401(k) / 457 Program

Your monthly annuity will be an important source of income during retirement, but it is unlikely to replace your full salary as an active employee. The average annuity covers about half of the salary earned while working. You can work toward a more secure retirement by contributing to your own Texa\$aver 401(k) and/or 457 accounts. With a Texa\$aver account, you can decide how much to have withdrawn from pre- or post-tax earnings, choose your investments and increase your contributions over time.

New state employees are automatically enrolled in the Texa\$aver 401(k) plan at 1% of salary. (This does not apply if you transfer directly from another state agency and aren't already enrolled in Texa\$aver. In that case, you can contact Texa\$aver to enroll.) You will be enrolled in the standard Wells Fargo Advantage Dow Jones Target Date FundSM. Contributions are deducted from your paycheck automatically—before income taxes are taken out. If you don't want to participate and don't want money taken out of your first paycheck, contact Texa\$aver within 30 days of employment. You can make changes to your account – including increasing, decreasing or stopping contributions, or changing how your funds are invested – any time throughout the year.

You can stay in Texa\$aver after you no longer work for the state, and Texa\$aver can help you manage your retirement income.

With a Texa\$aver account you can:

- Purchase state service credit, if applicable,
- Defer unused annual leave to Texa\$aver (to reduce taxes) when terminating employment or retiring,
- Roll over partial lump-sum payments at retirement,
- Consolidate and roll over money from other qualified IRAs, or 401(k), 457 or similar accounts, or
- Receive periodic withdrawals (monthly and quarterly options available), partial withdrawals or full withdrawal when reaching eligibility.

Rolling over funds from other retirement accounts to Texa\$aver

Do you have retirement savings accounts from other jobs? You can transfer, or “roll over”, money from a qualified prior employer’s 401(k), 401(a), 403(b), or governmental 457 plan into the Texa\$aver 401(k) or 457 plan. You can also roll over money from an eligible IRA. Texa\$aver accepts Roth rollovers from some qualified plans, but not from Roth IRAs.

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

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



www.texasaver.com



(800) 634-5091



Invest early and your savings can grow without taxes over a longer period of time. The sooner you start saving, the more you have when you retire. See how much \$25 a month could grow.

Comparison of the TexaSaver 401(k) and 457 plans

	401(k) plan	457 plan
Eligibility	Part-time and full-time state employees, upon date of hire or any time thereafter. Excludes higher education employees.	Part-time and full-time state employees, upon date of hire or any time thereafter.
Contribution Options	You have the flexibility to designate all or a portion of your contributions as either traditional before-tax or Roth after-tax contributions.	
Maximum Annual Deferral	99% of 401(k) eligible compensation or \$18,000 ¹ per year, whichever is less. The 2016 annual contribution limit is \$24,000 if you are 50 or older. You may put money in the 401(k), 457, or both as either before-tax or Roth contributions, or both. These limits are subject to change. Visit www.texasaver.com for updated annual contribution limits.	The 2016 annual contribution limit is \$18,000 ¹ per year. The limit is \$24,000 if you are 50 or older. You may put money in the 401(k), 457, or both as either before-tax or Roth contributions, or both. These limits are subject to change. Visit www.texasaver.com for updated annual contribution limits.
Transfer of Funds to Purchase Service	You may purchase military service, additional service credit, or refunded or other eligible ERS service by transferring funds from your TexaSaver account while employed. Teacher Retirement System (TRS) of Texas service may be purchased when distribution eligibility is met. This is not a taxable distribution.	You may purchase military service, additional service credit, or refunded or other eligible ERS/TRS service by transferring funds from your TexaSaver account while employed. This is not a taxable distribution.
Rollovers In²	If eligible, you may roll funds into the TexaSaver 401(k)/457 Program from another eligible retirement plan or individual retirement account (IRA). Roth IRAs are not accepted. Only designated Roth accounts from another eligible retirement plan can be rolled over into your TexaSaver 401(k) and 457 plans.	
Age 50 and Over Catch-up	If you are age 50 or older, you may contribute an additional \$6,000 ¹ in 2016 for a total of \$24,000 to each plan. This includes before- and after-tax contributions combined. You may not use this provision in the 457 plan while using the Special 457 Catch-up Provision.	
Special 457 Catch-up Provision <i>Cannot be used with the Age 50 and Over Catch-up in the 457 Plan</i>	Not available in the 401(k) plan.	Subject to eligibility. If you have unused deferrals, the Special 457 Catch-up limit is \$36,000 in 2016. You may participate only during the three years before the taxable year in which you attain normal retirement age.
Loans	Loans may be approved for \$1,000 to \$50,000 (subject to plan and IRS provisions). You must have an account balance of at least \$1,050, as there is a \$50 loan application fee that is deducted from the loan proceeds. There is a \$2.08 monthly maintenance fee assessed to your account until your loan is paid in full. Loans are prorated from before-tax and Roth contributions. Repayments are prorated back to each money type accordingly.	
Financial Hardship Withdrawals³ <i>Only allowed through approval when you have no other resources, including plan loans</i>	Reasons for hardship include purchase of primary residence, prevention of eviction or foreclosure from your primary residence, tuition expenses, non-reimbursed medical expenses, funeral expenses, or repair of damages to your principal residence.	Reasons for financial hardship include prevention of eviction or foreclosure from your primary residence, non-reimbursed medical expenses, funeral expenses, casualty loss, or similar extraordinary and unforeseeable circumstances.
Distributions While Employed for Before-Tax Contributions	You may take a distribution from your 401(k) plan after age 59½ while still employed without a 10% penalty; 20% will be withheld for federal income taxes unless the funds are rolled over to a qualified plan.	If your 457 plan account has less than \$5,000 and has been inactive for two years, you may take a de minimis distribution; 20% may be withheld for federal income tax purposes. You can take a distribution if you are 70½ and still employed.
Distributions After Separation From Employer for Before-Tax Contributions	You can start taking distributions after separation from state employment. You may roll over funds into other types of employer-sponsored plans, IRAs, or other eligible options. ² Lump-sum distributions have 20% automatically withheld for federal taxes. Periodic distributions are allowed.	You can start taking distributions after separation from state. You may roll over funds into other types of employer-sponsored plans, IRAs, or other eligible options. ² Lump-sum distributions have 20% automatically withheld for federal taxes. Periodic distributions are allowed.
Distributions From Roth Contributions	Roth money may be withdrawn tax-free no earlier than five taxable years after your first Roth contribution AND when you: a) reach age 59½, b) become disabled, or c) die. Otherwise, earnings on Roth contributions may be taxed as ordinary income when you take a distribution.	Roth money may be withdrawn tax-free no earlier than five taxable years after your first Roth contribution AND when you: a) reach age 59½ and separate from service with your employer, b) become disabled, or c) die. Otherwise, earnings on Roth contributions may be taxed as ordinary income when you take a distribution.
Required Minimum Distributions (RMDs)	Must begin no later than April 1 following the year in which you turn 70½, unless you are still employed.	
Tax Penalties	A 10% federal penalty tax applies to distributions made before age 59½. A 50% federal tax penalty applies if RMDs are not taken at age 70½, unless you are still employed by the state. This applies to both before-tax and Roth money types.	No 10% federal penalty tax applies to distributions of 457 money before age 59½. A 50% federal tax penalty applies if RMDs are not taken at age 70½, unless you are still employed by the state. This applies to both before-tax and Roth money types.

¹Ceiling is adjusted each year per cost-of-living index. Amount shown is for 2016.

²You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitation of investment options.

³Representatives of GWFS Equities, Inc. are not registered investment advisors and cannot offer financial, legal, or tax advice. Please consult with your financial planner, attorney, and/or tax advisor as needed.

Employee health plans comparison chart

Benefits	HealthSelect SM of Texas ¹			Consumer Directed HealthSelect SM 1		HMOs	
	In-Area		Out-of-Area ²	In-Area		Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network		Network	Non-Network		
Calendar year deductible	None	\$500 per person \$1,500 per family	\$200 per person \$600 per family	\$2,100 per person \$4,200 per family	\$4,200 per person \$8,400 per family	None	None
Out-of-pocket coinsurance maximum⁴	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$3,000 per person per calendar year	None	None	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum¹⁰ (including deductibles, coinsurance and copays) ¹¹	\$6,550 per person** \$13,100 per family	None	\$6,550 per person** \$13,100 per family	\$6,550 per person** \$13,100 per family	\$13,100 per person** \$26,200 per family	\$6,550 per person \$13,100 per family ³	\$6,550 per person \$13,100 per family ³
Primary care physician required	Yes	No	No	No	No	Contact your HMO	No
Primary care physicians' office visits	\$25	40%	30%	20%	40%	\$25	\$15
Mental health and substance use disorder							
a. Outpatient physician or mental health provider office visits	\$25 copay	40% coinsurance after you meet the annual Non-Network Deductible	30% coinsurance after you meet the annual Out-of-Area Deductible	20% coinsurance	40% coinsurance	\$25	\$25
b. Hospital—Inpatient stay (copay is \$150 per day, up to a maximum of \$750 per admission and a maximum of \$2,250 per calendar year.)	20% coinsurance after copay	40% coinsurance after copay and you meet the annual Non-Network Deductible	30% coinsurance after copay and you meet the annual Out-of-Area Deductible	20% coinsurance	40% coinsurance	20% coinsurance (plus \$150 a day copay per admission)	20% coinsurance (plus \$150 a day copay per admission)
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	30% coinsurance after you meet the annual Out-of-Area Deductible	20% coinsurance	40% coinsurance	\$25 copay (prior authorization required)	\$25 copay
Physicals*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	40%	No charge	No charge
Specialty physicians' office visits	\$40	40%	30%	20%	40%	\$40	\$25
Routine eye exam, one per year per participant*	\$40	40%	30%	20%	40%	\$40 ^{3,6}	\$25 ³
Routine preventive care*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	40%	No charge	No charge
Diagnostic x-rays, lab tests, and mammography	20%	40%	30%	20%	40%	20%	No charge* (physician office)
Office surgery and diagnostic procedures	20%	40%	30%	20%	40%	20%	\$15 PCP or \$25 Specialist

Benefits	HealthSelect SM of Texas ¹			Consumer Directed HealthSelect ^{SM1}		HMOs	
	In-Area		Out-of-Area ²	In-Area		Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network		Network	Non-Network		
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{7,9,12}	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	20%	40%	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
Urgent care clinic	\$50 copay plus 20%	\$50 copay plus 40%	30%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%
Maternity Care doctor charges only*; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁶	40%	30%	No charge for routine prenatal appointments 20% for first post-natal visit	40%	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁶	No charge
Chiropractic Care							
a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%	30%	20%	40%	CFHP: 20%; \$40 copay SWHP: 20%; \$40 copay plus 20% with office visit	\$25 copay
b. Maximum benefit per visit	\$75	\$75	\$75	\$75	\$75	CFHP-\$75/ SWHP - None	-
c. Maximum visits Each participant Per calendar year	30	30	30	30	30	CFHP-30; SWHP-35 (maximum manipulative therapy visits)	30
Inpatient hospital (semi-private room and day's board, and intensive care unit) ¹²	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 30% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	20%	40%	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person ³)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person)
Emergency care	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	30%	20%	20%	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copay plus 20% (if admitted copay will apply to hospital copay)
Outpatient surgery other than in physician's office	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	20%	40%	\$100 copay plus 20%	\$150
Bariatric surgery^{8, 8A, 12}	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	Not covered	Not covered	Not covered
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).			Plan pays up to \$1,000 per ear every three years (after deductible is met).		Plan pays up to \$1,000 per ear every three years (no deductible).	
Durable medical equipment¹²	20%	40%	30%	20%	40%	20%	20%
Ambulance services (non-emergency)¹²	20%	20%	30%	20%	20%	20%	20%

¹ Benefits are paid on allowable amounts; using providers who contract with UnitedHealthcare will protect you from liability for amounts over the allowable amount. ² Out-of-area applies to participants living outside of Texas, retirees 65 and over, and disabled retirees with Medicare. ³ Applies to plan year, September 1 - August 31. ⁴ Does not include copays. ⁵ Copay depends on whether treatment is given by PCP or specialist. ⁶ For treatment charges, one visit per plan year. ⁷ Outpatient testing only. Does not apply to inpatient services. ⁸ Active employees only; see health plan for additional requirements/limitations. ^{8A} The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. ⁹ No copay if high-tech radiology is performed during ER visit or inpatient admission. ¹⁰ Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a participant could pay up to \$6,550 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the \$2,000 coinsurance out-of-pocket maximum, he/she would pay \$4,550 in copayments, totaling \$6,550 in overall out-of-pocket expense.) ¹¹ Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. ¹² Preauthorization required.
*Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services. **Effective calendar year January 1, 2017.

Monthly premiums

Full-time Employees and Retirees Not Eligible for Medicare

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 617.30	\$ 617.30	\$ 0.00
You + Spouse	1,324.66	970.98	353.68
You + Children	1,090.90	854.10	236.80
You + Family	1,798.26	1,207.78	590.48
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 617.30	\$ 617.30	\$ 0.00
You + Spouse	1,289.30	970.98	318.32
You + Children	1,067.22	854.10	213.12
You + Family	1,739.22	1,207.78	531.44
Community First Health Plans			
You Only	\$ 511.50	\$ 511.50	\$ 0.00
You + Spouse	1,097.18	804.34	292.84
You + Children	903.66	707.58	196.08
You + Family	1,489.34	1,000.42	488.92
KelseyCare powered by Community Health Choice			
You Only	\$ 483.98	\$ 483.98	\$ 0.00
You + Spouse	1,038.02	761.00	277.02
You + Children	854.94	669.46	185.48
You + Family	1,408.98	946.48	462.50
Scott & White Health Plan			
You Only	\$ 610.18	\$ 610.18	\$ 0.00
You + Spouse	1,309.34	959.76	349.58
You + Children	1,078.30	844.24	234.06
You + Family	1,777.46	1,193.82	583.64

*Includes premium for Basic Term Life Insurance

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

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

	Premium*	State Pays	You Pay
HealthSelectSM of Texas			
You Only	\$ 617.30	\$ 308.65	\$ 308.65
You + Spouse	1,324.66	485.49	839.17
You + Children	1,090.90	427.05	663.85
You + Family	1,798.26	603.89	1,194.37
Consumer Directed HealthSelect^{SM**}			
You Only	\$ 617.30	\$ 308.65	\$ 308.65
You + Spouse	1,289.30	485.49	803.81
You + Children	1,067.22	427.05	640.17
You + Family	1,739.22	603.89	1,135.33
Community First Health Plans			
You Only	\$ 511.50	\$ 255.75	\$ 255.75
You + Spouse	1,097.18	402.17	695.01
You + Children	903.66	353.79	549.87
You + Family	1,489.34	500.21	989.13
KelseyCare powered by Community Health Choice			
You Only	\$ 483.98	\$ 241.99	\$ 241.99
You + Spouse	1,038.02	380.50	657.52
You + Children	854.94	334.73	520.21
You + Family	1,408.98	473.24	935.74
Scott & White Health Plan			
You Only	\$ 610.18	\$ 305.09	\$ 305.09
You + Spouse	1,309.34	479.88	829.46
You + Children	1,078.30	422.12	656.18
You + Family	1,777.46	596.91	1,180.55

*Includes premium for Basic Term Life Insurance

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

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

Consumer Directed HealthSelect Health Savings Account (HSA)

	State Pays	
You Only	\$45 monthly (\$540 annually)	An HSA is a tax-free savings account for qualified health expenses. You can receive the "State Pays" HSA contribution if you are: <ul style="list-style-type: none"> • enrolled in Consumer Directed HealthSelect, • eligible for a portion of your health premium to be paid by the state and • not eligible for Medicare.
You + Spouse	90 monthly (\$1,080 annually)	
You + Children	90 monthly (\$1,080 annually)	
You + Family	90 monthly (\$1,080 annually)	

Dental Insurance

HumanaDental DHMO	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 9.59	\$ 9.78	\$ 14.39	Spouse Only	\$ 9.59
You + Spouse	19.17	19.55	28.76	Spouse + Children	23.01
You + Children	23.01	23.47	34.52	Children Only	13.42
You + Family	32.59	33.24	48.89		

State of Texas Dental Choice Plan SM	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 26.61	\$ 27.14	\$ 39.92	Spouse Only	\$ 26.61
You + Spouse	53.22	54.28	79.83	Spouse + Children	63.86
You + Children	63.86	65.14	95.79	Children Only	37.25
You + Family	90.47	92.28	135.71		

State of Texas Dental Discount PlanSM

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 2.25	\$ 2.30	\$ 3.38	Spouse Only	\$ 2.25
You + Spouse	4.50	4.59	6.75	Spouse + Children	5.40
You + Children	5.40	5.51	8.10	Children Only	3.15
You + Family	7.65	7.80	11.48		

State of Texas Vision

Membership Level	Employee/ Retiree	COBRA	COBRA Disability	Surviving Dependents	
You Only	\$ 6.69	\$ 6.82	\$ 10.04	Spouse Only	\$ 6.69
You + Spouse	13.38	13.65	20.07	Spouse + Children	14.38
You + Children	14.38	14.67	21.57	Children Only	7.69
You + Family	21.07	21.49	31.61		

Tobacco-user Premium

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

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

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

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

Please visit www.ers.state.tx.us/Employees/Health/Tobacco_Policy for more information.

Optional Term Life Insurance and Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Optional Term Life Insurance					
After the first 31 days of employment, Elections 1 and 2 require approval through evidence of insurability (EOI). Elections 3 and 4 always require EOI approval. Beginning at age 70, Optional Term Life coverage is reduced to a percentage of your annual salary as follows: Age 70-74 65% Age 75-79 40% Age 80-84 25% Age 85-89 15% Age 90+ 10%	Monthly Rate per \$1,000 of Annual Salary				
	Age	Election 1 Annual Salary x 1	Election 2 Annual Salary x 2	Election 3* Annual Salary x 3	Election 4** Annual Salary x 4
	Under 25	\$ 0.05	\$ 0.10	\$ 0.15	\$ 0.20
	25 - 29	0.05	0.10	0.15	0.20
	30 - 34	0.06	0.12	0.18	0.24
	35 - 39	0.06	0.12	0.18	0.24
	40 - 44	0.08	0.16	0.24	0.32
	45 - 49	0.12	0.24	0.36	0.48
	50 - 54	0.19	0.38	0.57	0.76
	55 - 59	0.33	0.66	0.99	1.32
	60 - 64	0.57	1.14	1.71	2.28
	65 - 69	0.93	1.86	2.79	3.72
	70 - 74	1.48	2.96	4.44	5.92
75 - 79	2.41	4.82	7.23	9.64	
80 - 84	3.92	7.84	11.76	15.68	
85 - 89	6.79	13.58	20.37	27.16	
90+	10.57	21.14	31.71	42.28	
Retiree Fixed Optional Life Insurance (\$10,000 policy)					
\$23.40 per month for \$10,000					
Dependent Term Life Insurance					
Employee: \$1.38 per month for \$5,000 (includes \$5,000 AD&D coverage)			Retiree: \$3.05 per month for \$2,500		
AD&D*					
You may apply for AD&D coverage according to the following table:					You Only \$0.02 per \$1,000 of coverage You + Family \$0.04 per \$1,000 of coverage
Age	Minimum Coverage	Maximum Coverage	Minimum Increments		
Under 70	\$ 10,000	\$ 200,000	\$ 5,000		
70-74	6,500	130,000	3,250		
75-79	4,000	80,000	2,000		
80-84	2,500	50,000	1,250		
85-89	1,500	30,000	750		
90+	1,000	20,000	500		

Texas Income Protection PlanSM (TIPP)*

Short-term disability	\$0.30 per \$100 of monthly salary
Long-term disability	\$0.63 per \$100 of monthly salary

*Optional Term Life Insurance at Elections 3 and 4, AD&D, and short-term and long-term disability insurance are not available to retirees.

†Optional Term Life Insurance is limited to a maximum of \$400,000 or four times your annual salary, whichever is less.

Learn more about your State of Texas benefits

Our website: www.ers.state.tx.us

The ERS website has information and tools to help you take advantage of your benefits. Use the Search function to find detailed information on ERS benefits and retirement.

News About Your Benefits

This e-newsletter provides information on available programs, wellness, health care plans and other benefits. You can sign up to receive this and other news by email at www.ers.state.tx.us/Customer_Support/Subscribe.

Your Statement of Retirement Benefits

After your birthday each year, ERS will send you a personalized statement that shows your earliest retirement date, retirement age and projected annuity. This statement provides important retirement planning information, including benefit estimates and vesting information. If you are an ERS member, you can get an estimate of the amount of your retirement annuity by signing into your account at www.ers.state.tx.us.

Texa\$aver Quarterly Statement

You will receive a statement each quarter from Texa\$aver, administered by Empower Retirement, detailing your Texa\$aver account balance and investment choices.

Your annual Personal Benefits Enrollment Statement

Before Summer Enrollment every year, ERS will send you a personalized statement listing your current coverage, costs and choices for the next plan year. You will have the opportunity to make changes each year during Summer Enrollment.

Presentations and events

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

- **Ask ERS webinar:** On the first Tuesday of select months, you can ask questions and get the latest news from ERS.
- **Ready, Set, Retire!:** Conducted throughout the state and as a webinar, this is a free 90-minute seminar on ERS retirement and the Texa\$aver 401(k) / 457 Program.
- **Medicare Preparation seminars:** Conducted throughout the state and as a webinar, this presentation helps those approaching Medicare eligibility understand enrollment and how Medicare works with state health insurance.

To see a list of upcoming events or to register, go to www.ers.state.tx.us/Event-Calendar.

Your benefits coordinator

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

ERS interactive voice response system

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

Designate your beneficiaries

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

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



Find detailed instructions at
[www.ers.state.tx.us/Customer_Support/
Online/Update_Your_Beneficiaries](http://www.ers.state.tx.us/Customer_Support/Online/Update_Your_Beneficiaries)

Contact Information

Health insurance

HealthSelectSM of Texas

Administered by UnitedHealthcare

Group number – 744260

Toll-free: (866) 336-9371, TTY: 711

myNurseLine: (866) 336-9371

<http://healthselectoftexas.welcometouhc.com/hs-of-texas.html>

Consumer Directed HealthSelectSM

Administered by UnitedHealthcare

Group number – 744260

Toll-free (866) 336-9371, TTY: 711

healthselectoftexas.com/cdhs

Optum Bank (HSA)

Toll-free: (800) 791-9361 (TTY – 711),

7 a.m. – 7 p.m. CT, Monday – Friday CT

www.optumbank.com

Prescription Drug Program

(pharmacy benefits for HealthSelect of Texas and Consumer Directed HealthSelect)

Until Dec. 31, 2016: Administered by Caremark

Group number – RX1292

Toll-free: (888) 886-8490,

TDD: (800) 231-4403

www.caremark.com/ers

After Jan. 1, 2017: Administered by OptumRx

Toll-free: (866) 336-9371, TTY: 711

www.OptumRx.com/ERS

Community First Health Plans

an affiliate of the University Health System

Group number – 0010180000

Toll-free: (877) 698-7032,

TDD: (210) 358-6080

Local: (210) 358-6262,

NurseLink: (210) 358-6262

members.cfhp.com

KelseyCare powered by Community Health Choice

Toll-free: (844) 515-4877, TTY: 711

Group number: 15000

NurseLine: (713) 442-0000

www.erskelseycare.com/

Scott & White Health Plan

Group number – 000058

Toll-free: (800) 321-7947

TTD: (800) 735-2989

VitalCare Nurse Advice: (877) 505-7947

ers.swhp.org

Optional benefits

State of Texas Vision

Administered by Superior Vision Services, Inc.

Toll-free: (877) 396-4128

www.stateoftexasvision.com

Dental Plans

State of Texas Dental ChoiceSM

Administered by HumanaDental Insurance Company

Group number – 536957

Toll-free: (877) 377-0987, TTY: 711

humana.com/ers

HumanaDental DHMO

Insured by DentiCare, Inc, dba CompBenefits, a member of the HumanaDental family of companies

Group number – 538226

Toll-free: (877) 377-0987, TTY: 711

humana.com/ers

State of Texas Dental Discount PlanSM

Administered by Careington International Corporation

Toll-free: (844) 377-3368, TTY: 711

www.txdentaldiscount.com

Life and Accidental Death & Dismemberment Insurance

Administered by Securian

Toll-free: (877) 494-1716, TTY: 711

www.lifebenefits.com/plandesign/ers

Texas Income Protection PlanSM (TIPP)

(short-term and long-term disability insurance)

Administered by ReedGroup

Toll-free: (855) 604-6230, TTY: 711

www.texasincomeprotectionplan.com

Disability evidence of insurability is administered by Securian. Contact information is listed above.

TexFlex

Administered by ADP, LLC

Toll-free: (844) 884-2364, TDD: 711

www.texflexers.com

Texa\$aver 401(k) / 457 ProgramSM

Administered by Empower RetirementTM

Toll-free: (800) 634-5091, TDD: (800) 766-4952

www.texasaver.com

Discount Purchase Program

Administered by Beneplace

Local: (512) 346-3300, TDD: (800) 683-2886

www.Beneplace.com/DiscountProgramERS



Your ERS online account

Set up your online account:

1. Go to **www.ers.state.tx.us**.
2. Click on “Access My Account” in the upper right hand corner. You will be taken to a new page.
3. On the new page, click on “Enroll.”
4. Enter and verify your contact information
5. Enroll yourself and dependents in coverage after your agency has entered your employment information

If you move, or your other contact information changes, don't forget to update your ERS account.

Sign up for ERS news and updates:



If you have a qualifying event (QLE) such as marriage, divorce or the birth of a child, you can make certain benefit changes at other times during the year if they meet QLE guidelines. You must request the changes within 31 days of the event – 60 days if your child loses eligibility for the Children's Health Insurance Program (CHIP).

Health and Human Services Enterprise Employees: DADS, DFPS, DSHS, HHSC, CPRIT

The HHS Employee Service Center acts as your benefits coordinator. Contact the Center toll-free at (888) 894-4747.

Employees Retirement System of Texas

Always available online at **www.ers.state.tx.us**

24/7 access to automated information on your insurance and retirement benefits:

(877) 275-4377, TDD: 711. Talk to a representative 7:30 a.m. to 5:30 p.m. CT, Monday through Friday.

