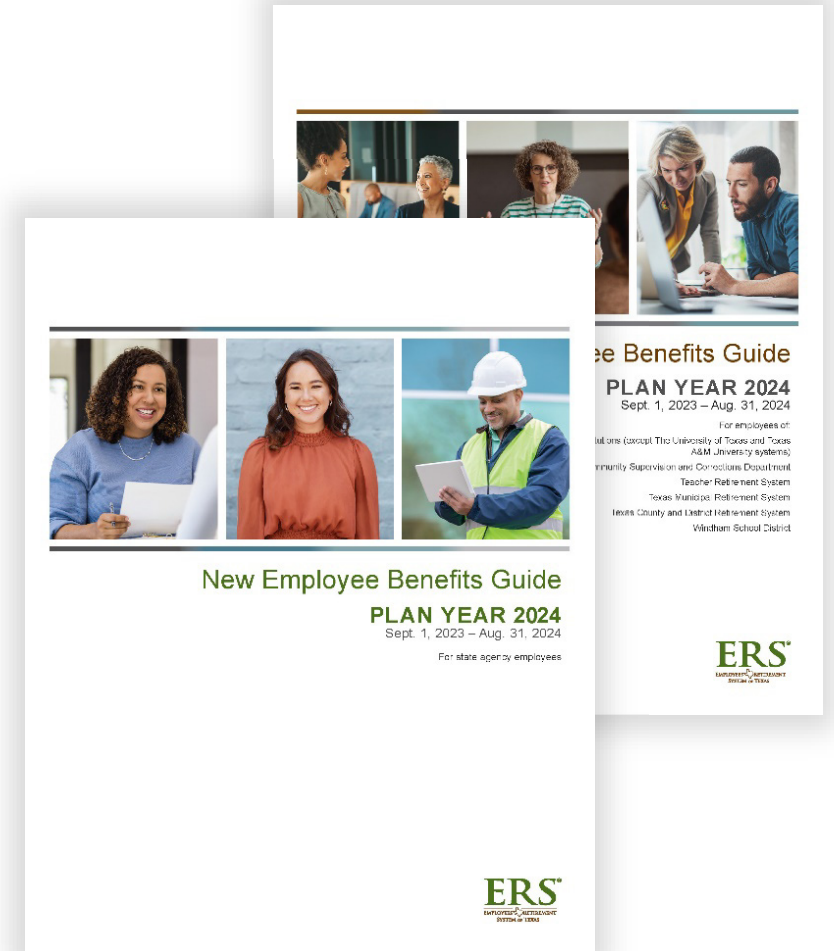


ERS BENEFITS OVERVIEW

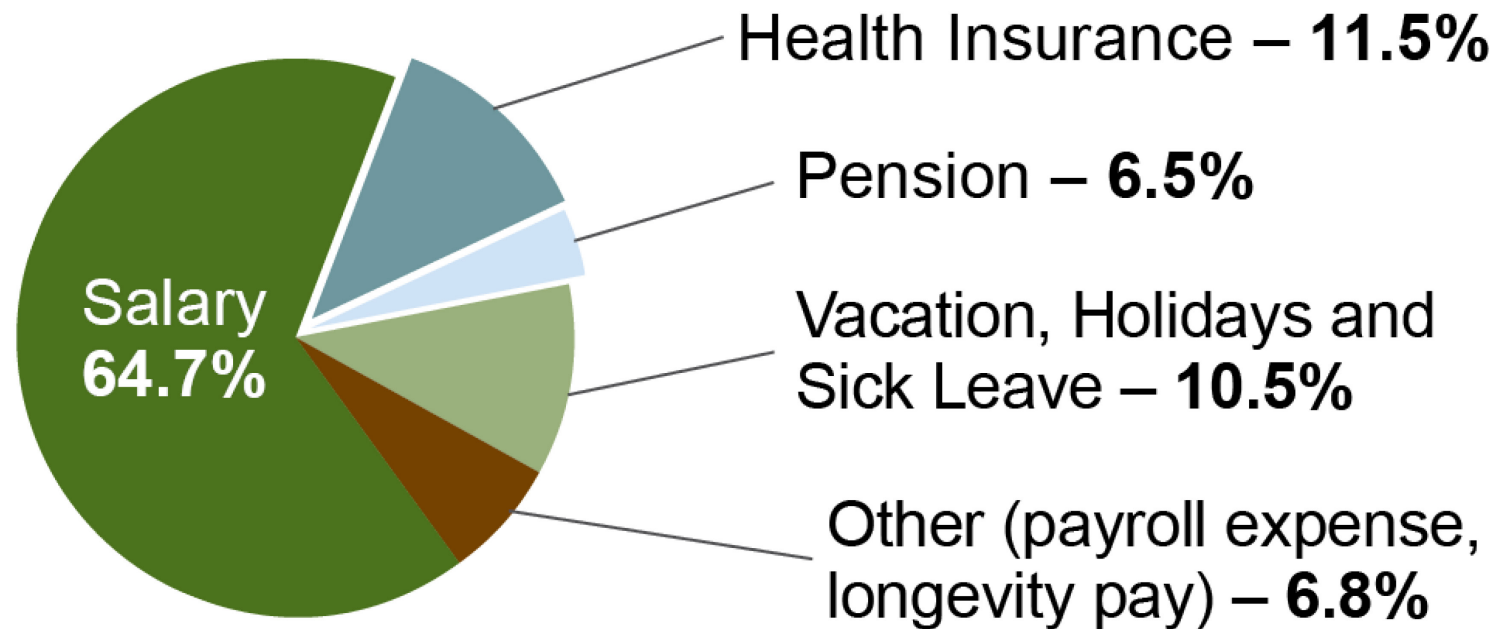
Topics

- State employee benefits package
- Texas Employees Group Benefits Program
- Understanding your benefits options
- ERS Retirement Plan
- Texa\$aver
- Resources



State employee benefits package

Average State Employee Compensation:
\$78,146



TEXAS EMPLOYEE GROUP BENEFITS PROGRAM (GBP) OPTIONS



What are the benefit options?

- Health insurance
- Dental insurance
- Vision insurance
- Optional Term Life
- Dependent Term Life
- Voluntary Accidental Death and Dismemberment (AD&D)
- Short-term and long-term disability
- TexFlex

New employees: When can you enroll?

Within 31 days of hire:	Within 60 days of hire, you can:
Enroll in health and optional insurance	Enroll in health insurance
Change health and optional insurance	Change your health insurance
Enroll in TexFlex dependent care FSA	Enroll in TexFlex health care FSA or limited-purpose FSA
Bypass EOI for disability insurance and some optional life insurance	
Complete the Dependent Child Certification process	
Complete the dependent eligibility verification process	
Certify tobacco use for yourself and dependents enrolled in health insurance	



More information is available on pages 4 - 5 of your NEBG.

Dependents: Who can enroll?

- Spouse and/or
- Eligible dependents



Certify and verify your dependent's eligibility through the:

- Dependent Child Certification and
- dependent eligibility verification process.



You must enroll in a plan to enroll eligible dependents.

Current employees: Changing benefits selections

Qualifying life event (QLE):

- Make changes within 31 days (event date included)



Summer Enrollment

ERS
EMPLOYEES RETIREMENT SYSTEM OF TEXAS

2023 Summer Enrollment Active Employee Guide

INSIDE:

- p. 2 What's new?
- p. 4 Coverage for dependents
- p. 5 Your health insurance options
- p. 8 Prescription drug coverage
- p. 9 Vision insurance
- p. 10 Dental insurance options
- p. 12 Flexible spending accounts
- p. 16 Optional Term Life and Voluntary AD&D insurance
- p. 16 TIPP disability insurance
- p. 17 Contact information
- p. 18 Summer Enrollment fairs and webinars

Since 2018, ERS health plan premiums have not increased more than 1%, and we have maintained high-quality coverage in all plans. This is because of continued financial support from the state and ERS' cost management efforts. ERS uses experienced third-party health plan administrators to help keep costs down and maintain high-quality coverage for GBP participants.

Benefits to protect your health and future

As an employee of a State of Texas agency or higher education institution, you are eligible to participate in the Texas Employees Group Benefits Program (GBP), which provides valuable benefits for you and your family.

Summer Enrollment is your chance to review your benefits elections and make changes. It is the only time you can make benefit changes unless you have a qualifying life event during the plan year. (See ers.texas.gov/Active-Employees/Life-Changes-for-active-employees for information on qualifying life events.)

You should take this opportunity to refresh your knowledge about your coverage options. Consider any life changes you've had in the past year and think about what medical, dental or vision care services you or your family members might need in Plan Year 2024 (Sept. 1, 2023 – Aug. 31, 2024). View more details and premium rate sheets at ers.texas.gov/isa-2023.

Need to make changes to your benefits?

You should make any needed changes to your benefits during your assigned two-week Summer Enrollment phase.

Find the dates of your phase in the top left corner of your Personal Benefits Enrollment Statement, or go to ers.texas.gov/isa-2023.

No changes? No action needed

If you want to keep your same coverage, you don't need to do anything. Your benefits will stay the same. Benefit elections for the new plan year are effective Sept. 1.

Note: If you are enrolled in the TexFlexSM flexible spending account (FSA) program, it is always a good idea to double-check your annual elections to your health care or limited-purpose and/or dependent care FSAs to make sure the amount is still appropriate for you and your family. Annual maximum contribution amounts have changed since last year; please see the TexFlex section of this booklet for details.

All GBP benefits 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.

New employees: When do benefits begin?

Health insurance

- Begins the first of the month following 60th day of employment

Optional add-on benefits

- Enroll your first day of hire — optional coverage begins that day
- Enroll within 31 days of hire — optional coverage begins the first of the following month

**Contact your benefits coordinator if you think
the health coverage waiting period should not apply to you.**

UNDERSTANDING YOUR HEALTH INSURANCE OPTIONS



Plan features include:

- Primary care provider (PCP) required
- Referrals required for specialty physicians
- No deductible
- In-network preventive services covered at 100%
- Prescription benefits



More information is available on page 9 of your NEBG.

Consumer Directed HealthSelect

High-deductible health plan

1

- No PCP or referrals required
- Coinsurance after deductible is met
- In-network preventive services covered at 100%
- Prescription benefits included

Health savings account (HSA)

2

- Triple tax benefit. No taxes on:
 1. Deposits (up to IRS' annual limit)
 2. Withdrawals for qualified health costs
 3. Account earnings
- State contributes to account each month
- Account is yours to keep!



More information is available on pages 10 – 12 of your NEBG.

In-network vs. out-of-network

In-network	Out-of-network
<p>No deductible + Low coinsurance <u>No balance billing</u> = Lower costs</p>	<p>Deductible + Higher coinsurance <u>Balance billing</u> = Higher costs</p>

“It pays to stay in the network!”

Health Plan Comparison Chart

Medical Benefits

Service	HealthSelect of Texas SM and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Allergy treatment	Covered at 100% if administered in a physician's office; 20% coinsurance in any other outpatient location	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Ambulance services (for emergencies)	20% coinsurance	20% coinsurance; annual deductible does not apply	20% coinsurance after annual deductible is met	20% coinsurance in-network deductible is met
Bariatric surgery*	• Deductible: \$5,000 • Coinsurance: 20% • Lifetime max: \$13,000	Not covered	Not covered	Not covered
Chiropractic care	• Without office visit: 20% coinsurance • With office visit: \$40 copay plus 20% coinsurance • Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year	40% coinsurance after annual deductible is met. Maximum of 30 visits per calendar year	20% coinsurance after annual deductible is met. Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year	40% coinsurance after annual deductible is met. Maximum benefits of \$75 per visit and maximum of 30 visits per calendar year
Diagnostic A1c testing (for participants diagnosed with diabetes)	20% coinsurance; see page 6 for details	40% coinsurance after annual deductible is met; see page 6 for details	20% coinsurance after annual deductible is met; see page 6 for details	40% coinsurance after annual deductible is met; see page 6 for details
Diabetes equipment*	20% coinsurance; see page 6 for details	40% coinsurance after annual deductible is met; see page 6 for details	20% coinsurance after annual deductible is met; see page 6 for details	40% coinsurance after annual deductible is met; see page 6 for details
Diabetes supplies	See page 6 for details	See page 6 for details	See page 6 for details	See page 6 for details
Diagnostic X-rays and lab tests	20% coinsurance	40% coinsurance after annual deductible is met	Covered at 100%	40% coinsurance after annual deductible is met
Diagnostic mammography	Covered at 100%	40% coinsurance after annual deductible is met	Covered at 100%	40% coinsurance after annual deductible is met
Durable medical equipment	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, emergency room physicians, etc.)	20% coinsurance	Emergencies: 20% coinsurance; annual deductible does not apply. Non-emergencies: 40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Facility emergency care (non-FSEER) and hospital-affiliated freestanding emergency department*	\$150 copay plus 20% coinsurance (if admitted, copay will apply to hospital copay.)	Emergencies: \$150 copay plus 20% coinsurance (if admitted, copay will apply to hospital copay). Annual deductible does not apply. Non-emergencies: \$150 copay plus 40% coinsurance after annual out-of-network deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Freestanding emergency room facility	\$150 copay plus 20% coinsurance	Emergencies: \$300 copay plus 20% coinsurance; annual deductible does not apply. Non-emergencies: \$300 copay plus 40% coinsurance after annual out-of-network deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Habilitation and rehabilitation services -outpatient therapy (including physical therapy, occupational therapy and speech therapy)*	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met

*Prior Authorization may be required.



HEALTH PLANS COMPARISON CHART EMPLOYEES AND RETIREES NOT ELIGIBLE FOR MEDICARE EFFECTIVE SEPTEMBER 1, 2023

This chart shows your share of costs for commonly used medical, mental health, prescription drug and diabetes supply benefits in the HealthSelect of TexasSM and Consumer Directed HealthSelectSM plans. For in-depth information about eligibility, services that are covered and not covered, and how benefits are paid, view the Master Benefits Plan Document (MBPD) on your plan's website. If there is a conflict between the MBPD, MBPD Amendments and this chart, the MBPD and its Amendments will control. Blue Cross and Blue Shield of Texas (BCBSTX) administers medical and mental health benefits in both plans. OptumRx, an affiliate of UnitedHealthcare, will manage prescription drug benefits for the plans through Dec. 31, 2023. As administrators, they process claims and oversee the provider network and drug formularies. ERS designs the benefits and pays the claims. Note: On Jan. 1, 2024, Express Scripts will become the new plan administrator for prescription drug benefits. The Employees Retirement System of Texas (ERS) will provide more information about this change in the coming months.

	HealthSelect SM		CONSUMER DIRECTED HealthSelect SM	
	HealthSelect of Texas SM and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Administrator	Blue Cross and Blue Shield of Texas (BCBSTX)			
Annual deductible	None	\$500 per individual \$1,500 per family	\$2,100 per individual, \$4,200 per family To help cover part of the deductible, the State contributes to an eligible participant's health savings account: \$540/year for an individual, \$1,080/year for a family	\$4,200 per individual, \$8,400 per family To help cover part of the deductible, the State contributes to an eligible participant's health savings account: \$540/year for an individual, \$1,080/year for a family
Out-of-network benefits?		Yes. See next page for details.	Yes. See next page for details.	Yes. See next page for details.
Balance billing? (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.	Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.	Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays)	Jan 1 - Dec 31, 2023: \$7,050 per person; \$14,100 per family Jan 1 - Dec 31, 2024: \$7,500 per person; \$15,000 per family		Jan 1 - Dec 31, 2023: \$7,050 per person; \$14,100 per family Jan 1 - Dec 31, 2024: \$7,500 per person; \$15,000 per family	
Out-of-pocket coinsurance maximum	\$2,000 per person	\$7,000 per person	None	None
Inpatient copay maximum	\$750 copay max, up to 5 days per hospital stay \$2,250 copay max per calendar year per person		None	None
Primary care provider (PCP) required?	Participants who live and work in Texas: Yes Out-of-state participants: No	No	No	No
Referrals required?	Participants who live and work in Texas: Yes Out-of-state participants: No	No	No	No

Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. All Texas Employees Group Benefits Program (EGBP) benefits could change without notice. The Texas Legislature decides the level of funding for such benefits and has no conferring obligation to provide those benefits beyond each fiscal year.

Diabetes Equipment and Supplies

Other diabetes equipment, supplies, and prescription drugs not listed below may be covered under these plans. For more information about your prescription drug benefits or for help finding an in-network pharmacy, contact HealthSelect PDP customer care toll-free at (855) 828-8834 (TTY: 711). For more information on your medical plan benefits, contact a BCBSTX Personal Health Assistant toll-free at (800) 252-8039 (TTY: 711).

	HealthSelect of Texas SM and HealthSelect SM Out-of-State		Consumer Directed HealthSelect SM	
	Prescription Drug Program (PDP) benefits	Medical plan benefits	Prescription Drug Program (PDP) benefits	Medical plan benefits
Certain brands of preferred glucometers are covered at no cost to participants when received through the free glucometer program*. For more information on the free glucometer program, call OptumRx.	Refer to Prescription Drug Program (PDP) benefits	Certain brands of preferred glucometers are covered at no cost to participants when received through the free glucometer program*. For more information on the free glucometer program, call OptumRx.	Refer to Prescription Drug Program (PDP) benefits	
Certain brands of continuous glucose monitors and related supplies will be available starting Jan. 1, 2024.	20% coinsurance for in-network and out-of-network covered continuous glucose monitors, insulin pumps, and related supplies through durable medical equipment benefits	Certain brands of continuous glucose monitors and related supplies will be available starting Jan. 1, 2024.	20% coinsurance for in-network and out-of-network covered continuous glucose monitors and insulin pumps, and related supplies after annual deductible is met, through durable medical equipment benefits	
Certain brands of preferred diabetic test strips* are covered at no cost to participants when purchased from a PDP in-network pharmacy. Lancets and lancing devices, and syringes are covered at no cost to participants when purchased from a PDP in-network pharmacy.	Refer to Prescription Drug Program (PDP) benefits	20% coinsurance for covered diabetic supplies after annual in-network deductible is met when purchased from a PDP in-network pharmacy	Refer to Prescription Drug Program (PDP) benefits	
In-network pharmacy insulin products on the PDP drug list (formulary) are covered with a maximum \$25 copay per 30-day supply, regardless of tier	Not covered under medical plan benefits	In-network pharmacy: 20% coinsurance (up to \$25 maximum per 30-day supply) for insulin products on the PDP drug list (formulary). Out-of-network pharmacy: 40% coinsurance for insulin products after annual out-of-network deductible is met	Not covered under medical plan benefits	

*Insulin products and test strips are subject to change.

Health Insurance Opt-Out Credit

NO health coverage = NO prescription drug coverage.

- Must have comparable health coverage (excluding Medicare)
- Waive health insurance, prescription drug coverage and \$5,000 Basic Term Life Insurance
- Use credit (up to \$60 for full-time employees, \$30 for part-time employees) toward premiums for certain optional benefits



More information is available on page 12 of your NEBG.

OPTIONAL BENEFITS

Group Term Life **Vision** Dental
Dependent Term Life
TexFlex Texas Income Protection Program (TIPP)
Accidental Death & Dismemberment (AD&D)



Dental Insurance Options

STATE OF TEXAS
DENTAL CHOICE^{PLAN}

DeltaCare[®] USA

**Save on dental care,
including orthodontia**



More information is available on page 24 of your NEBG.

**Lower cost for
routine eye exam**



Providers available in all 50 states

**\$200 Allowance toward
frames or contact lenses**



**Save money using
in-network providers**



More information is available on page 26 of your NEBG.

Optional life insurance

Optional Term Life Insurance

- Member-only benefit
- Premium is based on coverage selection
- Choose Election 1, 2, 3 or 4
- Double indemnity

Dependent Term Life Insurance

- Dependent-only benefit
- Premium is \$1.45 per month
- Coverage amount is \$5,000
- Double Indemnity



More information is available on pages 27 of your NEBG.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

- You only or you plus family
- Premium is based on coverage selection
- Coverage of \$10,000 to \$200,000
- No double indemnity
- No EOI required



More information is available on page 28 of your NEBG.

Disability insurance

Short-term disability

- Up to 66% of salary
- Up to 5 months

Long-term disability

- Up to 60% of salary
- Period ranging from 12 months to full Social Security retirement age



Enroll in one or both.



Certain exclusions and restrictions apply to benefits.

Evidence of insurability

Optional and Dependent Term Life Insurance

 **Call:** (877) 494-1716 (TTY:711)

 **Visit:** Web1.lifebenefits.com/sites/lbwem/ers

Texas Income Protection Plan (TIPP)

 **Call:** (855) 604-6230 (TTY:711)

 **Visit:** www.texasincomeprotectionplan.com

Health Care FSA

- Use for eligible medical, dental, vision and prescription drug expenses
- Contribute \$180 to \$3,050
- Debit card for purchases
- Carry over up to \$610 at the end of PY24

Limited-Purpose FSA

- Use for dental and vision expenses only
- Contribute \$180 to \$3,050
- Debit card for purchases
- Carry over up to \$610 at the end of PY24

Dependent Care FSA

- Use for dependent care expenses
- Contribute \$180 to \$5,000
- No debit card
- No carryover, 2½-month grace period instead



More information is available on pages 30 and 31 of your NEBG.

RETIREMENT



Who is eligible for the ERS retirement plan?

Previous or current State of Texas employees working for an agency that participates in the ERS retirement plan.

Eligible



State of Texas employees working for a higher education institution that participates in the GBP, but not the ERS retirement plan.

Not eligible



GBP only

Know your retirement group

Applies only to participants in state retirement plan

There are four retirement groups in the ERS plan.

- Based on employment start dates
- Different annuity calculations for each group
- All groups feature valuable, lifelong pension benefits



Hire date after Aug. 31, 2022 = Group 4, unless you worked at a Texas agency before and didn't withdraw your ERS retirement account.

ERS defined benefit (pension) plan

Applies only to participants in state retirement plan

- **Mandatory** pre-tax monthly contribution:
 - 6% for first-time state employees and those who withdrew previous ERS retirement account (Group 4)
 - 9.5% for those with existing ERS account (Group 1, 2 or 3)
- The state also contributes (10%)
- No loss in account value
- Lifetime annuity
- No loan options



More information is available on page 32 of your NEBG.

Purchasing service credit

Available to all groups

- Withdrawn service credit
 - Group 4 employees may apply withdrawn service credit to reach retirement eligibility sooner—no purchase required
 - Group 4 employees must purchase withdrawn service credit to increase their annuity within 24 months of rehire/statute enactment

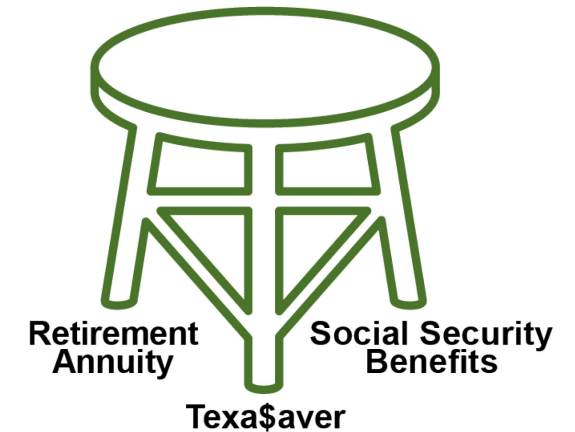
Available only to Groups 1 – 3

- Military
- Waiting period
- Additional service credit (ASC)



**Cost can be
requested
online!**

- 401(k) and/or 457 account
- Pre-tax or post-tax contributions
- Robust investment options
- Automatically enrolled in pre-tax 401(k) at 1%
(ERS-contributing state agency employees only)
- Transfer funds



A 457 account may be available for some higher education institutions.



More information is available on page 35 of your NEBG.

Designate your beneficiaries

When to designate:

- ERS retirement account – after first contribution is made (**ERS contributing state agency employees only**)
- Life insurance – once coverage is effective
- Texa\$aver – once you start contributing; (download form and return to Empower Retirement)

Log in to your ERS OnLine account to designate your beneficiaries.

Discount Purchase Program

Treat
Yourself
to Cool
Deals

DISCOUNT
Purchase Program
administered by BENEPLACE 

Ready to Save?

- Shop online for discounted prices.
- No membership fee.
- Just shop and save!



<https://ers.savings.beneplace.com/home>

- **Your agency benefits coordinator**
(HHS employees contact (888) 894-4747)
- **ERS customer service:**
Call (877) 275-4377; TTY:711
- **ERS website: www.ers.texas.gov**
ERS OnLine account
- **Plan administrators**
See your New Employee Benefits Guide for contact information

THANK YOU

