

NEW HIRE BENEFITS INFORMATION

The San Jacinto College District is committed to equal opportunity for all students, employees, and applicants without regard to race, creed, color, national origin, citizenship status, age, disability, pregnancy, religion, gender, sexual orientation, gender expression or identity, genetic information, marital status, or veteran status in accordance with applicable federal and state laws. The following College official has been designated to handle inquiries regarding the College's non-discrimination policies: Vice Chancellor of Human Resources, 4624 Fairmont Pkwy., Pasadena, TX 77504; 281-991-2659; Sandra.Ramirez@sjcd.edu.

El distrito de formación superior San Jacinto College District está comprometido para proporcionar oportunidades de igualdad para todos los estudiantes, empleados, y sus solicitantes sin importar su raza, casta, color, origen nacional, estado de ciudadanía, edad, discapacidad, estado de maternidad, religión, género, orientación sexual, expresión o identidad de género, información genética, estado civil, o veterano del servicio militar en concordancia con las leyes federales y estatales que apliquen. La siguiente funcionaria de la institución ha sido designada para administrar cuestiones con respecto a las pólizas de prevención de discriminación: La vicecanciller de Recursos Humanos, 4624 Fairmont Pkwy., Pasadena, TX 77504; 281-991-2659; Sandra.Ramirez@sjcd.edu.



HOLIDAYS FOR 12 MONTH EMPLOYEES

ACADEMIC YEAR 2023 – 2024

<u>Dates</u>	<u>Holiday</u>	<u>Total Days</u>
September 4, 2023	Labor Day	1
November 22 – 26, 2023 (No Weekend Classes)	Thanksgiving	3
December 21, 2023 – January 1, 2024	Winter Break	8
January 15, 2024	Martin Luther King, Jr. Day	1
March 11 – 17, 2024 (No Weekend Classes)	Spring Break	5
March 29 – 31, 2024 (No Weekend Classes)	Spring Holidays	1
May 27, 2024	Memorial Day	1
June 19, 2024	Juneteenth Independence Day	1
July 4, 2024	Independence Day	1
Floating Holiday	Leader approval	1
Total Holidays		23 Days

SJC 403(b)/457(b) Retirement Program News

San Jacinto College (SJC) offers a variety of voluntary retirement programs [403(b) and 457(b)] for its employees. Student workers and private contractors are not eligible to participate. The IRS has issued new regulations regarding 403(b) plans which significantly increase the administrative and reporting responsibilities of San Jacinto College.

In response to these requirements, SJC has selected the **Omni & TSACG Compliance Services (TSACG)** to facilitate the administration of these plans effective immediately. TSACG is a privately held Florida based corporation founded solely for the purpose of providing compliance administration services to 403(b) eligible employers in public school systems and colleges. Currently TSACG has more than 1500 clients in the United States.

TSACG provides a variety of services to public education employees that relate to the administration of 403(b) and 457(b) retirement plans in compliance with guidelines established by the Internal Revenue Service. TSACG was founded in 1994 and its experience with public colleges and school systems in the 403(b) arena was one of the key factors in the selection process by the Texas Investment Provider Selection Committee (TIPSC) which SJC is a member. A few of the other member colleges are Alvin Community College, Alamo Community College, Brazosport Community College, College of the Mainland, Lee College, Dallas County Community College District, Houston Community College, and Temple Community College.

All enrollments and change in either plan must be processed through the TSACG. If you wish to enroll in either plan you must first select a provider and investment product(s) authorized under the plan by SJC. Once you have established an account, you must complete a **Salary Reduction Agreement (SRA)** form for your 403(b), and/or a **Deferred Compensation** form for your 457(b) plan. This form authorizes SJC to withhold contributions from your pay on a pre-tax basis and send the funds to your selected investment company on your behalf. The SRA from and/or Deferred Compensation form is necessary to begin or restart contributions, change allocation between providers, change the total amount of contributions, or terminate contributions. The current list of authorized 403(b) providers and current SJC forms are available on the TSACG web page. There is also an informational online video presentation about SJC's 403(b) retirement plan that you are encouraged to view. The video is short and is designed to help you better understand the Plan and how it can help you reach your retirement goals.

To access the TSACG-San Jacinto information: Go to <https://www.tsacg.com> and click on **Plan Sponsor Pages**. From the drop-down select **Texas**. Then another drop-down will appear and select **San Jacinto College District**.

Participation in either plan is voluntary and should be based on your financial objectives and resources. TSACG and SJC are not liable for any loss that may result from your investment decisions. Therefore, you may want to consult a tax advisor or financial advisor before enrolling.

Optional Retirement Program

The Optional Retirement Program (ORP) is an individual 403(b) retirement plan funded by tax deferred contributions made by eligible employees and the state. Enrolling in ORP, in lieu of TRS, can only be done within 90 days of hire into an ORP eligible position and is an irreversible decision. You can only enroll with a SJC approved ORP investment provider. You can also find this list on the TSACG-SJC web page.

Should you have any questions, please contact the HR-Benefits office.

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MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION 2023

403(b) PLAN AND 457(b) DEFERRED COMPENSATION PLAN

The 403(b) and 457(b) Plans are valuable retirement savings options. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered.

Plan administration services for the 403(b) and 457(b) plans are provided by U.S. OMNI & TSACG Compliance Services. Visit the U.S. OMNI & TSACG Compliance Services' website (<https://www.tsacg.com>) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

ELIGIBILITY

Most employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment; however, private contractors, appointed/elected trustees and/or school board members are not eligible to participate in the 403(b) plan. Please verify if your employer allows student workers to participate in the 403(b) plan. Eligible employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

EMPLOYEE CONTRIBUTIONS

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. U.S. OMNI & TSACG Compliance Services monitors 403(b) and 457(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2023 IS \$22,500.

Additional provisions allowed:

AGE-BASED ADDITIONAL AMOUNT

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$7,500 to the 403(b) and/or 457(b) accounts.

THE SERVICE-BASED CATCH UP AMOUNT

The 403(b) special catch-up provision allows participants to make additional contributions of up to \$3,000 to the 403(b) account if, as of the preceding calendar year, the participant has completed 15 or more full years of employment with the current employer, not averaged over \$5,000 per year in annual contributions, and has not utilized catch-up contributions in excess of the aggregate of \$15,000. For a detailed explanation of this provision, please visit <https://www.tsacg.com>.

ENROLLMENT

Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and/or a deferred compensation enrollment form and any disclosure forms must be completed and submitted to the employer. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA form and/or a deferred compensation enrollment form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at <https://www.tsacg.com>.

INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at <https://www.tsacg.com>.

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. Generally, a distribution cannot be made from a 457(b) account until you have a severance from employment or reach age 59½. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

EXCHANGES

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

403(b) and 457(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must verify and provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://www.tsacg.com>.

UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at <https://www.tsacg.com>.

EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

PLAN ADMINISTRATOR CONTACT INFORMATION

Transactions

P.O. Box 4037
Fort Walton Beach, FL 32549
Toll-free: 1-888-796-3786
<https://www.tsacg.com>

For overnight deliveries

73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-free: 1-888-796-3786
<https://www.tsacg.com>





Authorized Retirement Providers

(As of January 2023)

Providers with Assigned Agents	
<p><u>Equitable (AXA)</u> Customer Service: 800.777.6510 www.equitable.com</p> <p>Agent: Mark Cavazos Cell: 832.647.4892 Mark.Cavazos@equitable.com</p> <p>Regional Vice President: Jim Watkins Cell 713.303.6863 James.Watkins@equitable.com</p>	<p><u>Corebridge Financial Services(AIG/VALIC)</u> Customer Service: 800.448.2542 www.corebridgefinancial.com</p> <p>Agent: Ramona Dalton (South & District) Cell: 832.457.2353 Ramona.Dalton@corebridgefinancial.com</p> <p>Agent: Brian Orner (Central & Maritime) Cell: 832.627.3228 Brian.Orner@corebridgefinancial.com</p> <p>Agent: Amanda Sadler Cell: 281-381-9177 Amanda.Sadler@corebridgefinancial.com</p>
<p><u>Pentegra Retirement Services</u> Customer Service: 866.633.4015 www.pentegra.com</p> <p>Agent: John Hudson Office: 281.277.6400 Email: jhudson@dearborncreggs.com</p>	<p><u>Security Benefit</u> Customer Service: 800.888.2461 www.securitybenefit.com</p> <p>Agent: John Hudson Office: 281.277.6400 Email: jhudson@dearborncreggs.com</p>
<p><u>MetLife</u> Customer Service: 800.638.5433 www.metlife.com</p>	<p><u>Voya Financial</u> Customer Service: 866.865.2660 www.voya.com</p> <p>Agent: Trevis Bonnett Cell: 281.409.6571 Email: Trevis.bonnett@voyafa.com</p>
Providers without Assigned Agents	
<p><u>American Century Investments</u> Customer Service: 800.345.3533 www.americancentury.com</p>	<p><u>Aspire</u> Customer Service: 866.634.5873 www.aspirefinserv.com</p>
<p><u>Fidelity Investments</u> Customer Service: 800.343.0860 www.fidelity.com</p>	<p><u>TIAA CREF Financial Services</u> Customer Service: 888.842.7782 www.tiaacref.com</p>

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 Texas[®] 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 networks 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 [®] <small>of Texas</small>		CONSUMER DIRECTED HealthSelect	
	HealthSelect of Texas [®] 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.
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.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays) ¹	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

¹Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

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

Medical Benefits

Service	HealthSelect of Texas® 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 after annual in-network deductible is met
Bariatric surgery*	<ul style="list-style-type: none"> • Deductible: \$5,000 • Coinsurance: 20% • Lifetime max: \$13,000 	Not covered	Not covered	Not covered
Chiropractic care	<ul style="list-style-type: none"> • 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 benefits of \$75 per visit and 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.			
Diagnostic X-rays and lab tests	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	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	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network deductible is met.
Facility emergency care (non-FSER) and hospital-affiliated freestanding emergency departments*	\$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	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network 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	Emergencies: 20% coinsurance after annual in-network deductible is met. Non-emergencies: 40% coinsurance after annual out-of-network 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.

Service	HealthSelect of Texas® 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
Hearing aids (for covered participants over age 18)	Plan pays up to \$1,000 per ear for any consecutive 36-month period and \$1 per battery. In-network and out-of-network hearing aids are covered at the same benefit level.		Plan pays up to \$1,000 per ear every three years after deductible is met.	
Hearing aids (for participants 18 years of age and younger)	Plan pays 100%; limit of one hearing aid per ear for any consecutive 36-month period and \$1 per battery (In-network and out-of-network hearing aids are covered at the same benefit level.)		20% coinsurance after annual in-network deductible is met (In-network and out-of-network hearing aids are covered at the same benefit level.)	
High-tech radiology (CT scan, MRI and nuclear medicine)*	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Home health care*	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Hospice care*	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Inpatient hospital facility (semi-private room and day's board, and intensive care unit)*	<ul style="list-style-type: none"> • \$150/day copay plus 20% coinsurance • \$750 copay max, up to 5 days per hospital stay • \$2,250 copay max per calendar year per person 	<ul style="list-style-type: none"> • \$150/day copay plus 40% coinsurance after annual deductible is met. • \$750 copay max, up to 5 days per hospital stay • \$2,250 copay max per calendar year per person 	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Maternity care doctor charges only; inpatient hospital copays will apply	\$25 or \$40 for first pre-natal visit; no charge for routine postnatal appointments	40% coinsurance after annual deductible is met	No charge for routine prenatal and postnatal appointments after annual deductible is met and 20% coinsurance for initial visit	40% coinsurance after annual deductible is met
Medications and injections administered by a provider (see below for outpatient medications and injections)*	<ul style="list-style-type: none"> • Physician's office: Covered at 100% after copay (or 100% if no charge is assessed for office visit) • Any other outpatient location: 20% coinsurance. • Preventive vaccines covered at 100% 	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met Preventive vaccines covered at 100%	40% coinsurance after annual deductible is met
Office surgery and diagnostic procedures	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
PCP office visit	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Private duty nursing*	20% coinsurance	40% coinsurance after annual deductible is met Maximum of 96 hours per calendar year	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met Maximum of 96 hours per calendar year
Retail health/convenience care clinic	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Routine eye exam, one per year per participant	\$40 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Routine preventive care	No cost to participant(s)	40% coinsurance after annual deductible is met	No cost to participant(s)	40% coinsurance after annual deductible is met
Skilled nursing facility/inpatient rehabilitation facility services*	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Specialist physician office visit	\$40 copay with valid PCP referral on file	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.

Service	HealthSelect of Texas® 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
Surgery (outpatient) other than in physician's office*	\$100 copay plus 20% coinsurance	\$100 copay plus 40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Telemedicine visit	Coverage is based on place of treatment billed. • Provider's office: \$25/\$40 copay for physician's office visit • Any other outpatient telemedicine: 20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Therapeutic treatments - outpatient	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Urgent care clinic	\$50 copay plus 20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Virtual visits (medical)	\$0 copay for virtual visits when provided by Doctor on Demand® or MDLIVE®	Not covered	20% coinsurance after annual deductible is met if Doctor on Demand or MDLIVE is used	Not covered

Mental Health/Behavioral Health/Substance Abuse Benefits

Benefits apply to all covered mental/behavioral/substance abuse services (including serious mental illness treatment, substance abuse treatment, autism spectrum disorder services, etc.).

	HealthSelect of Texas® 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
Inpatient hospital mental health stay*	<ul style="list-style-type: none"> • \$150/day copay plus 20% coinsurance • \$750 copay max, up to 5 days per hospital stay • \$2,250 copay max per calendar year per person 	<ul style="list-style-type: none"> • \$150/day copay plus 40% coinsurance after annual deductible is met • \$750 copay max, up to 5 days per hospital stay • \$2,250 copay max per calendar year per person 	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Mental health telemedicine	Coverage is based on place of treatment billed. • Provider's office: \$25 • Any other outpatient telemedicine: 20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)*	20% coinsurance	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Outpatient physician or mental health provider office visit	\$25 copay	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Applied Behavioral Analysis (ABA) treatment	Coverage is based on place of treatment. • \$25 copay if administered in a mental health provider's office • 20% coinsurance for any other outpatient location, including the home	40% coinsurance after annual deductible is met	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Virtual visits/e-visits (mental health)	\$0 copay for virtual visits when provided by Doctor on Demand or MDLIVE	Not covered	20% coinsurance after annual deductible is met	Not covered

*Prior Authorization may be required.

Prescription Drug Benefits

The cost share you pay for your medication depends on its drug tier, the quantity you purchase (30-, 60- or 90-day supply) and whether the prescription is filled at a retail pharmacy (network or non-network), Extended Day Supply Pharmacy (EDS) or mail service pharmacy.

You will pay less for your drugs when you fill your prescription at a network pharmacy. The Optum Rx network includes thousands of retail locations, including national chains and many community pharmacies. To find a network pharmacy near you, use the Find a Pharmacy tool at www.HealthSelectRx.com or call an OptumRx customer care representative toll-free at (855) 828-9834 (TTY: 711).

Non-maintenance medications are those prescribed for temporary use or for short-term conditions. Maintenance medications are those taken more regularly for long-term conditions.

	HealthSelect of Texas® 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
Pharmacy benefits manager (PBM)	OptumRx (UnitedHealthcare)			
Out-of-network benefits?		Yes		Yes
Deductible	\$50 prescription drug deductible per participant per calendar year applies before the plan pays for any prescription drugs (except covered preventive medications, specific diabetic supplies (as listed on page 6) and insulin dispensed by an in-network pharmacy).		\$2,100 per individual; \$4,200 per family Medical and prescription drug expenses apply to the deductible.	\$4,200 per individual; \$8,400 per family Medical and prescription drug expenses apply to the deductible.
Tier 1 (mostly generic drugs)	Non-maintenance and maintenance: \$10 copay Mail order or extended day supply pharmacy (90 days' supply): \$30 copay	Non-maintenance and maintenance: \$10 copay plus 40% coinsurance Mail order or extended day supply pharmacy (90 days' supply): \$30 copay plus 40% coinsurance	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Tier 2 (mostly preferred brand name drugs)*	<ul style="list-style-type: none"> Non-maintenance: \$35 copay Maintenance: \$45 copay Mail order or extended day supply pharmacy: \$105 copay 	<ul style="list-style-type: none"> Non-maintenance: \$35 copay plus 40% coinsurance Maintenance: \$45 copay plus 40% coinsurance Mail order or extended day supply: \$105 copay plus 40% coinsurance 	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Tier 3 (mostly non-preferred brand name drugs)*	<ul style="list-style-type: none"> Non-maintenance: \$60 copay Maintenance: \$75 copay Mail order or extended day supply pharmacy: \$180 copay 	<ul style="list-style-type: none"> Non-maintenance: \$60 copay plus 40% coinsurance Maintenance: \$75 copay plus 40% coinsurance Mail order or extended day supply pharmacy: \$180 copay plus 40% coinsurance 	20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met
Specialty drugs*	If purchased through a pharmacy, specialty drugs are covered at the specific tier level (generic, preferred or non-preferred) as listed above. Otherwise, they are covered as a medical benefit.		20% coinsurance after annual deductible is met	40% coinsurance after annual deductible is met

*Prior Authorization may be required.

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) 828-9834 (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® 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
Diabetes glucometers	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
Continuous glucose monitors / insulin pumps	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
Diabetic supplies	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 40% coinsurance after annual out-of-network deductible is met when purchased from a PDP out-of-network pharmacy	Refer to Prescription Drug Program (PDP) benefits
Prescription insulin	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 Out-of-network pharmacy: Insulin products are covered at a Tier 1, Tier 2 or Tier 3 copay and 40% coinsurance	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

*Benefits and covered brands of glucometers and test strips are subject to change.



HEALTHSELECTSM OF TEXAS

PRESCRIPTION DRUG PROGRAM

BENEFITS AT-A-GLANCE

As a HealthSelectSM member, your prescription drug benefits manager is OptumRx[®], an affiliate of UnitedHealthcare[®]. Below is a summary of your prescription drug benefits and frequently asked questions about your prescription benefit program.

Your Personal Prescription Benefit Program	In Network	
	Retail pharmacy Network (1- to 30- day supply)	Extended Days' Supply (EDS) Retail Pharmacy or OptumRx Mail Service Pharmacy For long-term medications (Up to a 90-day supply)
Where	You can use your prescription benefit at more than 67,000 HealthSelect participating pharmacies, including more than 20,000 independent community pharmacies. To locate a participating retail pharmacy in your area, go to www.HealthSelectRx.com and use the Locate a Pharmacy tool or call a customer care representative toll-free at (866) 336-9371 (TTY 711) . Our representatives can answer both medical and prescription drug questions.	To locate an EDS retail pharmacy in your area, go to www.HealthSelectRx.com and use the Locate a Pharmacy tool or call a customer care representative toll-free (866) 336-9371 (TTY 711) .
Tier 1	\$10 for non-maintenance medications \$10 for maintenance medications	\$20 for a 31-60 day supply \$30 for a 61-90 day supply
Tier 2*	\$35 for non-maintenance medications \$45 for maintenance medications	\$70 for a 31-60 day supply \$105 for a 61-90 day supply
Tier 3*	\$60 for non-maintenance medications \$75 for maintenance medications	\$120 for a 31-60 day supply \$180 for a 61-90 day supply
Out of Network	Extra 40% coinsurance added to amounts shown for Tiers 1, 2 and 3 for both non-maintenance and maintenance medication.	
Annual Deductible	Each participant must pay an annual \$50 deductible before the program begins to cover your prescription drug expenses. The deductible starts over each January.	
Web Services	Visit www.HealthSelectRx.com to locate a network pharmacy; estimate the cost of your medications; and find out more about your prescription benefits.	
Customer Care	Visit www.HealthSelectRx.com or call toll-free (866) 336-9371 (TTY 711) .	

FREQUENTLY ASKED QUESTIONS

About the retail program

Q. How can I find a network pharmacy?

A. Go to www.HealthSelectRx.com and click on the **Locate a Pharmacy** tool link, or call a customer care representative toll-free at **(866) 336-9371 (TTY 711)**. Our representatives can answer both medical and prescription drug questions.

Q. My pharmacy is currently not in the OptumRx network. Do I have to transfer my prescription to a network pharmacy?

A. No, but if you continue to fill your medication at the non-network pharmacy, you may pay much more for your prescription. You will need to transfer your prescription to a network pharmacy to continue receiving network benefits.

Q. How do I know what my copayment is for my medication at a retail pharmacy?

A. To get an estimate of your prescription drug costs, visit www.HealthSelectRx.com and click on the Drug Pricing Tool. You can also call a customer care representative toll-free at **(866) 336-9371 (TTY 711)**. Our representatives can answer both medical and prescription drug questions.

Q. Can I get more than a 30-day supply of a medication at an EDS Network Pharmacy through OptumRx?

A. Yes. OptumRx has an EDS network where you will be able to fill more than a 30-day supply of a medication at a retail pharmacy. To find a list of EDS pharmacies in network, visit www.HealthSelectRx.com.

About the OptumRx drug list

Q. Where can I see the Prescription Drug List/formulary list of covered drugs?

A. Visit www.HealthSelectRx.com to find the Prescription Drug List/formulary list of covered drugs.

About the mail service program

Q. How does OptumRx mail service work?

A. Order up to a 90-day supply of medications you take regularly. You can submit your order via phone, mail, online or through the OptumRx App. Additionally, your physician can electronically submit your prescription to OptumRx. OptumRx fills your order and mails it to you within 10 days of placing the order. OptumRx will notify you if there will be a delay in delivering your order.

Q. How do I order my prescriptions from OptumRx home delivery pharmacy?

- A. You have four ways to place a mail service order:
- Online. Visit www.OptumRx.com/HealthSelectRx or open the OptumRx App
 - On the phone. Call the toll-free number at **(866) 336-9371 (TTY 711)**
 - Via mail. Download a form from www.HealthSelectRx.com, then complete and mail with your prescription
 - Via ePrescribe. Your doctor can send an electronic prescription to OptumRx

Q. Once I place a mail service order, how quickly will I get my medication?

A. New prescription orders are delivered by standard U.S. mail and will arrive within 10 business days from the date OptumRx receives the order. Refills normally arrive within seven business days.

QUESTIONS?

Call a customer care representative toll-free at **(866) 336-9371 (TTY 711)**. Our representatives can answer both medical and prescription drug questions. Or visit www.HealthSelectRx.com.

*Tier 2 and Tier 3 : If a generic is available and you choose to buy the brand-name medication, you will pay the generic copay plus the cost difference between the brand-name and the generic medication.





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State of Texas Dental Choice PlanSM

The State of Texas Dental Choice Plan is a preferred provider organization (PPO) dental insurance plan. You can see any dentist you want, but you will pay less if you go to a dentist in one of two Delta Dental networks:

- Delta Dental PPO
- Delta Premier

All Delta Dental PPO and Delta Premier dentists are in-network providers. You get the same coverage in either network, but you may pay less for covered services in the Delta Dental PPO network. Delta Premier dentists can charge higher rates for the same covered services.

Benefits are available in the United States, Canada and Mexico if you live in the United States. Dental services performed outside the U.S. will be processed as an out-of-network benefit, reimbursable to the participant in U.S. currency effective September 1, 2023.

DeltaCare[®] USA

DeltaCare[®] USA dental health maintenance organization

This is a dental health maintenance organization (DHMO) dental insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DeltaCare[®] USA network dentist in your area.
- You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.
- Services from participating specialty dentists cost 25% less than the dentists' usual charges when specialty care is coordinated by your PCD.

"Smart" ID card, if you want one

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

If you would like a card, you can download a virtual ID card to your smartphone through the Delta Dental app. You can also download and print your ID information from www.ERSdentalplans.com or call Delta Dental toll-free at (888) 818-7925 (TTY: 711) and they will mail a paper copy to you.

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

Dental plans comparison chart

This chart is a summary of benefits in the two dental insurance plans. See plan booklets at www.ERSdentalplans.com for actual coverage and limitations. Delta Dental administers both plans. Before starting treatment, discuss the treatment plan and all charges with your dentist.

	State of Texas Dental Choice Plan PPO – In-Network	State of Texas Dental Choice Plan PPO – Out-of-Network	DeltaCare® USA DHMO (Services from participating PCDs only)
Dentists	In-network dentist	Out-of-network dentist	You must select a primary care dentist (PCD). NOTE: Not all in-network dentists accept new patients. Dentists are not required to stay on the plan for the entire year.
Deductibles	Preventive: Individual-\$0; Family-\$0 Combined Basic/Major: Individual-\$50; Family-\$150 Orthodontic services: no deductible In State of Texas Dental Choice, deductibles are based on the calendar year and reset on January 1.	Preventive: Individual-\$50; Family-\$150 Combined Basic/Major: Individual-\$100; Family-\$300 Orthodontic services: no deductible	None
Copays / coinsurance	Preventive and Diagnostic Services: none Basic Services: 10% coinsurance after meeting the basic services deductible Major Services: 50% coinsurance after meeting the major services deductible There is no charge for anything over the allowed amount. After reaching the maximum calendar year benefit, the participant pays 60% until January 1.	Preventive and Diagnostic Services: 10% coinsurance after meeting the preventive and diagnostic deductible Basic Services: 30% coinsurance after meeting the basic services deductible Major Services: 60% coinsurance after meeting the major services deductible Participants may be required to pay the difference between the allowed amount and billed charges. Once the maximum calendar year benefit is reached, the participant pays 100% until January 1.	Primary care dentist (PCD): Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Specialty dentistry: 75% of the dentist’s usual and customary fee when specialty care is coordinated by the PCD (DHMO pays nothing)
Maximum calendar year benefits	\$2,000 per covered individual (includes orthodontic extractions) plus 40% after maximum calendar year benefit is met	Does not apply to orthodontic services provided by out-of-network dentists (plan pays \$0)	Unlimited
Maximum lifetime benefit	\$2,000 per covered individual for orthodontic services	\$2,000 per covered individual for orthodontic services	Unlimited
Average cost of cleaning / oral exams	Up to two cleaning/oral exams per calendar year allowed	10% of the allowed amount after deductible is met Up to two cleaning/oral exams per calendar year allowed	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet Up to two cleaning/oral exams per calendar year allowed
Orthodontic coverage	50% of the allowed amount	50% of the allowed amount Participants may be required to pay the difference between the allowed amount and billed charges	Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code: child-\$1,800; adult-\$2,100 Orthodontic services performed by a specialist: 75% of the usual fee (plan pays \$0)



Vision benefits are an easy way for you and your dependents to maintain healthy vision and eyes. With State of Texas VisionSM, you can save money on eye exams and eyewear for you and your family with a small monthly premium and low copays.

State of Texas Vision covers an eye exam and includes an allowance for eyeglass frames or contact lenses once every plan year, as well as discounts for LASIK. The plan gives you an annual \$200 retail allowance to use towards either contact lenses OR eyeglasses (frames and lenses) in the same plan year. For example, if you choose to use your \$200 allowance to purchase contact lenses, you will not have an allowance for eyeglasses for the remainder of the year.

State of Texas Vision Plan administrator change

Starting Sept. 1, 2023, EyeMed Vision Care, LLC (EyeMed) will be the new administrator of State of Texas Vision. Superior Vision Services, Inc. will continue to administer the plan through Aug. 31, 2023.

Vision coverage comparison chart, in-network services

Vision plan participants have access to EyeMed's INSIGHT network which includes independent, national and regional retailers and online providers. All allowances are retail; you are responsible for any charges in excess of the retail allowances, minus available discounts. Discounts are not funded benefits and may vary or change based on provider or manufacturer. Beginning June 26, you can search the EyeMed provider network at member.eyemedvisioncare.com/stateoftexasvision.

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

¹Covered in full after copay is met.

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

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



Explore the benefits of life insurance

A full list of your life insurance coverage options is outlined on the next page. To apply for coverage other than what's outlined here, you'll answer three questions about health history – along with height and weight.

Life insurance coverage available with no health questions

There are certain times in which you can enroll for coverage without answering health questions. Below is a summary of those options.

Within 31 days of your first day of employment

- Election 1: One times annual salary
- Election 2: Two times annual salary
- Dependent Term Life

Within 31 days of a qualifying life event

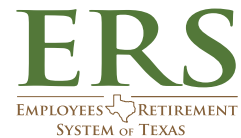
- Dependent Term Life

Health questions never required

- Enrolling for voluntary AD&D coverage never requires health questions

Once your coverage is effective, you never have to re-enroll to continue your coverage.

Prepared for:





Your basic and optional coverages

Basic coverage (automatically enrolled)

Basic Term Life and AD&D insurance	\$5,000 Basic Term Life \$5,000 AD&D	<ul style="list-style-type: none"> • Automatic for active employees enrolled in a GBP health plan
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Optional coverages

	For active employees under age 70	For active employees age 70 and over
Optional Term Life and AD&D	Election 1: 1x your annual salary Election 2: 2x your annual salary Election 3: 3x your annual salary Election 4: 4x your annual salary Maximum coverage is the lesser of 4x your annual salary or \$400,000 Elections include a matching AD&D benefit	Choose from the same elections at left; however, your coverage will be reduced to a percentage of your elected amount, based on your age on September 1 of each year, rounded to the next highest \$1,000: 70-74: 65% 75-79: 40% 80-84: 25% 85-89: 15% 90 and over: 10%
Dependent Term Life and AD&D	Available for your eligible spouse and children \$5,000 dependent term life insurance \$5,000 AD&D	<ul style="list-style-type: none"> • Unmarried dependent children are eligible from live birth to age 26
Voluntary AD&D	For active employees under age 70 Choose a benefit from \$10,000 up to \$200,000 in increments of \$5,000 AD&D insurance ends upon your retirement, regardless of age	Dependent coverage Spouse: 50% of the employee's amount Each child: <ul style="list-style-type: none"> • 5% of the employee's amount if there is a spouse who is eligible for insurance • 10% of the employee's amount if there is no spouse who is eligible for insurance

You may not be covered as both a State of Texas employee and as a dependent of a State of Texas employee.

If both parents are GBP-eligible employees, each parent may enroll the same eligible children in Dependent Term Life Insurance.

Monthly cost of coverage

Optional Term Life and AD&D Insurance

Age	Election 1	Election 2	Election 3	Election 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	0.13	0.26	0.39	0.52
50-54	0.20	0.40	0.60	0.80
55-59	0.35	0.70	1.05	1.40
60-64	0.60	1.20	1.80	2.40
65-69	0.98	1.96	2.94	3.92
70-74	1.56	3.12	4.68	6.24
75-79	2.55	5.10	7.65	10.20
80-84	4.15	8.30	12.45	16.60
85-89	7.18	14.36	21.54	28.72
90 and over	11.18	22.36	33.54	44.72

Monthly rates for Optional Term Life and AD&D Insurance are shown per \$1,000 of annual salary and increase with age.

Dependent Term Life and AD&D Insurance Cover your spouse, eligible children or both. One premium provides coverage for all of them, but you must name each eligible dependent you want to cover on the policy.

\$1.45 per month for \$5,000

Voluntary AD&D Insurance

Employee only	\$0.02 per \$1,000 per month
Employee and family	\$0.04 per \$1,000 per month

All rates are subject to change.

Enrollment instructions and frequently asked questions are on the next page

Here's how to calculate your monthly premium for Optional Term Life:

Annual salary \$ _____

÷ 1,000 \$ _____

× your election's rate for your age group in the applicable election column \$ _____

=

Monthly premium \$ _____



Need some guidance on how much life insurance you need?

Use Securian Financial's online benefits-decision tool, Benefit Scout®. By answering a few simple questions about your family and finances, you can determine the coverage that meets your needs.

Visit LifeBenefits.com/Scout2

Frequently asked questions

Q. What is term life and AD&D insurance?

A. Group term life insurance provides a cost-effective way to prepare for the unexpected by adding an extra level of protection during your working years. Your loved ones may benefit from life insurance to cover medical bills, funeral costs and estate management expenses. It can also be a critical resource in helping with your family's ongoing expenses.

Accidental death and dismemberment (AD&D) insurance provides additional financial protection in the event that a covered accident results in an insured person's loss of life, hearing, sight, paralysis and more.

Q. Do I have to answer health questions?

A. Enrolling for coverage other than what is outlined on page one will require that you answer three questions about your health history, along with height and weight. Based on your answers, it will be determined whether anything further is needed to make a decision to approve or decline the application. If by any chance your application is not approved, you will still get any coverage that didn't require the health questions and it will not affect any coverage you already have.

Q. Can I take my coverage with me if I leave ERS?

A. You can continue to be insured with Securian beyond active employment without answering health questions. Premiums are generally higher than those paid by active employees.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life Insurance Company to the Texas ERS. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. All elections or increases are subject to the actively-at-work requirement of the policy.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company is a subsidiary of Securian Financial Group, Inc.

Enroll

ers.texas.gov

During initial eligibility or Summer Enrollment, or after a qualifying life event

Questions?

LifeBenefits.com/plandesign/ers

The Securian Financial website includes a variety of additional resources, along with full details about the insurance program via the Active Employees Benefits Book

Contact Securian Financial's Austin service office at

austinbranchoffice@securian.com

or 1-877-494-1716



INSURANCE
INVESTMENTS
RETIREMENT

lifebenefits.com

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JUST THE FACTS

PROTECTION AND PEACE OF MIND

Most of us rely on our paycheck to cover bills and everyday expenses. But what if you became sick or injured tomorrow? Could you afford to go a few months or even a few weeks without a paycheck? For most of us, the answer is “no.” That’s where disability coverage comes in.

The Texas Income Protection PlanSM (TIPP) offers short-term and long-term disability coverage that provides you with a percentage of your paycheck when you can’t work due to illness, injury or pregnancy. TIPP payments can help you take care of essentials like housing, utilities, food and childcare.

GET DISABILITY COVERAGE

The best time to get coverage is within 31 days of your hire date—when you don’t need to provide evidence of insurability (EOI).



DON'T THINK YOU NEED DISABILITY COVERAGE?

Consider what would happen if you became disabled and did not receive a paycheck.

- Who would pay your rent or mortgage and utility bills?
- How would you support others who rely on your pay?
- How would you pay for your insurance?
- Who would pay for your groceries?

1	2	3
NEW HIRE Enroll within 31 days of your hire date by logging in to your Employees Retirement System of Texas (ERS) account. You don't need to submit EOI.	SUMMER ENROLLMENT Apply during Summer Enrollment by logging in to your ERS account and submitting EOI. Coverage is subject to approval.	QUALIFYING LIFE EVENT (QLE) Apply within 31 days of a QLE such as marriage or birth of a child. Apply by logging in to your ERS account and submitting EOI. Coverage is subject to approval.

IT ALL BOILS DOWN TO THIS: GET DISABILITY COVERAGE WITHIN 31 DAYS OF YOUR HIRE DATE—WHEN YOU DON'T NEED EOI.

EOI is used to determine eligibility for TIPP coverage. EOI is required to apply for coverage during Summer Enrollment or a QLE. This means coverage is subject to approval by Guardian Life Insurance, the underwriter for TIPP benefits.

TEXAS INCOME PROTECTION PLAN

BENEFIT BASICS

TIPP offers short-term and long-term disability coverage that protects your income by paying a percentage of your paycheck if you become disabled and can't work, for reasons such as illness, injury or pregnancy.

Here's a brief comparison of the TIPP options.



	Short-term Disability Coverage	Long-term Disability Coverage
Monthly payments	66% of your monthly salary up to \$10,000 of salary*	60% of your monthly salary up to \$10,000 of salary*
Maximum benefit	<p>\$6,600 per month (66% of up to \$10,000 of salary to a maximum benefit of \$6,600)</p> <p>Example: If your insured monthly salary is \$3,200, your monthly short-term disability payment would be \$2,112 ($\\$3,200 \times 66\% = \\$2,112$).**</p>	<p>\$6,000 per month (60% of up to \$10,000 of salary to a maximum benefit of \$6,000)</p> <p>Example: If your insured monthly salary is \$3,200, your monthly long-term disability payment would be \$1,920 ($\\$3,200 \times 60\% = \\$1,920$).**</p>
Benefits start after (whichever is longer)	You complete a waiting period of 30 consecutive days and at the same time use all your sick leave.	You complete a waiting period of 180 consecutive days and at the same time use all your sick leave.
<p>This means that you must use all your sick leave (including donated sick leave, extended sick leave and sick leave pool) at the same time you are completing the waiting period (30 days or 180 days). If you have more than the specified days of sick leave, benefits are not payable until all of your sick leave is used. You are not required to use your vacation or other annual leave.</p>		
How long	Up to a total of 150 days after you complete the waiting period	Until you are able to return to work or, depending on your age when you become disabled, generally until full Social Security retirement age

*The maximum monthly salary covered is \$10,000.

**This amount is less if you receive payments from other sources. See the User's Guide at www.texasincomeprotectionplan.com to learn more.

TIPP RESOURCES

You have two ways to connect to your TIPP benefits: online or by phone.

<p>TIPP website at www.texasincomeprotectionplan.com</p> <ul style="list-style-type: none"> • Learn about TIPP benefits • Review plan limitations and exclusions (what's not covered) • Access the Master Benefit Plan Document • File a disability claim and check claim status 	<p>TIPP Customer Care at ReedGroup Toll-free at (855) 604-6230 (TDD - 711), Monday – Friday, 7 a.m. – 7 p.m. CT</p> <ul style="list-style-type: none"> • Ask questions about your TIPP benefits • File a disability claim • Check the status of a claim
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TexFlex Flexible Spending Accounts

Save money to help pay for the things that matter most

Available to all benefits-eligible active employees, a TexFlex flexible spending account (FSA) is a great way to save money to pay for everyday expenses – while lowering your taxable income. We make it simple for you to set aside money from your paycheck (pre-tax) to use for eligible out-of-pocket health care and dependent care expenses. There are three types of TexFlex accounts available:

Health care FSA – This account helps you pay for eligible medical, dental, vision, hearing, prescription drug and over-the-counter (OTC) expenses. You can elect from **\$180** to **\$2,850** for your Plan Year 2023 contribution. Some common eligible expenses include:

- copays, deductibles or coinsurance for medical, dental and vision plans
- chiropractic care
- glasses, contacts and laser eye surgery
- hearing aids
- home medical equipment
- mental health counseling
- prescription medications
- orthodontia treatments, such as braces

Dependent care FSA – This account helps pay for eligible expenses like child day care and adult care day programs. You must be working, looking for work or be a full-time student to enroll in a dependent care account. You can elect from **\$180** to **\$5,000** for your Plan Year 2023 contribution. Some common eligible expenses include:

- day care for your tax dependents
- before- and after-school care or summer day camp for your child who is under the age of 13
- care for your eligible dependent who lives with you at least eight hours a day and needs assistance with daily living

Limited-purpose FSA – If you're enrolled in the Consumer Directed HealthSelectSM plan, this account can help you pay for eligible vision and dental expenses. You can elect from **\$180** to **\$2,850** for Plan Year 2023. Some common eligible expenses include:

- glasses, contacts and laser eye surgery
- routine dental exams and cleanings (excludes bleaching or whitening)
- orthodontia treatments, such as braces

Having a TexFlex FSA means you pay less in taxes

Below is an example of how much you could save, based on salary, tax bracket and contribution amount.

	With TexFlex	Without TexFlex
Annual pay	\$50,000	\$50,000
Health care FSA pre-tax contribution	(\$2,000)	\$0
Taxable income	\$48,000	\$50,000
Social Security and Medicare taxes	(\$10,966)	(\$11,616)
After-tax dollars spent on eligible costs	\$0	(\$2,000)
Spendable income	\$37,034	\$36,384
Annual savings*	\$650	\$0

*Sample tax savings example for a single taxpayer with no dependents. Actual savings will vary based on your individual tax situation. Consult a tax professional for more information.

How to use your TexFlex FSA funds

With a TexFlex account, we make it easy to spend your funds on eligible expenses throughout the plan year.

- If you enroll in a **health care or limited-purpose FSA**, you'll get a TexFlex debit card at no cost. This makes it easy to pay for eligible expenses during the plan year. If you choose not to use the debit card, you can file a claim online, through the PayFlex Mobile[®] app, or by fax or mail. When your claim is processed, we'll reimburse you from your account funds by mailing you a check or making a direct deposit (if you linked a bank account).
 - You'll have access to the full contribution amount at the beginning of the plan year.
 - You can use funds for both yourself and your eligible dependents.
 - You'll get one TexFlex debit card and can request additional cards at no cost.
- If you enroll in the **dependent care FSA**, you can pay for eligible expenses with cash, personal check or credit card. Then, file a claim online, through the PayFlex Mobile[®] app or by fax or mail to reimburse yourself. When your claim is processed, we'll mail a check to you or send funds to your bank account (if you linked one on the TexFlex website).
 - You can only file a claim for your dependent care expenses after the care has been provided.
 - You can only use the funds for your eligible dependents.

Quick tip

Whether you use the TexFlex debit card or submit claims, **don't forget to save all detailed receipts, statements and Explanations of Benefits (EOBs).**

They'll come in handy when submitting documentation with a claim, or if you need to verify a debit card transaction.



TexFlex account comparison chart

The following chart may help you decide which account(s) are right for you.

	Health care or Limited-purpose FSA	Dependent care FSA
Annual minimum contribution	\$180	\$180
Annual maximum contribution	\$2,850	\$5,000
Submit claims online, through the PayFlex Mobile app, by fax or by mail	Yes	Yes
TexFlex debit card	Yes	No – submit claims online, through the PayFlex Mobile app, by fax or by mail
Availability of funds	The full annual contribution is available on September 1 .	Monthly -- funds are available as they're added to your account from your paycheck.
Carryover – any unused funds remaining in your FSA carry over into the next plan year*	Yes, up to \$570	No
Grace period – additional time after the plan year ends to spend your funds	No - last day to spend funds is August 31, 2023.	Yes - last day to spend funds is November 15, 2023.
Last day to file claims for Plan Year 2023	December 31, 2023	December 31, 2023

How much can I contribute?

If you need help planning your contribution amount, we recommend that you use the **TexFlex Contribution Worksheet** or the **online calculator** posted on www.TexFlexERS.com.

- You cannot change your contributions during the plan year, unless you have a qualifying life event, such as marriage or birth of a child.
- The **health care** and **limited-purpose** FSAs allow participants to carry over up to \$570 in unused funds from Plan Year 2023 to Plan Year 2024. Any unspent funds over \$570 will be forfeited.
- The **dependent care** FSA does not allow any funds to carry over. Instead, there's a 2½-month grace period after August 31 in which participants can spend unused funds on eligible expenses. Plan Year 2023 funds not spent by November 15, 2023 will be forfeited.
- Participants have additional time to submit claims for reimbursement. See last day to file claims above.

How do I enroll?

All benefits-eligible active employees and return-to-work retirees with active employee benefits can enroll in, make changes to or cancel elections for an FSA during Summer Enrollment, or within 31 days of a qualifying life event or hire date.

- Log into your ERS account at <https://ers.texas.gov/my-account-login>. Then, elect your annual contribution amount.
- Your benefits coordinator can also help you enroll in TexFlex or change your election.
- Your contribution, your annual election divided by the number of paychecks you'll get in the plan year, will be deducted from your paycheck each month. The plan year is September 1 through August 31.

Want to learn more?

Visit www.TexFlexERS.com to learn more about the FSAs available to you. You can also review the full list of eligible expense items, read more about the TexFlex debit card and watch helpful videos. Make sure you understand FSA rules before enrolling in an account or changing your contribution.

We're here to help

Website: www.TexFlexERS.com

TexFlex Customer Service: (866) 353-9839 (TTY: 711)

Monday through Friday, 7 a.m. to 7 p.m. CT, and Saturday, 9 a.m. to 2 p.m. CT

Fax: 402-231-4310

Mail: PO BOX 8396 Omaha, NE 68108-0396

TEXFLEXSM

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions.

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Update ERS Beneficiaries

It's important to select the in-dividuals who will receive your retirement account and life insurance benefits in the event of your death. This person is called your beneficiary. You can have more than one beneficiary. Before going online to se-lect your beneficiary, make sure you have your beneficiary's Social Security number (SSN), date of birth, and mailing address.

Add a new beneficiary

- Click "Change Information or Add New Beneficiary" button,
- Click "Add a New Beneficiary,"
- Enter beneficiary's personal data (Social Security number is required) ,
- Click "Save," and
- Click "Return to Summary of Beneficiaries"

Change a beneficiary

- Review your beneficiary designations,
- Click the blue link under the Plan Description for the benefit you would like to assign,
- Click "Request Designation Change,"
- Select your beneficiary(ies),
- Click "Save Beneficiary Elections,"
- Click "Submit Changes,"
- Receive the beneficiary designation form by email, or mail if you do not have an email address updated on your ERS account.

Complete and return the beneficiary designation form

- Review the form,
- Print and sign your name,
- Have an unrelated witness (not you or the beneficiary) sign his or her name, and
- Return the form to ERS

Your designation is not valid until you receive a confirmation from ERS.

You can change your beneficiaries anytime of the year. You do not have to wait for Annual Enrollment.

Web Address: www.ers.state.tx.us

DISCOUNT PURCHASE PROGRAM

Purchase products and services at discounted prices.



Visit www.DiscountProgramERS.com

ERS offers the Discount Purchase Program, where you can buy products and services at discounted prices. Accessible through an easy-to-use website operated by Beneplace, the Discount Purchase Program features everything from computers and appliances to theme park tickets and more.

IT'S SIMPLE!

Convenient links make shopping a breeze.

Go to the Discount Purchase Program website from any computer and start shopping: www.DiscountProgramERS.com.

VISIT OFTEN FOR NEW SAVINGS

New products and services are added frequently, and seasonal promotions can save you even more money. Bookmark the site and visit regularly to find exciting offers from well-known companies.

Find discounts on products and services from Apple, Costco, Tickets at Work, MetLife, and more.



Employee Purchase Program

800-My-Apple



800-331-6483



888-695-4640

MetLife Auto & Home

800-GET-MET8



877-PETS-VPI

National Membership PROGRAM



800-774-2678



POWERED BY TRUECar

866-619-1191



800-637-2782

Be sure to identify yourself as a State of Texas employee, retiree, or covered dependent or, for some discounts, as a Beneplace participant through the State of Texas.

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FAMILY LAW



- Plan covers member, spouse or significant other and qualified never-married dependents to 26 living at home or college
- After 90 days – uncontested: divorce, adoption, separation, annulment, and name change
- 24/7 emergency access

PREVENTIVE SERVICES



- Phone consultation on unlimited personal matters
- Letters and telephone calls made on your behalf
- Document review up to 15 pages, unlimited for your primary residential mortgage
- Legal forms online – then reviewed under document review by your firm

MOTOR VEHICLE

After 15 days



- Assistance with moving traffic violations.
- Assistance with drivers license and with personal injury/physical damage
- Damage recovery up to \$5,000
- Representation for tragic accidents

LAWSUIT and IRS



- 60 Hours civil law suit representation increasing 60 hours each year to 300.
- IRS audit services up to 50 hours

ESTATE PLANNING



- Preparation of every covered members Last Will & Testament and annual updates
- Advance Healthcare Directive
- Healthcare power of attorney & living will
- Revocable & irrevocable trust for minors

- 25% Discount on legal issues not covered under the plan including pre-existing matters
- 2M Calls annually – 90% covered under included benefits

Verna Heath – 281-748-5261 – vernaheath@gmail.com

IDENTITY THEFT



Drivers License



Social Security



Medical



Character / Criminal



Credit Card



Minor Children

ID Shield Plan Features

Family

Spouse / Domestic Partner / Up to 8 minor Children	✓
Unlimited Consultation on IDT Matters	✓
SSN Fraud Detection, Data Breach Notifications	✓
Live Member Emergency / Support 24/7/365	✓
Sex Offender Search & Lost & Stolen Wallet Asst.	✓
COMPLETE Restoration w/ Lic. Private investigators	✓
\$5,000,000.00 Service Guarantee	✓
Medical & Financial Restoration	✓
Monitoring: Passport, Name, DOB, SSN, DL, Email	✓
Monitoring: Address, Black Market Websites	✓
Security Monitoring: Bank Account, Credit, Children	✓
Security Monitoring: Credit Card Number	✓

Services

Prices - Mo /Semi-

LegalShield Plan: <u>Family</u>	\$18.95 - \$9.48
LegalShield Plan: <u>Individual</u>	\$16.95 - \$8.48
ID Shield Plan: <u>Family</u>	\$18.95 - \$9.48
ID Shield Plan: <u>Individual</u>	\$8.95 - \$4.48
LegalShield & ID Shield: Family	\$33.90 - \$16.95
LegalShield & ID Shield: Individual	\$25.90 - \$12.95

Aflac isn't health insurance. Let us show you how we can help



Cancer



While 1-in-2 men and 1-in-3 women will get cancer in their lifetimes,¹ more and more Americans are living with cancer as a manageable disease. Today, 89% of women who are diagnosed with breast cancer will survive it and 98% of men who develop prostate cancer will live with it for five years—or more.² That's why we think everyone should have a plan for how to manage the disease if they're diagnosed.



- Initial Diagnosis Benefit \$4,000
- Building Benefit \$500 per year
- Treatment Benefit Up to \$1,500 a month
- Hospital Confinement \$200 a day
- Wellness Benefit \$75 per person covered per year

Accident



Aflac Accident Advantage insurance policy helps with the unexpected out-of-pocket costs that can hurt the family budget when accidents happen – like ER visits and hospitalization. In addition, the plan offers multiple coverage options to accommodate almost any budget, and provides new and enhanced benefits not previously available with Aflac accident insurance.



- Emergency Room \$170
- Initial Hospitalization \$1,500
- Daily Confinement \$300 daily up to a year
- Fractures Up to \$4,000
- Annual Wellness \$60



Critical Illness

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy. Specified health events covered by the Critical Care Protection policy include:



- Initial Diagnosis \$7,500
- Subsequent Event \$3,500 per year
- Hospital Confinement \$300 a day
- ICU \$800 a day 1/\$1,300 a day week 2



Hospital

We all know that not all hospital-related expenses are caused by something catastrophic. Even a quick trip to the hospital can be costly and have undesirable impacts on everyday life. Aflac Choice allows you to customize benefits based on your customer's unique needs. With a simplified base plan and three available riders, policyholders can get the benefits they need and leave the ones they don't. No one should have to stress about the impact hospital-related visits have on everyday life, so make sure your policyholders aren't forced to choose between paying for medical bills or paying for their everyday needs.



- Emergency Room \$100
- Initial Hospitalization \$500, \$1,000, \$1,500 or \$2,000 options
- Daily Confinement \$100 a day up to a year
- ICU \$500 a day up to 15 days
- Physician Visits/Labs \$25/\$35

Want to know more?

Including information on Short-term Disability and Life Insurance
Let your Aflac Rep know you are interested.

Live well with Aflac

Let us show you how we care



Financial Wellness

We care by lessening the burden medical expenses can bring by providing cash in hand for injuries and illness.



Physical Wellness

We care by providing cash wellness benefit(s) tied to Accident and Cancer policy payable regardless of cost incurred from your provider.



Social and Emotional Wellness

We care by providing support through our policies for things medical doesn't cover when the worst happens. Example: Cash for home modification benefit for someone placed in a wheelchair after an accident or providing the Hospice benefit to someone at the end of their battle with cancer.



Mental Wellness

We care by offering the physician visit benefit for mental health visits (up to 6 per year based on coverage option selected).



Ready to Get Well, Live More and Stress Less?

Jeannette Thames
jeannettec_thames@us.aflac.co
m 281.804.4831
www.aflac.com/sanjac

How does our Wellness Benefit help you?

Early diagnosis can save lives and cut treatment costs



- Vision and dental exams
- Mammogram
- PSA test
- Physical and more



- Mammogram
- Biopsy
- Colonoscopy
- PSA Test
- Other Cancer Screenings

File your wellness claim using Aflac SmartClaim® and get paid in one day

**THE EMPLOYEES RETIREMENT SYSTEM OF TEXAS
SUMMARY NOTICE OF PRIVACY PRACTICES**

The Employees Retirement System of Texas (“ERS”) administers the Texas Employees Group Benefits Program, including your health plan, pursuant to Texas law. THIS NOTICE DESCRIBES HOW ERS MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO YOUR OWN INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (“HIPAA”) PRIVACY RULE. PLEASE REVIEW THIS NOTICE CAREFULLY.

Uses and disclosures of health information:

ERS and/or a third-party administrator under contract with ERS may use health information about you on behalf of your health plan to authorize treatment, to pay for treatment, and for other allowable health care purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods.

By law, ERS may use or disclose identifiable health information about you without your authorization for several reasons, including, subject to certain requirements, for public health purposes, for auditing purposes, for research studies, and for emergencies. ERS provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, ERS will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. ERS cannot use or disclose your genetic information for underwriting purposes. ERS may change its policies at any time. When ERS makes a significant change in its policies, ERS will change its notice and post the new notice on the ERS website at www.ers.state.tx.us. Our full notice is available at https://www.ers.state.tx.us/Insurance/HIPAA/HIPAA_Long_Form/.

For more information about our privacy practices, contact the ERS Privacy Officer. ERS originally adopted its Notice of Privacy Practices and HIPAA Privacy Policies and Procedures Document April 14, 2003, and subsequently revised them effective February 17, 2010, and September 23, 2013.

Individual rights:

In most cases, you have the right to look at or get a paper or electronic copy of health information about you that ERS uses to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. For all authorized or by law requests made by others, the requestor will be charged for production of medical records per ERS’ schedule of charges. You also have the right to receive a list of instances when we have disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that ERS correct the existing information or add the missing information. You have the right to request that ERS restrict the use and disclosure of your health information above what is required by law. If ERS accepts your request for restricted use and disclosure then ERS must abide by the request and may only reverse its position after you have been appropriately notified. You have the right to request an alternative means of communications with ERS. You are not required to explain why you want the alternative means of communication.

Complaints:

If you are concerned that ERS has violated your privacy rights, or you disagree with a decision ERS has made about access to your records, you may contact the ERS Privacy Officer. You also may send a written complaint to the U.S. Department of Health and Human Services. The ERS Privacy Officer can provide you with the appropriate address upon request.

Our Legal duty:

ERS is required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this Notice, and obtain your acknowledgement of receipt of this Notice.

Detailed Notice of Privacy Practices:

For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Office of the Privacy Officer or by visiting ERS’ web site at www.ers.state.tx.us. If you have any questions or complaints, please contact the ERS Privacy Officer by calling (512) 867-7711 or toll-free (877) 275-4377 or by writing to ERS Privacy Officer, The Employees Retirement System of Texas, P.O. Box 13207, Austin, TX 78711-3207.



Let's Talk Benefits FAQs



1. When do I get paid?
 - a. Non-exempt hourly employees are paid every other week on Wednesdays.
 - b. Exempt salaried employees are paid the last working day of the month.
2. What is SOS and when will I have access?
 - a. SOS is the online self-service module for SJC. This is where employees can clock-in and out (non-exempt), view pay stubs, and make changes to federal withholdings.
 - b. You will have access to SOS whenever you receive your network username and password. Your initial login must be on a network computer on campus.
3. When are my benefits effective?
 - a. Your health insurance is effective on the 1st day of the month following your 60th day of employment, unless you are a direct transfer from another state entity in the TX GBP.
 - b. All other benefits are effective on your first date of hire unless you are a transfer from another state entity.
4. If I submit my election form today, can I still change my mind later?
 - a. Yes, you have 30 days from your date of hire to make changes to your ERS benefit elections.
5. Does SJC contribute to Social Security?
 - a. NO. In lieu of Social Security, San Jacinto College contributes to the Teacher Retirement System of Texas (TRS) or the Optional Retirement Program (ORP).
6. When is my prescription drug plan effective?
 - a. Your prescription drug plan benefits are included with your health insurance coverage and as such will be effective on the same date as your health insurance.
7. How do I setup my beneficiaries?
 - a. ERS Designation of Beneficiaries - Visit www.ers.texas.gov to update your beneficiaries. For assistance, please contact ERS directly at 1-877-275-4377 or refer to the instruction sheet given to you during orientation.
 - b. TRS Designation of Beneficiaries - Complete the TRS 15 form, which was given to you during orientation and submit to TRS at 1000 Red River Street, Austin, TX 78701-2698.
8. Do I receive leave time? If so, how much?
 - a. Sick and Personal Business Leave (PBL) – Sick leave is accrued at 8 hours per month and is prorated for your first year of service. The first 24 hours per fiscal year of your sick leave balance is allocated to PBL. Unused PBL will roll to your sick leave the next fiscal year.
 - b. Vacation Leave – During your first 8 years of service, vacation leave is accrued at 6.667 hours per month.
9. Can I put more money into my TRS or ORP account?
 - a. No. However, you can contribute to a Tax Sheltered or a Tax Deferred Annuity. For more information please contact the HR-Benefits office.
10. **The benefit premium rates that are shown on ERS are different than what I was told during orientation.**
 - a. **The rates shown on ERS documents and their website do not reflect the premiums that SJC employees pay. Please refer to the SJC Rate sheet provided during orientation when reviewing your cost of premiums.**
11. What is the dependent audit?
 - a. ERS has hired Alight Solutions to conduct an audit of all dependents covered under the TX GBP. You must provide the required documentation by the due date given to ensure your dependents are not dropped from coverage. If your dependents are dropped, you will not be able to add them back until Summer enrollment or within 30 days of a qualifying life event.

My Benefit Elections

For future reference, please circle the elections that you made today. Remember, you have 30 days from your date of hire to make changes to your ERS benefits. If you have any questions, please contact the HR-Benefits office and we will be happy to assist you.

<u>Health Insurance</u> Waived Employee Only Employee & Spouse Employee & Children Employee & Family	<u>Dental Insurance</u> <u>State of TX Dental Choice or DHMO</u> Waived Employee Only Employee & Spouse Employee & Children Employee & Family	<u>State of Texas Vision</u> Employee Only Employee & Spouse Employee & Children Employee & Family	<u>Optional Life Insurance</u> Waived 1x Annual Salary 2x Annual Salary 3x Annual Salary 4x Annual Salary
<u>AD&D Insurance</u> Waived Employee Only Employee & Family Coverage Amt: _____	<u>Dependent Life Insurance</u> Waived Elected	<u>Short Term Disability</u> Waived Elected	<u>Long Term Disability</u> Waived Elected
<u>TexFlex Health</u> Waived Amount: _____	<u>TexFlex Day Care</u> Waived Amount: _____		<u>Leave Accruals</u> Sick: _____ PBL: _____ Vacation: _____

San Jacinto College HR-Benefits

Sara Aranda, Coordinator – South Campus

Sara.Aranda@sjcd.edu Ext. 2661

Brittany Heim Sgarlat, Coordinator – Central Campus

Brittany.Sgarlat@sjcd.edu Ext. 6358

Tracy Willis, Manager – North Campus

Tracy.Willis@sjcd.edu Ext. 6332



Required Trainings will be uploaded automatically to your learning plan

Title IX

Harassment Prevention

San Jacinto College Policies & Procedures

Speak with your leader regarding how to log in and other position specific trainings you may require.

Dept. Fax Number – 281-998-6372

Dept. Email – HRBenefits@sjcd.edu