

WHAT'S NEW?

Changes to short-term disability insurance

The Texas Income Protection Plan (TIPP) will implement new plan enhancements to short-term disability coverage beginning Sept. 1. See page 11 for information about updates.

No change in GBP health and optional plan premiums

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

- See all [Plan Year 2025 rates](#).

Changes to out-of-pocket maximums

The HealthSelect of Texas® and Consumer Directed HealthSelectSM health plans' total annual in-network out-of-pocket maximums (medical and pharmacy combined) will increase to \$7,500 per person per individual (up from \$7,050) and \$15,000 per family (up from \$14,100) to align with the IRS maximums.

Changes to flexible spending account (FSA) contribution and carryover limits

The IRS establishes the maximum annual limit applicable to flexible spending accounts and carryover amounts. For Plan Year 2025, participants with a health care or limited-purpose FSA will be able to set aside up to \$3,200 for the year through monthly, tax-free deductions from their paycheck. The maximum contribution for dependent care FSAs remains the same, at \$5,000 for the year.

The carryover amount for health care and limited-purpose FSAs is increasing. Participants in those FSAs in Plan Year 2025 can carry over up to \$640 from Plan Year 2024 (ending Aug. 31, 2024) to Plan Year 2025 (starting Sept. 1, 2025). See page 14 for information.

New well-being platforms coming this fall

This Fall, ERS will launch Buena Vida, a new well-being platform for non-Medicare Advantage HealthSelect plan participants. The application, available for both mobile and desktop devices, connects you to all your wellness benefits in one convenient place. It offers individualized content for physical, mental and financial health. See page 8 for more information.

HEALTH BENEFITS

The GBP offers two types of health plans: HealthSelect of Texas, a self-funded point-of-service plan, and Consumer Directed HealthSelect, a self-funded high-deductible health plan with tax-free health savings account (HSA). Employees can change health plans based on eligibility and/or enroll and drop dependents from health coverage during Summer Enrollment. Contribution rates for health insurance are based on funding provided by the Texas Legislature. The state contribution rate will remain the same—the state will pay 100% of premiums for eligible full-time employees 50% for their eligible dependents. (The state will continue to pay 50% of the premiums for eligible part-time employees and 25% of the premiums for their dependents.)

IMPORTANT NOTICE ABOUT INSURANCE: All 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.

It pays to stay in the network!

GBP health plans are network-based, which means participants will pay less if they see in-network providers. Participants should make sure a provider is in their plan network before scheduling visits or procedures. Even if a hospital or other facility is in the network, doctors and other providers who practice at that facility may not be.

The Summer Enrollment Guide for Active Employees has information about health insurance plan features.

Note: For detailed information on any of these benefits, log in to the BCCG and see the BCRM Chapter 2 – GBP from the “Manuals” tab.

HEALTH BENEFITS

Links to Summer Enrollment presentations for both health plans will be available in June on the plan website.

Changes in Plan Year 2025 (Beginning September 1, 2024)

The HealthSelect of Texas® and Consumer Directed HealthSelectSM health plans' total annual in-network out-of-pocket maximums (medical and pharmacy combined) will increase to \$8,050 for individual coverage (up from \$7,500) and \$16,100 for family coverage (up from \$15,000) to align with the IRS maximums. Remember, deductibles and out-of-pocket maximums reset on calendar year basis.

HealthSelect^{of Texas}

- Administrator is Blue Cross and Blue Shield of Texas (BCBSTX).
- Find more information on [HealthSelect of Texas](#).

HealthSelect Out-of-State

For employees who live or work outside Texas (based on the address on file with ERS)

- BCBSTX is the administrator.
- Benefits are the same as HealthSelect of Texas, except that referrals to specialists are not required.
- Find more information on [HealthSelect Out-of-State](#).

CONSUMER DIRECTED

HealthSelectSM

- Administrator remains BCBSTX
- Deductibles and state contributions remain the same. See information below.
- Find more information on [Consumer Directed Health Select](#).

Calendar 2024 deductible* (Includes prescription drugs)	Individual coverage	Family coverage
In-Network	\$2,100	\$4,200
Out-of-Network	\$4,200	\$8,400

*Deductibles reset January 1 each year.

HEALTH BENEFITS

Health savings accounts (HSAs)

- Available only to members enrolled in Consumer Directed HealthSelect
- The state contributes to eligible members' HSAs each month. The state's contribution for PY25 remains the same: \$45 a month (\$540 a year) for individual coverage or \$90 a month (\$1,080 a year) for family coverage (the member plus at least one covered family member).
- In addition to the state's contribution, participating employees can make pre-tax contributions to their HSA through payroll deductions.
- The IRS sets the maximum contribution amount for each calendar year.
- Employees must open an Optum Bank HSA to get the state's contribution.
- The HSA balance carries over from one year to the next—there is no use-it-or-lose-it rule—and account holders can keep the funds if they change health plans or leave state employment.
- People age 55 and older can make a "catch-up" contribution of up to \$1,000 annually, in addition to the annual maximum.

Contribution	Individual Account	Family Account*
Calendar Year 2024 annual total maximum contribution (Jan. 1 – Dec. 31, 2024)	\$4,150	\$8,300
Calendar Year 2025 annual total maximum contribution (Jan. 1 – Dec. 31, 2025)	\$4,300	\$8,550
Fiscal Year 2025 annual state contribution (Sept. 1, 2024 – Aug. 31, 2025)	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)

The key benefits of Consumer Directed HealthSelect are:

- the ability to save money, tax free, in an HSA for health care costs now or far in the future and
- the state's contribution to every eligible member's HSA .

For some people, it could be a great way to save money and lower their taxable income. But they will be responsible for all of their non-preventive health care costs (including prescription costs) until they meet the annual deductible. The Plan Decision Tool on the HealthSelect website could help members decide which plan might be better for them.

Optum Bank administers the HSA program. If your employees enroll in Consumer Directed HealthSelect, they need to open an Optum Bank HSA as soon as possible so that state contributions and other funds can be deposited into the account. Once they open an account, they will get a debit card from Optum Bank to pay for health expenses. They will have access only to the amount of money that has accumulated in their HSA, and not funds that have been pledged to be deposited in the future. They should review IRS guidelines or consult a tax advisor to make sure they are eligible to participate in an HSA . More information is available on the [ERS website](#).

For more information about Consumer Directed HealthSelect, see BCRM Chapter 2- GBP, Section 2.46 – Consumer Directed HealthSelect.

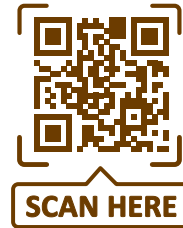
HEALTH BENEFITS

New well-being platforms coming this fall

This Fall, ERS will launch Buena Vida, a new well-being platform for non-Medicare Advantage HealthSelect plan participants. The application, available for both mobile and desktop devices, connects you to all your wellness benefits in one convenient place. It offers individualized content for physical, mental and financial health.

Participants will be able to:

- Earn rewards for engaging in healthy activities
- Join individual, agency-level and statewide fitness challenges
- Personalize the well-being resources to meet your needs
- Connect with other users on the platform



Participants can learn more and receive wellness updates through the ERS Wellness Newsletter by texting TXERS Wellness to 468-311 to subscribe or scan the QR code.

In addition, Blue Cross and Blue Shield of Texas will have three new condition management programs starting Sept. 1: Hello Heart, Hinge Health and Learn to Live. Learn more about them at a Summer Enrollment fair or HealthSelect webinar. See our event calendar on the ERS website.

HealthSelectSM Prescription drug program

All the GBP health insurance plans include coverage for prescription drugs.

- Express Scripts is the administrator of HealthSelect Prescription Drug Program.
- Participants can visit the [plan website](#) to look up in-network pharmacies and covered drugs.

Basic Term Life Insurance

Employees enrolled in a GBP health plan will continue to have Basic Term Life and Accidental Death & Dismemberment Insurance.

- Securian is the administrator.
 - There are no benefit changes.
 - Premiums remain the same as PY24.
 - Find more information on [Basic Term Life Insurance](#).
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Health Insurance Opt-Out Credit

If employees can certify that they have other health insurance that is equal to or better than coverage offered through ERS, employees can sign up for the Health Insurance Opt-Out Credit.

[Opt-Out Credit | ERS \(texas.gov\)](#)

Tobacco-Use Status

Every participant enrolled in a GBP health insurance plan must certify their status as a tobacco user or non-user. Employees need to update their tobacco-use status only if they or their dependent's tobacco-use status has changed.

A tobacco user is a person who has used any tobacco products five or more times within the past three consecutive months. Certified tobacco users pay a monthly tobacco user premium.

Tobacco products are all types of tobacco, including but not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip and all e-cigarettes and vaping products. If employee or a covered dependent uses these products, they are required to report it to ERS. Failing to certify as a tobacco user could result in losing their GBP health insurance coverage.

Participants who change a certification to tobacco user during Summer Enrollment will pay the tobacco user premium starting Sept. 1.

Tobacco user premium alternative

If employees or their dependent are a tobacco user, they may qualify for an alternative to the tobacco user premium, if it complies with their doctor's recommendations. For more information on this alternative, called "Choose to Quit," see the [ERS Tobacco Policy](#) on ERS' website.

OPTIONAL BENEFITS

For detailed information on any of these benefits, please see the BCRM Chapter 2 – GBP, Sections 2.6 – Dental coverage, 2.7 – State of Texas Vision, 2.9 – Optional Term Life Insurance, 2.10 – Dependent Term Life Insurance, 2.11 – Voluntary AD &D, 2.12 – TIPP.

Dental benefits

The GBP offers two dental insurance plans: the State of Texas Dental Choice PlanSM PPO and a dental HMO (DHMO). Employees can enroll in only one plan. Covered dependents must enroll in the same plan as the member. For example, members cannot choose the DHMO for themselves and the State of Texas Dental Choice Plan for spouse and children

“Smart” ID cards

To keep costs low, active employees who sign up for GBP dental insurance will not get an ID card, and participating dentists shouldn't require them. Participants can download a virtual ID card to their smartphone through the Delta Dental app. They can also download and print their ID information from <http://www.ERSdentalplans.com> or call Delta Dental toll-free at (888) 818-7925 (TTY: 711) to request a mailed paper copy. Covered dependents cannot access the app, and their names aren't listed on the ID card. A dependent can verify coverage with a provider by giving either their name or the member's name and plan ID number.



State of Texas Dental Choice Plan

- Delta Dental is the administrator.
- Premiums remain the same.

DeltaCare[®] USA

DeltaCare USA DHMO

Coverage applies only to dentists in the Texas service area. Advise your employees to make sure there is a DeltaCare USA network dentist in their area before enrolling in this plan. Employees and covered dependents enrolling in the DHMO must select a primary care dentist (PCD) from a list of approved providers before they can receive benefits.

- Insurer remains DeltaCare USA, an affiliate of Delta Dental.

Check the Discount Purchase Program for dental discounts. The Discount Purchase ProgramSM, administered by Beneplace, offers dental discount programs and discounted dental services. View them at <https://www.beneplace.com/discountprogramers/>. (To access discounts, you will need to register using your email address.)

OPTIONAL BENEFITS



State of Texas Vision

- EyeMed is the administrator of State of Texas Vision.
- Annual eye exam for \$15 copay at in-network providers.
- In-network allowance of \$200 for frames or contacts.

OPTIONAL BENEFITS

Group term life and AD&D insurance

Insurer for all three plans remains Securian.

Premiums remain the same as in Plan Year 2024

Optional Term Life Insurance

- Some employees may see an additional premium difference if they've had a salary or age category change as of Sept. 1, 2024.
- Find more information on [Optional Term Life Insurance](#).

Dependent Term Life Insurance

- Find more information on [Dependent Term Life Insurance](#).

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

- Premiums remain the same as in Plan Year 2023.
 - Find more information on [Voluntary AD&D Insurance](#).
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Texas Income Protection Plan (TIPP)

- Alight, Inc. (formerly ReedGroup) is the administrator of short-term and long-term disability insurance.
- Some employees may see a change in their premium if they've had a salary change as of Sept. 1, 2024.
- Premiums remain the same as in Plan Year 2024.
- Find more information on the [Texas Income Protection Plan \(TIPP\)](#).

Enhancements to TIPP coverage beginning Sept. 1

For Plan Year 2025, the ERS Board of Trustees has approved certain program enhancements to the Texas Income Protection Plan (TIPP) to continue to support the financial security and overall well-being of employees and their families. These changes will provide added flexibility related to when employees can access benefits without increasing plan contribution rates.

Short-term disability plan shortens waiting period

The waiting period required by the short-term disability plan will reduce from 30 calendar days to 14 calendar days. This means you can begin receiving disability coverage sooner but you will still need to exhaust your sick leave, if any, before your coverage begins. This is a great benefit for those with limited sick leave.

How will TIPP work with paid parental leave?

TIPP benefits and paid parental leave for state agency employees (not higher education employees) will coordinate to provide supplemental coverage for eligible maternity claims. • Paid parental leave for state agency employees pays 40 days of maternity leave. Paid days are based on the employee's work schedule and not calendar days. • TIPP coverage for eligible maternity claims will begin once state agency employees complete the waiting period and/or exhaust their sick leave. TIPP coverage will not apply if sick leave is more than the Maximum Benefit Period. You should review the plan changes and how they might impact your individual situation, such as if you are considering pregnancy or have limited sick leave



Discount Purchase Program

- Administered by BenePlace.
- There is no fee to participate.
- Find more information on the [Discount Purchase Program](#).

EVIDENCE OF INSURABILITY (EOI)

For some coverage, employees must provide evidence of insurability (EOI).

GBP coverage that does NOT require EOI:

- Health insurance (including medical and prescription drug coverage)
- Dental insurance
- State of Texas Vision
- Voluntary AD&D Insurance

Participants do not need EOI approval to waive health insurance, select the Health Insurance Opt-Out Credit or decrease or drop coverage.

GBP coverage that requires EOI during Summer Enrollment:

- Optional Term Life Insurance enrollment and benefit increases
- Dependent Term Life Insurance enrollment
- Short-term and long-term disability insurance enrollment

Beginning June 26, the first day of Summer Enrollment, employees can start the online EOI process to apply for Optional Term Life Insurance, Dependent Term Life Insurance, and short-term and long-term disability insurance through ERS OnLine. The EOI process for life insurance is managed by Minnesota Life, an affiliate of Securian Financial Group, Inc. (Securian). The EOI underwriter for TIPP disability insurance is Guardian Life Insurance.

The Summer Enrollment online EOI process is the same for Optional Term Life Insurance, Dependent Term Life Insurance and TIPP disability insurance.

1. Employee elects one or more of the following benefits in ERS OnLine. Or you get the employee's Summer Enrollment Form with the elections and enter the benefit changes into ERS OnLine using the Summer Enrollment event for:
 - Optional Term Life Insurance
 - Dependent Term Life Insurance
 - Short-term disability insurance
 - Long-term disability insurance
2. Employee or you will see a pop-up EOI message with instructions to click the Initiate EOI Online Request link at the top of the page.

EVIDENCE OF INSURABILITY (EOI)

3. Employee or you will click the Initiate EOI Online link and select the desired coverage; choose whether the employee wants to get information from the EOI underwriter by email or U.S. mail. If the employee chooses:

- **Email:** The EOI underwriter sends an email to the participant's email address on file with ERS, with login instructions to complete the online EOI application.
- **U.S. mail:** The EOI underwriter sends a letter with instructions on how to find the online application on the EOI underwriter's website, as well as a prepopulated paper application.

4. The employee completes and submits either the online or the paper EOI application to the EOI underwriter in one of the two ways:

- **Online:** The employee receives an immediate response. He or she may be approved or may be asked to provide additional information.
- **Paper:** The employee mails or faxes the application to the EOI underwriter, using the address or fax number on the application. Within two weeks, the EOI underwriter sends a response either approving or requesting further underwriting.

Note: Employees will be required to pay for any costs associated with producing the required documentation to support the EOI request, including provider charges for medical records.

5. ERS receives the EOI approvals.

- ERS receives EOI approvals from the underwriter and applies an EOI/EOI Action to the employee's record.
- ERS then enrolls the participant and any eligible dependents in EOI-approved coverage.

Note: If needed, the EOI underwriter will request additional information from the employees to make a decision on their EOI application. For EOI approvals dated on or after September 1, the coverage effective date will be the first of the month following the date of approval.

The underwriter will notify the employees whose EOI is not approved.

6. You review the daily agency report and follow your current process for ensuring appropriate payroll deductions.

TEXFLEXSM

For detailed information on TexFlex benefits, please see BCRM Chapter 3 – TexFlex.

Changes in PY25

- The maximum annual contribution for a health care or limited-purpose FSA is increasing to \$3,200 (from \$3,050 in PY24).
- Participants of health care or limited-purpose FSA in Plan Year 2025 can carry over up to \$640 from Plan Year 2025 (ending Aug. 31, 2025) to Plan Year 2026 (starting Sept. 1, 2025). Any unspent funds over \$640 will be forfeited after that.

Inspira Financial is the program administrator.

TexFlex flexible spending accounts (FSAs)

There are three types of TexFlex FSAs:

- health care (not available to Consumer Directed HealthSelect participants),
- dependent care and
- limited-purpose (available only to Consumer Directed HealthSelect participants).

Annual elections will remain the same in Plan Year 2023, unless participants change their elections during Summer Enrollment.

Health care FSA

- The annual minimum election for PY25 is \$180 (\$15 per month), and the maximum is \$3,200 (\$266 per month).
- Employees enrolled in Consumer Directed HealthSelect cannot participate in health care FSAs, because of their ability to contribute to HSAs.
- If participants have a health care FSA in Plan Year 2025, they can carry over up to \$640 from Plan Year 2025 (ending Aug. 31, 2025) to Plan Year 2026 (starting Sept.1, 2025).

Limited-purpose FSA

- Only employees enrolled in Consumer Directed HealthSelect can enroll in a limited-purpose FSA.
- Limited-purpose FSA funds can be used only for eligible dental and vision expenses.
- The annual minimum election for PY25 is \$180 (\$15 per month), and the maximum is \$3,200 (\$266 per month).
- If participants have a health care FSA in Plan Year 2025, they can carry over up to \$640 from Plan Year 2025 (ending Aug. 31, 2025) to Plan Year 2026 (starting Sept.1, 2025)

Dependent care account

- The maximum annual election remains at \$5,000 in PY25.
- There is a 2½-month grace period from Sept. 1 through Nov. 15, 2025. Any Plan Year 2025 funds not spent by Nov. 15, 2025 will be forfeited.
- For Plan Year 2024, participants will need to submit claims by Dec.31, 2024 for eligible expenses incurred until Nov.15, 2024.

SUMMER ENROLLMENT OPTIONS

As a reminder, employees can make the following changes during Summer Enrollment:

- enroll themselves and/or their eligible dependents in a health plan from waived status;
 - choose from HealthSelect of Texas and Consumer Directed HealthSelect;
 - select the Health Insurance Opt-Out Credit. to apply toward the premium for certain optional benefits, if they have comparable health coverage;
 - enroll themselves and/or their eligible dependents in one of the two dental plans offered or change from one plan to the other;
 - enroll themselves and/or their eligible dependents in vision insurance;
 - enroll themselves or themselves and their families in Voluntary AD&D Insurance, or change their level of coverage;
 - drop employee and/or dependent coverage;
 - apply through EOI for Optional Term Life, Dependent Term Life, short-term disability and/or long- term disability insurance;
 - apply to increase Optional Term Life Insurance through EOI;
 - drop or enroll in TexFlex FSA or change elections.
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EMPLOYEE PUBLICATIONS

Some of the ERS employee publications listed below are posted on the BCCG's Summer Enrollment page. The page will be updated as each publication becomes available.

Summer Enrollment packet mailing including:

- Personal Benefits Enrollment Statement (PBES)
- Summer Enrollment Active Employee Guide or the Summer Enrollment Retirees and Families Guide
- Health plans comparison chart

Employees can also read benefits-related articles in News About Your Benefits, the monthly employee newsletter, and review benefits information on the ERS website.
