New Employee Benefits Guide

Plan Year 2013

Health • Life • TexFlex • Texasaver • Dental • Retirement • Disability
Welcome to ERS. ERS administers the excellent benefits provided to you by the State of Texas and your employer. Depending on where you work, your benefits include health and optional insurance, retirement, deferred compensation, and flexible benefits. The Texas Employees Group Benefits Program (GBP) serves more than a half million employees, retirees, and family members.

If you are a state agency employee, you will become a member of ERS and contribute to the State’s retirement plan. See pages 25-28 for information about the lifetime retirement benefit you will receive once you qualify.

For a limited time while you are a new employee, you can sign up for certain valuable benefits with no questions asked. If you sign up for certain benefits when they first become available, you won’t have to provide proof of good health, called evidence of insurability (EOI). EOI is an application process that requires you to provide information about your health. If you wait and go through the EOI process, you may not be approved for benefits.

Don’t miss your first opportunity to enroll in benefits. You can only sign up during the year if you have a qualifying life event (QLE), such as getting married or having a baby, or during Annual Enrollment.

WE’RE HERE TO HELP YOU

Call ERS on weekdays (excluding holidays) from 7:30 a.m. to 5:30 p.m. CT at (877) 275-4377 toll-free.

ERS is always available online at www.ers.state.tx.us.

TABLE OF CONTENTS

Welcome .................................................... 1
Decisions At-A-Glance ............................... 2
First 31 Days.............................................. 3
First 90 Days.............................................. 4
Eligible Dependents..................................... 5
The ERS Website........................................ 6
Dental Insurance........................................ 7
Optional Term Life Insurance ....................... 9
Dependent Term Life Insurance ................. 9
Voluntary AD&D Insurance ....................... 9
Disability Insurance................................... 10
TexFlex ..................................................... 12
Premium Calculation Worksheet............... 17
Health Insurance....................................... 18
Retirement for State Agency Employees 25
Additional Resources.............................. 28
Protect the People You Love .................... 29
Texa$aver ................................................ 30
Transfers .................................................. 34
Discount Purchase Program ..................... 35

GET YOUR PERSONAL BENEFITS INFORMATION ONLINE

Your benefits information is easy to find. Just go to www.ers.state.tx.us and click the Sign In button.

Complete a few simple questions to register your account and set up your username and password.
**Welcome New Employee**

ERS manages your insurance benefits under the Texas Employees Group Benefits Program (GBP).

**Congratulations on your new job with the State of Texas**

You have a valuable benefits package. For the average state agency employee, the total value of the State of Texas benefits package is equal to your base salary plus 32.3%.

**When can you sign up for benefits?**

You and your eligible dependents can sign up for some benefits the day you start working. See the chart on page 2 for enrollment decisions.

- **You can sign up for most benefits** right away, no questions asked.
- **Full-time employees** are automatically enrolled in health insurance at no cost after a waiting period.

**State Agency Employee Average Compensation Package Value $58,808**

- $1,017 Longevity Pay
- $2,388 Retirement
- $3,379 Pay for Legally Required Benefits
- $6,093 Insurance
- $6,127 Pay for Time Not Worked
- $39,804 Base Pay (Average State Agency Employee)

*State Auditor’s Office, Report on State Employee Benefits, February 2012; applies to employees of state agencies.

Your health and prescription drug coverage starts on the first day of the month after your 90th day on the job. This is called your health coverage waiting period.

If you are an employee of a state agency, you will become an ERS member and start a retirement account on the first of the month after your 90th day on the job.

**Other enrollment opportunities:**

- **Annual Enrollment** allows you to make some changes to benefits and sign up for a TexFlex health care or day care account for the new plan year (September 1 to August 31).

- **Qualifying life events:** During the plan year, a qualifying life event (QLE) such as marriage, divorce, or birth of a child may allow you to make changes that are consistent with the QLE within 31 days of the event*.

- **Year-round enrollment:** You can enroll in a TexasSaver 401(k) or 457 Plan at any time.

*60 days when your child loses eligibility for the Children’s Health Insurance Program (CHIP).

**Ready to Save? Discount Purchase Program Available**

Shop online and buy products and services such as computers, appliances, theme park tickets, and much more at discounted prices at www.DiscountProgramERS.com.

There is no enrollment period or membership fee. Just start shopping and save.
## NEW EMPLOYEE ENROLLMENT DECISIONS AT-A-GLANCE

Proof of good health, also known as evidence of insurability (EOI), may be required for certain types of coverage.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>When to sign up</th>
<th>Description</th>
<th>Eligible person</th>
<th>Next opportunity to sign up</th>
</tr>
</thead>
</table>
| **Dental** coverage (p. 7)            | First 31 days*, proof of good health never required | Covers routine dental visits, various dental procedures, and equipment depending on which plan you select.  
1. The State of Texas Dental Choice Plan™️, administered by HumanaDental Insurance Company.  
2. HumanaDental DHMO, a member of the HumanaDental family of companies. | You and your eligible dependents | Annual Enrollment period or with a qualifying life event (QLE) |
| Optional Term Life Insurance Elections 1 and 2 coverage (p. 9) | First 31 days*, proof of good health not required in first 31 days | Life insurance in the amount equal to one or two times your annual salary. | You | Annual Enrollment period or with QLE (proof of good health required) |
| Optional Term Life Insurance Elections 3 and 4 coverage (p. 9) | First 31 days*, proof of good health always required | Life insurance in the amount equal to three or four times your annual salary. | You | Annual Enrollment period or with QLE (proof of good health required) |
| Voluntary Accidental Death and Dismemberment (p. 9) | First 31 days*, proof of good health never required | You choose the amount of coverage from $10,000 up to $200,000, which provides a benefit in the event of an accidental death or loss of a limb or eyesight. | You and your eligible dependents | Annual Enrollment period or with QLE |
| Dependent Term Life Insurance (p. 9) | First 31 days*, proof of good health not required in first 31 days | Provides a $5,000 benefit in the event of your dependent’s death. | Your eligible dependents | Annual Enrollment period or with QLE (proof of good health required) |
| Disability Insurance (p. 10) | First 31 days*, proof of good health not required in first 31 days | **Short- and Long-term Disability Insurance**  
Provides you with a portion of your income after a certain period of time if you are disabled and unable to work. | You | Annual Enrollment period or with QLE (proof of good health required) |
| TexFlex Health Care and Day Care Accounts (p. 12) | First 31 days*, proof of good health never required | Save by spending pre-tax money on health and day care expenses; can also pay for expenses you have during your health coverage waiting period. | You | Annual Enrollment period or with QLE |
| Health and Prescription Drug coverage (p. 18) | First 90 days*, proof of good health never required | You may enroll in this health and drug coverage based on the county where you live or work.  
1. HealthSelect®️ of Texas, administered by UnitedHealthcare, is available in all Texas counties and throughout the country.  
2. Two HMOs available in different Texas counties (see list on page 19). | You and your eligible dependents | Annual Enrollment period or with QLE |

*From date of hire

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See page 30 for information on the Texa$aver Program. New state agency employees are enrolled automatically.
**SIGN UP FIRST 31 DAYS**

You can sign up for most benefits with no waiting period.

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**DURING YOUR FIRST 31 DAYS**

Sign up for these benefits without any applications or questions:

- Dental coverage;
- Optional Term Life Insurance at one or two times your annual salary*;
- Voluntary Accidental Death and Dismemberment (AD&D) coverage;
- Term Life Insurance for your dependents;
- Short- and Long-term Disability Insurance; and
- TexFlex health care and day care accounts.

*You can apply for an Optional Term Life Insurance policy at three or four times your annual salary, but you must provide proof of good health.

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**YOUR HEALTH AND RETIREMENT WAITING PERIODS**

- Your health coverage begins the first day of the month after your 90th day on the job.
- If you work at a state agency, you will begin contributing to an ERS retirement account on the first day of the month after your 90th day on the job.

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**YOU ARE AUTOMATICALLY ENROLLED IN:**

- HealthSelect health insurance coverage (you may switch to a health maintenance organization, if available), prescription drug coverage, and $5,000 Basic Term Life Insurance policy at no cost for full-time employees—see page 18*;
- Texa$aver 401(k) account for state agency employees only (see page 30); and
- Defined benefit retirement for state agency employees only (see page 25).

*Part-time employees are not automatically enrolled.

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Did you transfer to your new job from another public state employer? Or have you had insurance with ERS without a break in coverage? If so, some of these enrollment rules may not apply. See page 34.

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Sign up for our digital subscription service

The digital subscription service is the best way to find out what’s going on with ERS programs. Go to Subscriptions at www.ers.state.tx.us to have updates sent to your email address.

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Premium information is shown on pages 8, 11, and 24.

Most employee out-of-pocket premiums are automatically paid with pre-tax dollars authorized by the Internal Revenue Code. This includes premiums deducted from your paycheck for health and dental coverage, Optional Term Life Insurance, and Voluntary AD&D. Premiums for Dependent Term Life and Disability insurance are paid with after-tax money, so that you do not pay tax on any benefits you may receive. Should you have Optional Term Life Insurance of more than $50,000, a portion of that premium could be taxed.
CHOOSE FIRST 90 DAYS
You can sign up your eligible dependents for health coverage without proof of good health.

DURING YOUR FIRST 90 DAYS

• Your health coverage begins the first day of the month following your 90th day on the job. You will automatically be enrolled in HealthSelectSM of Texas if you are a full-time employee. During your health coverage waiting period, you can switch to a health maintenance organization if available in the county where you live or work. Your eligible dependents are not enrolled until you enroll them.

• If you don’t need the State’s health insurance or prescription drug coverage now or in the future, and you can certify that you have comparable health insurance to what the State provides, you can waive health coverage and get the Health Insurance Opt-Out Credit to apply toward dental insurance and/or Voluntary Accidental Death and Dismemberment (AD&D) premiums. Note: Medicare and dependent GBP coverage are not comparable health insurance. Carefully consider your decision to turn down health insurance coverage.

ANY TIME OF YEAR

• You can enroll your eligible dependents in health insurance within 31 days of them losing their other health insurance.

• You must sign up your eligible dependents for health insurance coverage—their enrollment is not automatic.

DECISIONS AS A NEW STATE EMPLOYEE

FIRST 31 DAYS
- Dental Insurance
- Optional Term Life Insurance
- Dependent Term Life Insurance
- Voluntary AD&D Insurance
- Disability Insurance
- TexFlex
- Texa$aver

FIRST 90 DAYS
- Health Insurance for you and your eligible dependents

ANYTIME
- Texa$aver

Need help understanding the deductions from your paycheck for group insurance coverage? See page 17.

You can also use the rate calculator at www.ers.state.tx.us/Rates.
WHO IS AN ELIGIBLE DEPENDENT?

You can enroll your spouse and your children under age 26 (including married children) who meet one of the descriptions listed below in health insurance. Other benefits, such as dental insurance and Dependent Term Life Insurance, are available to your spouse and your unmarried children under age 26. Currently, your dependent's employment or school enrollment has no bearing on whether he or she can enroll in benefits.

- Your court-ordered ward child who is under your protection or custody;
- A child related to you by blood or marriage is eligible if he or she was claimed as a dependent on your federal income tax return for the previous tax year, and will continue to be claimed on your federal income tax return for each calendar year; and
- A child acquired or born in the current calendar year is eligible if he or she is related to you by blood or marriage and will be claimed on your next federal income tax return and each calendar year in the future.

When you go to your account at www.ers.state.tx.us to enroll your eligible dependents, you must certify how each of your dependent children is eligible for GBP coverage. Dependents cannot be enrolled until the certification is completed. This online process is legally binding. Providing false information could result in the loss of benefits for you and your dependents. Intentionally providing false information may result in criminal penalties.

If you cannot provide documentation to prove that your dependents are eligible, you and your dependents could be permanently expelled from the insurance program, referred to law enforcement for a fraud investigation, and required to reimburse ERS for claims and premiums paid by the State of Texas.

When enrolling dependents in health coverage, you must certify if they are a tobacco user. Tobacco users pay higher health insurance premiums.
ENROLLING ONLINE IS EASY

To sign in
- Go to www.ers.state.tx.us and click Sign In.
- Register your account and select your username and password. You will be asked to select a security question to help you remember your password.
- After you log in, you will see your Member Home Page link, which provides access to your personal account information. Keep your email and mailing address updated so that you will receive important communications from ERS, such as your benefits statements.

To update information
- If you forget your password, click Sign In and the “Forgot Password?” link. If we have your email address, you will receive a new password by email. If not, your password will be mailed to you.
- Update your information under My Personal Information at any time. Enter your phone number under Home, Business, or Cellular on the drop-down menu.
- Under My Beneficiaries, you can see who you have designated to receive benefits if you die. Make sure ERS has your beneficiaries’ Personal Data under Beneficiary Summary. Request a change or add a beneficiary online. ERS will send you a beneficiary designation form to complete the process. You and a witness must sign the form. When you return the form, we will review it and send you a letter letting you know when your beneficiary change request is accepted and complete.

ONLINE APPLICATIONS
- Click Benefits Summary under My Insurance Information to review your insurance coverage, including your premium costs and coverage levels. You can change the date to view future coverage.
- ERS members can track their retirement account contributions and account balance history. Click Account Balance Summary under My Retirement Information.
- To create retirement estimates using your actual account information, click the Estimate Retirement link.
CHOOSE FROM TWO DENTAL PLANS

You and your eligible dependents can enroll in one of two dental plans.

The cost for each plan and other information is on the Dental Plans Comparison Chart on page 8. To see the network dentists and benefits charts, go to www.ers.state.tx.us/Employees/Insurance/Dental.

You must be enrolled in dental coverage if you want your dependents to have dental coverage.

State of Texas Dental Choice Plan℠

The State of Texas Dental Choice Plan℠, the State’s Preferred Provider Organization (PPO) plan, is administered by the HumanaDental Insurance Company. Available to you anywhere in the United States, the plan’s benefits:

- Let you use any dentist, with your dental work covered according to a payment schedule.

- Help you pay less out of pocket if you use a participating dentist through the preferred provider network.

Dental DHMO

HumanaDental DHMO is available if you reside within the covered service areas. DHMO benefits:

- Offer discounted charges on services by a primary care dentist (PCD) from a list of approved providers.

- Allow your dependents to live outside the DHMO Texas service area and still be covered; however, they must return to the service area and use their PCD to receive dental care, except for emergency services.

- Let you and your covered dependents select different PCDs. For example, an employee in Austin could have a covered dependent who selects a PCD in Dallas while attending college. To select a PCD, call HumanaDental toll-free at (877) 377-0987. An ID card will then be sent to you.

DO YOU NEED DENTAL COVERAGE?

- Do you have a dentist? Is your dentist listed as a provider in the DHMO or on the preferred provider network of the State of Texas Dental Choice Plan℠?

- What dental procedures do you have coming up, and what procedures are covered by the dental plans? What would you pay for a routine cleaning, filling, or crown with and without insurance?

- Is your estimate of dental expenses higher than what you would pay for insurance premium rates? If not, you could pay for dental expenses with a TexFlex health care account. You could also use the TexFlex health care account to cover your out-of-pocket costs if you join a dental plan. See page 12 for more information.

Choose from two dental plans.

See a summary of plan coverage on page 8.

You can sign up during your first 31 days.

Pay for out-of-pocket dental expenses with TexFlex - see page 12.
# Dental Rates

NOTE: All premiums are monthly.

<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Plan Name</th>
<th>You Only</th>
<th>You &amp; Spouse</th>
<th>You &amp; Child(ren)</th>
<th>You &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH</td>
<td>HumanaDental DHMO</td>
<td>$8.52</td>
<td>$17.05</td>
<td>$20.45</td>
<td>$28.98</td>
</tr>
<tr>
<td>DB</td>
<td>State of Texas Dental Choice Plan(^{SM}) (Humana)</td>
<td>$23.58</td>
<td>$47.16</td>
<td>$56.60</td>
<td>$80.18</td>
</tr>
</tbody>
</table>

**Dental Plans Comparison Chart**

<table>
<thead>
<tr>
<th></th>
<th>HumanaDental DHMO</th>
<th>State of Texas Dental Choice Plan(^{SM}) Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dentists</strong></td>
<td>Must use a participating dentist. Note: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.</td>
<td>If you see a participating dentist</td>
</tr>
<tr>
<td></td>
<td>If you see a non-participating dentist</td>
<td>Preventive—Individual-$0; Family-$0</td>
</tr>
<tr>
<td></td>
<td>Primary Dentist – Copays vary according to service and are listed in the “Schedule of Dental Benefits” book. Specialty Dentistry – You pay 75% of his/her usual and customary fee. DHMO pays nothing.</td>
<td>Combined Basic/Major/Prosthodontic — Individual-$50; Family-$150 (three or more family members)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthodontic services—no deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preventive—Individual-$50; Family-$150 (three or more family members)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthodontic services—no deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Combined Basic/Major/Prosthodontic — Individual-$100; Family-$300 (three or more family members)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthodontic services—no deductible</td>
</tr>
<tr>
<td><strong>Deductibles</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Copays/Coinsurance</strong></td>
<td>You pay nothing for Diagnostic and Preventive services.</td>
<td>You pay nothing for Diagnostic and Preventive services.</td>
</tr>
<tr>
<td></td>
<td>You pay 10% of the allowed amount for Basic services up to Maximum Calendar Year Benefit after the Basic Services Deductible is paid.</td>
<td>You pay 10% of the allowed amount for Preventive services up to Maximum Calendar Year Benefit after the Diagnostic and Preventive Deductible is paid.</td>
</tr>
<tr>
<td></td>
<td>You pay 50% of the allowed amount for Major services up to Maximum Calendar Year Benefit after the Major Services Deductible is paid.</td>
<td>You pay 30% of the allowed amount for Basic services up to Maximum Calendar Year Benefit after the Basic Services Deductible is paid.</td>
</tr>
<tr>
<td></td>
<td>You will not be charged for amounts over the allowed amount.</td>
<td>You pay 60% of the allowed amount for Major services up to Maximum Calendar Year Benefit after the Major Services Deductible is paid.</td>
</tr>
<tr>
<td></td>
<td>After you reach the Maximum Calendar Year Benefit, you pay 100% until the next calendar year begins on January 1.</td>
<td>You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit, you pay 100% until the next calendar year begins on January 1.</td>
</tr>
<tr>
<td><strong>Maximum Calendar Year Benefit</strong></td>
<td>Unlimited</td>
<td>$1,500 (excludes orthodontic services)</td>
</tr>
<tr>
<td><strong>Maximum Lifetime Benefit</strong></td>
<td>Unlimited</td>
<td>$1,500 for orthodontic services</td>
</tr>
<tr>
<td><strong>Average cost of cleaning/oral exams</strong></td>
<td>Vary according to service and are listed in the “Schedule of Dental Benefits” booklet. Up to two cleaning/oral exams per calendar year allowed.</td>
<td>No cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10% of the allowed amount after deductible is paid. Up to two cleaning/oral exams per calendar year allowed.</td>
</tr>
<tr>
<td><strong>Orthodontic Coverage</strong></td>
<td>Orthodontic services performed by a general dentist listed in the directory with an “O” treatment code—child - $1,800, adult - $2,100. Orthodontic services performed by specialist — You pay 75% of his/her usual fee. DHMO pays nothing.</td>
<td>Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.</td>
</tr>
</tbody>
</table>

The Dental Plans Comparison Chart is only a summary of the benefits offered by the two dental plans. See plan booklet for actual coverage and limitations.

Note: Prior to starting treatment, discuss with your dentist the treatment plan and all charges.

In the State of Texas Dental Choice Plan\(^{SM}\) (PPO), deductibles and annual maximums are per calendar year. Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.
ADDITIONAL INSURANCE CAN PROTECT YOUR FAMILY

During your first 31 days on the job, you can enroll in Optional Term Life Insurance Elections 1 or 2, Dependent Term Life Insurance, and Voluntary Accidental Death & Dismemberment (AD&D) Insurance. Minnesota Life Insurance Company administers these benefits for the Texas Employees Group Benefits Program (GBP). You can also enroll in Short-term Disability Insurance or Long-term Disability Insurance; Dearborn National® Life Insurance Company administers these benefits. See premium rates on page 11.

BASIC TERM LIFE INSURANCE PART OF HEALTH COVERAGE

Your state health coverage includes $5,000 Basic Group Term Life Insurance with $5,000 of AD&D coverage provided for you at no cost.

• Sign up during your first 31 days with no questions asked.
• If you wait, you may not be able to sign up later.
• You can protect your family and your income with these valuable benefits.

YOU CAN GET MORE LIFE INSURANCE

You can buy more life insurance to protect your family in the event of your death.

During your first 31 days of employment, you can get Optional Term Life Election 1 or 2 (one or two times your annual salary). You can apply for Optional Term Life Election 3 or 4 (three or four times your annual salary) through Life evidence of insurability (Life EOI), or proof of good health. Your application must be approved. Each election provides an equal amount of AD&D coverage in case of an accidental death or dismemberment.

Your monthly premiums and the amount your beneficiary will receive depend on your age, salary, and the type of policy you purchase. See premium rates on page 11.

You can also apply when you have a qualifying life event (QLE) such as marriage or birth, or during the Annual Enrollment period, but Life EOI is required, so your coverage is not guaranteed. You can add a newborn within 31 days of birth without Life EOI.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Voluntary AD&D coverage can provide additional financial protection for you and your family in the event of certain accidental injuries or accidental death.

If you are under age 70, you can choose the amount you want, in increments of $5,000, starting at $10,000 up to $200,000. You can sign up for coverage for yourself only, or for you and your eligible family members.

The benefit pays your beneficiaries the full amount of your coverage upon your death. If your family member dies, you will receive a percentage of the coverage amount.

Sign up for this coverage within your first 31 days, if you have a QLE such as marriage or birth, or during the Annual Enrollment period. Life EOI is never required for this benefit.

For more information, go to www.ers.state.tx.us/Employees.
Disability insurance helps pay your bills.

Disability Insurance
If something happens to you and you are unable to work, how will you pay your bills after you use all of your sick leave? If you have disability insurance, your benefit will pay you part of your salary.

- The benefit pays part of your salary if you become disabled and can’t work.
- Sign up in your first 31 days for guaranteed coverage.

During your first 31 days of employment, you can enroll in Short-term Disability Insurance and Long-term Disability Insurance without Disability evidence of insurability (Disability EOI). You can enroll in one or both types of coverage.

If you had a medical condition in the three months prior to when your coverage starts, that condition is not covered for the first six months after enrollment.

You can sign up for this coverage within your first 31 days without Disability EOI or apply during the Annual Enrollment period with Disability EOI. If you have a qualifying life event (QLE) such as marriage or birth, you can apply but Disability EOI will be required.

For more information on Disability Insurance, go to www.ers.state.tx.us/Employees.

Short-term Disability

**Benefit Amount**
Your benefit will be up to 66% of your insured monthly salary (maximum $10,000) or $6,600, whichever is less. For example, if your monthly salary is $3,200, your benefit would provide you with up to $2,112 per month while you’re unable to work.

Your benefit will be less if you are also receiving worker’s compensation, disability retirement, or other disability benefits. It will always be at least 10% of your insured salary.

**Benefit Period**
Benefits are paid to you for up to five months from the event date after you have been certified as totally disabled by an approved practitioner, used all of your sick leave, extended sick leave, sick leave pool, or completed the waiting period of 30 consecutive days, whichever is greater. Your benefit must be approved by Dearborn National®, which administers disability insurance for ERS. Benefits end when you return to work.

Long-term Disability

**Benefit Amount**
Your benefit will be up to 60% of your insured monthly salary (maximum $10,000) or $6,000, whichever is less. For example, if your monthly salary is $3,200, your benefit would provide you with up to $1,920 per month while you’re unable to work.

Your benefit will be less if you receive any Social Security disability, Worker’s Compensation, disability retirement, or other group disability benefits. It will always be at least 10% of your insured salary.

The benefit is paid after you have been certified as totally disabled by an approved practitioner and used all of your sick leave, extended sick leave, sick leave pool, or completed the waiting period of 180 consecutive days, whichever is greater. Your benefit must be approved by Dearborn National®, which administers disability insurance for ERS.

**Benefit Period**
Benefits are paid to you up to the maximum benefit period, which depends on your age when you become totally disabled:

- **Under 60** Payable to age 65*
- **60-64** Payable for 60 months
- **65-69** Payable to age 70*, or 12 months, whichever is greater
- **70 and over** Payable for 12 months

Benefits end when you return to work.

*Benefits end the first day of the plan month after you reach this age.
**OPTIONAL COVERAGE RATES—EMPLOYEES**

All premiums are monthly.

You can also use the rate calculator at [www.ers.state.tx.us/Rates](http://www.ers.state.tx.us/Rates).

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### Optional Term Life* Premiums

<table>
<thead>
<tr>
<th>Rate per $1,000 of Annual Salary</th>
<th>Age</th>
<th>Election 1 Annual Salary x 1</th>
<th>Election 2 Annual Salary x 2</th>
<th>Election 3 Annual Salary x 3</th>
<th>Election 4 Annual Salary x 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>0.05</td>
<td>0.10</td>
<td>0.15</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>25-29</td>
<td>0.05</td>
<td>0.10</td>
<td>0.15</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td>0.06</td>
<td>0.12</td>
<td>0.18</td>
<td>0.24</td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>0.06</td>
<td>0.12</td>
<td>0.18</td>
<td>0.24</td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>0.08</td>
<td>0.16</td>
<td>0.24</td>
<td>0.32</td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td>0.12</td>
<td>0.24</td>
<td>0.36</td>
<td>0.48</td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td>0.19</td>
<td>0.38</td>
<td>0.57</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td>55-59</td>
<td>0.33</td>
<td>0.66</td>
<td>0.99</td>
<td>1.32</td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>0.57</td>
<td>1.14</td>
<td>1.71</td>
<td>2.28</td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>0.93</td>
<td>1.86</td>
<td>2.79</td>
<td>3.72</td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>1.48</td>
<td>2.96</td>
<td>4.44</td>
<td>5.92</td>
<td></td>
</tr>
<tr>
<td>75-79</td>
<td>2.41</td>
<td>4.82</td>
<td>7.23</td>
<td>9.64</td>
<td></td>
</tr>
<tr>
<td>80-84</td>
<td>3.92</td>
<td>7.84</td>
<td>11.76</td>
<td>15.68</td>
<td></td>
</tr>
<tr>
<td>85-89</td>
<td>6.79</td>
<td>13.58</td>
<td>20.37</td>
<td>27.16</td>
<td></td>
</tr>
<tr>
<td>90+</td>
<td>10.57</td>
<td>21.14</td>
<td>31.71</td>
<td>42.28</td>
<td></td>
</tr>
</tbody>
</table>

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

---

### Dependent Term Life

- **Active $1.38/month**
  - (includes $5,000 term life with AD&D coverage per dependent)

### Short- and Long-term Disability Insurance Premiums

- **Short-term Disability Insurance** $0.26/$100 of monthly salary
- **Long-term Disability Insurance** $0.63/$100 of monthly salary

---

### Voluntary Accidental Death and Dismemberment (Voluntary AD&D) Premiums

You may apply for Voluntary AD&D coverage according to the following table:

<table>
<thead>
<tr>
<th>Your Age</th>
<th>Minimum Coverage</th>
<th>Maximum Coverage</th>
<th>Minimum Increments</th>
<th>You Only</th>
<th>You Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 70*</td>
<td>$10,000</td>
<td>$200,000</td>
<td>$5,000</td>
<td>$0.02</td>
<td>$0.04</td>
</tr>
<tr>
<td>70 - 74*</td>
<td>6,500</td>
<td>130,000</td>
<td>3,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 - 79*</td>
<td>4,000</td>
<td>80,000</td>
<td>2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80 - 84*</td>
<td>2,500</td>
<td>50,000</td>
<td>1,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85 - 89*</td>
<td>1,500</td>
<td>30,000</td>
<td>750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90+*</td>
<td>1,000</td>
<td>20,000</td>
<td>500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Employee’s attained age as of September 1 of each year

---

Premiums for Optional Term Life (up to a certain amount) and Voluntary AD&D insurance are taken out of your paycheck pre-tax, which lowers your taxable income.
**TEXFLEX: THE BEST WAY TO HELP YOU BUDGET HEALTH AND DAY CARE EXPENSES**

TexFlex health care and day care accounts let you pay for planned out-of-pocket health and day care costs tax-free. The program is authorized and regulated by the Internal Revenue Service (IRS). The IRS requires documentation to show that expenses qualify.

You can sign up for a TexFlex health care account, day care account, or both during your first 31 days on the job. Use your account funds to pay for doctor copays, dental visits, prescription drugs, and glasses and contact lenses. Other eligible expenses include certain over-the-counter (OTC) items such as reading glasses, first-aid supplies, and contact lens solution.

You can open a TexFlex health care account even if you aren’t enrolled in state health insurance. You can also use your TexFlex health care account funds to pay eligible medical expenses of your spouse and children, even if they aren’t enrolled in your health plan. Children are eligible up to age 26, regardless of marital status.

The day care account is for day care for a child under age 13 or for adult day care expenses for qualifying individuals.

You decide up front how much to contribute to an account for health care or day care costs for the year. You contribute from your paycheck each month before income and FICA tax. You can pay for an eligible health care or day care expense with a TexFlex debit card or submit an online or paper claim for reimbursement.

The minimum amount you can contribute to each type of TexFlex account is $15 monthly and the maximum is $416 monthly. If you are married but filing separately, and both you and your spouse have a TexFlex day care account, the maximum household limit is $416 monthly.

During the plan year, you can only enroll in TexFlex or increase your contribution if you have a qualifying life event (QLE) and the change is consistent with the event. On September 1 of each year, you will be automatically re-enrolled in your TexFlex account at the same annual contribution amount unless you make a change during the Annual Enrollment period.

You can only drop TexFlex during the plan year or decrease your contribution if you:

- Go on a leave of absence that is protected by the Family and Medical Leave Act (FMLA); or
- Have a QLE that is the loss of a family member.

PayFlex is the TexFlex vendor that manages your account. For more information, visit [www.ers.state.tx.us/Employees/Programs/TexFlex](http://www.ers.state.tx.us/Employees/Programs/TexFlex) or call PayFlex toll-free at (866) FLEX-TEX (353-9839) between 7 a.m. and 7 p.m. CT, Monday through Friday, or Saturday, 9 a.m. to 2 p.m. CT.

**LOW FEE CHARGED**

You’re charged a $12 lump sum annual administration fee for each account, unless you enroll mid-year due to new employment or a QLE. In that case, the fee is $1 per month for the months enrolled.

**USE YOUR ENTIRE ANNUAL HEALTH CONTRIBUTION UPFRONT**

Need a dental procedure or elective surgery? Put money in TexFlex. When you enroll in a TexFlex health care account, the entire amount you contribute for the plan year is available upfront. While you’re in your health coverage waiting period, your TexFlex account can help if you have out-of-pocket medical expenses.

- To increase your take-home pay, sign up for one or both TexFlex accounts for health care and day care.
- Use your TexFlex health care account money like an interest and tax free loan for health-related expenses.
To see which expenses are considered eligible, visit [www.ers.state.tx.us/Employees/Programs/TexFlex](http://www.ers.state.tx.us/Employees/Programs/TexFlex).

**Day Care Account Helps Cut Expenses**

If you pay for day care for a child under age 13 or for a qualifying adult individual, you may save hundreds of dollars on your taxes.

If you set up a day care account, you can spend up to the amount available in your day care account.

You or your spouse cannot pay an older dependent to watch a younger dependent(s—check specific eligibility rules on the TexFlex website for more information.

In most cases, depending on your income, you will save more in taxes with a day care account than by claiming the federal Child Care Tax Credit. You can call PayFlex and ask for an estimate of your tax savings, or use the Savings Calculator—go to [www.ers.state.tx.us/Insurance/TexFlex_FSA/Contribution_Amounts](http://www.ers.state.tx.us/Insurance/TexFlex_FSA/Contribution_Amounts).

**You Have Until November 15, 2013 To Spend Account Money**

TexFlex is a use-it-or-lose-it program. The money you contribute to your TexFlex account doesn’t roll over to the next plan year, so you need to use it all. You have until November 15, 2013, to spend your TexFlex money—and you have until December 31, 2013, to file claims for reimbursement.

**An Easy Way To Pay**

The optional TexFlex debit card lets you pay for expenses directly from your TexFlex account. When you have an eligible TexFlex expense, you can use the card instead of paying with your own cash or credit card and then getting reimbursed later. The debit card can be used for eligible expenses at merchants, doctor’s offices, or day care providers that accept the card (check with your day care provider). Keep all debit card receipts in case you are asked for them.

If you elect a debit card, you’ll be charged one $15 annual administrative fee. This fee also covers additional cards, which is especially helpful for parents with children in college.

**File Claims Online or By Paper**

If you don’t use the debit card, you can submit your claims online through Express Claims or file paper claims with your receipts via mail or fax. You can also upload claim information directly from your insurance carrier’s website. You can have your reimbursement direct deposited into your checking or savings account, or have a check mailed to your home. To set up direct deposit for your TexFlex account, call PayFlex toll-free at (866) 353-9839. Make sure to save all receipts from your health care and day care expenses so you can provide documentation with your reimbursement claim if needed.

**Example:**

Bill pays his dentist $130 for x-rays and teeth cleaning. Later, he logs in to his account on the TexFlex website, fills out and prints the online claim form, and then faxes it with the receipt from his dentist’s office. Bill has set up direct deposit with PayFlex, so he receives the reimbursement for the claim in his checking account a few business days later.

**Enroll In Just A Few Steps**

1. Decide how much you want to contribute to a TexFlex account (use the worksheets on pages 15 and 16). During your first 31 days of employment, log in to your account on the ERS website. Click Benefits Enrollment or Post-Hire Change under My Insurance Information.

2. Click Edit next to **TexFlex Health Care Account** or **TexFlex Day Care Account**.

3. Tell us how often you are paid. If you are paid nine, 10, or 11 months in a year, your annual salary will be prorated.

---

**TexFlex**

*Delivering on the Promise*

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**Examples**

<table>
<thead>
<tr>
<th></th>
<th>Joan Enrolled in TexFlex</th>
<th>John Not enrolled in TexFlex</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Salary</strong></td>
<td>$38,461</td>
<td>$38,461</td>
</tr>
<tr>
<td><strong>TexFlex Enrollment</strong></td>
<td>-$5,400 ($4,800 day care account) and $600 health care account)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Taxable Salary</strong></td>
<td>$33,061</td>
<td>$38,461</td>
</tr>
<tr>
<td><strong>Income Tax and FICA</strong></td>
<td>-$3,604</td>
<td>-$4,717</td>
</tr>
<tr>
<td><strong>Health and Day Care Expenses</strong></td>
<td>Paid with tax-free account funds</td>
<td>-$5,400 Paid out of salary</td>
</tr>
<tr>
<td><strong>Take-home Income</strong></td>
<td>$29,457</td>
<td>$28,344</td>
</tr>
</tbody>
</table>

Joan paid $1,113 less in income tax than John

*Examples are for general information and guidance only. Assumes tax filing status of married with 2 allowances.*
choose the 9-month option. If you are paid 12 months in a year, choose the 12-month option. You can only choose the option that applies to you.

4. Enter how much you want to set aside in each account for the plan year. Include the administrative fee, which is $12 for each account, or, if you are enrolling outside of the Annual Enrollment period, add $1 times the number of months left in the plan year. If you want a TexFlex debit card, add the administrative fee. Add $15 for the card, or, if you are enrolling outside of the Annual Enrollment period add $1.25 for each month left in the plan year.

5. Indicate whether or not you want the debit card.

6. Click “store” and then “submit” to save your changes. Once enrolled, you can check your account balance online anytime on the TexFlex website.

For more information on TexFlex, go to the ERS website or call PayFlex toll-free at (866) 353-9839.
**WORKSHEET**

**TEXFLEX—HEALTH CARE**

Use this worksheet to estimate your expenses for the plan year that ends August 31, 2013.

Listed below are some common health care account expenses.

For a complete list, go to [www.ers.state.tx.us/Employees/Programs/TexFlex](http://www.ers.state.tx.us/Employees/Programs/TexFlex).

**HOW MUCH SHOULD I CONTRIBUTE TO TexFlex?**

<table>
<thead>
<tr>
<th>Health Care Account</th>
<th>Employee</th>
<th>Dependents</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription deductible and copays</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Over-the-counter medicines and drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As of January 1, 2011, federal law requires a doctor’s prescription for reimbursement of certain OTC items.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor visit copays and coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned medical procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other eligible medical expenses (like durable medical equipment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total medical expenses</strong></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>DENTAL EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental deductible and copays</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Crowns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root canal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other eligible dental expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total dental expenses</strong></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>VISION/HEARING EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Frames, lenses, prescription sunglasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact lenses and cleaning solutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing exams, hearing aids, and batteries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other eligible vision, hearing expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total vision/hearing expenses</strong></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Administrative fee*</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Debit card fee (if you elect the card)**</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Total annual health care estimate</strong></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Divide by the number of months paid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated monthly contribution</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

12-month employee minimum: $15 per month; maximum: $416 per month; nine-month employee minimum: $20 per month; maximum: $555 per month. **Choose nine months if you are paid nine, 10, or 11 months out of the year.**

- Funds are available on the first day of enrollment.
- You cannot drop your health care account or decrease your contributions unless you are on a leave of absence protected by the Family Medical Leave Act or have a qualifying life event (QLE) that involves a death.
- You may increase your contributions with a QLE if the change is consistent with the event.

---

*Fee is $12 if your first day of enrollment is in September. Fee is $1 per month if your first day of enrollment is after September.
**Fee is $15 if your first day of enrollment is in September. Fee is $1.25 per month if your first day of enrollment is after September.
**WORKSHEET**

**TEXFLEX—DAY CARE**

Use this worksheet to estimate your expenses for the plan year that ends August 31, 2013.

Listed below are some common day care account expenses.

For a complete list, go to [www.ers.state.tx.us/Employees/Programs/TexFlex](http://www.ers.state.tx.us/Employees/Programs/TexFlex).

---

### Day Care Account

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monthly Cost</th>
<th>Number of months</th>
<th>Number of children/ adults</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day care expenses for children under 13, including before and after school care and summer camp</td>
<td>$</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Adult day care for qualifying individuals</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Administrative fee*</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Debit card fee (if you elect the card)**</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Total annual day care estimate</strong></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Divide by the number of months paid</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Estimated monthly contribution</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

12-month employee minimum: $15 per month; maximum: $416 per month; nine-month employee minimum: $20 per month; maximum: $555 per month. **Choose nine months if you are paid nine, ten, or eleven months out of the year.** Note: If you have both a health care and day care account, only include the debit card fee for the health care account.

* You may only use the available balance in your day care account each month.
* You may change your contributions with a QLE if the change is consistent with the event.

---

**TexFlex Facts**

- On average, people save 23% in taxes (assuming federal, state, and Social Security taxes), by paying out-of-pocket health care and day care expenses on a pre-tax basis through a flex plan. Actual savings depend on several variables, including state and local tax rates and tax bracket:
  - 15% tax bracket can save up to 22.65%
  - 27% tax bracket can save up to 34.65%
- You may participate in TexFlex even if you do not enroll in your employer's medical or dental plans.
- Financial planners and tax advisors advocate participation in flexible spending accounts.
Use this worksheet to determine the amount to be deducted from your paycheck for group insurance coverage. You may also determine the amount you pay with pre-tax dollars. You do not pay Disability Insurance and Dependent Term Life premiums with pre-tax dollars. You may elect other pre-tax deductions by enrolling in TexFlex or Texa$aver. If you are a state agency employee, in addition to these deductions, 6.5% of your salary is deducted pre-tax and held in a retirement fund; it will be matched by the State when you retire. State agency employees hired after January 1, 2008, have 1% or their monthly salary deducted pre-tax and enrolled in the 401(k) Plan Wells Fargo Advantage Dow Jones Target Date FundSM. You can also use the rate calculator at www.ers.state.tx.us/Rates.

### You pay with pre-tax dollars:

1. Health: Enter health premium costs for you and your dependents (page 24)
   - Include the Tobacco User Premium, if applicable.
   - $ ________________
     - Health

2. Dental: Enter dental premium cost for you and your dependents (page 8).
   - $ ________________
     - Dental

3. Optional Term Life Insurance: Select Election 1, 2, 3, or 4. Round annual salary up to the next $1,000. Enter the applicable premium rate (page 11).
   - Election: ________________ X ________________ = ________________
     - Number of $1,000 in annual salary
     - Rate per $1,000
     - Optional Term Life

4. Voluntary Accidental Death & Dismemberment: (page 11)
   - ________________ X ________________ = ________________
     - Number of $1,000 desired
     - Rate per $1,000
     - Voluntary AD&D

5. Total you pay with pre-tax dollars (add lines 1-4):
   - $ ________________
     - You pay with pre-tax dollars

### You pay with after-tax dollars:

6. Short-term Disability Insurance: (page 11) Determine monthly salary (not to exceed $10,000), divide by $100 and enter below. Do not round. You don’t pay Short-term Disability Insurance premiums with pre-tax dollars.
   - ________________ X ________________ = ________________
     - Number of $100s in monthly salary
     - Short-term Disability Rate  .26
     - Short-term Disability
     - Round up to nearest cent

7. Long-term Disability Insurance: (page 11) Determine monthly salary (not to exceed $10,000), divide by $100 and enter below. Do not round. You don’t pay Long-term Disability Insurance premiums with pre-tax dollars.
   - ________________ X ________________ = ________________
     - Number of $100s in monthly salary
     - Long-term Disability Rate .63
     - Long-term Disability
     - Round up to nearest cent

8. Dependent Term Life Insurance with AD&D (page 11): Enter $1.38 for Dependent Term Life Insurance. You don’t pay Dependent Term Life Insurance premiums with pre-tax dollars.
   - $ ________________
     - Dependent Term Life

9. Total you pay with after-tax dollars (add lines 6-8):
   - $ ________________
     - You pay with after-tax dollars

10. Add lines 5 and 9 to get the insurance coverage total to be deducted from your paycheck.*
    - $ ________________
      - Total Premium

*If you are subject to the health coverage waiting period, health premiums are deducted from the paycheck you receive for the month following your 90th day of employment. For example, if you are hired on January 7, you will pay health premiums for the first time in May. Premiums for May are deducted from the paycheck you receive in June.
ENROLL IN HEALTH BENEFITS

Health insurance coverage starts automatically for full-time employees.

SIGN UP FAMILY MEMBERS DURING YOUR FIRST 90 DAYS

Under current state law, the State of Texas automatically provides you with comprehensive health coverage that includes prescription drug benefits, $5,000 Basic Group Term Life Insurance, and $5,000 of Accidental Death and Dismemberment (AD&D) coverage. If you are a full-time employee eligible for benefits, your health coverage begins on the first of the month after your 90th day on the job. For example, if you start work on February 13, your health coverage will begin on June 1. The State pays all of the monthly premium contribution cost for full-time employees and half of the dependent contribution.

Full-time employees are automatically enrolled in HealthSelectSM of Texas. You may switch to a health maintenance organization (HMO) if one is available in the county where you live or work.

You must take action to turn down health coverage for yourself if you are a full-time employee. Your dependents are not automatically enrolled. You can sign up your eligible dependents during your first 90 days on the job. If you are a part-time employee, you will not be enrolled automatically. If you decide to enroll, the State pays 50% of your premiums and 25% of your dependents’ premiums.

If you turn down health coverage, you will not have health benefits, prescription drug coverage, or Basic Group Term Life Insurance with AD&D coverage.

Full-time employees are automatically enrolled in health insurance with no premium cost.

HEALTHSELECTSM OF TEXAS

HealthSelect is administered by United-Healthcare. HealthSelect lets you choose your providers and save money by using network benefits throughout Texas.

To use network benefits, choose a HealthSelect primary care physician (PCP) and have the PCP refer you to specialists and providers in the HealthSelect network. When you stay in the network, you reduce your costs—and the costs to your health plan.

The Plan Year 2013 HealthSelect Benefits Book and Texas provider directories are available on the HealthSelect website, www.healthselectoftexas.com. You can also get help locating HealthSelect physicians, specialists, or other providers by calling HealthSelect toll-free at (866) 336-9371.

• If you are a full-time employee, the State pays 100% of your health insurance contribution and 50% of the contribution for eligible dependents.

• You can enroll your family during your first 90 days on the job.

• Your coverage starts the first day of the month after your 90th day on the job.

Notice: The New Employee Benefits Guide for Plan Year 2013 highlights benefits effective at the time of publication. Health and other insurance benefits for employees and retirees are subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits and has no continuing obligation to provide those benefits beyond each fiscal year.
You can enroll yourself and your eligible dependents in an HMO if you live or work in a county served by an HMO. (See box at left.)

You must use providers (such as doctors and hospitals) in the HMO network for your services to be covered. Services provided outside the network are covered only in emergencies.

**NEED HELP DECIDING BETWEEN HEALTHSELECT AND AN HMO? SEE THE HEALTH BENEFITS COMPARISON CHART ON PAGES 22 AND 23.**

**CHOOSE YOUR PCP**

If you enroll in Community First Health Plans or if you want HealthSelect network coverage, you must choose a PCP for yourself and your covered dependents. Each member of your family can have a different PCP. Select PCPs for yourself and your family early to get your new ID cards sooner. You can change your PCP anytime during the year.

Scott & White Health Plan does not require that you select a PCP. However, you must use providers within the Scott & White network. You can find providers at ers.swhp.org.

**NEED TREATMENT BEFORE YOU RECEIVE YOUR ID CARD?**

If your health coverage begins and you have not received your ID card, you should be able to obtain health care and prescription drugs for yourself or your dependents by giving your provider or pharmacy the group number of your new plan, along with your Social Security number. Remember, your health coverage starts the first of the month after your 90th day of employment.

**Group numbers are:**

- **HealthSelect**
  - **Medical**
  - **UnitedHealthcare**
  - **Prescription Drugs**
  - Caremark-RX1292

- **Community First Health Plans**–0010180000

- **Scott & White Health Plan**–000058

**ARE YOU AN ADJUNCT FACULTY MEMBER? CONTACT YOUR BENEFITS COORDINATOR TO DETERMINE YOUR ELIGIBILITY FOR THE STATE CONTRIBUTION TO HEALTH PREMIUMS.**
**PRESCRIPTION DRUG PROGRAM**

From September 1 to August 31, you and each of your covered dependents have separate $50 deductibles before the plan begins to cover drug costs. For example, if you have three dependents, you would have a total family deductible of $200 per plan year for prescription medications if all of you fill at least $50 worth of prescriptions.

HealthSelect and HMOs include three tiers of prescription drugs, shown at right. After you pay a $50 deductible, you pay the copay based on the tier of the medication.

If you enroll in an HMO, call your HMO to ask what tier your medication is in or go to your HMO’s website:

- Community First - [www.cfhp.com/Members/ERS2013](http://www.cfhp.com/Members/ERS2013)
- Scott & White - [ers.swhp.org](http://ers.swhp.org)

If you enroll in HealthSelect, you can get drug information by going to the Caremark website, [www.caremark.com/ers](http://www.caremark.com/ers), or call Caremark’s Customer Service 24/7 toll-free at (888) 886-8490. If you enroll in HealthSelect, you will get two ID cards in separate mailings—a medical card from UnitedHealthcare and a prescription drug card from Caremark.

Generic drugs (usually Tier 1) save you money, so ask your doctor to prescribe a generic drug when possible or to prescribe the least expensive medication available. Your doctor will make the final decision about your medications.

When a generic drug is available and you get a brand-name drug, you will pay the generic copay plus the difference between the brand-name and generic drug costs.

Generic drugs are pharmaceutically and therapeutically the same as their brand-name counterparts.

---

**PRESCRIPTION DRUG COPAYS**

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>Each participant must pay a $50 annual deductible before copays apply. (Each plan year, September 1 to August 31)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participating retail non-maintenance</strong></td>
<td>$15 up to a 30-day supply</td>
<td>$35 up to a 30-day supply if generic is not available*</td>
<td>$60 up to a 30-day supply if generic is not available*</td>
</tr>
<tr>
<td><strong>Participating retail maintenance</strong></td>
<td>$20 up to a 30-day supply</td>
<td>$45 up to a 30-day supply if generic is not available*</td>
<td>$75 up to a 30-day supply if generic is not available*</td>
</tr>
<tr>
<td><strong>All carrier mail order programs</strong></td>
<td>$30 for 31-60 day supply</td>
<td>$70 for 31-60 day supply if generic is not available*</td>
<td>$120 for 31-60 day supply if generic is not available*</td>
</tr>
<tr>
<td></td>
<td>$45 for 61-90 day supply</td>
<td>$105 for 61-90 day supply if generic is not available*</td>
<td>$180 for 61-90 day supply if generic is not available*</td>
</tr>
<tr>
<td><strong>HealthSelect Extended Days Supply (EDS) Pharmacy Network</strong></td>
<td>$30 for 31-60 day supply</td>
<td>$70 for 31-60 day supply if generic is not available*</td>
<td>$120 for 31-60 day supply if generic is not available*</td>
</tr>
<tr>
<td></td>
<td>$45 for 61-90 day supply</td>
<td>$105 for 61-90 day supply if generic is not available*</td>
<td>$180 for 61-90 day supply if generic is not available*</td>
</tr>
</tbody>
</table>

*If generic is available and you choose to buy the brand-name drug, you will pay the generic copay plus the cost difference between the brand-name and the generic drug. Note: For HealthSelect only, if you go to a pharmacy that is not in the network, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. The deductible will be subtracted if not yet paid.

---

**Deductible example:**

Susan buys a Tier 1 maintenance prescription for the retail cost of $40, which is part of her $50 plan year deductible. When Susan refills her prescription, she will pay $10 to complete the deductible and $20 as her copay, with the plan paying the remaining $10.

---

**FOR HEALTHSELECT MEMBERS**

A number of participating retail pharmacies are part of the HealthSelect Extended Days Supply (EDS) Network. Pharmacies in the EDS network will fill a 31- to 90-day supply of maintenance medicines and charge no retail maintenance fee. If you do not use an EDS network pharmacy, you will only be able to fill up to a 30-day supply of medication at a retail location. Find participating providers on the Caremark website, [www.caremark.com/ers](http://www.caremark.com/ers).
DO YOU USE TOBACCO?

If you are tobacco-free, congratulations! You are protecting your health and saving money. As a reward, you’ll pay the non-tobacco user premium. See premiums on page 24.

However, if you or anyone you cover in Texas Employees Group Benefits Program (GBP) health insurance does use tobacco, you’ll pay a higher tobacco-user premium. The additional premium depends on how many tobacco users you are covering. The addition ranges from $30 a month if you are the only covered tobacco user or you cover only one tobacco user to $90 if you have family coverage and at least three or more covered individuals use tobacco products.

Ready to quit? Take advantage of the tobacco cessation programs offered by the GBP. If you’re tobacco-free for at least three consecutive months, you won’t have to pay the higher premiums. Go to www.ers.state.tx.us/Employees/Programs/Wellness for more information.

YOU CAN DECLINE HEALTH INSURANCE

Consider carefully: If you waive health insurance coverage, you also lose prescription benefits and the Basic Term Life policy.

OPTION 1: DECLINE HEALTH INSURANCE, ELECT OPT-OUT CREDIT

Sign up for the Health Insurance Opt-Out Credit if you don’t need the State’s health insurance and prescription drug coverage now or in the future.

To qualify for the Opt-Out Credit, you must be:

1. eligible for the state contribution toward health insurance (100% for full-time employees, 50% for part-time employees) AND

2. able to certify that you have health insurance coverage that is equal to or better than the GBP coverage. For example, you can enroll in your spouse's health plan or another health plan.

This credit is not available to you if your other insurance is Medicare or if you have GBP coverage as a dependent, or if you receive a state contribution for other insurance coverage.

If you meet the conditions above and decline the State’s health insurance, you will receive a monthly credit toward dental and/or Voluntary AD&D premiums* under the GBP. The credit is up to $60 for full-time employees and up to $30 for part-time employees.

Before you decline state-paid health insurance coverage, consider your decision carefully. You will lose the prescription benefits and the Basic Term Life policy included with your health insurance. Important: You may enroll in GBP health coverage if you lose the other coverage and enroll within 31 days of losing the other coverage.

* Individuals who are not eligible for the state contribution toward their health insurance premium, such as adjunct faculty members, are not eligible for the Opt-Out Credit.

OPTION 2: WAIVE HEALTH INSURANCE

If you don’t want the Opt-Out Credit or health insurance, you can waive coverage and still enroll in optional benefits such as dental coverage and TexFlex.
### How HealthSelectSM of Texas Compares to HMOs

**Effective September 1, 2012**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>HealthSelect1</th>
<th>Out-of-Scale2</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Network</td>
<td>Non-Network</td>
<td></td>
</tr>
<tr>
<td>Calendar year deductible</td>
<td>None</td>
<td>$500 individual, $1,500 family²</td>
<td>$200 individual, $600 family², None</td>
</tr>
<tr>
<td>Out-of-pocket coinsurance maximum</td>
<td>$2,000 per person⁴ per calendar year</td>
<td>$7,000 per person⁴ per calendar year</td>
<td>$3,000 per person⁴ per calendar year</td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Primary care physician required</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Primary care physicians' office visits</td>
<td>$25</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Physicals*</td>
<td>$25⁷</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Specialty physicians' office visits</td>
<td>$40</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Eye exam, one per calendar year per participant*</td>
<td>$40⁵</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Family planning services</td>
<td>$40</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Well woman exam*</td>
<td>$25/$40⁴⁷</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Speech and hearing testing/therapy</td>
<td>20% without office visit; $40 copay plus 20% with office visit</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Allergy antigens/serum</td>
<td>20%</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Allergy injections</td>
<td>20%³</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Allergy testing</td>
<td>20%</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Diagnostic x-rays, lab tests and mammography</td>
<td>20%³</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Office surgery and diagnostic procedures</td>
<td>20%</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>High-Tech Radiology (CT Scan, MRI, and Nuclear Medicine)¹¹</td>
<td>$100¹³ plus 20%</td>
<td>$100 plus 40%⁵</td>
<td>$100 plus 30%⁵</td>
</tr>
<tr>
<td>Urgent Care Clinic</td>
<td>$50 plus 20%</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>20% without office visit; $40 copay plus 20% with office visit</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>a. Coinsurance</td>
<td>20%</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>b. Maximum benefit per visit</td>
<td>$75</td>
<td>30</td>
<td>$75</td>
</tr>
<tr>
<td>c. Maximum visits each Participant each calendar year</td>
<td>$75</td>
<td>30</td>
<td>$75</td>
</tr>
<tr>
<td>Immunizations:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-6 years old*</td>
<td>No charge</td>
<td>40%³ with office visit</td>
<td>Network provider - no charge; Non-network provider - 30%³</td>
</tr>
<tr>
<td>Age 7 and up*</td>
<td>No charge</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Meningitis childhood, beginning in 7th grade*</td>
<td>No charge</td>
<td>40%³</td>
<td>30%³</td>
</tr>
<tr>
<td>Maternity care:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. charges only; inpatient hospital copays will apply</td>
<td>$25 or $40⁷ for first office visit</td>
<td>40%³</td>
<td>30%³</td>
</tr>
</tbody>
</table>

For behavioral health care benefits, contact your plan’s customer service department. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect and the HMOs. Contact your plan’s customer service department for specific questions.

*Under the Affordable Care Act, certain preventive and women’s health services are paid at 100% (i.e. at no cost to the member) dependent upon physician billing and diagnosis. In some cases, you will still be responsible for payment on some services.
### Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>HealthSelect&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Out-of-Area&lt;sup&gt;2&lt;/sup&gt;</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Network</strong></td>
<td><strong>Non-Network</strong></td>
<td><strong>Network</strong></td>
</tr>
<tr>
<td>Inpatient hospital (semi-private room and days board, and intensive care unit)</td>
<td>$150/day copay plus 20% ($750 copay max-up to 5 days per hospital stay, $2,250 per calendar year max per person&lt;sup&gt;9&lt;/sup&gt;)</td>
<td>$150/day copay plus 40%&lt;sup&gt;6&lt;/sup&gt; ($750 copay max-up to 5 days per hospital stay, $2,250 per calendar year max per person&lt;sup&gt;9&lt;/sup&gt;)</td>
<td>$150/day copay plus 30% ($750 copay max-up to 5 days per hospital stay, $2,250 per calendar year max per person&lt;sup&gt;9&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$150 plus 20% (if admitted will apply to hospital copay)</td>
<td>40%&lt;sup&gt;5&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>$100 plus 20%</td>
<td>$100 plus 40%&lt;sup&gt;5&lt;/sup&gt;</td>
<td>$100 plus 20%</td>
</tr>
<tr>
<td>Bariatric Surgery&lt;sup&gt;12&lt;/sup&gt;</td>
<td>a. Bariatric Surgery Deductible $5,000</td>
<td>Call HealthSelect</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>b. Coinsurance 20%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>c. Lifetime max. $13,000</td>
<td>Call HealthSelect</td>
<td>N/A</td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>20%; 60-day max. per calendar year&lt;sup&gt;9&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;6&lt;/sup&gt;; 60-day/ $4,200 max. per calendar year&lt;sup&gt;9&lt;/sup&gt;</td>
<td>20%; 60-day max. per plan year</td>
</tr>
<tr>
<td>Hospice</td>
<td>20%&lt;sup&gt;9&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;6&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
<tr>
<td>Home health care</td>
<td>20%&lt;sup&gt;9&lt;/sup&gt;</td>
<td>40%; 100 visits/ $3,500 max. per calendar year&lt;sup&gt;9&lt;/sup&gt;</td>
<td>20%</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Plan pays up to $500 per ear every three years</td>
<td>Plan pays up to $500 per ear every three years</td>
<td>Plan pays up to $500 per ear every three years</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20%</td>
<td>40%&lt;sup&gt;5&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>20%&lt;sup&gt;9&lt;/sup&gt;</td>
<td>20%&lt;sup&gt;9&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

1. Benefits are paid on allowable amounts; using providers who contract with UnitedHealthcare will protect you from liability for amounts over the allowable amount.
2. Out-of-Area applies to members living outside of Texas, retirees 65 and over, and disabled retirees with Medicare.
3. Applies to calendar year, January 1-December 31.
4. Does not include copays.
5. After payment of deductible.
6. Charges could vary when performed during an office visit.
7. Copay depends on whether treatment is given by PCP or specialist.
8. Applies to plan year, September 1-August 31; for treatment charges, one visit per plan year.
9. Preauthorization required.
10. $18,000 lifetime maximum.
11. Outpatient testing only. Does not apply to inpatient services.
12. Active employees only; see health plan for additional requirements/limitations.
13. No copay if high-tech radiology is performed during ER visit or inpatient admission.

### Prescription Drugs

| Deductible:                                                                 | Each participant must pay a $50 annual deductible before copays apply (for the plan year, September 1 to August 31). |
| Participating pharmacies:                                                                 | Copays for up to a 30-day supply of non-maintenance medications are $15 for Tier 1 drugs, $35 for Tier 2 drugs, and $60 for Tier 3 drugs. For up to a 30-day supply of maintenance medication, you will be charged a retail maintenance copay of $20 for Tier 1 drugs, $45 for Tier 2 drugs, and $75 for Tier 3 drugs. |
| Non-participating pharmacies:                                                                 | For up to a 30-day supply, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. Deductible will be subtracted if not met. |
| Extended Days Supply (EDS) Network                                                                 | If you order prescription drugs through an EDS network pharmacy, you pay the following copays for up to a 90-day supply: $45 for Tier 1 drugs, $105 for Tier 2 drugs, and $180 for Tier 3 drugs. |
| Mail Order:                                                                 | If you order prescription drugs through the mail service program offered by your health plan, you pay the following copays for up to a 90-day supply: $45 for Tier 1 drugs, $105 for Tier 2 drugs, and $180 for Tier 3 drugs. |
| Important:                                                                 | If you purchase a brand-name drug when a generic alternative is available (regardless of the reason), you will pay your generic copay plus the cost difference between the brand-name and the generic drug. |

Network pharmacies and covered drugs are listed on each health plan’s website.
HEALTH PREMIUM RATES • FULL-TIME EMPLOYEES
In addition to the state contribution to your insurance rates, the State also pays $2.22 per month for Basic Term Life and AD&D coverage, which are included in these rates.
Effective September 1, 2012 (NOTE: All premiums are monthly.)

<table>
<thead>
<tr>
<th>PLAN NAME</th>
<th>PREMIUM</th>
<th>STATE PAYS</th>
<th>YOU PAY</th>
<th>TOBACCO USER PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTHSELECT™ OF TEXAS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$470.38</td>
<td>$470.38</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>You &amp; Spouse</td>
<td>1,008.78</td>
<td>739.58</td>
<td>269.20</td>
<td>329.20</td>
</tr>
<tr>
<td>You &amp; Child(ren)</td>
<td>830.86</td>
<td>650.62</td>
<td>180.24</td>
<td>240.24</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>1,369.26</td>
<td>919.82</td>
<td>449.44</td>
<td>539.44</td>
</tr>
<tr>
<td><strong>COMMUNITY FIRST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$400.22</td>
<td>$400.22</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>You &amp; Spouse</td>
<td>857.94</td>
<td>629.08</td>
<td>228.86</td>
<td>288.86</td>
</tr>
<tr>
<td>You &amp; Child(ren)</td>
<td>706.70</td>
<td>553.46</td>
<td>153.24</td>
<td>213.24</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>1,164.42</td>
<td>782.32</td>
<td>382.10</td>
<td>472.10</td>
</tr>
<tr>
<td><strong>SCOTT &amp; WHITE HEALTH PLAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$463.18</td>
<td>$463.18</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>You &amp; Spouse</td>
<td>993.30</td>
<td>728.24</td>
<td>265.06</td>
<td>325.06</td>
</tr>
<tr>
<td>You &amp; Child(ren)</td>
<td>818.10</td>
<td>640.64</td>
<td>177.46</td>
<td>237.46</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>1,348.22</td>
<td>905.70</td>
<td>442.52</td>
<td>532.52</td>
</tr>
</tbody>
</table>

Tobacco premium is the same whether one or more than one child uses tobacco.

YOU CAN ALSO USE THE RATE CALCULATOR AT www.ers.state.tx.us/Rates

HEALTH PREMIUM RATES • PART-TIME EMPLOYEES, GRADUATE STUDENTS/TEACHING ASSISTANTS, POST-DOCTORAL AND ADJUNCT FACULTY
In addition to the state contribution to your insurance rates, the State also pays $1.11 per month for Basic Term Life and AD&D coverage, which are included in these rates.
Effective September 1, 2012 (NOTE: All premiums are monthly.)

<table>
<thead>
<tr>
<th>PLAN NAME</th>
<th>PREMIUM</th>
<th>STATE PAYS</th>
<th>YOU PAY</th>
<th>TOBACCO USER PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTHSELECT™ OF TEXAS</strong></td>
<td></td>
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</tr>
<tr>
<td>You Only</td>
<td>$470.38</td>
<td>$235.19</td>
<td>$235.19</td>
<td>$265.19</td>
</tr>
<tr>
<td>You &amp; Spouse</td>
<td>1,008.78</td>
<td>369.79</td>
<td>638.99</td>
<td>698.99</td>
</tr>
<tr>
<td>You &amp; Child(ren)</td>
<td>830.86</td>
<td>325.31</td>
<td>505.55</td>
<td>565.55</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>1,369.26</td>
<td>459.91</td>
<td>909.35</td>
<td>999.35</td>
</tr>
<tr>
<td><strong>COMMUNITY FIRST</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$400.22</td>
<td>$200.11</td>
<td>$200.11</td>
<td>$230.11</td>
</tr>
<tr>
<td>You &amp; Spouse</td>
<td>857.94</td>
<td>314.54</td>
<td>543.40</td>
<td>603.40</td>
</tr>
<tr>
<td>You &amp; Child(ren)</td>
<td>706.70</td>
<td>276.73</td>
<td>429.97</td>
<td>489.97</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>1,164.42</td>
<td>391.16</td>
<td>773.26</td>
<td>863.26</td>
</tr>
<tr>
<td><strong>SCOTT &amp; WHITE HEALTH PLAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$463.18</td>
<td>$231.59</td>
<td>$231.59</td>
<td>$261.59</td>
</tr>
<tr>
<td>You &amp; Spouse</td>
<td>993.30</td>
<td>364.12</td>
<td>629.18</td>
<td>689.18</td>
</tr>
<tr>
<td>You &amp; Child(ren)</td>
<td>818.10</td>
<td>320.32</td>
<td>497.78</td>
<td>557.78</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>1,348.22</td>
<td>452.85</td>
<td>895.37</td>
<td>985.37</td>
</tr>
</tbody>
</table>

Tobacco premium is the same whether one or more than one child uses tobacco.
Your ERS Retirement

As a state agency employee, you have the security of a retirement benefit that provides a lifetime of monthly payments when you qualify for retirement, based on your average salary, service credit, and retirement date.

Starting the month after your 90th day of employment:

- 6.5% of your monthly salary is deducted pre-tax and deposited into your personal state retirement account. If you are a law enforcement or custodial officer, you contribute an additional 0.5% to the Law Enforcement and Custodial Officer Supplemental Retirement Fund.
- The State contributes an amount equal to 6.5% of your salary to the ERS retirement fund (not your personal state retirement account).

If you don’t have prior state service on account with ERS prior to 9/1/09

Highest average 48 months of salary
\[ \times \]
Service multiplier
(2.3% per year of service)
\[ = \]
Monthly Standard Annuity

At an average salary of $3,000 per month, you would earn a standard annuity of $1,380 after 20 years of service if you are at least age 60.

If you meet the Rule of 80 and retire before you are age 60, your annuity is reduced by 5% for each year you retire before age 60. This reduction is capped at 25%.

As a vested employee, you may qualify for insurance benefits at retirement. You can apply your unused sick and annual leave to your service credit to earn a higher payment.

*Judges, law enforcement officers, custodial officers, and elected state officials have a different retirement eligibility standard. Disability retirement also has a different standard.
[YOu hAve A DEnIfIEd bEnefit pAIn]

Your retirement program is a defined benefit pension plan. It is qualified under Section 401(a) of the Internal Revenue Code. Your eligibility to retire is determined by two factors: your age and service credit.

Once you qualify and retire, you will get a retirement check, called your annuity, every month for as long as you live. Your retirement is based on a formula authorized by the Texas Legislature.

The formula uses the average of your highest 48 months salary over your state career and your years and months of established service credit. The percentage value of service credit, or multiplier, for regular class state employees is 2.3% for each year. Your retirement benefit is not based on the amount of money in your retirement account. No cost of living adjustment or increase in annuity is guaranteed.

[TO gEt A REmITTmEnT ESItImAtE]

Sign in to your account at www.ers.state.tx.us and select Retirement Estimate. In just one click, you will get an estimate of when you will first be eligible to retire and the amount of your retirement benefit. After your birthday each year, ERS will send you a Statement of Retirement Benefits that shows your earliest retirement date, retirement age, and projected annuity.

Notice: The New Employee Benefits Guide for Plan Year 2013 highlights benefits effective at the time of publication. Health and other insurance benefits for employees and retirees are subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits and has no continuing obligation to provide those benefits beyond each fiscal year.

[HA Ve You WoRkED FoR A StATE AGENCY AnD wITHAwNaRN YoUr MoNNey?]

If you once worked for a state agency and withdrew your ERS retirement account money, you no longer have service credit for the time you worked. However, you can buy it back to help you retire earlier or increase your annuity. The cost is the total withdrawn amount plus 10% interest for each fiscal year from the refund date to the purchase date. To buy back withdrawn ERS service, you must be a member of ERS or an entity that participates in the Proportionate Retirement Program (PRP). At least six months must have passed since the date of your withdrawal.

If you had no prior service credit on account with ERS and you buy back your service credit after September 1, 2009, your retirement will still be based on the retirement rules for employees hired on or after September 1, 2009.

[Add sErvice CrediT To EncreAsE YoUr REmITTmEnT bEnEFIT]

If you are eligible to buy service credit, you should buy it as early as possible, as an interest penalty is added every year. Added service credit increases your retirement check and helps you retire sooner.

You can purchase waiting period time to add to your service credit following your retirement account waiting period, which ends the first of the month after your 90th day on the job. ERS can estimate the cost of this waiting period service after you make your first retirement account contribution.

To request a service purchase, visit our website and click on Request Service Purchase in the left column.

You can also add to your service credit by purchasing other service credit you may be eligible for: withdrawn ERS service and up to 60 months of active duty military service. You can also purchase up to three years of Additional Service Credit (ASC) if you are an active employee and have at least 10 years of actual ERS service credit (not counting military service).

Service credit can be purchased with lump sum payments or through a rollover from your Texa$aver Plan or other fund sources such as IRAs. You must purchase the service credit before you apply for retirement.

[Are YoU A LAw EnFORCEmEnT Or CustODIAl OFFICEr?]

If you have 20 or more years of creditable service in the Law Enforcement and Custodial Officer Supplemental Retirement Fund (LECOSRF), you can get more retirement pay. Your Supplemental Retirement Program provides a higher retirement multiplier (2.8% for each year of service credit) and different eligibility criteria. For more information, go to www.ers.state.tx.us/Employees/Your_ERS_Retirement. You are included in this Supplemental Retirement Program if you are one of the following:

• A “law enforcement officer” who has been commissioned by the Texas Department of Public Safety, Texas Alcoholic Beverage Commission, Texas Parks and Wildlife Department, or the Office of Inspector General at the Texas Juvenile Justice Department, and whose commission is recognized by the Texas Commission on Law Enforcement Officers Standards and Education.

• A “custodial officer” for the Texas Department of Criminal Justice (TDCJ) Institutional Division, certified as having normal duties that require you to have direct contact with inmates.

• A “parole officer or caseworker” employed and certified by the Board of Pardons and Paroles or TDCJ.
DISABILITY RETIREMENT AVAILABLE

Your retirement plan offers occupational and nonoccupational disability retirement. If you qualify, you could receive monthly benefits if your disability is likely to be permanent and you are unable to continue working. You must meet certain conditions.

You must have at least one month service credit before you can apply for occupational disability retirement. A qualifying example for occupational disability retirement is when a state trooper in the line of duty is shot by a suspect, resulting in a permanently disabling injury.

You must have 10 years of service credit before you can apply for non-occupational disability retirement. A qualifying example of a non-occupational disability retirement is when an employee is diagnosed with a terminal illness and cannot continue employment with the State or any other employer in a position with comparable pay.

ERS must approve disability retirement benefits according to state law. The ERS Medical Board must certify that your disability is likely to be permanent and prevents you from continuing your current employment or any other occupation.

DO YOU HAVE OTHER TEXAS RETIREMENT SYSTEM SERVICE?

Proportionate Retirement Program service

If you worked for any of the Texas retirement systems participating in the Proportionate Retirement Program (PRP), you may purchase withdrawn ERS service without being re-employed by the State. Also, if you are an ERS member, you may purchase withdrawn service from any of the retirement systems that participate in the PRP, including:
- Central Texas Community Health Centers (CTCH)-service must be certified by City of Austin Retirement System.
- City of Austin Retirement System
- City of Austin Police Retirement System
- El Paso City Employees’ Pension Fund
- El Paso Firemen & Policemen’s Pension Fund
- ERS
- Judicial Retirement System of Texas Plan 1
- Judicial Retirement System of Texas Plan 2
- Texas County and District Retirement System (TCDRS)
- Texas Municipal Retirement System (TMRS)
- Teacher Retirement System of Texas (TRS)

You can combine service from two or more of these systems to become eligible for retirement. Once you qualify, you will receive an annuity from each system when you retire based on your service with each system.

Have TRS Service? ERS service credit can work with TRS service credit

When you apply for retirement, you may transfer service between ERS and the Teacher Retirement System of Texas (TRS). To increase your annuity, you can purchase TRS service that you had previously withdrawn. You can then transfer this service to ERS when you retire. Buy it as early as possible – it costs more later. An ERS member with at least three years of ERS service can re-establish TRS service for transfer without becoming a TRS member. Likewise, a TRS member with at least three years of TRS service can re-establish ERS service for transfer without becoming an ERS member. TRS rules govern how much TRS service is creditable.

Buy your military service during your first year

After the first of the month following your 90th day at work, you can purchase up to 60 months of your active duty U.S. military service without paying interest. If you purchase military service after your first year of employment, you will be charged 10% penalty interest per year.

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

You cannot purchase active duty military service if you are eligible for military retirement based on 20 or more years of active military duty or its equivalent, or if you were dishonorably discharged from the military.
DID YOU WORK FOR THE STATE BEFORE SEPTEMBER 1, 2009?

If you began work prior to September 1, 2009, and worked long enough to become an ERS member, or if you have prior state service and left your money on account with ERS, your eligibility rules are different.

You will become “vested” and can receive a retirement benefit at age 60 if you have five years of service credit and keep your retirement contributions with ERS. You are also vested with five years of service when you meet the Rule of 80*—when your age and service add up to 80.

To receive insurance benefits in retirement, you must have 10 years of service credit with the State, keep that service credit on account with ERS, and either be age 65 or meet the Rule of 80. In both cases, you can purchase up to five years of military service toward the 10 years. You may apply your unused sick and annual leave to your service credit to reach retirement eligibility and to make your annuity larger.

If you are age 60 and have 10 years of service, you can retire, but you will have to wait for insurance benefits until you reach age 65 or meet the Rule of 80.

*Judges, law enforcement officers, custodial officers, and elected state officials have a different retirement eligibility standard. Disability retirement also has a different standard.

State Employees
hired before 9/1/09 or who had money on account with ERS as of August 31, 2009

Highest average 36 months of salary x Service multiplier (2.3% per year of service) = Monthly Standard Annuity
At an average salary of $3,000 per month, you would earn a standard annuity of $1,380 after 20 years of service.

To receive insurance benefits in retirement, you must have 10 years of service credit with the State, keep that service credit on account with ERS, and either be age 65 or meet the Rule of 80. In both cases, you can purchase up to five years of military service toward the 10 years. You may apply your unused sick and annual leave to your service credit to reach retirement eligibility and to make your annuity larger.

If you are age 60 and have 10 years of service, you can retire, but you will have to wait for insurance benefits until you reach age 65 or meet the Rule of 80.

ADDITIONAL RESOURCES

Our website: www.ers.state.tx.us
The ERS website has information and tools to help you take advantage of your benefits. Use the Search function to find detailed information on ERS benefits and retirement.

Bookmark the website. It will link you to the health and dental carrier websites.

Your Account
Access your personal account information 24/7 by signing into your account at www.ers.state.tx.us. Ask your benefits coordinator or call ERS for assistance logging in for the first time.

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

Presentations and Fairs
ERS holds an Ask ERS webinar on the first Tuesday of each month. You can ask questions and hear the latest news from ERS.

Ready, Set, Retire!, conducted throughout the state and by webinar, is a free half-day seminar on ERS retirement and the TexaSaver 401(k) and 457 Plans.

To register for Ask ERS or Ready, Set, Retire!, go to www.ers.state.tx.us/Customer_Support/Event_Calendar.

During summer, fairs are held in locations throughout the state to inform you of benefit options for the upcoming plan year.

Your annual Personal Benefits Enrollment Statement
Every summer, ERS will send you a personalized statement listing your current benefits and choices for the next plan year.

News About Your Benefits
This e-newsletter provides information on available programs, wellness, health care plans, and other benefits. You can sign up to receive it directly on the ERS website at www.ers.state.tx.us.

Planning Your Retirement booklet
Find information on retirement eligibility, calculating retirement benefits, and your benefits after retirement. The booklet is available at www.ers.state.tx.us/Customer_Support/Publications.

Your benefits coordinator
See your benefits coordinator for help signing up for benefits if you work for a state agency, higher education institution, Community Supervision & Corrections Department, Windham School District, Texas County and District Retirement System, or the Texas Municipal Retirement System.

For Health & Human Services Enterprise employees
If you are an employee of the Department of Aging and Disability Services, Department of Assistive and Rehabilitative Services, Department of Family and Protective Services, Department of State Health Services, Texas Health and Human Services Commission, or the Cancer Prevention & Research Institute of Texas and you need help signing up for benefits as a new employee, contact accessHR at (888) 894-4747 toll-free or go to accesshr.hhsc.state.tx.us.

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

TexaSaver Quarterly Statement
You will receive a statement each quarter from Great-West detailing your TexaSaver account balance and investment choices.
DESIGNATE BENEFICIARIES FOR YOUR STATE BENEFITS

Once you have started contributing to the retirement system and you are enrolled in life insurance, it’s important to select the individuals 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 calling ERS or going online to select your beneficiary, make sure you have your beneficiary’s Social Security number (SSN), date of birth, and mailing address.

Follow these steps:

• To designate your beneficiaries, call ERS or go to your account at www.ers.state.tx.us and click Beneficiary Summary under My Beneficiaries.

• To add or update your beneficiary, click the “Change Information or Add New Beneficiary(s)” at the bottom of the page.

• To begin the process to designate a beneficiary, click the link under Plan Description and follow the steps.

• ERS will send you a Beneficiary Designation form.

• You and a witness must sign the Beneficiary Designation form. When you return the form to ERS, we will review it and send you a letter letting you know when your beneficiary change request is accepted and complete.

If ERS doesn’t have your beneficiary’s SSN, your survivor may have to wait longer to receive benefits, such as the $5,000 Basic Term Life Insurance policy that is part of your health coverage.

YOU CAN CHANGE YOUR BENEFICIARIES ANYTIME

If you are a state agency employee, when you sign into your account you need to designate your beneficiaries for:

• ERS Active Account (This is your retirement account.)
• ERS Life Insurance

You do not need to designate a beneficiary for the $5,000 ERS Retiree Lump Sum Death Benefit or ERS Retiree Annuity Benefit until you retire.

If you are not a state agency employee, you will need to designate beneficiaries for ERS Life Insurance only.
New state agency employees are automatically enrolled in the Texa$aver 401(k) Plan at 1% of their monthly salary. Texa$aver is a voluntary deferred compensation program that can help you save more for retirement.

Saving with Texa$aver is easy. Contributions are deducted from your paycheck automatically—before income taxes are taken out.* ERS administers the Texa$aver Program and has partnered with Great-West Retirement Services to do the recordkeeping. Texa$aver offers two Plans—the 401(k) Plan and the 457 Plan—that help you save more for retirement.

MEET YOUR RETIREMENT GOALS

Your state retirement annuity does not automatically increase to keep up with inflation.

It’s helpful to think of your retirement plan as a three-legged stool, which includes your ERS retirement annuity, Social Security, and personal savings (such as your Texa$aver account) or other investments.

To cover rising costs when you retire, you’ll need to draw on your own personal savings and investments.

Unlike a traditional savings account, the Texa$aver pre-tax option lets you save for retirement and save on income taxes. Your Texa$aver contributions are not taxed until you withdraw them from your account at retirement. With the Roth after-tax option, you save on taxes when you reach age 59 1/2 and are eligible for a qualified distribution.

IT’S NEVER TOO EARLY

By investing early, your savings can grow without taxes over a longer period of time.

As you can see by looking at the chart below, the sooner you save, the more you have when you retire—see how much $25 a month can grow.

<table>
<thead>
<tr>
<th>Monthly deposits</th>
<th>5 Years</th>
<th>10 Years</th>
<th>20 Years</th>
<th>30 Years</th>
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<tbody>
<tr>
<td>$25</td>
<td>$1,836</td>
<td>$4,573</td>
<td>$14,725</td>
<td>$37,258</td>
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<tr>
<td>50</td>
<td>3,673</td>
<td>9,147</td>
<td>29,451</td>
<td>74,517</td>
</tr>
<tr>
<td>100</td>
<td>7,347</td>
<td>18,294</td>
<td>58,902</td>
<td>149,035</td>
</tr>
<tr>
<td>200</td>
<td>14,695</td>
<td>36,589</td>
<td>117,804</td>
<td>298,071</td>
</tr>
<tr>
<td>300</td>
<td>22,043</td>
<td>54,883</td>
<td>176,706</td>
<td>447,107</td>
</tr>
<tr>
<td>400</td>
<td>29,390</td>
<td>73,178</td>
<td>235,608</td>
<td>596,143</td>
</tr>
<tr>
<td>500</td>
<td>36,738</td>
<td>91,473</td>
<td>294,510</td>
<td>745,179</td>
</tr>
</tbody>
</table>

These are estimates based on regular monthly deposits earning 8% interest. These rates are for illustration only and do not represent actual or guaranteed rates of return.

NEW STATE AGENCY EMPLOYEES AUTOMATICALLY ENROLLED

All state agency employees hired after January 1, 2008, are automatically enrolled in the 401(k) Plan at 1% of their monthly salary in a Wells Fargo Advantage Dow Jones Target Date Fund℠. Once auto enrolled, you may elect to stay in the Wells Fargo Advantage Dow Jones Target Date Fund℠ or select other investment choices.
Designate a beneficiary for Texasaver

If you have a Texasaver account, select your beneficiaries to receive any leftover account money if you should die before withdrawing all of it. If you have a 401(k) account and 457 account, your beneficiaries may be the same or different for each account.

To select your beneficiary:
• Print out the beneficiary form at www.texasaver.com.
• Complete and mail it to the address on the form.

You can choose not to participate before your first deferral if you call Great-West toll-free at (800) 634-5091 within 30 days of employment. You can make other changes, including stopping enrollment, throughout the year.

Target Date Funds offer a simple solution to retirement investing by selecting an investment mix based on your birth date and expected retirement date.

Program enrollment

If you are not automatically enrolled, you can enroll in the 401(k) or 457 Plan (or both), if offered by your employer* at any time of the year. Enroll online or by telephone.

1. Choose which account—the 401(k), 457, or both—is right for you. See the 401(k)/457 comparison chart on page 33.

2. Decide how much you want to put toward your retirement savings. This amount is deducted from your paycheck each month, before taxes. This is called your deferral. Texasaver offers a Roth contribution option in both the 401(k) and 457 Plans. Both plans give you the flexibility to designate all or a portion of your contributions as Roth contributions. Roth contributions allow participants to contribute to Texasaver plans with after-tax dollars.

3. Choose your investment(s) from the funds offered within the Texasaver Program.

4. Enroll at www.texasaver.com, or call Great-West toll-free at (800) 634-5091.

Investment choices

The Texasaver 401(k) and 457 Plans offer the same investment choices, which offer a wide array of risk factors that enable you to invest at conservative, moderate, or aggressive levels. You should review all of the investment products offered within the Texasaver Program to select choices that are right for your situation.

Investment advice

It is important to diversify your investment choices. By diversifying your investments, you may minimize your portfolio’s risk and increase your return.

To help you diversify your investments in the core Texasaver funds, Texasaver offers objective, personalized investment advice through the Texasaver Advisor Service. Financial advisors can provide advice about investing your Texasaver account money and a plan to help meet your retirement goals. You can speak with an advisor by calling Great-West toll-free at (800) 634-5091.

Transfer money into your Texasaver account

If you have money in a previous employer’s 401(k) or 457 Plan, you can transfer or consolidate your accounts into a Texasaver account and take advantage of low fees. This makes it easy to grow your accounts and track your investments with Texasaver.

You may also roll over all or a portion of the amount currently invested in an Individual Retirement Account (IRA) to your Texasaver 401(k) Plan if the entire balance in the IRA is from pre-tax contributions and earnings. Roth IRA rollovers are not permitted.

Go to www.ers.state.tx.us/Employees/Programs/Texasaver_401(k)_and_457 for more information about transferring funds.

Contribution limits

The most you can contribute from your salary to each account each year is $17,000. If you are over age 50, you can make an additional contribution of $5,500. See more information on page 33.

Designate a beneficiary for Texasaver

If you have a Texasaver account, select your beneficiaries to receive any leftover account money if you should die before withdrawing all of it. If you have a 401(k) account and 457 account, your beneficiaries may be the same or different for each account.

To select your beneficiary:
• Print out the beneficiary form at www.texasaver.com.
• Complete and mail it to the address on the form.

* State agency employees can enroll in either or both of the Texasaver 401(k) and 457 plans. Employees of four-year higher education institutions and community colleges can enroll in the 457 Plan or the Roth contribution option if their institutions offer it. Texasaver is not available to employees of the Community Supervision & Corrections Department (CSCD) or Windham School District. Texasaver is also not available to employees of the Texas County and District Retirement System (TCDRS) and the Texas Municipal Retirement System (TMRS) or individuals who receive their retirement benefits through those systems.
UNDERSTANDING TEXASAVER FEES

Texa$aver has low fees based on the money you have in the Program. ERS is responsible for the administration of the Texa$aver Program. No money is appropriated by the State for administrative costs. Fees and expenses associated with the day-to-day management of the Texa$aver 401(k) and 457 Program are deducted from your account on a monthly basis.

Administrative Fees
• This covers the cost of Program recordkeeping expenses.
• Fees are assessed to the 401(k) and 457 Plans separately.
• Fees are assessed to before-tax and Roth after-tax contributions separately.

Roth Contribution Option
Administration Fees
• There is an additional monthly $5 monthly flat fee per Plan to participate in the Roth contribution option.

Managed Account Fees
• The Managed Account service is an optional service for Texa$aver participants who want help managing their accounts.
• For each account, monthly fees are charged to the total balance.
• Fees are assessed for the calendar month, regardless of how many days your account is enrolled in the Managed Account service that month.

Account Balance | Monthly Fee per Participant per Account per Contribution Type | Annualized Fee per Participant per Account per Contribution Type
--- | --- | ---
$10.00 or less | No fee | No fee
Between $10.01 and $1,000.00 | $1.18 | $14.10
Between $1,000.01 and $16,000.00 | $3.99 | $47.90
Between $16,000.01 and $32,000.00 | $6.32 | $75.89
Between $32,000.01 and $48,000.00 | $9.49 | $113.83
Between $48,000.01 and $64,000.00 | $12.65 | $151.78
$64,000.01 or more | $15.81 | $189.72

Monthly fees are rounded to the nearest cent.

Loan Fees
• $50 initiation fee is deducted from loan payout.
• $2.08 is deducted from the account for loan maintenance every month.
• Loan fees can be found on the quarterly statement under the Expenses section.

Other Texa$aver fees may apply.

• Fees apply to balances in Texa$aver Managed Accounts. No additional fees are charged for Online Investment Guidance or Online Investment Advice at www.texasaver.com.

<table>
<thead>
<tr>
<th>Account Balance</th>
<th>Monthly Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$100,000</td>
<td>0.0375%</td>
</tr>
<tr>
<td>Next $150,000</td>
<td>0.0292%</td>
</tr>
<tr>
<td>Next $150,000</td>
<td>0.0208%</td>
</tr>
<tr>
<td>&gt;$400,000</td>
<td>0.0125%</td>
</tr>
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</table>

*Managed Account fees are based on account balance.

<table>
<thead>
<tr>
<th>Example Account Balance</th>
<th>Monthly Fee Charged</th>
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</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$3.75</td>
</tr>
<tr>
<td>$20,000</td>
<td>$7.50</td>
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</table>
### Comparison of Texasaver 401(k) and 457 Plans

Offered by the Employees Retirement System of Texas

For more information on each Plan, call toll-free at (800) 634-5091.

<table>
<thead>
<tr>
<th></th>
<th>401(k) Plan</th>
<th>457 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>Part-time and full-time state employees, upon date of hire or anytime thereafter. Excludes higher education employees.</td>
<td>Part-time and full-time state and higher education employees, upon date of hire, or anytime thereafter.</td>
</tr>
<tr>
<td><strong>Contribution options</strong></td>
<td>You have the flexibility to designate all or a portion of your contributions as either traditional before-tax or Roth after-tax.</td>
<td></td>
</tr>
<tr>
<td><strong>Maximum annual deferral</strong></td>
<td>99% of 401(k) eligible compensation or $17,000² per year, whichever is less. The 2012 annual contribution limit is $22,500 if you are 50 or older. You may put money in the 401(k), 457, or both as either before-tax, Roth, or both.</td>
<td>99% of 457 eligible compensation or $17,000² per year, whichever is less. The 2012 annual contribution limit is $22,500 if you are 50 or older. You may put money in the 401(k), 457, or both as either before-tax, Roth, or both.</td>
</tr>
<tr>
<td><strong>Transfer of funds to purchase service</strong></td>
<td>You may purchase military service, Additional Service Credit, or refunded or other eligible ERS service by transferring funds from your Texasaver account while employed. Teacher Retirement System (TRS) of Texas service may be purchased when distribution eligibility is met. This is not a taxable distribution.</td>
<td>You may purchase military service, Additional Service Credit, or refunded or other eligible ERS/TRS service by transferring funds from your Texasaver account while employed. This is not a taxable distribution.</td>
</tr>
<tr>
<td><strong>Rollovers in</strong></td>
<td>If eligible, you may roll funds into the Texasaver 401(k)/457 Program from another eligible retirement plan or individual retirement account (IRA). Roth IRAs are not accepted.</td>
<td>Subject to eligibility. If you have unused deferrals, the 457 Catch-up limit is $34,000 in 2012. You may participate only during the three years before the taxable year in which you attain normal retirement age.</td>
</tr>
<tr>
<td><strong>Special 457 Catch-up provision Cannot be used with the Age 50 and Over Catch-up in the 457 Plan.</strong></td>
<td>Not available in the 401(k) Plan.</td>
<td></td>
</tr>
<tr>
<td><strong>Loans</strong></td>
<td>Loans may be approved for $1,050 to $50,000 (subject to Plan and IRS provisions). You must have an account balance of at least $1,050, as there is a $50 loan application fee that is deducted from the loan proceeds. There is a $2.08 monthly maintenance fee assessed to your account.</td>
<td></td>
</tr>
<tr>
<td><strong>Financial hardship withdrawals</strong></td>
<td>Reasons for hardship include purchase of primary residence, prevention of eviction or foreclosure from your primary residence, tuition expenses, non-reimbursed medical expenses, funeral expenses, or repair of damages to your principal residence.</td>
<td>Reasons for financial hardship include prevention of eviction or foreclosure from your primary residence, non-reimbursed medical expenses, funeral expenses, casualty loss, or similar extraordinary and unforeseeable circumstances.</td>
</tr>
<tr>
<td><strong>Distributions while employed for before-tax contributions</strong></td>
<td>You may take a distribution from your 401(k) Plan after age 59 1/2 while still employed without a 10% penalty; 20% will be withheld for federal income taxes unless the funds are rolled to a qualified plan.</td>
<td>If your 457 Plan account has less than $5,000 and has been inactive for two years, you may take it as a de minimis distribution; 20% may be withheld for federal income tax purposes. You can take a distribution if you are 70 1/2 and still employed.</td>
</tr>
<tr>
<td><strong>Distributions after separation from employment for before-tax contributions</strong></td>
<td>You can start taking distributions after separation from state employment. You may roll over funds into other types of employer-sponsored plans, IRAs, or other eligible options. Lump-sum distributions have 20% automatically withheld for federal taxes. Periodic distributions are allowed.</td>
<td>You can start taking distributions after separation from state or higher education employment. You may roll over funds into other types of employer-sponsored plans, IRAs, or other eligible options. Lump-sum distributions have 20% automatically withheld for federal taxes. Periodic distributions are allowed.</td>
</tr>
<tr>
<td><strong>Distributions from Roth contributions</strong></td>
<td>Roth money may be withdrawn tax-free no earlier than five years after your first Roth contribution and you reach the age of 59 1/2, separated from service with your employer, become disabled, or death. Otherwise, earnings on Roth contributions may be considered earned income and may be penalized when you take a distribution.</td>
<td>Roth money may be withdrawn tax-free no earlier than five years after your first Roth contribution, you reach the age of 59 1/2 and separate from service with your employer; become disabled, or death. Otherwise, earnings on Roth contributions may be considered earned income when you take a distribution.</td>
</tr>
<tr>
<td><strong>Required minimum distributions (RMDs)</strong></td>
<td>Must begin no later than April 1 following the year in which you turn 70 1/2, unless you are still employed.</td>
<td>No 10% federal penalty tax applies to distributions made after age 59 1/2. A 50% federal tax penalty applies if RMDs are not taken at age 70 1/2, unless you are still employed with the employer sponsoring the Plan.</td>
</tr>
<tr>
<td><strong>Tax penalties</strong></td>
<td>A 10% federal penalty tax applies to distributions made before age 59 1/2. A 50% federal tax penalty applies if RMDs are not taken at age 70 1/2, unless you are still employed with the employer sponsoring the Plan.</td>
<td>No 10% federal penalty tax applies to distributions of $457 money made before age 59 1/2. A 50% federal tax penalty applies if RMDs are not taken at age 70 1/2, unless you are still employed with the employer sponsoring the Plan.</td>
</tr>
</tbody>
</table>

¹ Community college employees may enroll in the 457 Plan if their community college offers the Plan.

² Ceiling is adjusted each year per cost of living index. Amount shown is for 2012.

³ Please refer to the IRS website for hardship withdrawals.


Core securities, when offered, are offered through GWFS Equities, Inc. GWFS Equities, Inc., a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Representatives of GWFS Equities, Inc. are not registered investment advisers and cannot offer financial, legal or tax advice. Please consult with your financial planner, attorney and/or tax adviser as needed.
YOUR RETIREMENT ACCOUNT

If you transfer from one state agency to another within the same calendar month, you will not have an ERS retirement account waiting period.

If you transfer to a state agency from a higher education institution, Community Supervision & Corrections Department (CSCD), Windham School District, Texas Municipal Retirement System (TMRS), or Texas County and District Retirement System (TCDRS), you will have a waiting period before your first contribution to your ERS retirement account. Your contributions start the first of the month after your 90th day on the job.

HEALTH COVERAGE

If you transfer as an employee in the Texas Employees Group Benefits Program (GBP) (employees at state agencies, higher education institutions*, CSCD, Windham School District, TMRS, or TCDRS) to a GBP entity with no break in coverage, you will not have a health coverage waiting period and will have 31 days to make health coverage changes. Your coverage begins the first of the next month unless you start on the first day of the month.

Example 1
Sally leaves her former agency on November 2, 2012, and starts work at a new agency on November 5, 2012. She keeps her coverage through the end of November at the former agency, and her coverage with her new agency begins December 1, 2012, which is the first of the month after her first active duty date at her new agency. Her former agency will pay the state portion of her health insurance premium through November.

Example 2
Allen ends his employment at his former agency on November 16, 2012. He begins work at his new agency on December 3, 2012. He uses no paid vacation leave between November 16 and December 3. He will be covered by his former agency until November 30, 2012. Allen’s hire date is December 3, 2012, because he was not on state payroll on the last working day of the preceding month. Due to this break in coverage, he will have a health coverage waiting period, with his coverage starting on April 1, 2013.

He could prevent the waiting period by paying for COBRA coverage for December, with his coverage at his new agency beginning on January 1, 2013.

Example 3
Mark quits his job at his former agency on May 3, 2013, and goes on COBRA on June 1, 2013. He starts a new job at a new agency on October 7, 2013. To avoid the health coverage waiting period, he must pay his COBRA premiums through October. Mark’s coverage as an active employee at the new agency will begin on November 1, 2013, without a waiting period.

Example 4
Edward works for a higher education institution and covers his spouse, Mary, as a dependent. Mary starts work with a state agency on January 14, 2013. In order for Mary to avoid a health coverage waiting period, she must remain on Edward’s coverage as a dependent through January. Mary’s insurance benefits as an active employee begin on February 1, 2013.

If you were employed for 90+ days and you transfer directly from employment at Texas A&M University or the University of Texas systems, you do not have the health coverage waiting period.

If any of the following applies to you, please notify your benefits coordinator or accessHR.
ERS now 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!**

You don’t need to enroll! Go to the Discount Purchase Program website from any computer and start shopping. Convenient links make shopping a breeze.

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Here’s just a few of the vendors offering discounts.....
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UnitedHealthcare
(866) 336-9371
TTY: 711
24/7 myNurseLine℠: (877) 731-8306
Pharmacy benefits for HealthSelect—Caremark
(888) 886-8490
TDD: (800) 231-4403

Community First Health Plans
(an affiliate of the University Health System)
(877) 698-7032
Local: (210) 358-6262
TDD: (800) 390-1175
NurseLink: (210) 358-6262

Scott & White Health Plan
(800) 321-7947 (24 hours a day)
TTY: (800) 735-2989
VitalCare Nurse Advice line: (877) 505-7947

OPTIONAL INSURANCE

Dental Plans
State of Texas Dental Choice Plan℠—Administered by HumanaDental Insurance Company
(877) 377-0987
TDD: 711

HumanaDental DHMO
Insured by DentiCare, Inc. dba CompBenefits, a member of the HumanaDental family of companies
(877) 377-0987
TDD: 711

Life Insurance, EOI
Voluntary AD&D Insurance
Minnesota Life
(877) 494-1716
TDD: 711
Email: LifeBenefits@securian.com

Disability Insurance, EOI
Dearborn National®
(855) 377-5433

TEXAS$AVER 401(K) AND 457
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TexaSaver Advisor Service
(800) 634-5091
www.texasaver.com

DISCOUNT PURCHASE PROGRAM
www.DiscountProgramERS.com

ERS WEBSITE:
www.ers.state.tx.us

TO CALL:
(877) 275-4377, toll-free
TDD: 711

TO VISIT IN PERSON:
Employees Retirement System of Texas
200 E. 18th Street
Austin, Texas 78701

TO WRITE:
Employees Retirement System of Texas
Customer Service Division
P.O. Box 13207
Austin TX 78711-3207

Records of members, retirees and their beneficiaries are confidential. ERS will not release certain information about your account without your written authorization.

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