

Rock en Roll

ERS SUMMER ENROLLMENT FEST

2025

ACTIVE EMPLOYEE GUIDE

What's New?

SET LIST

Find out what's changing
in Plan Year 2026
(handout included)

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We'll be everywhere, man:

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Now's your chance to fine-tune your state benefits!

The Texas Employees Group Benefits Program (GBP) provides valuable benefits for you and your family. As a

State of Texas employee,

Summer Enrollment is your only chance to review or make changes to your benefits without a qualifying life event (QLE) during the plan year.

Any changes you make will take effect Sept. 1, for Plan Year 2026
(Sept. 1, 2025–Aug. 31, 2026).

Stand by your plan

If you're happy with your current benefits and want to keep the same coverage, you don't have to do anything.

Your Summer Enrollment Fest checklist

Have you had any life changes in the past year? Think about what medical, dental or vision care services you or your family members might need in Plan Year 2026 (Sept. 1, 2025–Aug. 31, 2026). Not making any changes? You don't have to do anything. If you are, follow the checklist below!

Soundcheck

- ☐ Review your Personal Benefits Enrollment Statement (PBES) (included in this packet), or log in to your ERS OnLine account at **ers.texas.gov** to see what benefits you're enrolled in.
- ☐ Read through this guide, join a webinar or attend an in-person fair to learn about updates to your coverage. (See page 18.)
- ☐ Check the top left corner of your PBES to see your two-week phase to make changes.
- ☐ Visit your online ERS Summer Enrollment headquarters at **ers.texas.gov/SE-2025** for premium rate sheets; health, dental and vision plan comparison charts; the ERS event schedule; and more.

Choose your lineup

- ☐ Decide if you want to change your coverage or add dependents.
- ☐ Make your changes online or by phone during your phase, or at a Summer Enrollment fair (see below).
- ☐ If you are a return-to-work retiree, you can switch between retiree and active benefits to begin on Sept. 1.
- ☐ Provide any necessary documents by the correct deadline.

Showtime

- ☐ If you make changes to your benefits, you can begin using them Sept. 1, 2025. The changes will be reflected in your October paycheck.



Time to rock enroll

Call or go online to make benefits changes

Be sure to make changes during your **two-week enrollment phase** listed on your Personal Benefits Enrollment Statement. ERS benefits counselors will work extended hours during Summer Enrollment, from 7:30 a.m. to 7 p.m. CT, Monday through Friday.

VIP TIP

If you need to make changes after Summer Enrollment is over, you can only make them within 31 days of a qualifying life event (QLE).



Online	At your agency or institution	At a Summer Enrollment fair	Call ERS
Log in to your ERS OnLine account at ers.texas.gov , 24/7. This is the fastest way to update your benefits	Your human resources department or benefits coordinator can help you enroll and will take any completed forms. HHS Enterprise employees can call the Employee Service Center: (888) 894-4747 (TTY: (866) 839-2747)	Attend a Summer Enrollment fair near you to speak directly with an ERS benefits counselor. See the list of fairs on page 18.	(866) 399-6908 (TTY: 711) 7:30 a.m. to 7 p.m. CT, Monday through Friday

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

Two-steppin' to a safe login

Are you making changes online?

ERS improved security measures by requiring two-factor authentication (2FA) for all user accounts on ERS OnLine. This makes your account extra secure!

What is 2FA and how does it work?

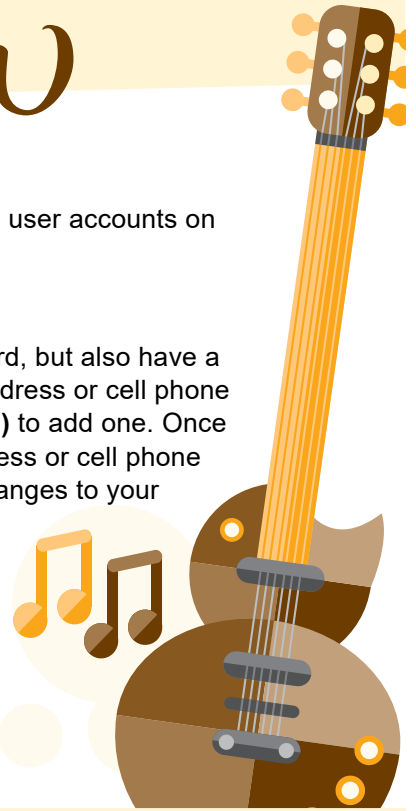
It's a security method that requires you to not only provide a username and password, but also have a valid email address or cell phone number on file. If you do not have a valid email address or cell phone number associated with your account, please call ERS at **(877) 275-4377 (TTY: 711)** to add one. Once one has been added, proceed to login. A code will be sent to you via the email address or cell phone number you provided. Entering this code will allow you to gain access and make changes to your ERS OnLine account.

Once you set up your 2FA, sign in like this!

Log in using your
username and
password.

Request a unique code
to be sent to your email
or cell number

Enter the code
to gain access to
your account.



Updating your benefits using your ERS OnLine account

Visit **ers.texas.gov** and choose "My Account Login."

My Account Login



FIRST

"Login" or "Register Now" (if you have not set up your ERS OnLine Account).



THEN

Complete the 2FA process. If you don't have a valid email address or cell number on file with ERS, call ERS to update your account.



NEXT

In the "Benefits Enrollment" section, choose the "edit" box in front of the benefit option you want to change. Do this for each election you want to change.



LAST

To save your changes, hit "Submit" on the main Benefits Enrollment page.

Once you've submitted your changes

ERS will send a confirmation of your changes to the email listed in ERS OnLine; if we don't have your email address, we will send a letter by U.S. mail. If you don't get a confirmation email or letter with your changes, you did not complete the process correctly. Try again or call ERS.



We are family

Certifying and verifying newly added dependents

Your spouse and other eligible dependents can get health insurance and other coverage for an additional premium. However, you must be enrolled in a plan before you can enroll your dependents. You can add them during your Summer Enrollment phase.

To learn which dependents are eligible for ERS benefits, visit ers.texas.gov → **Active Employee** → **Eligibility**.

Certifying children for any insurance coverage

If you are enrolling a dependent child in insurance coverage for the first time, you must certify their eligibility by completing the dependent child certification.

- Log in to your ERS OnLine account and click “Benefits Enrollment” under “My Insurance Information.”
- or
- Complete the dependent child certification online for each dependent child or print the form and turn in the completed form(s) to your benefits coordinator or, if you work for HHS, to the HHS Employee Service Center. You can find the form at **Home** → **Active Employees** → **Rates and Forms** → **Find forms**.

Note: If you are enrolling a child in health insurance for the first time, you must also complete the dependent eligibility verification process (see below).

Verifying any dependent for health insurance coverage

If you are enrolling a spouse or dependent child in health insurance for the first time, you must verify their eligibility by completing the dependent eligibility verification process. If the dependent was previously verified, you don’t need to go through the process again if you are re-enrolling them in health coverage.

Signed, sealed, delivered to **Alight Solutions**

It’s very important that you open and read any mail or messages you get from Alight Solutions, the third-party administrator for dependent eligibility verification. If you don’t submit the necessary documents or if you miss the deadline, your dependents will be considered ineligible and they will lose coverage in all GBP plans. If you have questions, call Alight Solutions toll-free at **(866) 416-4091 (TTY: 711)**, Monday – Friday, 7 a.m. – 10 p.m. CT.

Verify in 3 steps

STEP 1:

Add your eligible dependents to health coverage (online or with the help of your benefits coordinator) and certify any dependent children. (Certifying eligible dependent children is separate from verifying eligible dependents.)

STEP 2:

ERS will send your information to **Alight Solutions**. You will get a letter, email or text message (if you opt in to text notifications) from **Alight Solutions** outlining which documents to submit and the deadline to submit them.

STEP 3:

Submit the documents by the deadline. If you fail to do this, your dependents will be considered ineligible and will lose coverage in all plans.



Adding dependents previously not verified through the dependent eligibility verification process.

If you have dependents who were not verified because you missed the dependent eligibility verification deadline before or did not submit the correct documentation, you can add them during Summer Enrollment; however, you must submit your documentation to prove their eligibility to ERS, not Alight Solutions. ERS must get complete and accurate documentation verifying that dependents are eligible for coverage by July 25, 2025. Please be sure to provide documentation by the deadline. Find a list of supporting documents at ers.texas.gov → **Active Employees** → **Eligibility** → **Eligibility Requirements**.

How would I know if my dependent was not previously verified?

Their name will be greyed out and you will not be able to add them as a dependent in your ERS OnLine account.

Send your documents along with a note stating:

- your name, last four digits of your SSN and phone number,
- the name of each dependent you are adding and
- specific coverage type(s) you want to add them to (e.g. HealthSelect of Texas, State of Texas Dental Choice, etc.)

Mail, fax or email the documentation to ERS. (Do not mail the originals. We cannot return the documents to you.) Emailed or faxed documents must arrive no later than **July 25, 2025**. Mailed documents must be postmarked by **July 25, 2025**.

- **Mail:** Employees Retirement System of Texas
P.O. Box 13207
Attn: Benefit Support Services
Austin, TX 78711-3207
- **Fax:** (512) 867-7438
- **Email:** erscustomer.service@ers.texas.gov

If ERS approves your dependents' eligibility, their coverage will begin Sept. 1, 2025.



You can go your own way

Health Insurance Opt-Out Credit

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

You must be eligible for the state contribution toward your health insurance premium to qualify for the Opt-Out Credit. The monthly credit is up to \$60 for full-time employees and \$30 for part-time employees. You can apply this credit to your dental, vision and/or Voluntary Accidental Death & Dismemberment (AD&D) insurance premiums. There is no refund for any unused portion of the \$60 or \$30 credit. When you opt out of your health plan, you are also giving up your prescription drug coverage, and your Basic Term Life Insurance and AD&D coverage.

The Health Insurance Opt-Out Credit is not available if:

- your only other insurance is Medicare,
- you have health insurance coverage through ERS as a dependent,
- you are not eligible for the state contribution or
- you get a state contribution for health insurance coverage from another group benefit plan.

Waiving health coverage: What you should know

If you waive your health coverage, you also give up your prescription drug coverage and will no longer have the \$5,000 Basic Term Life and \$5,000 AD&D coverages.

If you waive your GBP health insurance and later lose your other health coverage due to a valid qualifying life event, you may enroll in health insurance offered through ERS if you sign up within 31 days of losing your other health insurance coverage.



Summer headliners

Your health insurance options

ERS offers two health insurance options:

- **HealthSelect of Texas** (page 7) and
- **Consumer Directed HealthSelect** (page 8).

Both plans are administered by Blue Cross and Blue Shield of Texas (BCBSTX) and include **HealthSelect prescription drug coverage** (see page 9), administered by Express Scripts, at no additional cost to you.

ERS sets the plan benefits and pays claims. BCBSTX manages the provider network, processes claims and provides customer service.

What plan should you choose?

You're unique, so we recommend reviewing each plan to see how it fits your and/or your family's needs. Are cost savings important? How often do you see the doctor? Review each of the plans before you make a decision. View the health plan comparison chart included in your Summer Enrollment packet to compare commonly used medical, mental health and prescription drug benefits.

Join a webinar to learn more about the plan and participate in a Q&A session with BCBSTX representatives. (See webinar schedule on page 18.)

Prefer to do your own research?

Head to **healthselectoftexas.com**. A BCBSTX Personal Health Assistant can answer questions about your plan's benefits and coverage and direct you to useful programs and tools. Call **(800) 252-8039 (TTY: 711)** toll-free, Monday through Friday from 7 a.m. to 7 p.m. CT, and Saturday from 7 a.m. to 3 p.m. CT.

Health insurance plan features at a glance	HealthSelect of Texas	Consumer Directed HealthSelect
Participants pay for non-preventive doctor visits with:	Copays	Coinsurance, after meeting the annual deductible
Large statewide and nationwide networks	✓	✓
Tax-advantaged health savings account (HSA) with monthly contributions from state		✓
Referrals required for most care	✓	
In-network preventive care covered at 100%	✓	✓
Prescription drug coverage	✓	✓
Lower monthly premium		✓
You must reach combined medical and prescription drug deductible before the plan starts paying for non-preventive care		✓
Primary care provider required	✓	
Save money by seeing in-network providers	✓	✓

For a more detailed view of coverage, see the Health Plans Comparison Chart online at **ers.texas.gov/se-2025**.



HealthSelect[®] of Texas

HealthSelect of Texas is a point-of-service health insurance plan. With this type of plan, you generally pay less if you choose in-network providers for your medical care. The plan will cover out-of-network care, but you will pay more—sometimes a lot more—than you pay if you choose in-network care. If your providers are in the HealthSelect network, you don't have to meet a medical deductible—only pay a copay or 20% coinsurance—and the plan begins to pay right away.

This plan keeps your out-of-pocket costs low. It requires designating a primary care provider (PCP) and getting referrals for some specialty care. Your PCP is a valued partner in your health care. They get to know you, your medical history and your lifestyle. If you have a medical issue, your PCP can make it easier and faster to get the care you need.

If you don't get a referral from your PCP, you will pay more for your treatment, even if the specialist is in the HealthSelect network.

However, you don't need a referral from your PCP for:

- routine and diagnostic eye exams;
- dermatologist visits;
- OB-GYN visits;
- mental health services;
- chiropractic visits, occupational therapy, speech therapy and physical therapy;
- Virtual Visits through Doctor on Demand[®] or MDLIVE[®] for medical or mental health care; or
- urgent care centers and convenience care clinics.

Calendar Year 2026 annual medical deductibles

Deductibles are based on the calendar year and reset Jan. 1. There is no medical deductible for in-network providers. This does not include the annual \$50 per-person prescription drug deductible.

	In-network	Out-of-network
Individual	\$0	\$500
Family	\$0	\$1,500 (\$500 per participant)

Copays and coinsurance

HealthSelect of Texas participants are responsible for copays and/or coinsurance for doctor and hospital visits, procedures like outpatient surgery and other medical services.

- See details about how the family deductible is applied in the HealthSelect of Texas Master Benefit Plan Document at [HealthSelectofTexas.com](https://www.healthselectoftexas.com) → **Publications and Forms**.
- Learn about avoiding surprise medical bills at [ers.texas.gov](https://www.ers.texas.gov) → **Retirees** → **Health Benefits** → **Understanding health costs**.

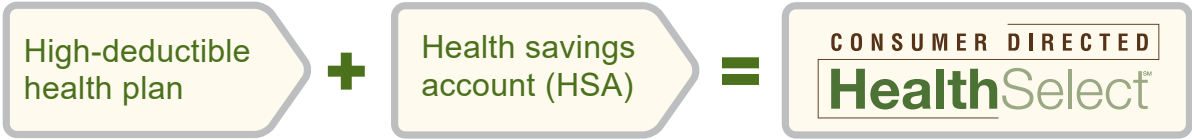
Make the most of your HealthSelect benefits

Your health care coverage is not just about helping you when you're sick. Learn about programs and incentives **HealthSelect of Texas** and **Consumer Directed HealthSelect** offer to keep you well at [healthselectoftexas.com](https://www.healthselectoftexas.com).

Out-of-pocket limits on health expenses

To help protect you from extremely high health costs, HealthSelect of Texas and Consumer Directed HealthSelect (see page 8) have set a limit on the amount you or your family will pay in one year for in-network copays, coinsurance and deductibles (as applicable) for covered medical and prescription drug expenses. If you reach this maximum, the plan will pay 100% covered in-network provider and pharmacy expenses for the rest of the calendar year. There are no out-of-pocket maximums for out-of-network care. Out-of-pocket maximums reset every calendar year (Jan. 1).

In-network out-of-pocket maximums for the HealthSelect plans (excluding Medicare plans)	
Calendar Year 2025 (Jan. 1-Dec.31, 2025)	\$8,050 individual \$16,100 family (GBP member + one or more covered family member)
Calendar Year 2026 (Jan. 1-Dec.31, 2026)	\$8,300 individual \$16,600 family (GBP member + one or more covered family member)



Consumer Directed HealthSelect is a high-deductible health plan paired with a tax-free health savings account (HSA). The plan covers in-network preventive care services at 100%. You don't have to designate a PCP or get referrals to see specialists.

How does the high deductible work?

In this plan, you pay all non-preventive health care costs, including prescription drug costs, until you meet the annual deductible which is based on the calendar year and resets on Jan. 1. A high deductible means you could have higher out-of-pocket costs before your health plan begins to pay anything toward your non-preventive medical services and prescription drugs. After you meet the deductible, you pay coinsurance (20% for in-network, 40% for out-of-network) for medical services and prescriptions.

Annual deductibles for Calendar Year 2026 (includes prescription drugs)

	In-network	Out-of-network
Individual	\$2,100	\$4,200
Family	\$4,200	\$8,400

Health savings account

Consumer Directed HealthSelect offers a health savings account (HSA) with Optum Bank that you can use to pay eligible health care expenses not reimbursed from another source. Funds can be used to pay for qualified medical expenses for yourself, your spouse and eligible dependents, even if they aren't covered under your insurance. You can make pre-tax contributions to your HSA through payroll deductions. You will also get a monthly contribution from the state.

HSAs have three federal tax advantages: contributions are tax-free; funds used to pay for eligible expenses are not taxed; and earnings on HSA funds can grow tax-free.

All HSA funds carry over each year and you keep the funds (including state contributions) if you change health plans or leave state employment. You can invest HSA funds once the account has more than \$2,000. Once you turn 65, you can use HSA funds for any reason, but ineligible expenses will be taxed.

The IRS sets the maximum contribution amount each year (see chart below). Maximums include both pre-tax and post-tax contributions to an HSA. All state and paycheck contributions are deposited to accounts by the middle of the month.

Don't forget to setup your HSA

Open an Optum Bank HSA at optumbank.com. Be aware that you have access only to money that has accumulated in your HSA—not funds that you pledged to deposit in the future. The state will only make deposits into an Optum Bank HSA. Optum Bank will send you a debit card you can use to pay for expenses. Review IRS guidelines or consult a tax advisor to make sure you are eligible to participate in a HSA.

HSA contributions and maximums

Contribution	Individual Account	Family Account*
Calendar Year 2025 annual total maximum contribution (Jan. 1 – Dec. 31, 2025)	Up to age 54: \$4,300 Age 55 and older: \$5,300	\$8,550
Calendar Year 2026 annual total maximum contribution (Jan. 1 – Dec. 31, 2026)	Up to age 54: \$4,400 Age 55 and older: \$5,400	\$8,750
Fiscal Year 2026 annual state contribution (Sept. 1, 2025 – Aug. 31, 2026)	\$540 (\$45 monthly)	\$1,080 (\$90 monthly)

*A family account includes you plus any number of dependents enrolled in Consumer Directed HealthSelect.

All Rx's live in Texas



Your prescription drug coverage

Your health insurance plan includes the HealthSelect Prescription Drug Program (PDP), administered by Express Scripts.

HealthSelect of Texas

HealthSelect of Texas participants pay a \$50 per person annual deductible before HealthSelect PDP covers their prescriptions. The deductible is based on a calendar year (Jan. 1-Dec. 31). Once a participant meets their deductible, their prescription drug copays are based on the tiers below.



Tier 1:

Prescriptions are typically lower-cost generic drugs.



Tier 2:

Prescriptions are usually lower-cost preferred brand-name drugs.



Tier 3:

Prescriptions are non-preferred brand-name drugs with a higher cost.



VIP TIP

You can lower your own health care costs and those of the plan by using generic drugs whenever possible.

Consumer Directed HealthSelect

Participants in Consumer Directed HealthSelect must meet the combined medical/pharmacy deductible before HealthSelect PDP pays any prescription drug benefits. Once the deductible is met, participants pay 20% of the cost of prescriptions filled at in-network pharmacies or 40% of the cost at out-of-network pharmacies.

To price a medication, find an in-network pharmacy and more, go to **HealthSelectRx.com** or call a customer care representative toll-free at **(800) 935-7189 (TTY: 711)**.



Check yes or no

Tobacco-use status

If you or your dependents (including children) use any kind of tobacco products and are enrolled in health insurance, you must certify your status as tobacco users or non-users. Certified tobacco users and participants who aren't certified pay an additional monthly premium.

You can change your status at any time through your ERS OnLine account, or complete and print the certification form at **ers.texas.gov** → **Active Employees** → **Find Forms**. Turn in the completed form(s) to your benefits coordinator or, if you work for HHS, to the HHS Employee Service Center.

Choose to Quit

You may qualify for an alternative to the tobacco-user premium called "Choose to Quit." For more information, view the tobacco policy at **ers.texas.gov** → **Active Employees** → **Health Benefits** → **Read about ERS' tobacco policy**.



Miles and smiles of Texas



Dental insurance

ERS offers two dental plans: **State of Texas Dental Choice Plan** (nationwide) and **DeltaCare® USA** (only in Texas). Both plans are administered by Delta Dental. If you want to enroll a dependent, you must be enrolled in the same plan; however, you can designate different primary care dentists.

VIP TIP

Check the Discount Purchase Program for dental discounts.

Which plan works best for you?

We recommend reviewing each plan to see how it fits your family's needs. How often do you see the dentist? Are you or your dependent planning to see an orthodontist? If you're considering the dental health maintenance organization, is your preferred dentist in the service area? Review each of the plans before you make a decision. If you have questions, call Delta Dental toll free at **(888) 818-7925 (TTY: 711)**.

	<div>STATE OF TEXAS DENTAL CHOICE PLAN</div>	DeltaCare® USA
	State of Texas Dental Choice Plan PPO This is a preferred provider organization (PPO) dental insurance plan.	DeltaCare USA DHMO This is a dental health maintenance organization (DHMO) insurance plan.
	Nationwide	Only in Texas
Where can I use this plan?	You can see any dentist in the U.S., Canada or Mexico but you generally pay less if you stay in one of the plan's two networks: <ul style="list-style-type: none">• Delta Dental PPO• Delta Premier (dentists can charge higher rates) For information about coverage available outside of the U.S., please see the Master Benefits Document online at www.ERSdentalplans.com	Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DeltaCare USA network dentist in your area.
Is a primary care dentist (PCD) required?	No , but you pay less if you use an in-network dentist.	Yes . Make sure there is a PCD in your area before enrolling in this plan. You and your enrolled dependents can choose different PCDs.
Deductible	Yes . The amount differs for in-network and out-of-network dentists.	No
Copays/coinsurance		Yes , depending on the service.

Do I need an ID card to see a dentist?

Participating Delta dentists shouldn't require them. If you would like a card, you can download a virtual ID card to your smartphone through the Delta Dental app. You can also download and print your ID information from ERSdentalplans.com.

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

Dental Comparison Chart

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

Eyes of Texas



STATE OF TEXAS VISION

If you wear contacts or glasses, you can save money with State of Texas VisionSM. EyeMed Vision Care, LLC is the administrator of State of Texas Vision. Plan participants have access to EyeMed's INSIGHT network, which includes independent, national and regional retailers and online providers.

The State of Texas Vision covers one comprehensive eye exam at any time during the plan year (Sept. 1–Aug. 31); an annual \$200 retail allowance to use toward either eyeglass frames or contact lenses; and discounts for Lasik. Any dependent you enroll in this plan will receive each of these benefits.

Does the plan cover eye conditions like glaucoma or cataracts?

No. Only your HealthSelect health plan covers eye conditions, eye injuries and diseases. It also covers an annual eye exam, but doesn't cover glasses or contacts like State of Texas Vision.

If you have questions, visit **StateofTexasVision.com** or call **(844) 949-2170 (TTY: 711)**.

Vision Comparison Chart

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

¹ Covered in full after copay is met.

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

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

Deep in the heart of **TEXFLEX**SM

Flexible spending accounts

By participating in one or more of the TexFlex flexible spending accounts (FSAs), you can set aside pre-tax dollars from your paycheck to cover eligible out-of-pocket health care and/or dependent care expenses. This means your contributions are deducted before you pay income taxes. Because FSAs lower your taxable income, you save on taxes.

Once enrolled, your TexFlex contribution is automatically deducted monthly from your paycheck and deposited into your account.

If you enroll in a TexFlex health care or limited-purpose FSA, you get a debit card in the mail to pay for eligible out-of-pocket expenses not reimbursed by another source, but you cannot use it to pay for dependent care. There is no cost to use the debit card.

3 types of FSAs

Health care FSA

pays for eligible health, dental and vision expenses for both you and your eligible dependents.

Limited-purpose FSA

pays for eligible dental and vision expenses for both you and your eligible dependents. Only Consumer Directed HealthSelect participants can have a TexFlex limited-purpose FSA.

Dependent care FSA

pays for the care of eligible children or disabled adults while you're at work.

[Learn more at TexFlexERS.com](https://www.texflexers.com)

Flexible spending accounts in Plan Year 2026

	Health care FSA	Limited-purpose FSA (Consumer Directed HealthSelect participants only)	Dependent care FSA
Eligible expenses See complete list at TexFlexERS.com	<ul style="list-style-type: none">• Copays, coinsurance and other out-of-pocket medically necessary charges not covered by insurance or reimbursed by another source• Prescription drug deductible and copays• Over-the-counter medicine	<ul style="list-style-type: none">• Vision and dental expenses not covered by insurance or reimbursed by another source	<ul style="list-style-type: none">• Day care, after-school care and summer day camp for dependent children under age 13• Adult day care programs for qualifying individuals
Maximum contribution	\$3,300	\$3,300	\$5,000 per household*
Funds availability	Full election available Sept. 1	Full election available Sept. 1	Funds available monthly as contributions are made
Debit card (no fee)	Yes	Yes	No
Carryover of funds or grace period	Up to \$660 in carryover is allowed from Plan Year 2026 (ending Aug. 31, 2026) to Plan Year 2027 (starting Sept. 1, 2026). Unspent Plan Year 2026 funds above \$660 will be forfeited.		There is a 2 ½-month grace period from Sept. 1 through Nov. 15, 2026. Any Plan Year 2026 funds not spent by Nov. 15, 2026 will be forfeited.
Runout period	Submit claims for eligible expenses you paid between Sept. 1, 2025 and Aug. 31, 2026 by Dec. 31, 2026		Submit claims for eligible expenses you paid between Sept. 1, 2025 and Nov. 15, 2025 by Dec. 31, 2025.

*If you are a highly compensated individual based on IRS definitions, the maximum amount you can elect is lowered to \$1,250 each year.

Can I carry over unused funds to the next plan year?

You can carry over up to \$660 from your healthcare FSA or limited-purpose FSA to the next plan year. Any unused funds over that amount will be forfeited. Submit your claims before the end of the runout period on Dec. 31. You can't carry over funds from your dependent care FSA; however, you have until Nov. 15 to incur eligible dependent care expenses.

Save your receipts just in case

Inspira Financial, the TexFlex plan administrator, may ask you to submit proof that you used your TexFlex debit card to pay for eligible expenses, so save your receipts. Find other helpful tips for using your TexFlex debit card on the TexFlex Program Resources page at [TexFlexERS.com](https://www.texflexers.com).

Already enrolled?

Double-check your annual elections to your health care or limited-purpose and/or dependent care FSAs. If you make no changes during Summer Enrollment, your contribution amount will not change in Plan Year 2026. Annual maximum contribution amounts have changed since last year (see chart on page 13).

With a little help from my friends

What is disability insurance?



Texas Income Protection PlanSM (TIPP) offers short-term and long-term disability coverage that protects your income by paying a percentage of your paycheck if you become disabled and can't work due to a medical illness, injury or pregnancy. TIPP is an optional benefit and is only available to active employees who enroll in one or both plans.

	Short-term disability coverage	Long-term disability coverage
Monthly benefits	Provides a maximum benefit of 66% of your monthly salary, up to a \$6,600 benefit each month if you're monthly salary is more than \$10,000. Example: Your monthly salary is \$4,000. The maximum you will be eligible for is \$2,640 per month (66% of your salary).	Provides a maximum of 60% of your monthly salary, up to a \$6,000 benefit each month if your monthly salary is more than \$10,000 Example: Your monthly salary is \$4,000. The maximum you will be eligible for is \$2,400 per month (60% of your salary).
Potential benefit reduction	Benefits are reduced if you get other disability payments (Social Security Disability Insurance, Workers' Compensation payments, ERS disability retirement benefits, Teacher Retirement System of Texas disability retirement benefits and/or other disability payments). The minimum benefit is 10% of your monthly salary.	Benefits are reduced if you get other disability payments (Social Security Disability Insurance, Workers' Compensation payments, ERS disability retirement benefits, Teacher Retirement System of Texas disability retirement benefits and/or other disability payments). The minimum benefit is 10% of your monthly salary.
When do benefits start?	After a waiting period of 14 consecutive days any sick leave must be used during the 14-day waiting period.	After a waiting period of 180 consecutive days or after you've used all your sick leave (whichever is longer); any sick leave must be used during the 180-day waiting period.
How long are benefits paid?	Up to 166 days after the completion of your waiting period, but may vary depending on sick leave exhaustion.	Until you are able to return to work or until you reach your maximum benefits period (based on the age you become disabled) or based on the condition causing your disability. Note: For mental diseases and disorders, the maximum benefit period for disability is two years. If you become disabled at age 69 or older, benefits are payable for up to 12 months.

Using your sick leave

You must use all of your sick leave (including extended sick leave, sick leave pool and donated sick leave) or complete a waiting period (14 days for short-term, 180 days for long-term), whichever is longer, before disability benefits will be paid. If you have questions about leave policies, including FMLA and paid parental leave, please consult with human resources staff at your organization.

Important notes

- After your first 31 days of employment, you must apply for TIPP through evidence of insurability (EOI). (See page 16.)
- Please review the plan documents before applying for TIPP disability insurance.
- Only active employees can enroll. TIPP coverage is not available to family members.
- Pre-existing conditions are subject to certain exclusions.
- If you drop your TIPP coverage, you won't be able to re-apply until a future Summer Enrollment or within 31 days of a qualifying life event. In both cases, you will have to provide EOI, and coverage is not guaranteed.



Your life insurance options

If you're an active employee enrolled in one of ERS' health plans, your health coverage through ERS includes \$5,000 of Basic Term Life Insurance and \$5,000 of Accidental Death & Dismemberment (AD&D) coverage at no cost to you. If you want additional coverage, you can enroll in Optional Term Life Insurance, which comes with AD&D. You also can enroll in Voluntary AD&D for yourself or yourself and your eligible dependents.

	Optional Term Life Insurance	Voluntary AD&D Insurance
Coverage	You may choose from one, two, three or four times your annual salary, up to \$400,000 in coverage. (Coverage amounts change for employees over 70.) Optional Term Life comes with AD&D coverage at no cost to you.	Provides protection for you and your family in the event of certain accidental injuries or accidental death. You can choose insurance from \$10,000 up to \$200,000 in increments of \$5,000. (Coverage amounts change for employees over 70)
Premiums	Based on your election, your salary and your age on Sept. 1, 2025.	Based on your age and whether you are applying for you or you and your family.
When can I make changes	During Summer Enrollment or during a qualifying life event (QLE)	
Does it require EOI? (See page 16.)	Yes	No

Dependent Term Life Insurance

You also have the option of covering eligible dependents in Dependent Term Life Insurance for an additional monthly premium. You can apply through EOI to enroll your eligible dependents in Dependent Term Life Insurance with AD&D insurance. The benefit includes \$5,000 upon the death of a dependent or \$5,000 AD&D in the event of certain accidental injuries for each covered dependent. Your monthly premium covers all your eligible dependents listed on your policy.



Tell it like it is

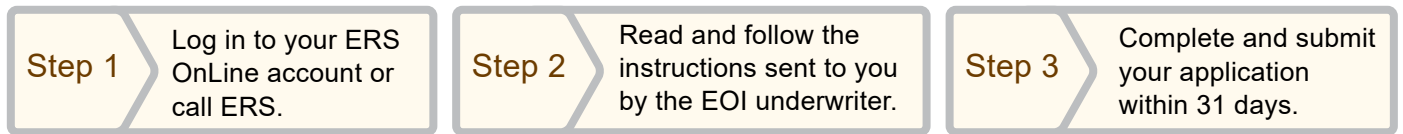
Evidence of insurability (EOI) is an application process in which you provide information about your health or the health of your dependents.

When is it required?

You must complete the EOI process if you've been employed for more than 31 days and are:

- enrolling in Optional Term Life Insurance;
- adding a dependent to Dependent Term Life Insurance or
- enrolling in the Texas Income Protection PlanSM (TIPP).

Following your enrollment request, start the EOI process.



The EOI underwriter may request additional information before making a decision. Your coverage may also be denied based on the information provided on your application. If your coverage is denied, you can apply again during the next Summer Enrollment or within 31 days of a qualifying life event.

When does my coverage begin?

If you initiate EOI during Summer Enrollment and are approved, your coverage will begin on:

- Sept. 1, 2025 or
- the first day of month following EOI approval if the approval is dated on or after Sept. 1

Questions?

For questions about the EOI process for life insurance, contact Securian toll-free at **(877) 494-1716**, Monday – Friday, 8 a.m. – 5 p.m. CT. For questions about the EOI process for disability insurance, contact TIPP toll-free at **(855) 604-6230**, Monday – Friday, 7 a.m. – 7 p.m. CT.

Don't stop thinking about tomorrow

TEXA\$AVERSM 401(k) / 457 Program While you can open and make changes to a Texa\$aver 401(k) or 457 account anytime, Summer Enrollment is a great time to think about your personal retirement savings and enroll in a Texa\$aver account or make changes to your contribution amounts.

Your State of Texas Retirement annuity and Social Security benefits are only part of a financially secure retirement. With Texa\$aver, you can boost your retirement savings through a tax-advantaged account that offers investment flexibility and lower-than-average fees. Learn more at **Texasaver.com**.

Texa\$aver's Retirement Plan Advisors are available to answer individual account questions and help you with your retirement planning goals. They're based in regions around the state, so can meet with you in person. Their salaries are paid from all Texa\$aver participants' monthly fees; they don't make any type of commission. Visit the Texa\$aver website at **Texasaver.com** → **Plan resources** → **Retirement Plan Advisors Map** to schedule an online meeting, or contact a representative toll-free at **(800) 634-5091**, Monday – Friday, 7 a.m. – 6 p.m. CT. You can also scan the QR code to see your region's advisor and their contact information.



Call me maybe

Health

Plan	Administrator	Phone number	Website
HealthSelect of Texas® HealthSelectSM Out-of-State Consumer Directed HealthSelectSM	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711) Nurseline: (800) 581-0368	healthselectoftexas.com
HealthSelectSM Prescription Drug Program	Express Scripts	Toll-free: (800) 935-7189 (TTY: 711)	HealthSelectRx.com
Consumer Directed HealthSelect health savings account (HSA)	Optum Bank	Toll-free: (800) 791-9361 (TTY: 711)	optumbank.com

Dental

State of Texas Dental Choice PlanSM	Delta Dental Group Number – 20010	Toll-free: (888) 818-7925 (TTY: 711)	ERSdentalplans.com
DeltaCare® USA DHMO	Delta Dental Group Number – 79140		

Vision

State of Texas VisionSM	EyeMed Vision Care, LLC Group Number - 1050072	Toll-free: (844) 949-2170 (TTY: 711)	StateofTexasVision.com
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Life and Accidental Death & Dismemberment Insurance

Basic Term Life Insurance Optional Term Life Insurance Dependent Term Life Insurance Voluntary AD&D Insurance	Securian Financial Group, Inc.	Toll-free: (877) 494-1716 (TTY: 711)	lifebenefits.com/plandesign/ers
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Short-term and long-term disability insurance

Texas Income Protection PlanSM (TIPP)	Alight, Inc. Evidence of Insurability underwritten by Brown & Brown	Plan administrator - Toll-free: (855) 604-6230 (TTY: 711) EOI underwriting questions - Applications@eoisupport.com	texasincomeprotectionplan.com
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Other programs

TexFlexSM flexible spending account (FSA) program	Inspira Financial	Toll-free: (866) 353-9839 (TTY: 711)	TexFlexERS.com
Texa\$averSM 401(k) / 457 Program	Empower	Toll-free: (800) 634-5091 (TTY: (877) 606-4790)	texasaver.com
Discount Purchase Program	Beneplace	Toll-free: (800) 683-2886 (TTY: 711) Austin area: (512) 346-3300	Beneplace.com/DiscountProgramERS

We'll be everywhere, man

ERS and plan administrators will be at Summer Enrollment fairs and will host webinars to help you make informed decisions about your benefits. You may attend any of the webinars and fairs listed below, even if you don't work at the agency or institution where it's taking place.

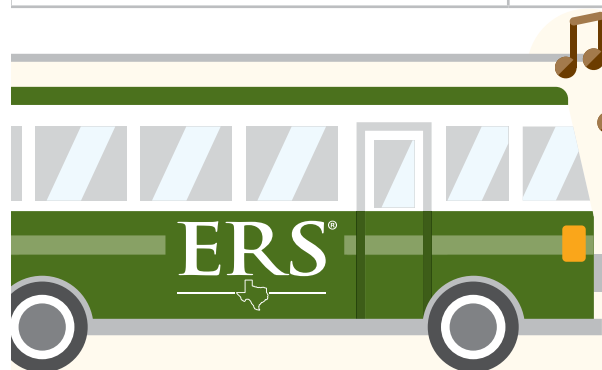
Stream us from home

Summer Enrollment webinars will provide brief overviews of all GBP plans and any changes in the upcoming plan year. Webinars about specific plans will feature an overview of the plan, followed by Q&A with the plan administrator. (Plan representatives can answer general questions. If you have a specific question about your account or a claim, contact the plan's customer service number.)

Webinars during Summer Enrollment

Register for a webinar at ers.texas.gov/Event-Calendar. Once you register, you will get the login information via email.

Topic	Presenter(s)	Dates and times	
		All webinar times are Central Time.	
Summer Enrollment overview	ERS	June 24 at 10 a.m.	July 14 at 3 p.m.
HealthSelect of Texas®	Blue Cross and Blue Shield of Texas	June 24 at 3 p.m.	July 14 at 10 a.m.
Consumer Directed HealthSelect SM	Blue Cross and Blue Shield of Texas Optum Bank (health savings account)	June 27 at 3 p.m.	July 7 at 10 a.m.
HealthSelect SM Prescription Drug Program	Express Scripts	June 27 at 10 a.m.	July 7 at 3 p.m.
Dental Insurance	Delta Dental	July 3 at 3 p.m.	July 11 at 3 p.m.
State of Texas Vision SM	EyeMed	July 3 at 10 a.m.	July 15 at 3 p.m.
Term Life and AD&D Insurance	Securian Financial	July 11 at 10 a.m.	July 17 at 3 p.m.
Texas Income Protection Plan SM	Alight, Inc. (formerly ReedGroup)	June 30 at 3 p.m.	July 18 at 10 a.m.
TexFlex SM	Inspira Financial	June 30 at 10 a.m.	July 16 at 3 p.m.



On the road again: See ERS live!

All fairs are from 10:30 a.m. to 1 p.m. local time. The ERS presentation starts at 11 a.m. If you're an active employee, your agency or institution may be hosting a private fair that's not listed below. Contact your human resources department for information. (See tour schedule page 19.)

Note: Occasionally, due to weather or other issues beyond our control, ERS may cancel or change an event. When possible, we'll provide notice of a cancellation or change on the ERS website. Be sure to check ers.texas.gov the morning of the event for any updates.

June 17**Texas Department of Insurance**

Barbara Jordan Building

1601 Congress Ave.

Austin, TX 78701

*Parking Map: tdi.texas.gov/general/BJB-parking.html***June 18****Texas Department of License and Regulation**

1106 Clayton Lane

Austin, TX 78723

*Park in front of building***Alamo Community College**

ACCESS Building

Boardroom, Broadway 100

2222 N. Alamo St.

San Antonio, TX 78215

*Park in front or back of building or in garage***June 23****Texas Department of Criminal Justice**

Texas Prison Museum

491 TX-75 N,

Huntsville, TX 77320

*Park in lot in front of building except in front row spaces***June 24****Lone Star College**

Community Building, Ballroom

5000 Research Forest Drive

The Woodlands, TX 77381

*Park directly outside of building***June 25****Houston Community College**

West Loop, Campus Auditorium

5601 W. Loop S

Houston, TX 77081

*Park in front of building or in garage***June 26****El Paso Community College**

Building A, Auditorium A

9050 Viscount Blvd.

El Paso, TX 79925

*Park outside of Building A or B***Texas Department of Transportation**

Auditorium

7600 Washington Ave.

Houston, TX 77007

*Park in garage except in spots labeled "reserved"***June 30****North Central Texas College**

Downtown Denton Campus

316 E. Hickory St.

Denton, TX 76201

*Park in garage on 316 E. Sycamore St.***July 2****Austin Community College Highland Campus**

Room 1550, Presentation Hall

6101 Highland Campus Drive

Building 2000

Austin, TX 78752

*Park in garage***Tarrant County College District**

Trinity River Campus

Room TRTR 4008 (presentation);

Room TRTR Main St. (benefit fair)

300 Trinity Campus Circle

Fort Worth, TX 76102

*Park in Trinity River Campus parking garage at 700 W. Belknap St.; entrance to garage at intersection of Belknap Street and Cherry Street***July 8****Texas Tech University Health Sciences Center**

School of Pharmacy Academic

Classroom Building

1340 S. Coulter St.

Amarillo, TX 79106

*Park in Lot F1 or Lot E1 except in spaces marked "reserved"***South Texas College**

Student Union Ballroom 2.100

3201 W. Pecan Blvd.

Building U

McAllen, TX 78501

*Park in any lot***July 9****Texas Tech University Health Sciences Center**

Academic Event Center

3601 Fourth St.

Lubbock, TX 79430

*Park in Lot D2 in front of Academic Center or Lot B3***July 10****Community Supervision and Corrections Department**

3036 N. Bryant Blvd.

San Angelo, TX 76903

*Park in front of building***Texas State Technical College**

Room 133 A (benefits fair)

Room 136 (presentation)

2424 Boxwood St.

Harlingen, TX 78550

*Park in front of building***July 15****Texas Department of Insurance**

Barbra Jordan Building

1601 Congress Ave.

Austin, TX 78701

*Parking map: tdi.texas.gov/general/BJB-parking.html***July 21****College of the Mainland**

COM Conference Center

Room 135 A, B, C

1200 N. Amburn Rd.,

Texas City, TX 77591

*Park in Lot C in unmarked spots; enter from Amburn Road, turn left into Lot C, before the stop sign***July 22****Brazosport College**

Corporate Learning Center

Room 103 (no presentation)

500 College Drive

Lake Jackson, TX 77566

*Park in Orange Lot***July 23****Texas State Technical College**

ITC Building, Open Foyer Area

26706 Southwest Freeway

Rosenberg, TX 77471

*Park in any lot***July 24****University of Houston Clear Lake**

Bayou Building, Garden Room

2700 Bay Area Blvd.

Houston, TX 77058

*Temporary visitor permits may be purchased via parking kiosks***Don't miss the show!****All fairs: 10:30 a.m. - 1 p.m.****Presentations: 11 a.m.****More parking information online at ers.texas.gov/SE-2025**

The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex. ERS provides people with disabilities reasonable modifications and free communication aids to allow for effective communication with us such as written information in other formats (large print, audio, accessible electronic formats, other formats). ERS also provides free language assistance services to people whose first language is not English such as qualified interpreters, and written information in other languages.

If you need these services, call: **1-877-275-4377, TTY: 711.**

If you believe that ERS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Attn: Section 1557 Coordinator
Employees Retirement System of Texas
P.O. Box 13207, Austin, Texas 78711.
Phone: **1-877-275-4377; TTY: 711**
Fax: 512-867-3480.
Email: 1557coordinator@ers.texas.gov

For more information visit: <http://www.ers.texas.gov>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

Centralized Case Management Operations Phone: 800-368-1019
U.S. Department of Health and Human Services TTY/TDD: 800-537-7697
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint Forms: [hhs.gov/civil-rights/filing-a-complaint/index.html](https://www.hhs.gov/civil-rights/filing-a-complaint/index.html)

Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Email: OCRComplaint@hhs.gov

Please visit <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html> for details.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.	فارسي Persian	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. یا شماره 855-710-6984 (تلفن ثابت: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.	Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
中文 Chinese	注意: 如果您说中文, 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电855-710-6984 (文本电话: 711) 或咨询您的服务提供者。	ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિયલ સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
한국어 Korean	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.	РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.	日本語 Japanese	注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。855-710-6984 (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیسی میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔	ລາວ Laotian	ເລື່ອງຄວາມ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍເຫຼືອພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງມືແລະ ສະບັບສອບຖາມທີ່ສາມາດໃຊ້ໄດ້ໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາໂດຍ 855-710-6984 (TTY: 711) ຫຼື ສົມທົບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.	Diné Navajo	SHOOH: Diné bee yáanii't'gogo, saad bee aná'awo' bee áka'anida'awo't'áá jiik'eh ná hóló. Bee ahíi hane'go bee nida'anishí t'áá ákodaat'ehígíí dóó bee áka'anida'wo't' áko bee baa hane't' bee hadadilyaa bich'i' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjil' 855-710-6984 (TTY: 711) hodililnih doodago nika'aná'awo't' bich'i' hanidzihih.
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY: 711) ou parlez à votre fournisseur.		
हिंदी Hindi	ध्यान दें, यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी नि:शुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।		