Health insurance

General Q&As

What does HealthSelect℠ offer to help me lose weight?

HealthSelect of Texas® plans, including Consumer Directed HealthSelect℠, offer two programs at no-cost to participants as support for weight management:

- **Wondr™** is a self-paced program that offers weekly videos, and participants will learn skills to help lose weight and improve healthy eating.
- **Real Appeal®** provides an online community for participants to meet weekly with a coach.

Eligible individuals can participate in one program at a time. Learn more on the HealthSelect Weight & Lifestyle Management Programs page.

Can a provider be added to the HealthSelect medical network?

You can nominate a provider by submitting a form through the HealthSelect website. Blue Cross and Blue Shield of Texas (BCBSTX) will contact the provider with further information. A nomination does not guarantee that a provider will be accepted into the network. Even if a provider is accepted, it may take up to 90 days for them to fully join.

Do the HealthSelect plans cover medical expenses while traveling?

Yes, even if you are traveling internationally. Find out more on the BCBSTX HealthSelect Care While Traveling page. BCBSTX Personal Health Assistants are also available toll-free at **(800) 252-8039 (TTY: 711)**, Monday – Friday from 7 a.m. – 7 p.m., or Saturday from 7 a.m. – 3 p.m. CT. Participants may also use the secure chat Monday-Friday, 8 a.m. – 5 p.m. CT, after logging into Blue Access for Members℠.

HealthSelect of Texas Q&As

If I have a chronic condition and my primary care provider has already referred me to a specialist, do I need to get a new referral every year to continue treatment?

Yes. A referral can be valid for up to a year. You will need a new referral from your primary care provider once the current referral expires.

Dependent children are eligible for health insurance coverage if they are under age 26, whether married or unmarried. When and whom do I notify when my child turns 26?

You will receive a letter when your child is approaching 26. Depending on your child's birthday, their health insurance coverage will end on either the last day of their birthday month or the first day of the following month. Please contact the ERS for questions about changes to your health insurance premium.

Are there any limitations on changing my primary care provider?

You can change your primary care provider once a day. There are no other limitations.

Consumer Directed HealthSelect Q&As

Do I have to pay the full cost of medications until I meet my deductible?

Yes. The deductible includes the full cost of medical services and prescriptions. Once you meet the deductible, you'll pay a coinsurance for both medical expenses and prescriptions:

- In-network: 20% cost
- Out-of-network: 40% cost

Can I see any provider?

Consumer Directed HealthSelect participants do **not** have to designate a primary care provider or get referrals to see specialists. However, participants will pay less out of pocket —possibly a lot less—when they see in-network providers.

Do participants have to pay for Virtual Visits (Doctor On Demand and MD Live)?

Consumer Directed HealthSelect participants must meet their annual deductible before coverage applies to Virtual Visits, and then the individual pays the applicable coinsurance. Even with the coinsurance, most Consumer Directed HealthSelect participants probably will pay less for a medical Virtual Visit than they would for an in-office or telemedicine visit.

Health savings account (HSA) Q&As

Will ERS open the HSA for Consumer Directed HealthSelect members?

No. Each member is responsible for opening an HSA with Optum Bank. This can be completed online in about 10 minutes! Once a participant opens their HSA, they'll begin receiving monthly state contributions and can also choose to make additional pre-tax contributions from their salary. Read more about the value of an HSA.

If my invested HSA funds grow, does that growth count toward my contribution maximum, or can the account balance increase without affecting it?

Investment earnings and interest do **not** count toward the HSA contribution maximum.

What happens to the HSA if I were to switch health plans?

Your HSA stays active as long as you want, even if you switch health plans or leave state employment. This includes keeping the state contributions you received while enrolled in Consumer Directed HealthSelect. You can continue to use the funds to pay for qualified expenses, but you can't contribute or accept contributions to the account unless you're enrolled in Consumer Directed HealthSelect.

Consumer Directed HealthSelect HSAs were a popular topic during Summer Enrollment. You can find more FAQs on the ERS website.

HealthSelect℠ Prescription Drug Program Q&As

How much will my prescription cost?

The cost of prescriptions can vary based on several factors, including quantity, dosage, if the medication is generic preferred or non-preferred and which health plan you're enrolled in. Participants can use the Price a Medication tool on the Express Scripts® website or contact customer service to check the cost of a specific medication.

What if I do not use a pharmacy in the Express Scripts network?

You will need to pay the total retail price for your prescription and then submit a Paper Claim Reimbursement Form (pdf). Read the instructions carefully before completing the form. Please be aware that the member pays a higher share of the cost for prescriptions filled out-of-network than for prescriptions filled at an in-network pharmacy.

Does Express Scripts have a mail-order service?

Yes. Express Scripts has a mail-service pharmacy. You can get a 90-day supply of maintenance medications through mail service without having to pay the retail maintenance fee you would pay at a retail pharmacy.

Dental insurance

Will Humana administer both dental plans starting Sept. 1?

Yes, Humana will administer the State of Texas Dental Choice Plan℠ preferred provider organization and will insure the HumanaDental dental health maintenance organization. Employees who continued or elected dental coverage will receive a welcome letter from Humana in August. There are no changes to the coverage, although some providers who were in Delta Dental's network might not be in Humana's network. Employees can also reference the dental transition handout (pdf) for more information.

Will I receive an ID card in the mail for Plan Year 2027 coverage?

No. Once participants set up their MyHumana account, they can access a digital ID card. Humana's welcome letter will also include the participant's member ID number (dependents are under the same ID number). When you and/or your dependent visit the dentist, you can simply provide the member ID number, along with the patient's name and date of birth.

My child has braces and is seeing an orthodontist. What do I need to do now that Humana will be the plan administrator?

Ask your orthodontist to submit the Transition of Orthodontic Care Form (pdf) to request a transfer of active, ongoing orthodontic treatment, such as braces or clear aligners. Humana does not guarantee the transition of care benefits. If you have questions about continuing orthodontic care, please contact Humana's customer care for assistance at **(855) 756-6580 (TTY: 711)**, Monday through Friday, 8 a.m. – 7 p.m. CT.

Optional life insurance

Why is my premium changing, if I'm keeping Optional Term Life Insurance in Plan Year 2027 and premium rates didn't go

up?

The premium for Optional Term Life Insurance is based on the election (1 – 4), your salary and your age on Sept. 1. Therefore, if you changed your election, had a salary change and/or your age ends in a 0 or 5 as of Sept 1., your premium will be different than the year before.

Will I be eligible for optional life insurance as a retiree?

If you are enrolled in Optional Term Life Insurance at retirement, you can continue with elections 1 or 2. If you have election 3 or 4, your coverage will automatically change to election 2, but you can choose to reduce your coverage to election 1 or Retiree Fixed $10,000 Optional Life Insurance. Once you reduce your coverage as a retiree, you cannot increase it later. The amount of coverage under election 1 or 2 is based on the salary you were making just before you retired.

Important note: At age 70, your Optional Term Life Insurance coverage begins decreasing, while you will still have age-based premium increases every five years. The change in premium is effective Sept.1 for retirees not eligible for Medicare and Jan.1 for Medicare-eligible retirees.

If you are not enrolled in Optional Term Life Insurance at retirement, you can apply for Retiree Fixed $10,000 Optional Life Insurance within the first 30 days from your retirement date (not including the date of your retirement). You will have to apply through evidence of insurability (EOI), and coverage is not guaranteed.

If you have Dependent Term Life Insurance at the time you retire, you can continue the coverage as long as the covered dependents remain eligible. Coverage for dependents of retirees is reduced to $2,500 with no AD&D clause. If your eligible dependent is not enrolled in Dependent Term Life, you can enroll them through EOI.

What are examples of Voluntary AD&D coverage?

If you die as the direct result of an accidental bodily injury, your beneficiaries will receive the full amount of your coverage.

Enrolled family members are covered at partial benefit levels. Your spouse is covered at 50% of your enrolled amount. Eligible children are covered at a lower percentage, which is reduced if your spouse is alive at the time of your child’s death.

If you have an accident and suffer any of the covered injuries, such as loss of a hand, a foot or sight in one or both eyes, you will receive a percentage of the full amount of your coverage.

If an eligible family member loses a hand, a foot or sight of one or both eyes in an accident, you receive a percentage of the benefit if you have coverage for that family member.

State of Texas Vision℠ insurance

Can I use the $200 allowance toward eyeglass frames and contacts?

No. You must choose to use the $200 allowance toward either eyeglass frames **or** contacts.

What if the eyeglass frames I want are more than $200?

Your annual $200 allowance will be applied to the cost of the frames, and you'll receive 20% off any remaining balance. Lens copays will apply. Review the State of Texas Vision Benefits Summary (pdf) for more detailed information. Please contact EyeMed's customer care at **(844) 949-2170 (TTY: 711)** for questions about out-of-pocket costs.

I had LASIK surgery, so I no longer need glasses or contacts. Can I use my $200 allowance towards non-prescription sunglasses?

No. Your $200 allowance will only apply to eyeglass frames with a prescription. You can get 20% off non-covered items, including non-prescription sunglasses. State of Texas Vision coverage also includes a discounted copay of $15 for in-network comprehensive eye exams.

Texas Income Protection Plan℠ (TIPP) disability insurance

When should I file my disability claim?

File your disability claim as soon as possible but within a year from the first day of your disability:

1. Use the online self-service option, or
2. Call TIPP Customer Care.

A claim manager with Alight Solutions, the current administrator of TIPP, will assist you throughout your claim. If your claim is approved, your payment will be issued on the first business day of the month.

Do I need to use other types of leave in addition to sick leave, such as vacation leave?

No. You will only need to exhaust your personal sick leave, sick leave pool and extended sick leave during your waiting period. Please note that if your sick leave exceeds the waiting period, you must use all of it before TIPP disability payments can begin.

What happens if I get other disability payments?

TIPP benefits are reduced if you get other disability payments, such as:

- Social Security Disability Insurance,
- Workers' Compensation payments,
- ERS disability retirement benefits,
- Teacher Retirement System of Texas disability retirement benefits and/or
- other disability payments.

How much your TIPP benefit is reduced depends on the amount of the other benefit(s). The minimum benefit from TIPP is 10% of your monthly salary.

TexFlex^{SM} flexible spending accounts (FSA)

Does my child and/or spouse need to be enrolled in my health plan so I can use my FSA funds on their eligible expenses?

No. Any dependent or spouse you claim on your federal taxes qualifies for the use of FSA funds. Similarly, active employees can participate in TexFlex even if they are not enrolled in any Texas Employees Group Benefits Program (GBP) insurance.

Can I use my Plan Year 2027 funds for an expense I incurred in Plan Year 2026?

No. FSAs are governed by the federal Internal Revenue Service (IRS) and have rules about when funds can be used.

If you participated in TexFlex in PY26 and had funds remaining in your account(s) on Aug. 31, 2026, you have until Dec. 31, 2026 to submit claims for PY26 expenses (those incurred Sept. 1, 2025 – Aug. 31, 2026 for a healthcare or limited-purpose FSA, or Sept. 1, 2025 – Nov. 15, 2026 for the dependent care FSA).

My TexFlex debit card is suspended. What do I need to do?

If they can't use their debit card, participants can pay out-of-pocket, then submit an itemized receipt or Explanation of Benefits to request reimbursement from Inspira Financial. They can also pay Inspira Financial directly to offset the amount, or check their TexFlex account for any unpaid claims they can apply toward their out-of-pocket expenses. Reference the TexFlex Program Resources page for more information.