Summer Enrollment

Plan Year 2024

September 1, 2023 – August 31, 2024
What is Summer Enrollment?

Summer Enrollment is your chance to review your benefits and make changes. It is the only time you can make benefit changes unless you have a qualifying life event during the plan year.

You should take this opportunity to refresh your knowledge about your coverage options. Consider any life changes you’ve had in the past year and think about what services and coverage you and your family may need for PY24.

Benefits Include:

- Health
- Optional Term Life*
- Short Term Disability*
- Flexible Spending Accounts:
- Dental
- Dependent Term Life*
- Long Term Disability*
- Health & Dependent Care
- Vision
- Voluntary Accidental Death & Dismemberment

*Some benefit changes require proof of good health, called Evidence of Insurability (EOI).
When is UHCL’s Summer Enrollment Period?

**July 3– July 14, 2023**

- This is only a two-week period
- All changes should be made directly with ERS Online at [www.ers.texas.gov](http://www.ers.texas.gov), OR by calling ERS directly at (866) 399-6908.
- Customer service line will be available Monday – Friday, 7:30 a.m. to 7:00 pm. during this period.
- Changes made will become effective 9/1/2023.
- If you do not make any changes to your elections during this two-week period, your benefit elections will continue as they are.
Health Insurance
Medical Insurance

• **Full-time employees** will continue to have **100% of their premium paid** and 50% of dependents’ premiums paid.

• **Part-time employees** will continue to have **50% of their premium paid** and 25% of dependents’ premiums paid.

• Two medical plan options:
  • **HealthSelect of Texas**
    • Point-of-service plan administered by Blue Cross and Blue Shield of Texas (BCBSTX)
  • **Consumer Directed Health Select**
    • High-deductible health plan administered by Blue Cross and Blue Shield of Texas (BCBSTX)
Medical Insurance - Plan Year 2024 Changes

• Plan changes go into effect September 1, 2023

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

Plan Features:

• Stay in-network to avoid paying higher out-of-pocket costs
• Must select a Primary Care Physician (PCP)
• Referral is needed to see a specialist. Referral is not required for eye exams, OBGYN visits, mental health services, chiropractic care, speech, physical and occupational therapy, virtual visits and urgent care
• Preventative services, including annual check-up and immunizations, are covered 100%
• Mental health and medical virtual visits are available at no cost through Doctor on Demand and MDLIVE
• Prior authorization required for:
  • Surgery, in-patient hospital stays, durable medical equipment
• Deductibles and out-of-pocket maximums are based on the calendar year. If coverage starts on 9/1/2023, deductibles and out-of-pocket max will start over on 1/1/2023.
HealthSelect of Texas - BCBSTX

**Full-time employee rates:**

<table>
<thead>
<tr>
<th></th>
<th>Premium</th>
<th>State Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>624.82</td>
<td>624.82</td>
<td>0.00</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>1,340.82</td>
<td>982.82</td>
<td>358.00</td>
</tr>
<tr>
<td>You + Children</td>
<td>1,104.22</td>
<td>864.52</td>
<td>239.70</td>
</tr>
<tr>
<td>You + Family</td>
<td>1,820.22</td>
<td>1,222.52</td>
<td>597.70</td>
</tr>
</tbody>
</table>

**Part-time employee rates:**

<table>
<thead>
<tr>
<th></th>
<th>Premium</th>
<th>State Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>624.82</td>
<td>312.41</td>
<td>312.41</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>1,340.82</td>
<td>491.41</td>
<td>849.41</td>
</tr>
<tr>
<td>You + Children</td>
<td>1,104.22</td>
<td>432.26</td>
<td>671.96</td>
</tr>
<tr>
<td>You + Family</td>
<td>1,820.22</td>
<td>611.26</td>
<td>1,208.96</td>
</tr>
</tbody>
</table>

- Total premium includes the cost for Basic Life Insurance
Consumer Directed HealthSelect - BCBSTX

This plan is made up of two key parts:

- High Deductible Health Plan administered by BCBSTX
- Health Savings Account administered by Optum Bank

You should only enroll in this plan if you are prepared to pay for all health care costs, including prescriptions, out of your pocket until you reach the $2,100 deductible (employee only) or $4,200 deductible (employee + dependents)

Plan Features:

- You do not need to select a PCP or need a referral for specialists
- Preventative services, including annual check-up and immunizations, are covered 100%
- Deductibles and out-of-pocket maximums are based on the calendar year. If coverage starts on 9/1/2023, deductibles and out-of-pocket max will start over on 1/1/2024.
### Full-time employee rates:

<table>
<thead>
<tr>
<th></th>
<th>Premium</th>
<th>State Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>624.82</td>
<td>624.82</td>
<td>0.00</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>1,305.02</td>
<td>982.82</td>
<td>322.20</td>
</tr>
<tr>
<td>You + Children</td>
<td>1,080.24</td>
<td>864.52</td>
<td>215.72</td>
</tr>
<tr>
<td>You + Family</td>
<td>1,760.44</td>
<td>1,222.52</td>
<td>537.92</td>
</tr>
</tbody>
</table>

### Part-time employee rates:

<table>
<thead>
<tr>
<th></th>
<th>Premium</th>
<th>State Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>624.82</td>
<td>312.41</td>
<td>312.41</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>1,305.02</td>
<td>491.41</td>
<td>813.61</td>
</tr>
<tr>
<td>You + Children</td>
<td>1,080.24</td>
<td>432.26</td>
<td>647.98</td>
</tr>
<tr>
<td>You + Family</td>
<td>1,760.44</td>
<td>611.26</td>
<td>1,149.18</td>
</tr>
</tbody>
</table>

- Total premium includes the cost for Basic Life Insurance. The “State Pays” amount includes a monthly contribution to the member’s health savings account (HSA).
Tobacco Certification

• You only need to update your tobacco-use status if you or your dependent(s)’ tobacco-use status has changed.

• A tobacco user is a person who has used any tobacco products five or more times within the past three consecutive months.

• Certified tobacco users pay a monthly tobacco user premium.

• Tobacco products are all types of tobacco, including e-cigarettes and vaping products. If you or a covered family member uses these products, you are required to report it to ERS.

• Our plans offer tobacco users coverage for prescription drugs to help quit - consult with your PCP.
HealthSelect Prescription Drug Program

• **NEW!** Express Scripts will be the new carrier for the HealthSelect Prescription Drug Program effective **January 1, 2024**.

• OptumRx will continue to manage the program through December 31, 2023.

• There are no other changes to prescription drug benefits.
Dependent Eligibility Audit

Adding Dependents to Your Health Coverage:

• You will be asked to provide documentation showing the dependents are eligible for coverage.
• If you do not respond or send the required documents, all of your unverified dependents will lose all insurance coverage.
• Documents dated after the dependent was enrolled will not be accepted, even if the date is before the coverage begin date.

Instructions for Enrolling Dependents Found Ineligible during the Dependent Eligibility Audit:

• Dependents removed from GBP coverage due to the Dependent Eligibility Audit will still show as a dependent in ERS OnLine; however, they will not be enrolled, and the Enroll box will be grayed out.
• If you want to re-enroll a dependent previously dropped during dependent verification, you must submit documentation to ERS (not to Alight Solutions, the third-party administrator) to prove the dependent’s eligibility.
Optional Benefits

*Dental, Vision, Life, AD&D, Disability, and FSAs*
Dental: State of Texas Dental Choice Plan

Plan Features:

• The Plan is a preferred provider organization (PPO) dental insurance plan administered by Delta Dental.

• Two networks:
   • Delta Dental PPO Network
   • Delta Dental Premier Network

• Same coverage in either network, but you may pay less for covered services in the Delta Dental PPO network. Delta Premier dentists can charge higher rates for the same coverage.

• Visit www.ERSdentalplans.com to search provider network

Rates:

<table>
<thead>
<tr>
<th>State of Texas Dental Choice</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>28.73</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>57.46</td>
</tr>
<tr>
<td>You + Children</td>
<td>68.95</td>
</tr>
<tr>
<td>You + Family</td>
<td>97.68</td>
</tr>
</tbody>
</table>
Dental: DeltaCare USA DHMO

Plan Features:

• Coverage applies only to dentists in the Texas service area. Before enrolling, ensure a DeltaCare USA network dentist is in your area. Visit www.ERSdentalplans.com to search provider network.

• You must choose a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different PCDs.

• Services from participating specialty dentists cost 25% less than the dentists’ usual charges when specialty care is coordinated by your PCD.

Rates:

<table>
<thead>
<tr>
<th>DeltaCare USA DHMO</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>9.59</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>19.18</td>
</tr>
<tr>
<td>You + Children</td>
<td>23.02</td>
</tr>
<tr>
<td>You + Family</td>
<td>32.59</td>
</tr>
</tbody>
</table>

Premiums increase slightly to match PY22 rate.
Where’s My Dental ID Card?

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

If you would like an ID card, you can:

• Download a virtual ID card to your smartphone through the Delta Dental app.
• Download and print your ID information from www.ERSdentalplans.com
• Call Delta Dental toll-free at (888) 818-7925 and they will mail a paper copy to you.

• Only the employee name will be listed on the card.
  • Providers can verify your dependent's coverage using your dependent's name or your name and the plan ID number.
State of Texas Vision

Plan Features:
- **NEW!** Beginning September 1, 2023, EyeMed will be the new administrator of the State of Texas Vision plan
- Contact Superior Vision through August 31st for questions about coverages/costs
- For general questions, call EyeMed at 844-949-2170 or search the EyeMed provider network at [https://member.eyemedvisioncare.com/stateoftexasvision](https://member.eyemedvisioncare.com/stateoftexasvision)
- Covers annual eye exam for $15 copay (in-network)
- In-network allowance of $200 for frames or contact lenses

<table>
<thead>
<tr>
<th>State of Texas Vision</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>4.61</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>9.22</td>
</tr>
<tr>
<td>You + Children</td>
<td>9.91</td>
</tr>
<tr>
<td>You + Family</td>
<td>14.52</td>
</tr>
</tbody>
</table>

Rates remain the same
Life and Accidental Death & Dismemberment Insurance

• **Basic Term Life Insurance:**
  - Enrollment in the health plan includes a $5,000 policy provided at no cost to you

• **Optional Term Life Insurance***
  - Coverage from one to four times your annual salary, up to $400,000
  - Slight premium increase
  - Some employees may see an additional premium difference if they’ve had a salary or age category change as of September 1, 2023

• **Dependent Term Life Insurance***
  - $5,000 term life policy for each covered family member
  - Slight premium increase

• **Voluntary Accidental Death and Dismemberment (AD&D)**
  - Employee and Family Coverage from $10,000 up to $200,000

*Requires EOI to elect or increase coverage.
Disability Coverage: Texas Income Protection Plan (TIPP)

- Short-Term Disability & Long-Term Disability

  - Slight decrease in short-term disability premiums
  - Reed Group Management, LLC is the administrator for TIPP disability insurance.
  - Evidence of insurability (EOI) is underwritten by Guardian Life Insurance. EOI is required to enroll in disability coverage.
  - Some employees may see a change in their premium if they’ve had a salary change as of September 1, 2023.
Evidence of Insurability (EOI)

Evidence of insurability is an application step in which you provide information about your health or that of your dependents.

Coverage that requires EOI:
- Optional Term Life Insurance enrollment and benefit increases
- Dependent Term Life Insurance enrollment
- Short-Term Disability enrollment
- Long-Term Disability enrollment

Coverage that does not require EOI:
- Health insurance enrollment, change, waive and opt-out credit option
- Dental enrollment and changes
- Vision enrollment
- Voluntary AD&D enrollment and changes
- Decrease of drop any coverages

Please note that applying through EOI does not guarantee that coverage will be approved.
Evidence of Insurability (EOI)

How to submit your EOI:

• You will see a pop-up message when you elect coverage that requires EOI. Click the Initiate EOI Online link.

• You will be able to choose if you want the EOI underwriter to communicate by email or mail.

• The EOI underwriter will provide instructions for submitting your EOI application.

• You must answer all questions on the EOI application truthfully and completely. Missing information can delay the process. If needed, the EOI underwriter will request additional information to make a decision on your application.

Coverage Start Dates:

• If EOI approval is dated before September 1st, coverage becomes effective September 1, 2023

• If EOI approval is dated on or after September, coverage becomes effective the first day of the following month.
Evidence of Insurability (EOI)

Example EOI Request for Optional Life:

- All benefits that require EOI have a similar pop-up message directing the user to the Initiate EOI Online Request link.
TexFlex - Flexible Spending Accounts

Health Care and Dependent Care Flexible Spending Accounts (FSAs)

• If you currently have a TexFlex account(s) and you do not make changes during Summer enrollment period, your contributions will remain the same.

Changes to flexible spending account (FSA):

• The maximum annual contribution for healthcare or limited-purpose FSA is increasing to $3,050 (from $2,850 in PY23).

• Current health care FSA and limited-purpose FSA participants can carry over up to $570 in unused funds from PY23 (ending Aug. 31, 2023) to PY24 (starting Sept. 1, 2023). Any unused PY23 funds over $570 will be forfeited.

• Participants of health care or limited-purpose FSA in PY24 can carry over up to $610 from PY24 (ending Aug. 31, 2024) to PY25 (starting Sept. 1, 2024). Any unspent funds over $610 will be forfeited.
Additional Summer Enrollment Information
Summer Enrollment Confirmations

• ERS will send a Summer Enrollment confirmation to each employee who makes a change in ERS OnLine during Summer Enrollment.

• ERS sends confirmations by email, if there is an email address on file in ERS OnLine; otherwise, they will send the notice through U.S. mail.

• Summer Enrollment confirmations are sent daily.

• **Keep your summer enrollment confirmation!**

• **Review your payroll check to confirm** that the changes made during this period are reflected on your payroll check:
  - Biweekly paid: payroll check dated 09/22/2023
  - Monthly paid: payroll check dated 10/02/2023

• **Report** any issues to your **Benefits Coordinator** and provide your **summer enrollment confirmation immediately** upon reviewing your payroll check.

• **Summer Enrollment corrections MUST be reported to ERS by October 13, 2023** (no exceptions).
### Summer Enrollment Tips

- You can change your Summer enrollment elections throughout the Summer enrollment period, but **only your last entry** is what will become effective 9/1/2023.
- **“New”** benefit line elections are processed, **regardless of whether or not employees click “Submit” on the enrollment page** (see example below).

<table>
<thead>
<tr>
<th>Benefit Line</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tobacco User Certification</strong></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Current: Certified as Non-Tobacco User</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New: Certified as Non-Tobacco User</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Current: Waive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New: Waive</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td>5.12</td>
</tr>
<tr>
<td>Current: Waive</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Life</strong></td>
<td>State Pays</td>
<td></td>
</tr>
<tr>
<td>Current: Basic Life: $5,000</td>
<td>2.22</td>
<td>0.00</td>
</tr>
<tr>
<td>New: Basic Life: $5,000</td>
<td>2.22</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Questions?

Kristyn Dalmolin
Senior Benefits Coordinator
dalmolink@uhcl.edu
281-283-2169