

**Amendment No. Two
to the
EMPLOYEE BENEFIT PLAN
(herein referred to as the “Plan”)
MASTER BENEFIT PLAN DOCUMENT
describing
HEALTHSELECT OF TEXASSM
MANAGED CARE PLAN
(hereinafter referred to as “Plan” or “HealthSelect”)
for the
EMPLOYEES RETIREMENT SYSTEM OF TEXAS
(hereinafter referred to as “ERS”)
Account: 38000-B
Effective: January 1, 2007**

I. Exhibit A of the Master Benefit Plan Document describing the HealthSelect of Texas Managed Care Plan (In-Area Benefits) is amended as follows:

A. Article I (Definitions), Section CC (Other Medical Expense), Subsection 12 (Prosthetic Appliances) is modified by deleting it in its entirety and substituting the following:

12. Prosthetic Appliances such as:
 - (a) Prostheses (including training prostheses) required for the alleviation or correction of conditions, including Accidental Injuries commencing after the Participant’s Effective Date of coverage under the Texas Employees Group Benefits Program self insured plan or;
 - (b) Appliances prescribed as a result of a mastectomy.

II. Exhibit B of the Master Benefit Plan Document describing the HealthSelect of Texas Comprehensive Medical Care Plan (Out-of-Area Benefits) is amended as follows:

A. Article I (Definitions), Section BU (Other Medical Expense), Subsection 12 (Prosthetic Appliances) is modified by deleting it in its entirety and substituting the following:

12. Prosthetic Appliances such as:

- (a) Prostheses (including training prostheses) required for the alleviation or correction of conditions, including Accidental Injuries commencing after the Participant's Effective Date of coverage under the Texas Employees Group Benefits Program self insured plan or;
- (b) Appliances prescribed as a result of a mastectomy.

For: Employees Retirement System of Texas

By: _____
Ann S. Fuelberg, Executive Director

For: Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company

By: _____
Jackie Hamilton, Senior Vice President