



# 2019 Medical Plan Comparison

	Consumer-Driven Health Plan		Cigna Limited Network	Cigna Open Access
	In Network	Out-of-Network		
<b>Biweekly Medical Plan Rates - All Discounts Applied</b>				
Employee only	\$ 22.74		\$ 0	\$ 61.28
Employee + Children	\$ 68.28		\$ 102.84	\$ 183.82
Employee + Spouse	\$ 91.04		\$ 137.14	\$ 245.12
Employee + Family	\$ 136.57		\$ 205.71	\$ 367.67
<b>Monthly contributions for all retirees under age 65 who are not Medicare-eligible</b>				
Retiree only	\$311.89		\$374.27	\$623.78
Retiree + children	\$499.03		\$598.83	\$998.09
Retiree + spouse	\$810.94		\$973.10	\$1,537.65
Retiree + family	\$998.09		\$1,197.67	\$1,906.37
<b>Plan Basics</b>				
Health Reimbursement Account	City contributes \$500 per individual/\$1,000 per family per Plan Year		No	No
Lifetime Maximum	Unlimited per individual		Unlimited per individual	Unlimited per individual
Coinsurance	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	No	30% Plan pays 70% after the deductible is met
Plan Year Deductible for Medical services	<b>Individual \$1,750 Family \$3,500</b>	<b>Individual \$3,500 Family \$7,000</b>	<b>Individual \$200 / Family \$600</b>	<b>Individual \$850 / Family \$1,700</b>
Plan Year Out-of-Pocket Maximum (includes deductibles, coinsurance and copayments)	<b>Individual \$7,900 Family \$15,800</b> <small>The family maximum is met when coinsurance for all covered family members reach \$15,800 except that no single family member shall meet more than \$7,900.</small>	<b>Individual \$15,000 Family \$30,000</b> <small>The family maximum is met when coinsurance for all covered family members reach \$30,000 except that no single family member shall meet more than \$15,000.</small>	<b>Individual \$7,900 / Family \$15,800</b> <small>The family maximum is met when deductibles, coinsurance and copayments for all covered family members reach \$15,800 with no single family member meeting more than \$7,900.</small>	<b>Individual \$7,900 / Family \$15,800</b> <small>The family maximum is met when deductibles, coinsurance and copayments for all covered family members reach \$15,800 with no single family member meeting more than \$7,900.</small>
<b>Office visits</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
Office visit	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	<b>Primary Care Physician \$35 Specialist \$65</b>	<b>Primary Care Physician \$40 Cigna Care Network (CCN) Specialist \$65 Non-CCN Specialist \$80</b>
<b>Preventive services</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
Routine preventive services for children, immunizations, well-woman and well-man exam, mammogram, PSA, pap smear, colonoscopy	No charge	40% Plan pays 60% after the deductible is met	No charge	No charge
<b>Inpatient hospital facility services</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
Semi-private room and board and other non-physician services	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	\$600 per day (\$3,000 per participant per Plan Year maximum)	30% Plan pays 70% after the deductible is met
<b>Outpatient services</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
Outpatient surgery (facility services)	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	\$350 per procedure (\$700 per participant per Plan Year maximum)	30% Plan pays 70% after the deductible is met
Physical, occupational, cognitive and speech therapy	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	<b>Primary Care Physician \$35 Specialist \$65</b>	<b>Primary Care Physician \$40 Cigna Care Network (CCN) Specialist \$65 Non-CCN Specialist \$80</b>
<b>Emergency and urgent care services</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
Hospital emergency room	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	No charge after \$400 per visit (waived if admitted)	30% Plan pays 70% after the deductible is met
Ambulance	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	You pay \$100	30% Plan pays 70% after the deductible is met
Urgent care services			You pay \$65 per visit (NOT waived if admitted)	\$75 per visit (NOT waived if admitted)
<b>Lab and X-ray</b>	<b>You Pay</b>	<b>You pay</b>	<b>You Pay</b>	<b>You Pay</b>
Lab and X-ray • Physician's office			<b>Primary Care Physician \$35 Specialist \$65</b>	<b>Primary Care Physician \$40 Cigna Care Network (CCN) Specialist \$65 Non-CCN Specialist \$80</b>
Lab and X-ray • Outpatient hospital facility • Independent lab facility • Independent x-ray and/or lab facility as part of an ER visit	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	No charge	30% Plan pays 70% after the deductible is met
Advanced radiological imaging MRI, MRA, CT Scan, PET Scan, etc.			<b>Outpatient facility or Emergency Room</b> \$100 per type of scan per day  <b>Inpatient facility</b> Covered under Inpatient Hospital Facility Services	30% Plan pays 70% after the deductible is met
<b>Mental health and substance abuse services</b>	<b>You Pay</b>	<b>You pay</b>	<b>You Pay</b>	<b>You Pay</b>
Inpatient facility	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	\$600 per day (\$3,000 per participant per Plan Year maximum)	\$600 per day (\$3,000 per participant per Plan Year maximum)
Outpatient facility or physician's office	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	\$35 per visit	<b>Physicians office \$40 Outpatient facility 30%</b> Plan pays 70% after the deductible is met

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<b>Other health care services/facilities</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
<b>Allergy treatment/injections</b>	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met	You pay the lesser of \$35 for PCP or \$65 for a specialist or actual charge	<b>Primary Care Physician \$40</b> <b>Cigna Care Network (CCN) Specialist \$65</b> <b>Non-CCN Specialist \$80</b>
Allergy serum (dispensed by the physician in the office)			No charge	No charge
<b>Maternity care services</b> • Initial visit to confirm pregnancy			<b>Primary Care Physician \$35</b> <b>Specialist \$65</b>	<b>Primary Care Physician \$40</b> <b>Cigna Care Network (CCN) Specialist \$65</b> <b>Non-CCN Specialist \$80</b>
• All subsequent prenatal visits, postnatal visits and physician's delivery charges			No charge	30% Plan pays 70% after the deductible is met
• Delivery - facility			\$600 per day (\$3,000 per participant per Plan Year maximum)	30% Plan pays 70% after the deductible is met
<b>Skilled nursing facility, rehabilitation hospital and other facilities</b> (60 day Plan Year maximum)			No charge	30% Plan pays 70% after the deductible is met
<b>Home health care</b> (60 day Plan Year/16 hrs per day maximum)			No charge	30% Plan pays 70% after the deductible is met
<b>Hospice</b>			No charge	30% Plan pays 70% - No deductible
<b>Prescription benefits</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
<b>Prescription deductible</b>	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		\$150 individual / \$450 family	No
<b>30-day supply at a participating pharmacy</b>	<b>Generic</b>	20% Plan pays 80% after the deductible is met	\$10 or cost	\$10 or cost
	<b>Preferred</b>		\$45	20% (\$45 min/\$100 max)
	<b>Non-preferred</b>		\$60	40% (\$55 min/\$150 max)
	<b>Specialty</b>		\$100	40% (\$100 min/\$300 max)
<b>90-day supply at a participating pharmacy or Cigna Home Delivery</b>	<b>Generic</b>	*Specialty medications are 30-day supply only	\$30 (\$25 home delivery)	\$25
	<b>Preferred</b>		\$135 (\$113 home delivery)	20% (\$113 min/\$250 max)
	<b>Non-preferred</b>		\$180 (\$150 home delivery)	40% (\$138 min/\$375 max)
	<b>Specialty*</b>		N/A	N/A
<b>Free mail-order prescriptions through Cigna Home Delivery Pharmacy</b>	Free prescriptions include: Generic and brand-name asthma medications, generic cardiovascular and high blood pressure medications, preferred-brand diabetic test strips, brand name insulin, generic diabetic medications and generic cholesterol medications. Call Cigna Home Delivery Pharmacy at 800-285-4812 to get a three-month supply of these medications delivered to your home for a \$0 copayment.			

**Note:** If there exists a conflict between this comparison and the official Plan Documents for each plan, the official Plan Documents will prevail. The City of Houston reserves the right to change, modify, increase or terminate any benefits.

## CONTACTS

### Cigna

☎ 800-997-1406  
 ☎ 832-393-6191  
 ☎ 832-393-6192  
 ☎ 832-393-6193  
 ✉ cityofhoustoninquiries@cigna.com  
 🌐 myCigna.com

### Continental American Insurance Co. (Supplemental)

☎ 866-849-0011 or 832-639-4453  
 🌐 mywecareworks.com/wecare  
 Case ID: A932  
 User ID: Your employee ID  
 Password: Houston19

### Dearborn National (Life Insurance)

☎ 800-348-4512  
 ✉ Claims\_Customer\_Service@dearbornnational.com

### Delta Dental

☎ DHMO 844-282-7637  
 ☎ DPPO 855-242-1549

### Employee Assistance Program (EAP)

☎ 855-378-7485  
 ✉ employeeassistanceprogram@houstontx.gov  
 🌐 guidanceresources.org  
 Web ID: HOUSTONEAP

### Human Resources Benefits Services

☎ 832-393-6000  
 ✉ benefits@houstontx.gov  
 🌐 cityofhoustonbenefits.org

### Superior Vision

☎ 800-507-3800  
 🌐 superiorvision.com

### Wage Works (HFSA)

☎ 877-924-3967  
 🌐 www.wageworks.com



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☎ 832-393-6000 | ✉ benefits@houstontx.gov | 🌐 cityofhoustonbenefits.org