

## Contacts

### Human Resources Benefits Services

☎ 832-393-6000  
✉ [benefits@houstontx.gov](mailto:benefits@houstontx.gov)  
🌐 [cityofhoustonbenefits.org](http://cityofhoustonbenefits.org)

### Cigna

☎ 800-997-1406  
☎ 832-393-6191  
☎ 832-393-6192  
☎ 832-393-6193  
✉ [cityofhoustonseviceinquiries@cigna.com](mailto:cityofhoustonseviceinquiries@cigna.com)  
🌐 [mycigna.com](http://mycigna.com)

### Dearborn National (Life Insurance)

☎ 800-348-4512  
✉ [Claims\\_Customer\\_Service@dearbornnational.com](mailto:Claims_Customer_Service@dearbornnational.com)

### Delta Dental

☎ DHMO 844-282-7637  
☎ DPPO 855-242-1549  
🌐 [deltadental.com](http://deltadental.com)

### Superior Vision

☎ 800-800-3800  
🌐 [superiorvision.com](http://superiorvision.com)



City of Houston  
Human Resources Department  
611 Walker, 4-A  
Houston, TX 77002

# ATTENTION: CITY OF HOUSTON RETIREES

## OPEN ENROLLMENT MARCH 25 - APRIL 12

## HOUSTON, WE HAVE HEALTH BENEFITS



# 2019-2020 OPEN ENROLLMENT

## WHAT'S NEW?

1. The Retirees of Texas Plan is discontinued. Retirees in this plan must choose one of the other options.
2. Contribution rates are increasing in medical plans.
3. The monthly tobacco user premium is increasing from \$25 per household to \$35 per tobacco user.
4. Medical deductibles for the Limited Network and Open Access plans are increasing.
5. Prescription deductibles in the Limited Network plan are increasing.
6. Maximum inpatient copayment in the Limited Network plan is increasing.
7. Maximum out-of-pocket is increasing in all three plans to align with the Patient Protection and Affordable Care Act (PPACA).
8. The following procedures will be covered if medically necessary: bariatric surgery; reduction mammoplasty (breast reduction surgery); and varicose vein surgery. More information can be found in the plan documents online at [cityofhoustonbenefits.org](http://cityofhoustonbenefits.org).

## Medicare Advantage Plans

To enroll in a city-sponsored Medicare Advantage plan, you must first enroll in Medicare parts A and B through the Social Security Administration. Once you become covered by Medicare parts A and B, your medical coverage with Cigna will end.

You can switch city Medicare Advantage plans at any time, with coverage effective the first day of the following month.

### Monthly Medicare Plan Rates Per Participant

<b>KelseyCare Advantage HMO</b>	\$49
<b>Cigna HealthSpring HMO</b>	\$29
<b>TexanPlus Medicare HMO</b>	\$24
<b>Aetna Medicare Steerage PPO</b>	\$100
<b>Medicare Supplement Plan F w/ Part D*</b>	\$116

\*Excludes disabled members under age 65.

## What do I need to do?

### Retirees in Cigna Medical Plan

If you are happy with your current plan you don't need to do anything – your current coverage will remain in effect. Rates will change effective May 1, 2019.

### Medicare-Covered Retirees

Although you have the option of switching from one Medicare plan to another at the first of any month, you can only make changes to your dental and vision plans during Open Enrollment. If you have dependents in a Cigna Medical, Dental or Vision Plan, now is the time to make changes if needed.

### Retirees with Dental or Vision Plans

There are no changes in the Vision and Dental Plans. If you are happy with your plan – do nothing and your coverage will remain the same.

### Waived Coverage

If you waived Medical, Dental, or Vision coverage(s) before your retirement at the City of Houston, you and your dependents are not eligible to enroll during Open Enrollment.

### Opted Out

If you opted out of Medical, Dental or Vision coverage(s) before your retirement, you are eligible to participate in Open Enrollment along with your dependents.

### To make changes

Download a Retiree/Survivor Medical, Dental, Vision form at [cityofhoustonbenefits.org](http://cityofhoustonbenefits.org), or call Benefits at 832-393-6000 between 8 a.m. and 5 p.m. Monday through Friday to have forms mailed or emailed to you.



## Human Resources Benefits Services

☎ 832-393-6000

✉ [benefits@houstontx.gov](mailto:benefits@houstontx.gov)

🌐 [cityofhoustonbenefits.org](http://cityofhoustonbenefits.org)

## 2019-2020 Cigna Plans at a Glance

Note: Changes to new Plan Year are highlighted in grey.	Consumer-Driven Health Plan		Cigna Limited Network	Cigna Open Access
	In-network	Out-of-network		

### Monthly Cigna Plan Rates for Retirees under 65 without Medicare\*

Tier	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

### Plan features

Medical service deductible	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000	Individual \$200 Family \$600	Individual \$850 Family \$1,700
Plan year out-of-pocket max	Individual \$7,900 Family \$15,800	Individual \$15,000 Family \$30,000	Individual \$7,900 Family \$15,800	Individual \$7,900 Family \$15,800
Health reimbursement account	Yes. The city pays the first \$500 to \$1,000 depending on coverage tier.		No	No
Network options	Includes Cigna's national network  Out-of-network services provided with higher coinsurance and deductibles		Choose from one of three Cigna Limited Network provider groups: Kelsey-Seybold, Memorial Hermann or Renaissance.  Only true emergencies** are covered out of the group	Includes Cigna's national network  Only true emergencies** are covered out of network
PCP	20% after the deductible is met	40% after the deductible is met	\$35	\$40
Specialist			\$65	Cigna Care Network Specialist \$65 Non-CCN \$80
Outpatient surgery			\$350 per surgery Maximum of \$700 per plan year after the deductible is met	30% after the deductible is met
Inpatient facility			\$600 per day Maximum of \$3,000 per plan year after the deductible is met	
Emergency room			\$400	
Urgent care services			\$65	\$75 per visit

### Prescription benefits

Prescription deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible		Individual \$100 Family \$300	No
Retail generic	20%	60% Plan pays 40% after the deductible is met	\$10 or cost	\$10 or cost
Retail preferred	Plan pays 80% after the deductible is met		\$45	20% (\$45 min/\$100 max)
Retail nonpreferred	Specialty medications are 30-day supply only		\$60	40% (\$55 min/\$150 max)
Retail specialty			\$100	40% (\$100 min/\$300 max)

\* Add \$35 a month for each plan participant who uses tobacco.

\*\* A true emergency is when an illness or injury places a person's health or life in serious jeopardy and treatment cannot be delayed. Examples include difficulty breathing, chest pain, a head injury or ingestion of a toxic substance.

To review the full employee benefit plan summaries please visit <http://www.houstontx.gov/hr/benefits/medical.html> or request a printed copy by calling Human Resource Benefits Division 832-393-6000.

## Dental and Vision Plans

If you waived Dental or Vision coverage(s) before your retirement from the City of Houston, you and your dependents are not eligible to enroll during open enrollment.

Monthly Vision Rates		Superior Vision
Tier	Retiree only	\$9.08
	Retiree + children	\$16.42
	Retiree + spouse	\$15.52
	Retiree + family	\$24.62

Monthly Dental Rates		DHMO	DPPPO
Tier	Retiree only	\$8.48	\$34.22
	Retiree + one	\$19.44	\$78.68
	Retiree + two or more	\$26.64	\$107.74

## Eligibility

Your eligible dependents are defined as:

- Legal spouse.
- Natural or adopted children to age 26.
- Children to age 26, over whom you have legal guardianship or legal foster care.
- Biological grandchildren and stepchildren to age 25 if they qualify as your dependents for federal income-tax purposes and live with you.
- A dependent child who is 26 or older, primarily supported by you, and incapable of self-sustaining employment by reason of mental incapacity, physical disability or handicap, which arose while the child was covered as a dependent under these plans, or while covered as a dependent under prior city plans without a break in coverage. Upon applying and receiving third party medical administrator's approval, proof of the child's condition and dependency must be submitted within 31 days or the child ceases to qualify for benefits.
- Dependents (children and grandchildren) for whom a court order has been received requiring the employee to provide healthcare coverage, provided HR Benefits receives the court order within 31 days after issuance.

## Notices

1. Changes to your benefits are limited to Open Enrollment, unless you have experienced a qualifying life event.
2. After a divorce, an ex-spouse is not eligible, except by court order issued at the time of a divorce. A divorce decree may be amended to require a retiree to cover an ex-spouse under a city health plan.

## Required Supporting Documents to Add Dependent Coverage

All necessary documents as identified below must be submitted and verified before dependents can be covered under any City of Houston benefits plans. Some of the submitted documents must be County Clerk certified or court-filed documents. Each submitted document will be reviewed by the Benefits Division for approval before processing changes to coverage.

Legal Spouse	Biological Children (under age 26)	Stepchildren (under age 26)	Biological Grandchildren* (under age 25)	Adopted/Court Ordered Dependents
<input type="checkbox"/> Social Security Card <input type="checkbox"/> Marriage Certificate (front) <input type="checkbox"/> Marriage Certificate (back) <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Declaration of Registration of Informal Marriage (Common Law)	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Verification of Birth Facts	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate (front) <input type="checkbox"/> Marriage Certificate (back)	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Current IRS Filing <input type="checkbox"/> Birth Certificate of Grandchild <input type="checkbox"/> Birth Certificate of Grandchild's Natural Parent/Employee's Biological Child <p><b>*step-grandchildren are not eligible for coverage</b></p>	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Adoption/Guardianship Documents <input type="checkbox"/> Birth Certificate <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Custody/Court Order Documents <input type="checkbox"/> Birth Certificate