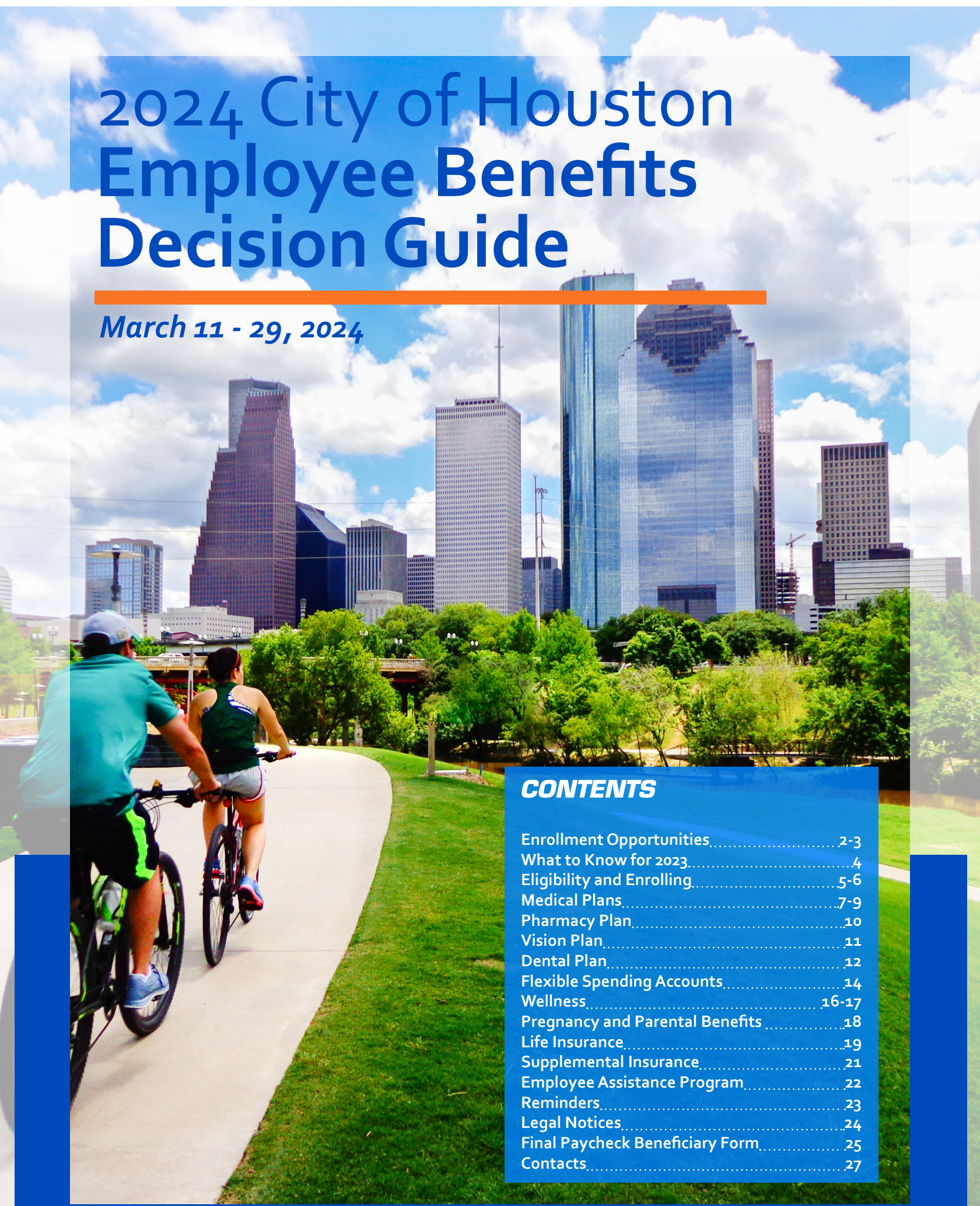
2024 City of Houston **Employee Benefits Decision Guide**

March 11 - 29, 2024



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ENROLLMENT OPPORTUNITIES

There are several opportunities to elect, drop, add, or modify benefit coverage for yourself and/or your dependents. It's important to carefully consider the benefit options available to you and your dependent(s), as there are only a few opportunities to select coverage or make changes to your benefits.

Initial Enrollment
(New Employees)

You have only thirty (30) days from your hire date to make initial enrollment elections and submit supporting documents for any eligible dependents you would like to cover.

After you receive your first paycheck, you can log into HROne Connect and Benefitplace to make your elections. Access HROne Connect at HROneConnect.houstontx.gov with your network credentials. Under Organizational Updates, choose Benefitplace.

If supporting documentation is not received within the 30-day window, you will have to wait until Open Enrollment or until you experience a qualifying life event to enroll for benefits coverage.

After enrollment, your benefits will begin the 1st or 16th day of the month following your 30th day of employment. **Make sure to complete a Final Paycheck Beneficiary Form (Page 26).**

Annual Open Enrollment
(All Employees)

The annual open enrollment is one time a year event. This is an opportunity to review and make changes to your benefits elections. During this time, you can add, drop, or modify medical, dental and vision, as well as enroll or re-enroll for a Healthcare Flexible Spending Account (HFSA).

The open enrollment period for plan year 2024 - 2025 is Monday, March 11 – Friday, March 29, 2024. Changes made during open enrollment will be effective on May 1, 2024. Life insurance will be effective on May 1, 2024 or the 1st or the 16th of the month following the date of Evidence of Insurability (EOI) approval.

If you are happy with your current medical, dental, vision and life benefits elections, you need only to review your benefits. If you do not make any changes during this open enrollment period, your current benefit elections will roll over into the new plan year 2024 - 2025.

Important Reminder: If you would like to continue or start a Healthcare Flexible Spending Account (HFSA) you must enroll/ re-enroll.

Special Enrollments
(Qualified Life Events)

Life happens. A change in your situation, like getting married, having a baby or losing health coverage, can make you eligible for a special enrollment period, allowing you to enroll or make changes to your coverage outside the annual open enrollment.

To a change to your benefits due to a Qualifying Life Event (QLE), log into Benefitplace and request the change within 31 days of the event and upload supporting documentation. If documentation is not uploaded within 31 days, your newly elected dependent coverage will not be processed.

In the case of a newborn dependent, your newborn is temporarily covered for medical for 31 days. After 31 days, if you do not enroll your newborn, your newborn's coverage will terminate, even if you have Employee + Child(ren) or Employee + Family coverage. If you fail to timely enroll your newborn, the coverage will be terminated back to date of birth.

You can add, drop, or change coverage for yourself or your dependents when you experience a QLE such as:

- Losing existing health coverage, including job-based, and individual plans
- Losing eligibility for Medicare, Medicaid, CHIP
- Turning 26 and losing coverage through a parent's plan
- Getting married or divorced
- Having a baby or adopting a child
- Death in the family
- Moving outside of the HMO network
- Student moving to or from the place they attend school

Voluntary Life Insurance Beneficiary Designation

You can request an increase for voluntary life insurance, as well as update your beneficiary designations for basic and voluntary life insurance at anytime.

If you increase your voluntary life insurance, you must complete Evidence of Insurability (EOI) sent directly to Dearborn Life Insurance for approval. Until approval, the benefit will not be active.

Disclaimer

If a conflict exists between this enrollment guide 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.

WHAT TO KNOW FOR 2024

There are no plan or rate changes

That's right — for the second year in a row, there are no plan or rate changes for the 2024/2025 benefits plan year. For you this means there will be no change to the current share of cost for pharmacy and medical copayments, co-insurances, annual deductible and out of pocket maximums amounts.

Benefitplace: Your one-stop-shop for benefit information and enrollment

- Benefitplace is your mobile-friendly online access to enroll or make changes. Access Benefitplace through the new HROne Connect portal at HROneConnect.houstontx.gov. Under **Organizational Updates**, choose the **Benefitplace** or **Open Enrollment** tile.

Resources

To help guide you through this transition, visit CityofHoustonBenefits.org, where you'll find:

- Links to Benefitplace training in the Talent Management System
- Step-by-step instructions
- Quick reference guides
- Informational videos

Medical Insurance Cards

New insurance cards will only be issued to new enrollees or employees changing plans and/or coverage.

Log on to myCigna.com at any time to request, view or print additional medical benefits cards.

Final Paycheck Beneficiary Form

Complete and submit a Final Paycheck Beneficiary Form to ensure that in the unfortunate event of your death your designated beneficiary(s) will receive compensation you would have otherwise received.

If no form is on file at the time of death your pay will be processed in accordance with applicable laws.

You can find a copy of this form on Page 26 of this guide.

ELIGIBILITY AND ENROLLING

Who is eligible?

- Full-time employees
- Elected officials
- Part-time employees who consistently worked 30 or more hours per week over the past 12 months.
- City of Houston retirees based on eligibility.

Please note that contractors, temporary and seasonal employees ARE NOT eligible for benefits.

What do you need to enroll (employees)?

- Your network log in and password
- Date of birth for all dependents (NOTE: birth certificates and marriage certificates MUST be uploaded into Benefitplace and verified before you are able to add your eligible dependents to your benefits
- Social Security numbers or Individual Taxpayer Identification Number (ITIN) for all dependents

How to enroll

- Log in to HROne Connect at HROneConnect.houstontx.gov.
- Under **Organizational Updates**, choose the **Benefitplace** or **Open Enrollment** tile.
- Once in Benefitplace, select **Get Started** from the home page.
- Review your contact information and communication preferences (Note: If any of your contact or demographic information is incorrect, please return to HR One Connect to edit and save that information).
- Review or add your dependents, then select **Begin Enrollment** to enroll in benefits.

Uploading supporting documents

When you add a new dependent, you will need to submit supporting documents (see page 6 for required documentation)

- Log in to HROne Connect at HROneConnect.houstontx.gov.
- Under **Organizational Updates**, choose the **Benefitplace** or **Open Enrollment** tile.
- Once in Benefitplace, select **Profile** from the home page.
- In the drop-down menu, choose **Document Center**.
- Any documentation needed will be highlighted on your account. Choose **Add document**. Attach the requested document, then select **Save Document**.
- A message will display confirming your documentation has been uploaded. From this page, you can either **View and manage your documents** or **Return to the homepage**.

DEPENDENT ELIGIBILITY

Full-time and part-time employees who consistently worked 30 or more hours per week over the past 12 months are eligible for benefits. Dependent eligibility is as follows:

Employee relationship	Required supporting documentation	Coverages available
Legal spouse Ex-spouses are not eligible without a court order*	• Social Security Number or ITIN • Marriage Certificate (front and back) or Declaration of Registration of Informal Marriage • Copy of Court Order or Divorce Decree	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage
Biological child	• Social Security Number or ITIN • Birth Certificate or Verification of Birth Facts**	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Adopted child	• Social Security Number or ITIN • Birth Certificate • Adoption Documents	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Legal custody/guardianship foster child Children for whom you have legal guardianship or legal foster care	• Social Security Number or ITIN • Birth Certificate • Guardianship Documents	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Court ordered dependent Dependent for whom a court order has been received requiring you to provide healthcare coverage	• Social Security Number or ITIN • Birth Certificate • Adoption/Guardianship Documents • Copy of Court Order	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Stepchild	• Social Security Number or ITIN • Birth Certificate • Marriage Certificate (front and back)	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Biological grandchild Step-grandchildren are not eligible for coverage	• Social Security Number or ITIN • Birth Certificate • Current IRS Filing • Birth Certificate of Grandchild's Natural Parent/ Employee's Biological Child	• Eligible for: medical, dental, and vision • Coverage available up to age 26
Disabled children age 26 and over	• Social Security Number or ITIN • Birth Certificate • Proof of child's condition and dependency must be submitted within 31 days upon receiving third-party medical administrator's approval for coverage	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Contact the Benefits Division for appropriate paperwork to continue coverage
Required documents must be submitted and verified before dependents can be covered under any of the City of Houston benefits plans. 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.		

* An ex-spouse must be dropped and added as a court-ordered spouse within 31 days of the divorce or they are deemed ineligible. The divorce decree must be specific in that the employee must be ordered to maintain coverage through their COH policy.

** Verification of Birth Facts are accepted for the first 31 days of birth. The employee has to provide a copy of the certified birth certificate and SSN within 60 days of child's birth. Birth certificates are required for any dependent child who is not a newborn.

MEDICAL PLANS

City of Houston offers you three (3) unique medical plans. All plans include preventive care services and a four-tier prescription drug plan. Full-time and part-time employees who consistently worked 30 or more hours per week over the past 12 months are eligible for benefits. The three (3) plans offered are the Cigna Open Access, the Cigna Limited Network, and the Consumer-Driven Health Plan (CDHP).

- **Cigna Open Access** — Under the Open Access plan you will be able to visit any of the more than 572,800 providers in Cigna's national network, but only true* emergency services are available out-of-network. This is the most expensive option.
- **Cigna Limited Network** — Under the Limited Network Plan, all your medical care comes from one of three provider groups — Kelsey-Seybold, Renaissance or Village Medical. This is the middle-of-the-road option.
- **Consumer-Driven Health Plan (CDHP)** — The CDHP plan offers the same broad network as the Cigna Open Access plan, plus access to out-of-network services at higher deductibles and coinsurance as well as a Health Reimbursement Account. This is the least expensive option.

Duplication of coverage is not allowed

If both you and your spouse work for the city, you may be covered as an employee or a retiree, or as a dependent — but not both.

Dependents may be enrolled under only one parent or guardian.

Cigna Limited Plan members

Review your Cigna insurance card when you receive it and verify your Primary Care Physican (PCP) is with the vendor (Kelsey Seybold, Village or Renaissance) you wish to have. If it is not, call Cigna at 800-997-1406 to make the change.

Mental Health & Substance Abuse Benefits

Don't forget you have mental health and substance abuse benefits through Cigna Total Behavioral Health regardless of the medical plan in which you are enrolled. Call 800-997-1406.

*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.

MEDICAL PLAN RATES

Below are the medical plan rates for the 2024/2025 plan year.

Medical Plan Biweekly Rates						
Tier	Consumer-Driven Health Plan (CDHP)		Limited Network Plan		Open Access Plan	
	Before Wellness Discount	After Wellness Discount	Before Wellness Discount	After Wellness Discount	Before Wellness Discount	After Wellness Discount
Employee Only	$51.01	$26.01	$37.50	$12.50	$95.10	$70.10
Employee + Children	$103.10	$78.10	$142.63	$117.63	$235.26	$210.26
Employee + Spouse	$181.58	$144.08*	$234.30	$196.80*	$357.82	$320.32*
Employee + Family	$233.36	$196.16*	$312.73	$275.23*	$497.99	$460.49*

* After Wellness Discount based upon employee AND covered spouse completing the wellness program.

Tobacco User Fee

If you and/or your dependents use tobacco products, you will be charged the bi-weekly tobacco user fee of $17.50. If you and/or any of your dependents indicated tobacco use, you will be charged the tobacco user fee.

By enrolling and participating in a smoking/tobacco cessation program, you may become eligible to remove the tobacco user fee of $17.50.

Previously indicated tobacco users on the medical plan must participate in a smoking cessation program. Smoking/tobacco cessation programs must be facilitated or validated by the City of Houston.

Wellness Discount

Each year, employees who decide to actively engage in the Wellness Program offerings are provided opportunities to receive wellness incentive discounts towards medical plan premium rates.

If you complete the City's wellness program, you receive a $25 biweekly discount. If your covered spouse completes the City's wellness program, you receive a $12.50 biweekly discount.

See Page 16 for more information on how you can complete Wellness in Three Easy Steps.

MEDICAL PLAN COMPARISON

Plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Plan Year	May 1 - April 30	May 1 - April 30	May 1 - April 30	May 1 - April 30
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 $8,700 Family $17,400	Individual $17,400 Family $34,800	Individual $8,700 Family $17,400	Individual $8,700 Family $17,400
Prescription Plan Deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		Individual $150 Family $450 (except for certain preventive medications which are not subject to deductible.)	No
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 co-insurance and deductibles.		Choose from one of the provider groups. Only true emergencies* are covered out of the provider group.	Includes Cigna's national network. Only true emergencies* are covered out of network.
PCP	20% after deductible is met	40% after deductible is met	$35	$40
Specialist	20% after deductible is met	40% after deductible is met	$65	Tier I Specialist $65 Non-Tier 1 Specialist $80
Outpatient surgery	20% after deductible is met	40% after deductible is met	$350 per surgery Maximum of $700 per plan year after deductible is met	30% after deductible is met
Inpatient facility	20% after deductible is met	40% after deductible is met	$600 per day Maximum of $3,000 per plan year after deductible is met	30% after deductible is met
Emergency room	20% after deductible is met	20% after deductible is met	$400	30% after deductible is met
Urgent care services	20% after deductible is met		$65	$75
Wellness Programs	Yes	Yes	Yes	Yes
Prescription Drug Plan	Yes	Yes	Yes	Yes

* 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.

PHARMACY PLAN

When it comes to filling your prescriptions, choice, convenience and cost are important to you. There are over 4,000 retail pharmacies in your network for 30-day prescriptions and 31,000 retail pharmacies for 90-Day prescriptions.

Free Medications

Preventive Generic Medications: Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, heart attack, stroke, diabetes, asthma, prenatal nutrient deficiency, etc. The City's prescription drug plan covers most of these medications at no cost to you. Go to myCigna.com website, app or call Cigna Express Scripts at 800-997-1406 to learn which medications are free. You can also use the Drug Cost tool to estimate costs of any medications that are not on the no cost list.

Medications: The City's pharmacy plan covers prescription and over-the-counter smoking cessation and contraceptive products with no copay, coinsurance or deductible.

Patient Assurance Program: Certain preferred brand insulin drugs are eligible for a maximum copayment of $25 for a 30-day supply and $75 for a 90-day supply at participating in-network pharmacies.

No Cost Smoking Cessation and Contraceptive

Pharmacy Plan Features Comparison

Pharmacy plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Prescription deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		$150 individual / $450 family	No
Retail Generic	20% Plan pays 80% after the deductible is met Specialty medications are 30-day supply only	60% Plan pays 40% after the deductible is met	$10 or cost	$10 or cost
Retail Preferred			$45	20% ($45 min/$100 max)
Retail Non-preferred			$60	40% ($55 min/$150 max)
Retail Specialty			$100	40% ($100 min/$300 max)
Free mail-order prescriptions through Cigna Home Delivery Pharmacy	Generic and preferred brand diabetes, asthma, blood pressure, osteoporosis, prenatal vitamins, cholesterol, anxiety, depression, and bipolar related drugs and supplies.			

Participating Pharmacies: 30-day

- CVS/Target
- H-E-B Pharmacy
- Kelsey-Seybold
- Walgreens
- Walmart

Visit Cigna.com/Rx90network to see a complete list of pharmacies in your network.

Participating Pharmacies: 90-day

- CVS/Target
- Walmart

Visit Cigna.com/Rx90network to see a complete list of pharmacies in your network.

VISION PLAN

Eye health is another important component in your overall health. The City offers a stand-alone vision plan administered by Superior Vision.

Vision Plan Biweekly Rates	
Tier	**Superior Vision**
Employee only	$4.54
Employee + children	$8.21
Employee + spouse	$7.76
Employee + family	$12.31
Plan Features	
Plan year	May 1 - April 30
Annual routine eye exam	$20
Yearly eyewear benefit for either eyeglasses or contact lenses	$25 $150 retail allowance for frames $150 retail allowance for contact lenses
The following standard lens options are covered at 100 percent: single vision, bifocal, trifocal, lonticular, progressives, high index, polycarbonate, UV coating, photochromic, anti-reflective, scratch coat, and tints.	Included in yearly eyewear benefit
Lasik benefit	$300 toward cost of Lasik

DENTAL PLANS

Cigna Dental Care® (DHMO) Plan Facts

- No dollar maximums
- No deductibles
- Benefits start right away with no waiting periods
- No claim forms to file when using network dentists
- You will select a Cigna Dental Care network general dentist to manage all of your dental health care needs who will refer you to any network specialists. (Referrals are not required for pediatric dentists for children under age 7 and orthodontists.)

Total Cigna DPPO Plan Facts

- Freedom to visit any licensed dentist or specialist
- No specialty referrals required
- The plan will cover eligible dental expenses after you satisfy any applicable waiting periods and meet any deductibles
- The plan is based on coinsurance levels that determine the percentage of costs covered by the plan for different types of services

For more information or to enroll, visit cityofhoustonbenefits.org.

Biweekly Dental Rates		
Tier	**Cigna Dental Care® (DHMO)**	**Total Cigna DPPO**
Employee only	$4.45	$16.87
Employee + one	$10.79	$38.56
Employee + two or more	$14.78	$52.80
Plan Features		
Plan Year	May 1 - April 30	May 1 - April 30
Service area	Throughout the United States except for 13 states*	Throughout the United States
Annual maximum benefit	No annual maximum benefit	$2,000 for Class I, II, & III Expenses
Annual deductible	No annual deductible	$50 per individual / $150 per family
Primary dentist referrals for specialty care	Yes	No
Claim forms	No	In-Network: No / Out-of-Network: Yes
Preventive services: Cleaning and oral examinations, bitewing X-rays	Preventive services - $0	Class I Expenses: Plan pays 100% No deductible
Basic services**: Extractions, root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling	Extraction, Coronal remnants: $9 Periodontal scaling: $14-$24 Root canal therapy, molar: Premolar – $300 / Anterior - $200	Plan pays 80% after the deductible is met
Major services**: Initial fixed bridgework, crowns and dentures, replacement of bridgework	Crown, titanium : $210 - $300 Complete denture, maxillary: $260 upper and lower each	Class III Expenses: Plan pays 50% after the deductible is met
Orthodontic services**: Covered services up to two years	$40.00 - $1,080.00 Coverage provided for twenty-four (24) months of active treatment.	Class IV Expenses: Plan pays 50% No Ortho Deductible Lifetime Maximum: $1,000 Children & Adults

*DHMO NOT available in Alaska, Maine, Montana, New Hampshire, New Mexico, North Dakota, South Dakota, Vermont, and Wyoming.

** Refer to Cigna Dental Care Access DHMO Charge Summary and the Total Cigna DPPO Summary for more detailed information. You can find them online at cityofhoustonbenefits.org.

How to find out if your current dentist participates in a Cigna Dental Plan

1. Go to www.cigna.com
2. Select "Find a Doctor, Dentist or Facility" tab
3. Under "How are you Covered?" select "Employer or School"
4. Enter address, city, or zip
5. Select "Doctor by Type"
6. Select "General Dentist" from drop down
7. Under "Please Select a Plan" enter address, city or zip after "I Live In" and choose continue.
8. Select either Cigna Dental Care Access or Total Cigna DPPO depending upon which type plan you are interested in.
9. Review list of dentists in the city you typed in.

Your dentist not in the Cigna network?

To nominate a Dental Provider, you can submit a Dental Provider Nomination Form for contracting outreach. Forms are available at cityofhoustonbenefits.org or you can request one from the Cigna Pre-Enrollment Line at 800-401-4041.

Important note

If you enroll in the DHMO, you are required to select a Primary Care Dentist (PCD). If your current dentist is not in the Cigna Dental Care Access (DHMO) network, you will be auto-assigned to a dentist near your zip code. After May 1, 2024, you may call Cigna at 800-997-1406 to select a different PCD from the Cigna network. PCD changes are effective the first of the following month.

For more information

For detailed information, visit cityofhoustonbenefits.org to download PDFs:

- DPPO and DHMO FAQs
- Transition of Care FAQs
- Provider directories
- DPPO Orthodontics in Progress FAQs
- DHMO Orthodontics in Progress FAQs
-

Need help?

If you need help choosing a dental plan, contact the pre-enrollment help line at 800-401-4041.

Dental Insurance Cards

Dental insurance cards are dispersed to new enrollees and to current members that change to a different plan. Please note, the Dental Office/Dental Provider name is printed on the ID card Carrier and not on the actual ID card itself.

FLEXIBLE SPENDING ACCOUNTS

There are two options available: The Healthcare Flexible Spending Account for health-related expenses and the Dependent Care Reimbursement Plan for dependent care expenses.

The provider for both plans is Total Administrative Services Corporation (TASC).

Provider

Total Administrative Services Corporation

800-422-4661

tasconline.com

HFSA At a Glance

Minimum contribution:

$240 a year

Maximum contribution:

$2,550 a year

Plan Year:

May 1, 2024 - April 30, 2025

Incur claims:

May 1, 2024 - April 30, 2025

Deadline to file claims:

July 31, 2025

Administrator:

Total Administrative Services Corporation

For more information

For detailed information, visit cityofhoustonbenefits.org to download PDFs:

- FSA Eligible Expenses
- Card Experience
- Web Experience
- Mobile Experience
- Dependent Care FSA Qualifications

Healthcare Flexible Spending Account

The Healthcare Flexible Spending Account (HFSA) allows you to stretch your budget further. The HFSA is a voluntary pre-tax benefit plan that allows you to set aside money from your paycheck to be used to pay the out-of-pocket medical, prescription, dental and vision expenses that you and your eligible dependents incur.

You never pay taxes on the money you put into your account, giving you more bang for your buck when you use pre-tax money to reimburse qualified healthcare expenses.

How does it work?

After enrollment, you will receive a TASC Card. The full amount is available on May 1, 2024 or upon activation of your account for a new hire.

Use your TASC Card to pay of eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

You can also use the online account or mobile app to submit a claim.

Any missed deductions during an unpaid leave of absence will be deducted before the end of the benefit year.

Selecting an Election Amount

Four factors to keep in mind when selecting an election amount:

1. Your total election amount is available on May 1, 2024 - April 30, 2025, so the HFSA can help regulate your healthcare spending and take care of the unexpected expenses along the way.
2. The minimum annual election amount is $240 and the maximum is $2,550.
3. As an HFSA participant, you have a 90-day period (May 1, 2025–July 31, 2025) to file claims and request reimbursement for expenses incurred prior to the end of the HFSA Plan Year on April 30, 2025.
4. Contributions are based on 24 pay periods.

Rollover

The HFSA maximum rollover amount is $500 if you re-enroll for a new HFSA account. The minimum amount of rollover is $50. Any amount left above $500 will be forfeited.

Dependent Care Reimbursement Plan

Dependent Care Reimbursement Plan (DCRP) enrollment is held annually in November. The plan year is January 1 - December 31. The maximum contribution for DCRP per year is $5,000 (family); $2,500 (married filing separately). You can also enroll upon hire, but the benefits end December 31, and your total election will be divided among the remaining pay periods.

How do I manage my Flexible Spending Accounts?

TASC's web and mobile tools ensure easy access, account management, and benefit fund security for you.

TASC Universal Benefit Account

Your one-stop online access to all enrolled accounts includes:

- TASC Card lock — lock your card in case of loss
- Pay the provider
- Email alerts
- Seamless account management
- TASC Wallet

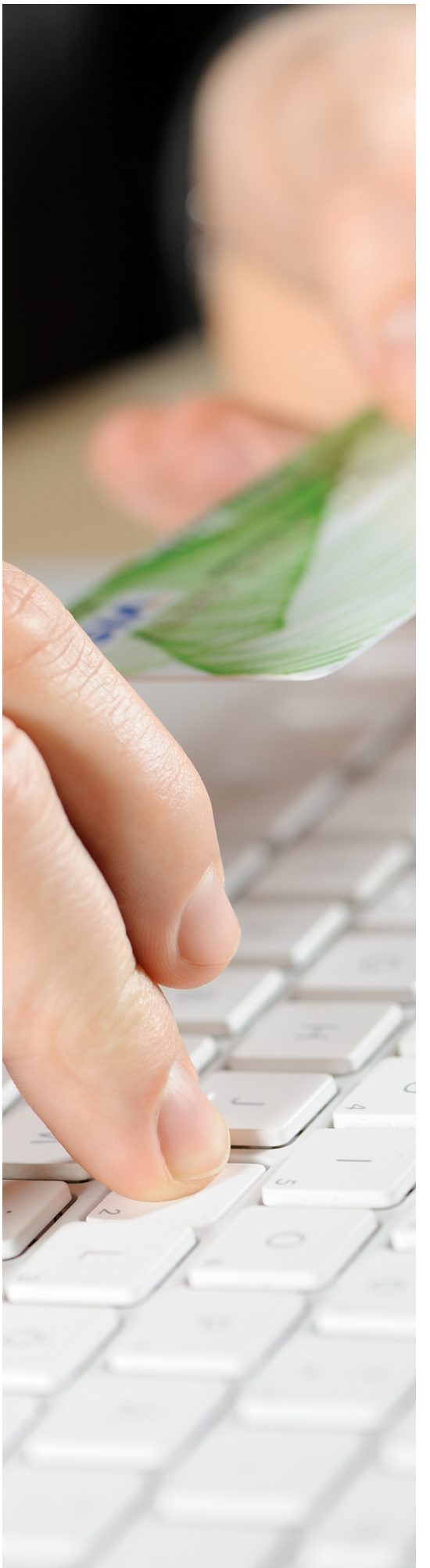
TASC Mobile App

Track and manage all TASC benefits and access helpful tools, anywhere and anytime—with just one app! The TASC mobile app includes special features that make it easy to keep TASC accounts safe and secure.

- TASC Card lock — lock your card in case of loss
- Fingerprint (touch ID) and facial recognition
- Picture to pay
- Expense eligibility check
- Mobile alerts
- Seamless account management
- TASC wallet
- Beneshop
- Receipt Repository

HFSA Cards

After enrollment, you will receive a TASC card to pay for eligible expenses.



WELLNESS IN THREE EASY STEPS

Employees and covered spouses participating in a Cigna medical plan are eligible to participate in the wellness program.

Employees and covered spouses who participate earn a medical rate discount for their 2025-2026 medical benefits.

1. Annual Exam

Employees and covered spouses: Visit your physician for your annual physical exam by January 31, 2025, to earn 40% wellness completion credit.

Obtain your biometric measurements from your annual preventive exam. Your biometric measurements must be from February 1, 2024, or later.

You need up-to-date measurements for your blood pressure, total and HDL cholesterol, height, weight, and waist circumference.

2. Health Assessment

Employees and covered spouses: Use your up-to-date measurements to complete the online Health Assessment on myCigna.com between May 1, 2024 – March 14, 2025, to earn 40% wellness completion credit.

Achieve 80% by Completing Steps 1 & 2 to Earn Your Wellness Incentive Discount

3. Wellness Engagement

Employees and covered spouses: Go the extra mile to complete the final 20% of the Wellness Program and earn extra rewards by completing one of the four wellness engagement options between March 11, 2024 – March 14, 2025.

WELLNESS ENGAGEMENT OPTIONS

Option A: Preventive Care

Available: February 1, 2024
Deadline: January 31, 2025

Complete two preventive care activities. Earn 10% wellness completion credit for each goal.

- Annual Mammogram
- Annual Cervical Cancer Screening
- Annual Colonoscopy
- Flu Shot
- Prostate Cancer Screening
- Annual Dental Exam
- Annual Vision Exam*
- Hepatitis A and B Vaccination*
- Pneumonia Vaccination*
- Tetanus Vaccination*
- Varicella Vaccination*
- Zoster (shingles) Vaccination*
- COVID-19 Vaccination*
- Validated Fitness Facility Attendance*

*Self-reported. All others reported through a Cigna claim.

Option B: Health Coaching and Tobacco Cessation Program

Available: March 11, 2024
Deadline: March 14, 2025

Achieve a fitness, diet or health goal with the help of a trained health coach. Coaches can counsel you in weight loss, medication adherence, disease management and many other health concerns. Achieve a goal as determined by you and your clinician. Note that it takes a minimum of three coaching sessions to meet a goal. Complete an onsite or Virtual Tobacco Cessation class** or Cigna Tobacco Cessation Telephonic Coaching Program, which includes nicotine replacement.

**Class will be in a virtual or onsite group setting with an onsite coach.

Option C: Onsite/Virtual Health Education Programs

Available: May 1, 2024
Deadline: March 14, 2025

Attend or participate in a City of Houston facilitated onsite or virtual program. Programs may include, but are not limited to: multi-week lifestyle management and chronic disease management programs, Fitbit challenges, Weight Watchers (WW), Kelsey Diabetes Care Program, Department Wellness programs, and City Fit Onsite Fitness programs.

Option D: Achieve a Health Goal

Available: February 1, 2024
Deadline: January 31, 2025

Obtain two labs within the guidelines below. Note: All labs must be reported via a Physician fax form available on myCigna.com or done at a lab within Cigna's lab network (LabCorp, Quest).

- Achieve a fasting blood sugar of less than 100 or non-fasting blood sugar of less than 140.
- Achieve a healthy cholesterol ratio of 5.0 (male) or 4.4 (female).

Important

New hires whose medical benefits become effective on or after September 1, 2024 are exempt for the 2024-2025 wellness program.

See the wellness website for a full list of exemptions.

For More Information

Contact the Wellness Team at WConnection@houstontx.gov or get more information by going to HoustonWellnessConnection.org.

Get rewarded for a good decision

When you enroll in Cigna Healthy Pregnancies, Healthy Babies and complete the program, including your postpartum check-in, you'll be eligible to receive a:

$350 VISA debit card redeemed through myCigna.com if you enroll in the first trimester

Or

$200 VISA debit card redeemed through myCigna.com if you enroll in the second trimester.

PREGNANCY & PARENTAL LEAVE BENEFITS

Cigna Healthy Pregnancies, Healthy Babies program

Pregnant employees or dependents can enroll in the Cigna Healthy Pregnancies, Healthy Babies program designed to help you and your baby stay healthy during your pregnancy and in the days and weeks after your baby's birth. Through the program, you have access to maternity specialists have nursing experience and are here to support you during your whole pregnancy. You can connect with Cigna through the Cigna Healthy Pregnancy app found on the Google Plan and Apple AppStore. This valuable resources offers you an easy way to track and learn about your pregnancy. It also provides support for baby's first two years.

Use the app to:

- Click to call a Cigna maternity specialist or case manager.
- Keep a list of things to talk about with your provider, and set reminders.
- Watch educational videos about your baby's weekly development and get personalized notifications on developmental milestones and to-dos for baby's first two years.
- View our content library with helpful information on topics such as behavioral health, coping with loss, and pediatrics for baby's first two years.

Prenatal, Parental and Infant Wellness Policy

Paid prenatal, parental and infant wellness leaves are available to eligible employees to cover their absences away from work due to prenatal wellness healthcare appointments and/or other absences related to the pregnancy.

Eligible employees can receive:

- A maximum of 160 hours of paid prenatal leave for prenatal wellness healthcare appointments and other absences related to the pregnancy;
- A maximum of 320 hours of paid parental leave to bond and care for a child after the birth or placement of a child with the employee for adoption or foster care to be used within the first year after childbirth or placement of a child with the employee for adoption or foster care (maximum number of hours will increase to 480 effective September 1, 2023); and
- A maximum amount of forty (40) hours of infant wellness leave following the birth of a child or placement of a child with the employee for adoption or foster care to be used during the infant's first year after birth.

Visit www.houstontx.gov/hr/benefits/ppi.html for eligibility requirements, more information and resources on PPI, or email ppileaves@houstontx.gov.

LIFE INSURANCE

Basic Life

The City provides all full-time employees with Basic Life Insurance at the value of 1 times your base salary, rounded to the nearest multiple of $1,000, to a maximum of $300,000, but no less than $16,000 prior to any applied reductions at no cost. With submission of appropriate documentation, your spouse is eligible for a $2,000 life insurance benefit at no cost. Dependent children up to age 26 may also qualify for a $1,000 life insurance benefit at no cost.

If your life situation changes at any time — such as marriage, divorce or death — you should update your beneficiary as soon as possible.

Dearborn National (Life Insurance) has merged with BlueCross BlueShield of Texas and is now known as BlueCross BlueShield of Texas on customer service lines, forms and communication materials.

Voluntary Life

You have the option of purchasing Voluntary Life Insurance up to four times your base salary rounded to the nearest $1,000 no to exceed a combined Basic Life & Voluntary Life maximum of $1,000,000. As a new hire, you must enroll within 31 days of your eligibility date and can elect up to three times your base salary without completing an Evidence of Insurability (EOI) form. Coverage in excess of three times requires an EOI. You can add coverage for a spouse at half of your salary, up to a maximum of $50,000 and coverage for children is $10,000. To apply for Voluntary Life Insurance for your spouse or children you must be enrolled in Voluntary Life Insurance as the primary insured. If you are electing within 31 days of your eligibility date, spouse and child coverage does not require an EOI.

If you elect more than 31 days from your eligibility date, an EOI is required for employee and spouse. Child coverage does not require an EOI at anytime.

Premiums are based on your age, salary and coverage options. Applicable rates are available on Benefitplace at HROneConnect.houstontx.gov under Organizational Updates.

Who is Eligible for Voluntary Life Coverage?

All elected officials, full-time and part-time active status employees and retirees of the City of Houston who have completed the initial waiting period are eligible for voluntary life insurance.

- Full-time employee is an employee working forty (40) hours per week.
- Part-time employee is an employee that works least thirty (30) hours per week.
- Seasonal and temporary employees are not eligible.

Employees currently enrolled in voluntary life coverage can enroll their eligible dependents subject to any evidence of insurability requirements at any time.

Important

If you are electing or increasing Voluntary Life Insurance, you must complete an Evidence of Insurability (EOI) form to be approved. If you would like to elect Voluntary Life Insurance coverage for your dependent(s), you must enroll in Voluntary Life Insurance. NOTE: EOI is not required for child.

Enrollment or changes are available during Open Enrollment or as a New Hire only unless you experience a qualifying life event (QLE).

LIFE INSURANCE Continued

How do I Enroll in Voluntary Life?

If you are initially applying for, or increasing your Voluntary Life Insurance benefit follow these steps:

1. Make your Voluntary Life Insurance selections:
Follow the instructions for logging into Benefitplace on page 5. Go through the steps until you get to the section on life insurance.

After enrollment, you will receive a packet from Dearborn Life Insurance by mail that will include an Evidence of Insurability (EOI) form. Or you can download and print out the EOI form at cityofhoustonbenefits.org.

2. Submit your forms by one of the options below:
Mailing Address:

Dearborn Life Insurance Attention: Medical Underwriting
P.O. Box 7072
Downers Grove, IL 60515

Fax: 855-691-7157
Dearborn Life Insurance Attention: Medical Underwriting

Deductions from your paycheck will begin upon approval by Dearborn Life Insurance. If you do not receive notification within 30 days of submitting your forms, contact them directly at 877-442-4207.

Duplicate Coverage

Duplicate Voluntary Life Insurance Coverage is not permitted as follows:

- As both a City retiree and a City employee, for the same benefit.
- As both a City retiree or City employee and as a dependent of a City employee, for the same benefit.
- As a dependent of more than one City retiree, or City employee, for the same benefit.

Any individual found to have duplicate benefits coverage for the same benefit will be dropped, from the duplicate coverage.

If you find you or your dependent are currently duplicating coverage under the policy please reach out to the Human Resources Benefits Division at 832-393-6000 to make appropriate changes.

Dependent Voluntary Life Coverage FAQs

My spouse and I are both City employees. Can I enroll my spouse for dependent voluntary life insurance?
No. If your spouse is covered as an employee, they cannot be covered as a dependent under your plan.

My spouse and I are both City employees. Can we both enroll our children for dependent voluntary life insurance?
No. If you are both covered as employees, only one of you may enroll your eligible dependent children for voluntary life insurance.

I am a City employee and my spouse is retiring from the City. If my spouse does not take the retiree life insurance, can I enroll them in voluntary life coverage?
Yes. If your spouse decides not to elect voluntary life insurance coverage as a retiree, you can add them to your voluntary life insurance coverage.

I am a City employee and so is my parent. Can one or both of my parents cover me as a dependent under their voluntary life insurance coverage?
No. You cannot be covered as a dependent child of another City employee.

SUPPLEMENTAL INSURANCE

The City of Houston's Supplemental Insurance offerings are provided by Continental American Insurance Company and include Group Hospital Indemnity, Group Critical Illness with Cancer and Group Accident Insurance. They will help protect you and your family against unexpected costs due to medical conditions and hospitalization. Individual and family supplemental coverage may be a good fit for some employees who want extra financial protection.

Group Hospital Indemnity

Group Hospital Indemnity provides financial assistance to enhance your current coverage, so you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses. Expenses like transportation and meals for family members, help with child care, or time away from work.

- One-time hospital admission benefit of $500
- $100 a day for ICU confinement (up to 30 days)
- $150 a day for hospital room confinement (up to 30 days)
- $400 a day for hospital room confinement if confined over 30 days (pays day 31-180 days)
- $125 for outpatient surgery
- $50 health screening benefit
- Additional benefits for treatment such as outpatient doctor's visits and an emergency room visit, inpatient and outpatient surgery and anesthesia

Group Critical Illness with Cancer

Having group critical illness insurance means that you may have added financial resources to help with medical costs or ongoing living expenses.

- Up to a $20,000 lump sum is paid directly to you upon diagnosis
- Covers cancer, heart attack, stroke, kidney failure major organ transplant,bone marrow transplant, sudden cardiac arrest, coronary artery bypass surgery, non-invasive cancer, skin cancer, coma, severe burn, loss of speech/sight/hearing, paralysis, family lodging and transportation
- Different additional and reoccurrence diagnoses are payable at 100% if separated by at least 6 consecutive months. Cancer diagnoses must be separated by 12 months Cancer-free and treatment-free.
- $75 health screening benefit
- No lifetime limit on payout
- Childhood Conditions Rider

Group Accident Insurance

Protection for the unexpected, that's the benefit of the Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need.

- Covered expenses include ambulance rides, emergency room visits, surgery and anesthesia, prescriptions, major diagnostic testing, burns
- 24 Hour Coverage
- Wellness Benefit - $50/year/insured
- Hospital Admission $1500/Accident
- Hospital Confinement $250/day
- Benefits are paid directly to you, unless otherwise assigned
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid regardless of any other medical insurance

Need additional support?

Contact the Continental American Insurance Company

888-687-1883

Important

All premiums for these plans are Pre-Tax deductions. This means you may only add or terminate during Open Enrollment.

EMPLOYEE ASSISTANCE PROGRAM

What is the EAP?

The Employee Assistance Program (EAP) is a free benefit provided by the City of Houston to employees and their immediate family members. EAP Counselors work in a consultative role with managers and supervisors to address employee and organizational challenges. The City of Houston uses a hybrid model: both Internal and External EAP.

City of Houston EAP — Internal

832-393-6510 | 602 Sawyer St. Suite 410

- Confidential counseling and coaching for work-related concerns
- Assessment and referral
- Support the coordination of substance abuse services
- Disruptive Events and Crisis Response
- Additional services Include:
  - Mediation & Management Consultation
  - Training by Request
  - Teletherapy
- 6 free sessions per issue available to all employees and immediate family - 24/7, 365 days a year
- Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.

City of Houston EAP — Guidance Resources

855-378-7485 | Confidential Emotional Support (Personal & Family Concerns)

Work-Life Solutions: Information, referrals, and resources for work-life needs

Addressing work-life balance issues by providing practical information and referrals. Child and elder care; Educational options; Community information; Event planning; Home improvement; Buying/selling a home, relocation; Assistance with shopping and locating items.

Legal Support: Expert legal information from licensed ComPsych staff attorneys

- Unlimited access - Family law; Wills; Bankruptcy; Estate planning; Real estate; ID theft.
- Local, quality referrals - 30-minute in-person consultation - Discounted legal fees

Financial Resources: Financial information from ComPsych staff financial experts

- Unlimited access – Budgeting; Income tax; Credit; Real estate; Debt; Retirement planning
- Confidential and objective

Online Support: guidanceresources.org
WebID: HOUSTONEAP

Articles, HelpSheets, tutorials, streaming videos, and self-assessments

REMINDERS

Final Paycheck Beneficiary Form

It is important to complete and submit a Final Paycheck Beneficiary Form to ensure that in the unfortunate event of your death your designated beneficiary(s) will receive compensation you would have otherwise received.

If no form is on file at the time of death your pay will be processed in accordance with applicable laws.

You can find a copy of this form on Page 26 of this guide.

Important notice regarding Voluntary Life Insurance coverage

Duplicate Voluntary Life Insurance coverage is not permitted as follows:

- As both a City retiree and a City employee, for the same benefit.
- As both a City retiree or City employee and as a dependent of a City retiree or City employee, for the same benefit.
- As a dependent of more than one City employee for the same benefit.
- Any individual found to have duplicate benefits coverage for the same benefit (including life insurance) will automatically be dropped, from the duplicate coverage.

See page 20 for more information.

Medical Insurance Cards

New insurance cards will only be issued to new enrollees or employees changing plans and/or coverage.

Log on to myCigna.com at any time to request or print additional medical benefits cards.

Reminder

The City of Houston medical plans have coverage for the following:*

- Gender Dysphoria Services
- Bariatric surgery
- Chriopractic Services
- Hearing aids
- Reduction mammoplasty (breast reduction surgery)
- Varicose vein surgery

*Medical necessity, coverage limits and other requirements may apply.

More information can be found in the plan documents online at www.cityofhoustonbenefits.org.

LEGAL NOTICES

Plan Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services.

This is only a summary. For more information about your coverage, refer to the 2023 plan documents. SBCs and plan documents for each of the plans can be found on the HR website at cityofhoustonbenefits.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other terms see the Glossary. You can view the Glossary at https://www.healthcare. gov/sbc-glossary or call 800-997-1406 to request a copy. You may obtain a printed copy of the SBC or plan documents at no charge by contacting the Benefits Division at 832-393-6000 and it will be sent to you within seven days.

Note: Information about the cost of plans is provided on page 8.

COBRA Notification Obligations

Under federal law, Consolidated Omnibus Budget Reconciliation Act (COBRA), the City of Houston is required to offer covered employees and/or covered family members the opportunity for continued health coverage at group rates when coverage under the health plan would otherwise end due to certain qualifying events. Continuation of coverage under COBRA is the same as that provided to active employees and subject to the same requirements.

Evidence of good health is not required to continue coverage. Failure to notify the plan administrator within 60 days of a qualifying event or from the loss of coverage date will result in a loss of any potential COBRA rights you may have had.

Notice of Privacy Practices

The City of Houston's group health plans, which include medical, dental and vision plans; the wellness program; flexible spending accounts; and the Employee Assistance Program, are designed to protect your privacy. In fact, even though we provide health benefits plans and programs for you, we do not have access to your medical records. That information is maintained by your doctor and your health plan provider. Federal and state laws require us to maintain the privacy of any information regarding your health care and treatment that is personally identifiable to you, and that is transmitted or maintained by the plans, regardless of the form. This includes information and identifiable factors such as your name, age, and address.

A Notice of Privacy Practices is posted at www.houstontx.gov/hr and describes how medical information about you may be used and disclosed, and how you can get access to this information. The notice also explains the plans' privacy practices, legal duties, and your rights concerning your protected health information. You can visit the website to review and retrieve the privacy notice.

Notice of Wellness Program Participation

The Wellness Program is administered for City of Houston employees and certain retirees covered under a Cigna medical plan, with the goal of improving employee health and preventing disease. All activities, programs, and initiatives related to the wellness program adhere to federal regulations pertaining to employer-sponsored wellness programs, including

the Health Insurance Portability and Accountability Act (HIPAA). Participation in the wellness program is voluntary and requires you to complete a health assessment that asks a number of different questions about your health-related activities and behaviors, with the goal of assessing whether you have or are predisposed to certain medical conditions, such as heart disease or diabetes. In order to complete your health risk assessment, you will be asked for your biometric numbers including height, weight, blood pressure, body mass index (BMI), and blood cholesterol levels. These health numbers can be obtained through a lab or at your doctor's office. The results of your health assessment are used to guide you to other wellness program resources, such as lifestyle management courses and health coaching. After completing the health risk assessment, you will be asked to complete one Wellness Engagement Option. These options are wide-ranging and diverse and seek to guide employees into healthier living through promotion of healthy eating habits, weight management, physical activity, immunization adherence, and taking advantage of health coaching and annual physicals.

Employees who complete an annual physical and the health assessment will receive a discount on their medical plan rate up to $900 (for employees and covered spouses). Employees who choose not to participate in and complete the wellness program will not receive a discount on their medical plan rate and will pay the full employee share of cost for coverage. Employees on Family Medical Leave or Military Deployment for two or more months, or who become pregnant during the insurance plan year are exempt from having to complete the wellness program.

Important

If you are unable to access the privacy notice, or prefer a copy by mail, contact the privacy officer at one of the following:

Privacy Officer
City of Houston
Human Resources Department
611 Walker - 4th Floor
Houston, Texas 77002
privacyofficer@houstontx.gov
832-393-6199

FINAL PAYCHECK BENEFICIARY FORM

The Final Paycheck Beneficiary Form is provided for you to elect a beneficiary to receive any pay, which you would otherwise have received, payable based on your employment. Pay includes, but is not limited to wages, value of unused vacation accruals (VAC), compensable sick leave (CSL) if applicable, modified sick plan (MSP) and paid time off (PTO) owed to you upon your death as an active employee. Please complete the form on the following page legibly and have it notarized.

City of Houston Notaries

Human Resources Benefits Representative
611 Walker–4th Floor
Houston, Texas 77002
832-393-6000

Operation Hours:
Monday–Friday
8 a.m.–5 p.m.

Final Paycheck Beneficiary Form

611 Walker, 4th Floor, TX 77002 | 832-393-6000

Submit completed form via DocuSign for Election A & B. For Election C, spouse's signature and notarization is required. Submit completed form to the Secure Document Portal at bit.ly/COHBenefitsForm

For HR use only
Date Received

Final paycheck - If my separation of employment with City of Houston is by reason of my death, I affirm the beneficiary designated herein on this form, to receive my final paycheck, which I would have otherwise received, payable based on my employment. Pay includes, but is not limited to wages, value of unused vacation accruals, value of compensable (CLS) sick leave hours, value of modified sick plan (MSP) leave hours, and paid time off (PTO) hours, if any supported by City ordinances, policies, procedures, and/or recognized labor union agreements in effect at the time of my death and payable through the City of Houston payroll system. Pay does not include any payments, resulting from my participation in City-sponsored programs or plans, payable from external sources.

Naming the beneficiary – It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and a contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, date of birth, social security number, relationship, and if a minor, the age of that minor. If you need assistance, contact your Human Resources Benefits Division or your legal counsel. This Final Paycheck Beneficiary Form is effective the date on which Human Resources Benefits Division receives it.

☐ **Election** ☐ **Change**

Employee Name	Employee ID	Last 4 digits of SSN	Work Phone	Department

Address	City	State	Zip

Beneficiary Election: Select one

☐ Election A: Single Participant (No notary required)

I am single, widowed, or divorced and designate the individual(s), named on this form, to receive my final paycheck. I understand if I marry, this designation is void the date of my marriage. My spouse will be the assumed beneficiary until I properly execute another Final Paycheck Beneficiary Form. **Note:** If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the issued court decree.

☐ Election B: Married with Spouse as Sole Beneficiary (No notary required)

I am married and designate my spouse, named on this form, to receive my final paycheck. **Note:** Spouse's signature is not required.

☐ Election C: Married with Spouse not as Sole Primary Beneficiary (Notary required)

I am married and designate the individual(s), named on this form, to receive my final paycheck. **Note:** For Election C your spouse must sign the consent below.

Primary Beneficiary: Complete for all applicable.

Name	Date of Birth	Social Security No.	Relationship	Age (if minor)	% to Each

Contingent Beneficiary: Complete for all applicable.

The percentage(s) must total 100 percent. If percentage is not listed, the final paycheck will be divided equally among the primary or contingent beneficiaries as applicable.

Employee Signature_____ Contact Phone_____ Date_____

Complete this section for Election C only:

Spouse's Name (Print)_____ Spouse's Signature_____

THE STATE OF TEXAS §
§
COUNTY OF_____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this_____day of_____20_____A.D.

(SEAL) Notary Public Signature

CONTACTS

City of Houston Benefits Division
611 Walker, 4th Floor
Houston, Texas 77002
832-393-6000
benefits@houstontx.gov
retireebenefits@houstontx.gov
cityofhoustonbenefits.org

Cigna Medical
800-997-1406
On-site Cigna Team:
832-393-6305 (A-F)
832-393-6193 (G-M)
832-393-6191 (N-S)
832-393-6193 (T-Z)
cityofhoustonserviceinquiries@cigna.com
myCigna.com

Cigna Mental Health and Substance Abuse
800-997-1406
myCigna.com

Cigna Express Scripts Pharmacy for Mail Order
800-997-1406

Cigna Dental
800-997-1406
myCigna.com

Employee Assistance Program (EAP)
832-393-6510
855-378-7485 TTY:711
employeeassistanceprogram@houstontx.gov
guidanceresources.org
Web ID: HOUSTONEAP

Superior Vision
800-507-3800
superiorvision.com

Total Administrative Services Corporation (HFSA & DCRP)
800-422-4661
tasconline.com

Continental American Insurance Company (Supplemental Insurance)
888-687-1883
www.wecareworks.com
Wecare Case ID: A932
User ID: Your employee ID
Password: Houston23

Dearborn Life Insurance
877-442-4207
ancillaryquestionsTX@bcbstx

Retirement Benefits

Empower Retirement/Deferred Compensation
713-426-5588
832-393-9062
877-313-7693
empower-retirement.com

Houston Firefighters' Relief and Retirement Fund
281-372-5100
hfrrf.org

Houston Municipal Employees Pension System
713-595-0100
hmeps.org

Houston Police Officers Pension System
713-869-8734
hpops.org

City of Houston

City of Houston

City of Houston
Benefits Division
611 Walker, 4th Floor
Houston, Texas 77002
832-393-6000
benefits@houstontx.gov
cityofhoustonbenefits.org