

What can you do during enrollment?



- Enroll in a medical, dental or supplemental insurance plan.
- Change from one medical, dental or supplemental insurance plan to another.
- Drop a plan or plans.
- Add dependents to a plan.
- Drop dependents from a plan.
- Start paying the regular health care rate which includes \$12.50 biweekly if anyone in your family uses tobacco products.
- Start paying the disease prevention discount rate which is \$12.50 off the regular biweekly rate.
- Enroll or re-enroll in the Healthcare Flexible Spending Account. **Current participants must re-enroll in the HFSA for May 1, and every year.**

Eligible dependents



- Legal spouse.
- Unmarried children to age 25 who qualify as dependents for federal income purposes. Includes biological or adopted children, children over whom you are legal guardian or legal foster parent. Grandchildren and stepchildren must live in your home.
- Disabled dependents over age 25 who are incapable of self-sustaining employment because of mental retardation or physical handicap. Must be primarily dependent on you for more than 50 percent of financial support and approved for coverage.
- Court-ordered dependents, if Benefits receives the court order within 31 days after its issuance.

Required documentation to cover dependents

- Spouse:—copy of a certified marriage certificate
- Common law spouse:—declaration and registration of an Informal Marriage certificate.
- Children to age 25 over whom you are legal guardian or legal foster parent:—legal documents that gave custody, guardianship or foster care.
- Grandchildren and stepchildren to age 25:—the Certification of Financial Dependency of Children form and a birth certificate of the children.
- Disabled dependents over 25 - if they were covered before age 25:—medical documentation of disability or mental handicap.
- Children under age 25 if not added at the time of birth or if you are requesting reinstatement of their coverage:—copy of their birth certificate or legal document that establishes paternity of the employee and a completed Certification of Financial Dependency form.
- Natural born children: birth certificate or birth fact.

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- Contributions are pre-tax for the medical, dental, supplemental cancer and hospitalization plans.
- Contributions are post-tax for the supplemental accident/disability plan.

Qualified family status change

If you have a qualified family status change, you may also change your coverage that is consistent with the family status change within 31 days of the event.

- Marriage or Divorce.
- Dependent child reaches age 25.
- Birth or adoption of a child.
- A spouse's loss of coverage.
- A spouse becomes employed and enrolls in that employer's benefit program.
- Your spouse or you change from full-time to part-time employment or vice-versa.
- Your spouse experiences a significant change in benefits or premium payments.
- A dependent loses Medicaid coverage
- Dependent marries or goes into the military.

Healthcare Flexible Spending Account

The HFSA is a voluntary pretax benefit plan that allows you to set aside money from your paycheck to be reimbursed for out-of-pocket medical, prescription, dental and vision expenses incurred by you and your family. You can contribute up to \$2,000 to your healthcare flexible spending account. When you buy an eligible item, you submit claims to FLEXONE, which will reimburse you via mail or direct deposit. You also do not pay taxes on the reimbursements you receive for your qualified health-care expenses. View the HFSA SMART! guide at the website below or request a guide from your HR liaison.

Things to remember

- Submit your form by the deadline set in your department or to Benefits by April 20, 2010.
- If you participate in the HFSA, you must re-enroll every year.
- Required documentation for dependents must be attached to the application to add them to your plans.
- Benefits changes or elections are effective May 1, 2010. The first deduction will appear on the check you receive on May 7.

For a list of department HR liaisons and more information about open enrollment, visit www.houstontx.gov/hr/oe10.

Win for Life



Active Employees

This **Open Enrollment Fact Sheet** is your shortcut to the most important details about enrolling in the city's medical and dental plans — contributions, new features, eligibility and a few rules. A more detailed guide is available online right now at www.houstontx.gov/hr/oe10 and you can request a printed guide after the first week in April from your HR liaison.

Your plan choices



- HMO
- PPO
- Dental Indemnity Plan
- Dental Health Maintenance Organization
- 3 AFLAC Supplemental Insurance Plans
- Healthcare Flexible Spending Account

What's happening on May 1?

- HMO Employee Only contribution is increasing 5.07 percent.
- HMO Employee +1 dependent and family contributions are increasing 8.43 percent.
- PPO contributions are increasing 21.91 percent on average across all tiers.
- Some HMO and PPO copayments are increasing. Prescription copayments are increasing \$5 for brand name drugs. Copayments remain \$10 or \$20 (90-day supply) for generic prescriptions.
- DHMO plan rates remain the same and dental indemnity rates will increase 9 percent.
- Retiring employees and retirees may opt out of the city health plans.

Opt out Opt in - new feature

Retiring employees and retirees can opt out of their city insurance plan and return to the city health plans in the future.

Retirees who have insurance from another source will be able to disenroll from their city plan and re-enroll later. This will let you save money by only carrying the other insurance while giving you the security of re-enrolling in your city coverage if you lose your other insurance. (Retirees are not required to have other coverage in order to opt out.)

Employee bi-weekly medical contributions

Non-tobacco users				
	HMO		PPO and Out-of-area	
	From	To	From	To
Employee only	\$18.13	\$19.05	\$124.80	\$153.50
Employee + 1	\$99.68	\$108.08	\$356.90	\$432.30
Employee + 2	\$122.39	\$132.71	\$460.61	\$559.02
Tobacco users				
	HMO		PPO and Out-of-area	
	From	To	From	To
Employee only	\$30.63	\$31.55	\$137.30	\$166.00
Employee + 1	\$112.18	\$120.58	\$369.40	\$444.80
Employee + 2	\$134.89	\$145.21	\$473.11	\$571.52

Employee bi-weekly dental contributions

	DHMO		Dental Indemnity	
	No Change		From	To
Employee only		\$4.50	\$13.62	\$14.85
Employee + 1		\$9.70	\$31.50	\$34.34
Employee + 2		\$13.73	\$42.95	\$46.82

Changes in office visit copayments

	HMO		PPO	
	from	to	from	to
PCP visit	\$20	\$25	\$30	\$35
Specialist visit	\$45	\$50	\$50	\$55

Changes in prescription copayments

	30-day supply		90-day mail-order	
	from	to	from	to
Preferred name brand	\$30	\$35	\$60	\$70
Non-preferred name brand	\$45	\$50	\$90	\$100

If there exists a conflict between this Fact Sheet and the official plan documents for each plan, the official plans documents will prevail. The city of Houston reserves the right to change, modify, increase or terminate any benefits.