



DiscoverHealth

Open Enrollment for City of Houston employees

Employees and Retirees under age 65 plans comparison and contributions

	CIGNA KelseyCare	CIGNA Open Access	Consumer-Driven Health Plan		Retirees of Texas Option Plus
			In-network	Out-of-network	
Bi-weekly contributions for employees					
Employee only	\$22.50	\$35	\$13		N/A
Employee + spouse	\$90	\$140	\$52		N/A
Employee + children	\$67.50	\$105	\$39		N/A
Employee + family	\$135	\$210	\$78		N/A
Monthly contributions for retirees under age 65					
Retiree only	\$242.18	\$403.64	\$201.82		\$403.64
Retiree + spouse	\$629.68	\$1,049.48	\$524.74		\$1,049.48
Retiree + children	\$387.50	\$645.84	\$322.92		\$645.84
Retiree + family	\$775.00	\$1,291.68	\$645.84		\$1,291.68

Health Reimbursement Account, plan deductibles and maximums					
Health Reimbursement Account	No	No	City contributes \$500 individual / \$1,000 family per year		No
Lifetime maximum	Unlimited per individual	Unlimited per individual	Unlimited per individual		Unlimited per individual
Coinsurance	No	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No
Plan year deductible for Medical services	No (See prescription benefits for prescription deductible)	Individual \$400 Family \$800	Individual \$1,500 Family \$3,000	Individual \$3,000 Family \$6,000	No (See prescription benefits for prescription deductible)
Plan year out-of-pocket max	Individual \$1,500 Family \$3,000 Includes inpatient facility, outpatient facility and advanced radiological imaging copayments. Other copayments do not count. The Family Maximum is met when copayments for all covered family members reach \$3,000 with no single family member meeting more than \$1,500.	Individual \$3,000 Family \$6,000 Includes only coinsurance. Copayments and deductibles do not count. The Family Maximum is met when copayments for all covered family members reach \$6,000 except that no single family member shall meet more than \$3,000.	Individual \$5,000 Family \$10,000 Includes deductibles and coinsurance. The Family Maximum is met when coinsurance for all covered family members reach \$10,000 except that no single family member shall meet more than \$5,000.	Individual \$10,000 Family \$20,000 Includes deductibles and coinsurance. The Family Maximum is met when coinsurance for all covered family members reach \$20,000 except that no single family member shall meet more than \$10,000.	Individual \$1,500 Family \$3,000 Includes inpatient facility, outpatient facility and advanced radiological imaging copayments. Other copayments do not count. The Family Maximum is met when copayments for all covered family members reach \$3,000 except that no single family member shall meet more than \$1,500.

	CIGNA KelseyCare	CIGNA Open Access	Consumer-Driven Health Plan		Retirees of Texas Option Plus
			In-network	Out-of-network	
Benefits					
Office visit copayment Specialist copayment applies to OB/GYN physician	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit	Primary Care Physician You pay \$35 per visit CIGNA Care Network Specialist You pay \$60 per visit Non-CCN Specialist You pay \$75 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit
Surgery performed in a physician's office			You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	
Preventive care					
Routine preventive care for children, Immunizations, Well-woman and well-man exam	No charge	No charge	No charge	You pay 40% Plan pays 60% after the deductible is met	No charge
Mammogram, PSA, Pap Smear, Colonoscopy - Preventive Care and Diagnostic Related Services	No charge	No charge	No charge	You pay 40% Plan pays 60% after the deductible is met	No charge
Inpatient hospital facility services					
Semi-private room and board and other non-physician services	\$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%
Outpatient services					
Outpatient surgery (facility services)	\$300 copayment per procedure, (\$600 per participant, per plan year) then plan pays 100%	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$300 copayment per procedure, then plan pays 100%
Physical, occupational, cognitive and speech therapy	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit	Primary Care Physician You pay \$35 per visit CIGNA Care Network Specialist You pay \$60 per visit Non-CCN Specialist You pay \$75 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit
Lab and X-ray					
Lab and X-ray • Physician's office	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit	Primary Care Physician You pay \$35 per visit CIGNA Care Network Specialist You pay \$60 per visit Non-CCN Specialist You pay \$75 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit
• Outpatient hospital facility • Independent lab facility • Independent x-ray and/or lab facility as part of an ER visit	No charge	You pay 20% Plan pays 80% after the deductible is met			No charge

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			In-network	Out-of-network	
Advanced radiological imaging MRI, MRA, CT Scan, PET Scan, etc.	You pay a per scan copayment of \$100	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	You pay a per scan copayment of \$100
• Inpatient facility	Covered under Inpatient Hospital – Facility Services				Covered under Inpatient Hospital – Facility Services
• Outpatient facility • Emergency room	You pay a per scan copayment of \$100				You pay a per scan copayment of \$100
Emergency and urgent care services					
Hospital emergency room	No charge after \$200 per visit copayment (copayment waived if admitted)	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$200 per visit copayment (copayment waived if admitted)
Ambulance	No charge after \$100 per day copayment	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$100 per day copayment
Urgent care services	No charge after \$60 per day copayment (copayment waived if admitted)	No charge after \$75 per visit copayment	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$60 per day copayment (copayment waived if admitted)
Mental health and substance abuse services					
Inpatient facility	\$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the medical plan deductible is met	You pay 40% Plan pays 60% after the medical plan deductible is met	\$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%
Outpatient facility or physician's office	100% after \$30 per visit copayment	Physicians Office 100% after \$35 per visit copayment Outpatient Facility You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the medical plan deductible is met	You pay 40% Plan pays 60% after the medical plan deductible is met	100% after \$30 per visit copayment
Other health care services/facilities					
Vision care					
• Annual (Plan Year) Exam	No charge	No charge	No charge for In-Network Vision Providers; \$45 Exam allowance for Out-of-Network Providers		No charge
• Materials - frames, lenses	Not covered (20% savings available through CIGNA Vision Network Savings Program)	Not covered (20% savings available through CIGNA Vision Network Savings Program)	Not covered (20% savings available through CIGNA Vision Network Savings Program)		Not covered (20% savings available through CIGNA Vision Network Savings Program)

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				In-network	Out-of-network	
Maternity care services <ul style="list-style-type: none"> Initial visit to confirm pregnancy (OB/GYN is a specialist) 	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit	Primary Care Physician You pay \$35 per visit CIGNA Care Network Specialist You pay \$60 per visit Non-CCN Specialist You pay \$75 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit	
	No charge	You pay 20% Plan pays 80% after the deductible is met			No charge	
	Delivery - facility \$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%				\$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%	
Allergy treatment/injections	No charge after either the office visit copayment or the actual charge, whichever is less	No charge after either the office visit copayment or the actual charge, whichever is less	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after either the office visit copayment or the actual charge, whichever is less	
Allergy serum (dispensed by the physician in the office)	No charge	No charge			No charge	
Skilled nursing facility, rehabilitation hospital and other facilities	No charge Plan year maximum - 60 days	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge Plan year maximum - 60 days	
Home health care	No charge Plan year maximum - 60 days	You pay 20% Plan pays 80% after the deductible is met Plan year maximum - 60 days	You pay 20% Plan pays 80% after the deductible is met Plan year maximum - 60 days	You pay 40% Plan pays 60% after the deductible is met Plan year maximum - 60 days	No charge Plan year maximum - 60 days	
Hospice	No charge	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%	You pay 40% Plan pays 60% after the deductible is met	No charge	
Prescription benefits						
Prescription deductible		\$100 individual/\$300 family	No	No	No	\$100 individual/\$300 family
30-day supply at a participating pharmacy	Generic	\$10	\$10	20% After plan year deductible		\$10
	Preferred	\$45	20% (\$45 min/\$100 max)			\$45
	Non-preferred	\$60	40% (\$55 min/\$150 max)			\$60
	Specialty	\$100 CIGNA Home Delivery only	40% (\$100 min/\$300 max) CIGNA Home Delivery only			\$100 CIGNA Home Delivery only
90-day supply through CIGNA Home Delivery	Generic	\$25		20% After plan year deductible Specialty drugs are 30-day supply only		\$25
	Preferred	\$113	20% (\$113 min/\$250 max)			\$113
	Non-preferred	\$150	40% (\$138 min/\$375 max)			\$150
	Specialty	N/A	N/A			N/A

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.