

2017 Open Enrollment Employee Guide

Ready, Set, Enroll
Monday, March 13 - Friday, April 7



What's new?

Medical rates are increasing in the Cigna Open Access Plan and Consumer-Driven Health Plan (CDHP)

Out-of-pocket maximums are increasing in all plans

Pharmacy benefits are being expanded to include a network of 30- and 90-day retail pharmacies

What do I need to do?

Review your current selections and make changes if needed

Enroll or re-enroll in the Healthcare Flexible Spending Account (HFSA)

Review and update your life insurance beneficiaries

Complete a death termination pay beneficiary designation form if you haven't completed one

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Medical Plan Comparison

Changes are in orange

Whether you want more choice or more monthly savings, the city offers three unique medical plan options to meet your individual needs. All include free preventive care services and a four-tier prescription drug plan.

- Cigna Limited Network — All your medical care comes from one of three provider groups. This is the middle-of-the-road option for monthly contribution rates.
- Cigna Open Access — You'll 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 for monthly contribution rates.
- Consumer-Driven Health Plan (CDHP) — 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 for monthly contribution rates.

Plan features	Cigna Limited Network	Cigna Open Access	Consumer-Driven Health Plan	
			In-network	Out-of-network
Medical service deductible	Individual \$150 Family \$450	Individual \$750 Family \$1,500	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000
Plan year out-of-pocket max	Individual \$4,500 Family \$9,000	Individual \$6,840 Family \$13,700	Individual \$6,840 Family \$13,700	Individual \$12,000 Family \$24,000
Health reimbursement account	No	No	Yes. The city pays the first \$500 to \$1,000 depending on coverage tier.	
Network options	Choose from one of three Cigna Limited Network provider groups: Kelsey-Seybold, Memorial Hermann Health Network or Renaissance. Only true emergencies* are covered out of the provider group	Includes Cigna's national network Only true emergencies* are covered out of network	Includes Cigna's national network Out-of-network services provided with higher coinsurance and deductibles	
PCP	\$35	\$40	You pay 20% after the deductible is met	You pay 40% after the deductible is met
Specialist	\$65	CCN** \$65/ Non-CCN \$80		
Outpatient surgery	\$350 per surgery Maximum of \$700 per plan year after the deductible is met	You pay 30% after the deductible is met		
Inpatient facility	\$600 per day Maximum of \$2,400 per plan year after the deductible is met			
Emergency room	\$400			
Urgent care services	\$65	\$75 facility fee 30% after deductible		

*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.

**Cigna Care Network



Wellness

Our Employee Wellness Program is an investment in the city's most valuable resource, you and your family.



The city has a holistic wellness program that improves health outcomes for both employees and spouses. You can save on your medical plan rates when you and your covered spouse complete the wellness two-step program:

1. Complete your health assessment
2. Engage in an educational, motivational or active-living wellness option

Employees and covered spouses who met the 2016-17 program requirements will pay rates that reflect the wellness discount from from May 1, 2017 - April 30, 2018.

Medical Plan Rates

Rates are increasing in the Cigna Open Access and Consumer-Driven Health plans - Cigna Limited Network plan rates will remain the same. The plans are still affordable and are competitive with other local employers. You still have access to the same level of service, and each year the city strives to make improvements that add value to the plans.

Biweekly Rates - No Discounts Applied

	Cigna Limited Network	Cigna Open Access		CDHP	
	No Change	From	To	From	To
Employee only	\$79.22	\$82.96	\$102.23	\$54.37	\$69.38
Employee + children	\$137.65	\$173.85	\$206.66	\$88.15	\$108.19
Employee + spouse	\$166.88	\$231.81	\$258.90	\$117.53	\$127.59
Employee + family	\$225.32	\$322.71	\$363.34	\$151.30	\$166.39

Did you complete healthy activities this year?

Each year, employees who engage in healthy activities are given opportunities for saving on their medical plan rates. **See the chart below for biweekly rates if you qualify for all discounts.**

- Employees and covered dependents who do not use tobacco products save \$12.50 per paycheck.
- Employees who complete the city's two-step wellness program save \$25 per paycheck.
- Covered spouses who complete the city's two-step wellness program save \$12.50 per paycheck.

Biweekly Rates - All Discounts Applied

	Cigna Limited Network	Cigna Open Access		CDHP	
	No Change	From	To	From	To
Employee only	\$29.22	\$45.46	\$52.23	\$16.87	\$19.38
Employee + children	\$87.65	\$136.35	\$156.66	\$50.65	\$58.19
Employee + spouse	\$116.88	\$181.81	\$208.90	\$67.53	\$77.59
Employee + family	\$175.32	\$272.71	\$313.34	\$101.30	\$116.39

Save up to \$1,200 a year with wellness and non-tobacco user discounts!

Pay the lowest rate!
Complete the city's wellness program and abstain from tobacco products.

Prescriptions

When it comes to filling your prescriptions, choice, convenience and cost are important to you. We get that. They're important to us, too. **That's why as of May 1, 2017, your plan will include a new pharmacy network and maintenance medication program called Cigna 90 Now.**

With Cigna 90 Now, you have the choice of filling your medications in either a 30-day or 90-day supply at the pharmacy that's most convenient for you.

There are over 68,000 retail pharmacies in your new network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop.

All pharmacies in your new network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions. To see a complete list of pharmacies in your new network, you can go to Cigna.com/Rx90network.

You can get some 90-day medications for free when you use Cigna Home Delivery. See the back page for more information.

New expanded network for 30- and 90-day prescriptions

Prescription plan features comparison

Prescription plan features	Cigna Limited Network	Cigna Open Access	Consumer-Driven Health Plan	
			In-network	Out-of-network
Prescription deductible	Individual \$100 Family \$300	No	Yes. Combined medical and pharmacy deductible, except for certain preventive drugs which are not subject to deductible.	
Retail generic	\$10 or cost	\$10 or cost	You pay 20% Plan pays 80% after the deductible is met Specialty drugs are 30-day supply only	You pay 60% Plan pays 40% after the deductible is met
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)		

30-day prescription pharmacies include:

- CVS/Target - **NEW**
- Kroger - **NEW**
- HEB Pharmacy
- Kelsey-Seybold
- Walgreens
- Walmart
- Participating independent pharmacies

90-day prescription pharmacies include:

- CVS/Target - **NEW**
- Kroger - **NEW**
- Walmart



Dental Plan Options

Dental wellness is an important component in your overall health. The city offers two great dental plans.

- Dental Health Maintenance Organization (DHMO) with a network of dentists
- Dental Preferred Provider Organization (DPPO) is a traditional plan that lets you receive a comprehensive range of dental services from the provider of your choice anywhere in the United States

Visit a network DPPO dentist to maximize your savings. These dentists have agreed to reduced fees, so your share of the bill will also be lower.

Both the DHMO and the DPPO plans offer free preventive dental care twice a year and invaluable dental health services.

Biweekly Dental Rates

	DHMO	DPPO
Employee only	\$4.24	\$17.11
Employee + one	\$9.72	\$39.34
Employee + 2 or more	\$13.32	\$53.87

There are no changes to dental rates or services this year.



Dental plan features comparison

Plan features	DHMO	DPPO
Preventive services: Cleaning and oral examinations, bitewing X-rays	Preventive services - \$0	The plan pays 100% of services up to usual and customary limits. \$0 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 - \$162	After you pay the annual deductible, the plan will pay 80% of services, up to usual and customary limits.
Major services: Initial fixed bridgework, crowns and dentures, replacement of bridgework	Crown, titanium - \$210 Complete denture, maxillary - \$260 Immediate denture, maxillary - \$270	After you pay the annual deductible, the plan will pay 50% of services, up to usual and customary limits.
Orthodontic services: Covered services up to two years	Adult, 24-month case - \$2,000 Adolescent, 24-month case - \$1,800 Interceptive ortho service - \$1,100 (primary and transition dentition)	After you pay the annual deductible, the plan will pay 50% of services, up to usual and customary limits. The lifetime maximum benefit is \$1,000 per individual.
Service area	Houston-area counties	Anywhere in the United States
Annual maximum benefit	No annual maximum benefit	\$2,000 per individual
Annual deductible	No annual deductible	\$50 for each individual/\$150 family
Primary dentist referrals for specialty care	Yes	No
Claim forms	No	Yes

Vision Plan

The city offers a stand-alone vision plan administered by Superior Vision.

You have the freedom to choose a provider from a participating list that includes retail chains as well as independent practices. There are no deductibles and no claim forms, unless you use a non-network provider. You will have to pay for those services up front and be reimbursed.

Biweekly Vision Rates

	Superior Vision
Employee only	\$3.82
Employee + children	\$6.90
Employee + spouse	\$6.52
Employee + family	\$10.35

There are no changes to vision rates or services this year.



Plan includes:

- An annual routine eye exam with a \$20 copayment
- Yearly eyewear benefit for either eyeglasses or contact lenses with \$25 copayment
- For eyeglasses - \$150 retail allowance for frames
- For contact lenses - \$150 retail allowance for contact lenses and lens fitting fee
- The following standard lens options are covered at 100 percent: single vision, bifocal, trifocal, lenticular, progressives, high-index and polycarbonate
- Lens extras covered at 100 percent: tints, photochromic, UV coating, scratch coating and anti-reflective
- A \$300 LASIK benefit

Participating major retail providers include:

- Eyemasters/Visionworks
- Target Optical
- Sam's Club
- TSO
- Today's Vision
- Eye Care Centers of America
- Sears Optical
- Walmart
- Lens Crafters
- Pearle Vision
- Vision Source
- Plus over 1,000 more providers



Life Insurance

The city provides all full-time employees with basic life insurance at one times base salary at no cost to you. With submission of appropriate documentation, your spouse is eligible for a \$2,000 life insurance benefit. Dependent children may also qualify for a \$1,000 life insurance benefit.

You also have the option of purchasing voluntary life insurance up to four times your base salary. You can add coverage for a spouse at half of your salary, up to a maximum of \$50,000, and coverage for children up to \$10,000, depending on your level of coverage. This benefit is subject to approval based on evidence of insurability.

Premiums are based on your age, salary and coverage options. Applicable rates are available on Employee Self Service (portal. houstontx.gov) on the enrollment form.

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



If you are currently enrolled in an Aflac plan and want to keep it, nothing is required.

To disenroll, you must complete an Aflac disenrollment form, found at cityofhoustonbenefits.org, or call Aflac at 800-992-3522.

Supplemental Insurance

The City of Houston's supplemental insurance offerings include Group Accidental insurance, Group Critical Illness with Cancer, and Group Hospital Indemnity. They will help protect you and your family against unexpected costs due to accidents, injuries, medical conditions and hospitalization.

Individual and family supplemental coverage may be a good fit for some employees who want extra financial protection.

Group Accident

- Provided by The Hartford
- Offers coverage with lump sum cash payments that can be used for expenses incurred from an accident or any other expenses
- Provides 24-hour coverage on and off the job
- Paid in addition to city medical plan benefits
- Annual wellness benefit

Group Hospital Indemnity

- Provided by Continental American Insurance Company
- 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)
- \$125 for outpatient surgery
- \$25 health screening benefit

Group Critical Illness With Cancer

- Provided by Continental American Insurance Company
- Up to a \$20,000 lump sum is paid directly to you upon diagnosis
- Covers cancer, heart attack, stroke, coma, major organ transplant, kidney failure, angioplasty/ stint, burns, etc.
- Different illness occurrence payable at 100 percent, if six months apart/Same illness reoccurrence benefits payable at 100 percent, if six months apart (12 months for cancer)
- \$75 health screening benefit
- No lifetime limit on payout

See page 11 for information on enrolling

Healthcare Flexible Spending Account

The Healthcare Flexible Spending Account (HFSA) allows you to stretch your budget further. The HFSA is a voluntary pretax 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 dependents incur.

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

How does it work?

With the HFSA, you'll receive a WageWorks Healthcare Card. You use the card like a debit card – just swipe and go. Also, your total election is available May 1, so the card can help regulate your healthcare spending and take care of those unexpected expenses along the way.

Use your card at your doctor's office, pharmacy and more to pay for qualified expenses for instant reimbursement.

Employees minimum annual election amount is \$240 and the maximum is \$2,550. If you choose not to re-enroll for the next plan year, the carryover amount minimum is \$50 and the maximum is \$500. The minimum amount does not apply if re-enrolling. Carryover amounts can only be carried over one plan year without re-enrollment.

Examples of qualified expenses include:

- Copayments, coinsurance and deductibles for medical, vision and dental services
- Chiropractor
- Eyeglasses, reading glasses, contact lenses and contact lens solution
- LASIK
- Bandages and related items
- First aid kits
- Hearing aids and batteries
- Medical equipment
- Lab fees and diagnostic services
- Hospital services and fees

Annual tax savings example

Without HFSA		With HFSA	
Gross annual pay	\$35,000	Gross annual pay	\$35,000
Estimated tax rate	- \$9,677	HFSA contribution	- \$2,500
Net annual pay	= \$25,322	Adjusted gross pay	= \$32,500
Estimated annual healthcare expenses	- \$2,500	Estimated tax rate (30%)	- \$8,986
Final take-home pay	= \$22,822	Final take-home pay	\$23,513
		Take home this much more >>> \$691	

HFSA at a glance

You must re-enroll each year

Minimum contribution: \$240 a year

Maximum contribution: \$2,550 a year

Plan year: May 1 - April 30

Incur claims: May 1 - April 30

Deadline to file claims: July 31

Rollover: \$500 into next year (Rollover amount will be available after August 1)

Administrator: WageWorks

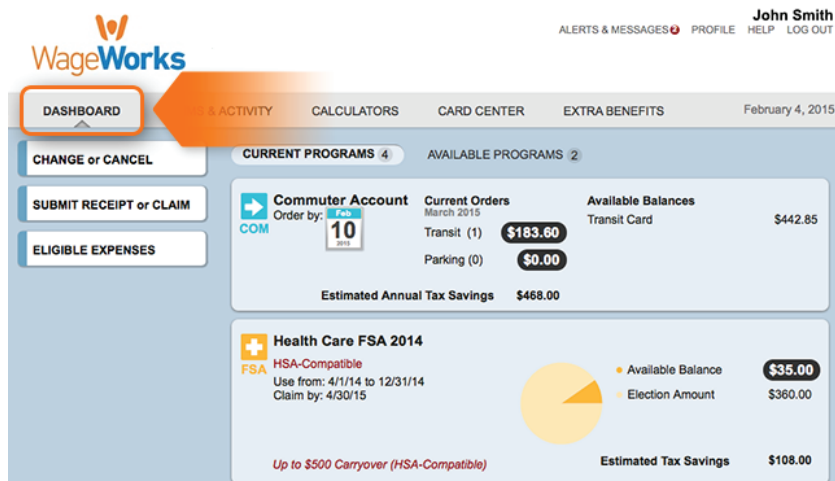
Carryover amounts can only be carried over one plan year without re-enrollment.



Healthcare Flexible Spending Account

How do I manage my HFSA?

Management of your HFSA is a snap with the WageWorks Web portal or mobile app. You can set up alerts, view your dashboard, submit a claim or receipt, and more.



HFSA worksheet

Listed below are expenses you and your family may have that are not completely covered by insurance. Estimate your health-related expenses for the next year, taking into consideration upcoming factors that may affect your out-of-pocket health care costs. Remember, although \$500 rolls over into the next plan year, it's better to underestimate your expenses than to contribute too much because if you don't use it, you will lose anything over \$500.

Annual estimated expenses for services expected in the upcoming plan year	Annual Amount
Medical expenses, such as:	
Deductibles, coinsurance and copayments	\$
Diagnostic fees	\$
Prescription drug copayments	\$
Smoking cessation programs or prescription medicines	\$
Physical therapy	\$
Other eligible expenses	\$
Dental expenses, such as:	
Deductibles, coinsurance and copayments	\$
Orthodontia, braces, etc.	\$
Dentures, including replacements	\$
Other eligible expenses	\$
Vision care expenses, such as:	
Exams	\$
Eyeglasses or contacts	\$
Contact lens solution	\$
LASIK surgery	\$
Other eligible expenses	\$
Total Annual Estimated Health Expenses:	\$

2017-18 Health & Wellness Program

To qualify for the wellness medical rate discounts in 2018-19, you and your covered spouse are encouraged to participate in this year's wellness program, which consists of the same two steps:

1. Complete your Health Assessment
2. Engage in an educational, motivational or active-living wellness option

Get a head start now by scheduling a visit with your primary care physician for your annual preventive exam. Be sure to collect and retain these biometric values: height, weight, waist circumference, LDL and HDL cholesterol, non-fasting glucose and blood pressure. Biometric values from Feb. 1, 2017 can be used to complete the health assessment.

Once you have completed your health assessment, you will need to complete a wellness engagement option similar to the options you completed in the previous year.



Employee Assistance Program

The City of Houston Employee Assistance Program (EAP) is here for you. The EAP provides confidential and free multilingual professional counseling for you and your household. EAP services include:

Confidential Counseling

- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children

Financial Information and Resources

- Getting out of debt
- Tax questions
- Retirement planning

Legal Support and Resources

- Divorce and family law
- Real estate transactions
- Creation of wills

Work-Life Solutions

- Child and elder care
- Moving and relocation
- College Planning

GuidanceResources Online

- Timely articles, tutorials and streaming videos



To access the EAP 24 hours day, 7 days a week, 365 days a year:

Call 855-378-7485 or

Visit guidanceresources.com (Web ID: HOUSTONEAP)

Eligibility & Enrolling

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
- Grandchildren and stepchildren to age 26 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 dependence 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.

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 medical plan.

Changes to your benefits are limited to open-enrollment periods, unless you have experienced a qualifying life event.

Employee Self Service – your benefits enrollment and updates tool

Use Employee Self Service (ESS) at portal.houstontx.gov to enroll or make changes to your benefits. Available 24/7, ESS makes electing and updating your benefits simple because it's a one-stop-shop. Check your mailing address, view your paycheck, update your benefits and more all online. The enrollment application is secure, so whether you are at home, at work, or using a public computer — such as at the library, your information will be protected.

During this open enrollment, use ESS to make your benefits selections or update your coverage for:

- Medical, dental and vision plans
- Beneficiary designation for life insurance
- Voluntary Life Insurance
- Healthcare Flexible Spending Account

To access ESS, visit portal.houstontx.gov.



Enrolling in a supplemental plan

For Group Accident:

- Log In Info
User ID: Your Employee ID
Password: first letter of your first name and first letter of your last name followed by your DOB (MMDDYY)
- Enroll online at thehartford.com/benefits/enroll
- Call 855-396-7655

For Group Critical Illness Plan with Cancer and Group Hospital Indemnity:

- Log In Info
Case ID: A932
User ID: Your Employee ID
Password: Houston17 (Case Sensitive)
- Enroll online at mywecarebenefits.net/wecare
- Call 866-849-0011

Note: If you are terminating an old plan, you must contact Aflac directly at 800-992-3522.

Update your address



Don't miss out on important information and notices from Benefits Services, make sure your address is up to date in ESS.

Contact Information



Human Resources Benefits Services

832-393-6000
benefits@houstontx.gov
cityofhoustonbenefits.org

Cigna

800-997-1406
cityofhoustonerviceinquiries@cigna.com
mycigna.com

Continental American Insurance Co.

866-849-0011 or 832-639-4453
mywecarebenefits.net/wecare
Case ID: A932 | User ID: Your employee ID
Password: Houston17

Dearborn National (Life Insurance)

800-348-4512
Claims_Customer_Service@dearbornnational.com

Delta Dental

DHMO 844-282-7637
DPPO 855-242-1549
deltadentalins.com/cityofhouston

EAP

855-378-7485
TDD: 800-697-0353
guidanceresources.com
Web ID: HOUSTONEAP

The Hartford

855-396-7655
thehartford.com/benefits/enroll
User ID: Your employee ID
Password: First letter first name + first letter last name
+ DOB (MMDDYYYY)

Superior Vision

866-265-0517
superiorvision.com

Are you missing out on free prescriptions?

DID YOU KNOW?

You could be getting your prescriptions and many medical supplies for free. Cigna Home Delivery makes taking care of yourself much more convenient and affordable.

Call Cigna Home Delivery Pharmacy at 800-285-4812 to get a three-month supply of these drugs delivered to your home for \$0 copay:

Generic and brand name
asthma drugs

Brand name
insulin

Generic cardiovascular and
high blood pressure drugs

Generic cholesterol
medications

Preferred-brand diabetic
test strips

Generic diabetic
medications



City health plan members
not enrolled in Medicare are
eligible for \$0 copay diabetic
blood glucose meters

In accordance with the Affordable Care Act, the following medications are also available for \$0 copay:

Tobacco cessation prescriptions and over-the-counter drugs

Generic prescription contraceptives, over-the-counter female contraceptives with a prescription from a physician, and contraception counseling. Visit mycigna.com to view all \$0 copay contraception options being offered.