



2018 OPEN ENROLLMENT EMPLOYEE FACT SHEET

Enrollment Begins April 1 - April 13

As a City of Houston employee, you can access Employee Self-Service (ESS) at any time to view and print out your current benefits. If you do not want to make any changes to your benefit plans except for the Healthcare Flexible Spending Account (HFSA) during Open Enrollment, you do not need to do anything. You will remain in your current health plan.

***See Option 4 below for Healthcare Flexible Spending Account enrollment.**

Select the Open Enrollment option below that is right for you.

OPTION 1: No Benefit Plan Changes	OPTION 2: Enroll/Change Benefit Elections
If you are not making any changes to your benefits elections, other than *enrolling or re-enrolling in the Healthcare Flexible Spending Account (HFSA), you do not need to log on to ESS. You will keep your current plan selections. *See Option 4 for details regarding HFSA.	If you are enrolling or changing your benefits, log in to ESS to make your selections. Supporting documents are required for dependents.
OPTION 3: Waive Benefit Coverage	OPTION 4: *Enroll/Re-enroll in HFSA
If you are waiving coverage, please log in to ESS and elect the Waive option for Medical, Dental or Vision.	You must enroll or re-enroll in the Healthcare Flexible Spending Account (HFSA). Important! You will not automatically be re-enrolled into the HFSA if you did not elect it. There will be no exceptions to this rule.

What's New

- Contribution rates are increasing in all medical plans.
- Autism Spectrum Disorder (ASD) is now covered as a medical benefit.
- Cholesterol medications (statins) will be available for no co-pay at retail pharmacies if you are between the ages 40 and 75.
- Telehealth benefits are available. If your doctor provides this service, a co-payment will apply.
- Any unused Healthcare Flexible Spending Account funds as of April 30, 2019 will be lost and forfeited, so it is important to elect an amount that you will use between May 1, 2018 - April 30, 2019.

NOTICES:

- If you are adding a new dependent to your medical, dental or vision plan, you must submit supporting documentation by **April 13, 2018**. If your documentation is not received before the deadline, your dependent will not be added for coverage. **There will be no exceptions.**
- If you are electing or increasing Voluntary Life Insurance, you must complete an Evidence of Insurability (EOI) form to be reviewed and approved for the benefit. You (the employee) must be enrolled in Voluntary Life Insurance if you would like to elect Voluntary Life Insurance coverage for your spouse and/or dependent child(ren). If you are purchasing Voluntary Life Insurance for your spouse or child, an Evidence of Insurability (EOI) form must also be completed for your spouse or child.
- A new insurance card will only be received if you are a new enrollee, or if you are changing your health plan. You may log on to **www.mycigna.com** at any time to request or print additional medical benefits cards, for you and/or dependents.
- It is important to update your Death Termination Pay Beneficiary information. Please complete the form and have it notarized by a Human Resources Benefits Representative at 611 Walker - 4th Floor or a notary public that is convenient for you.
- The Delta Dental Plans are switching from a calendar year to a contract year which is May 1, 2018 - May 1, 2019. Your 2018 deductibles and maximums will begin from January 1, 2018 through April 30, 2019. Starting May 1, 2019, deductibles and maximums will reset every year on May 1st.

Biweekly Medical Rates – All Discounts Applied			
Tier	\$ GDHP	\$\$ Cigna Limited Network	\$\$\$ Cigna Open Access
Employee only	\$20.67	\$31.17	\$55.71
Employee + children	\$62.07	\$93.50	\$167.11
Employee + spouse	\$82.76	\$124.68	\$222.83
Employee + family	\$124.15	\$187.01	\$334.24

Biweekly Dental Rates		
Tier	DHMO	DPPO
Employee only	\$4.24	\$17.11
Employee + one	\$9.72	\$39.34
Employee + two or more	\$13.32	\$53.87

Bi-weekly Vision Rates	
Tier	
Employee only	\$4.54
Employee + children	\$8.21
Employee + spouse	\$7.76
Employee + family	\$12.31

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

Eligibility

Your eligible dependents are defined as:

- Legal spouse.
- Natural or adopted children to age 26.
- Children to age 26, over whom you have legal guardianship or legal foster care.
- Biological grandchildren and stepchildren to age 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 dependency must be submitted within 31 days or the child ceases to qualify for benefits.
- Dependents (children and grandchildren) for whom a court order has been received requiring the employee to provide healthcare coverage, provided HR Benefits receives the court order within 31 days after issuance.

NOTICES:

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

Required Supporting Documents

ALL necessary documents as identified below 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.

Supporting Documents Required to Add Dependent Coverage

Legal Spouse	Biological Children (under the age of 26)	Stepchildren (under the age of 26)	Biological Grandchildren* (under the age of 26)	Adopted/Court Ordered Dependents
<input type="checkbox"/> Social Security Number <input type="checkbox"/> Marriage Certificate copy (front) and <input type="checkbox"/> Marriage Certificate copy (back) OR <input type="checkbox"/> Social Security Number and <input type="checkbox"/> Declaration of Registration of Informal Marriage (Common Law)	<input type="checkbox"/> Social Security Number and <input type="checkbox"/> Birth Certificate OR <input type="checkbox"/> Verification of Birth Facts and <input type="checkbox"/> Social Security Number	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate copy (front) and <input type="checkbox"/> Marriage Certificate copy (back)	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Current IRS Filing <input type="checkbox"/> Birth Certificate (of covered grandchild) and <input type="checkbox"/> Birth Certificate (of covered grandchild's natural parent/ employee's biological child) <i>*Step-grandchild(ren) are not eligible for coverage</i>	<input type="checkbox"/> Social Security Number and <input type="checkbox"/> Adoption/Guardianship documents OR <input type="checkbox"/> Social Security Number and <input type="checkbox"/> Custody/ Court Order documents

Benefits Eligibility Contact Information: ☎ 832-393-6000 📠 832-395-9409 ✉ benefitselectibility@houstontx.gov

ENROLLING

Employee Self-Service is your benefits enrollment and update tool.

• Use the Employee Self-Service (ESS) www.portal.houstontx.gov to enroll or make changes to your benefits. ESS is available 24/7 and 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, and your information will be protected, whether you are at home, at work, or using a public computer.

During this Open Enrollment, use ESS to make your benefit selections or update your coverage for:

- Medical, Dental and Vision plans
- Beneficiary designation for Basic Life and Voluntary Life Insurance
- Voluntary Life Insurance
- Healthcare Flexible Spending Account (HFSA)

To access ESS, visit www.portal.houstontx.gov
 For password reset contact HITS 832-394-4487 or HITSCustomerServiceCenter@houstontx.gov

Enrolling in a supplemental plan For Group Accident:

1. Enroll online at thehartford.com/benefits/enroll
 - Need additional enrollment support?
Call 855-396-7655 (city policy #460101).
2. Log In Info:
User ID: Your Employee ID (include the letter "E" in front)
Password: First letter of your first name and first letter of your last name in lower case followed by your DOB (MMDDYY)

Enrolling in Group Hospital Indemnity Group Critical Illness Plan with Cancer

1. Enroll online at mywecarebenefits.net/wecare
 - Need additional enrollment support?
Call 866-849-0011 or 832-639-4453.
2. Log In Info:
Case ID: A932
User ID: Your Employee ID
Password: Houston18 (Case Sensitive)

CHANGES FOR HFSA PLAN YEAR MAY 1, 2018 – APRIL 30, 2019

The carryover option exercised in prior years for the Healthcare Flexible Spending Account (HFSA) will not be allowed for the 2018-2019 HFSA benefit plan year. This means that participants who enrolled in last year's Healthcare Flexible Spending Account for May 1, 2017 through April 30, 2018 will be allowed to carryover unused election amounts between \$50 to \$500 on May 1, 2018 and be able to use these funds until April 30, 2019.

Participants who enroll in this year's 2018-2019 HFSA will not have the option to carry over any remaining funds. This means that participants need to use all their elected HFSA funds, or the participant will lose any remaining funds beyond April 30, 2019.

Please note that as an HFSA participant you still have the 90-day Run-Out period (May 1, 2018 - July 31, 2019) to file claims and request reimbursement for expenses incurred prior to the end of the HFSA plan year April 30, 2019. After April 30, 2019, all remaining money is forfeited.

CONTACT INFORMATION

Cigna
 ☎ 800-997-1406
 📧 cityofhouston.serviceinquiries@cigna.com
 🌐 mycigna.com

Continental American Insurance Co. (Supplemental)
 ☎ 866-849-0011 or 832-639-4453
 🌐 mywecarebenefits.net/wecare
Case ID: A932
User ID: Your employee ID
Password: Houston18

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

Employee Assistance Program (EAP)
 ☎ 832-393-6510
 📧 employeeassistanceprogram@houstontx.gov

Human Resources Benefits Services
 ☎ 832-393-6000
 📧 benefits@houstontx.gov
 🌐 cityofhoustonbenefits.org

Superior Vision
 ☎ 866-265-0517
 🌐 Superiorvision.com

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

WageWorks (HFSA)
 ☎ 877-924-3967
 🌐 www.wageworks.com

