2018 OPEN ENROLLMENT EMPLOYEE GUIDE


Sunday, April 1 - Friday, April 13

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WHAT YOU NEED TO KNOW ABOUT OPEN ENROLLMENT 2018

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.

<table>
<thead>
<tr>
<th>OPTION 1</th>
<th>OPTION 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Benefit Plan Changes</strong></td>
<td><strong>Enroll/Change Benefit Elections</strong></td>
</tr>
<tr>
<td>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.</td>
<td>If you are enrolling or changing your benefits, log in to ESS to make your selections.</td>
</tr>
<tr>
<td>Supporting documents are required for dependents, see page 3 for details.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTION 3</th>
<th>OPTION 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waive Benefit Coverage</strong></td>
<td><strong>Enroll/Re-enroll in HFSA</strong></td>
</tr>
<tr>
<td>If you are waiving coverage, please log in to ESS and elect the Waive option for Medical, Dental or Vision.</td>
<td>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.</td>
</tr>
</tbody>
</table>

What’s New

1. Contribution rates are increasing in all medical plans.

2. Autism Spectrum Disorder (ASD) is now covered as a medical benefit.

3. Cholesterol medications (statins) will be available for no co-pay at retail pharmacies if you are between the ages 40 and 75.

4. Telehealth benefits are available. If your doctor provides this service, a co-payment will apply.

5. 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:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.
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 periods, 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.

<table>
<thead>
<tr>
<th>Supporting Documents Required to Add Dependent Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Spouse</strong></td>
</tr>
<tr>
<td>□ Social Security Number</td>
</tr>
</tbody>
</table>

*Step-grandchild(ren) are not eligible for coverage

Benefits Eligibility Contact Information:  
832-393-6000  832-395-9409  benefitseligibility@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

To access ESS, visit www.portal.houstontx.gov

For password reset contact HITS 832-394-4487 or HITSCustomerServiceCenter@houstontx.gov
Cigna’s Pre-Enrollment Line is available to all current and new hire employees all year long. Call today and speak with a knowledgeable enrollment specialist for:
- Medical plan comparison
- Help finding participating doctors and other healthcare professionals
- Comparisons of all Cigna products and resources available to you

For questions about Cigna coverage and enrollment, call the Pre-Enrollment Line 24/7 at 800-401-4041.

CITY OF HOUSTON MEDICAL PLANS

Whether you want more choices 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.

$ 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 co-insurance, but includes a Health Reimbursement Account.

This is the least expensive option for monthly contribution rates.

$$ Cigna Limited Network
All your medical care comes from one of three provider groups.
1. Kelsey-Seybold
2. Memorial Hermann
3. Renaissance

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.
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.

<table>
<thead>
<tr>
<th>Plan features</th>
<th>Consumer-Driven Health Plan</th>
<th>Cigna Limited Network</th>
<th>Cigna Open Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
<td></td>
</tr>
<tr>
<td>Medical service deductible</td>
<td>Individual $1,750</td>
<td>Individual $3,500</td>
<td>Individual $150</td>
</tr>
<tr>
<td></td>
<td>Family $3,500</td>
<td>Family $7,000</td>
<td>Family $450</td>
</tr>
<tr>
<td></td>
<td>Individual $6,840</td>
<td>Individual $12,000</td>
<td>Individual $4,500</td>
</tr>
<tr>
<td></td>
<td>Family $13,700</td>
<td>Family $24,000</td>
<td>Family $9,000</td>
</tr>
<tr>
<td>Plan year out-of-pocket max</td>
<td>Individual $150</td>
<td>Family $750</td>
<td>Individual $6,840</td>
</tr>
<tr>
<td></td>
<td>Family $450</td>
<td>Family $1,500</td>
<td>Family $13,700</td>
</tr>
<tr>
<td>Health reimbursement account</td>
<td>Yes. The city pays the first $500 to $1,000 depending on coverage tier.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Network options</td>
<td>Includes Cigna’s national network</td>
<td>Out-of-network services provided with higher co-insurance and deductibles</td>
<td>Includes Cigna’s national network</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Only true emergencies* are covered out of network</td>
</tr>
<tr>
<td>PCP</td>
<td>You pay 20% after the deductible is met</td>
<td></td>
<td>$35</td>
</tr>
<tr>
<td>Specialist</td>
<td>You pay 40% after the deductible is met</td>
<td></td>
<td>$65</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$35 per surgery</td>
<td>Maximum of $700 per plan year after the deductible is met</td>
<td>CCN** $65/ Non-CCN $80</td>
</tr>
<tr>
<td>Inpatient facility</td>
<td>$600 per day</td>
<td>Maximum of $2,400 per plan year after the deductible is met</td>
<td>You pay 30% after the deductible is met</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent care services</td>
<td>$65</td>
<td></td>
<td>100% after $75 per visit co-payment</td>
</tr>
</tbody>
</table>

* 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
MEDICAL PLAN RATES

Rates are increasing across all plans. 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; Includes Tobacco Use Premium

<table>
<thead>
<tr>
<th>Tier</th>
<th>Cigna Limited Network</th>
<th>Cigna Open Access</th>
<th>CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
<td>From</td>
</tr>
<tr>
<td>Employee only</td>
<td>$66.72</td>
<td>$68.67</td>
<td>$89.73</td>
</tr>
<tr>
<td>Employee + children</td>
<td>$125.15</td>
<td>$131.00</td>
<td>$194.16</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>$166.88</td>
<td>$174.68</td>
<td>$258.90</td>
</tr>
<tr>
<td>Employee + family</td>
<td>$225.32</td>
<td>$237.01</td>
<td>$363.34</td>
</tr>
</tbody>
</table>

Did you complete your wellness engagement 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 the employee $12.50 per paycheck.

**SAVINGS OPPORTUNITY**

SAVE up to $1,200 a year with wellness program participation and non-tobacco user discounts!

**PAY THE LOWEST RATE!**

Complete the city’s wellness program and abstain from tobacco products.

### Biweekly Rates – All Discounts Applied

<table>
<thead>
<tr>
<th>Tier</th>
<th>Cigna Limited Network</th>
<th>Cigna Open Access</th>
<th>CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
<td>From</td>
</tr>
<tr>
<td>Employee only</td>
<td>$29.22</td>
<td>$31.17</td>
<td>$52.23</td>
</tr>
<tr>
<td>Employee + children</td>
<td>$87.65</td>
<td>$93.50</td>
<td>$156.66</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>$116.88</td>
<td>$124.68</td>
<td>$208.90</td>
</tr>
<tr>
<td>Employee + family</td>
<td>$175.32</td>
<td>$187.01</td>
<td>$313.34</td>
</tr>
</tbody>
</table>

*Add $12.50 if you or a family member uses tobacco products.
## WHO’S SHARING IN THE COST?

### TRUE COST

### Consumer Driven Health Plan

<table>
<thead>
<tr>
<th>Service</th>
<th>Total billed charges</th>
<th>Allowable charges</th>
<th>Employee co-pay</th>
<th>City Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visit with PCP</td>
<td>$264</td>
<td>$121</td>
<td>$0</td>
<td>$121</td>
</tr>
<tr>
<td>One day hospital admission</td>
<td>$22,266</td>
<td>$5,377</td>
<td>-1,613 (30%)</td>
<td>$3,764</td>
</tr>
<tr>
<td>Outpatient procedure in doctor's office</td>
<td>$4,704</td>
<td>$1,776</td>
<td>-65</td>
<td>$961</td>
</tr>
<tr>
<td>Office Surgery</td>
<td>$5,720</td>
<td>$869.63</td>
<td>-173.92</td>
<td>$695.70</td>
</tr>
<tr>
<td>Four month hospital admission</td>
<td>$4,388,914</td>
<td>$1,201,953</td>
<td>-2,550</td>
<td>$1,199,403</td>
</tr>
<tr>
<td>Routine physical with PCP including lab</td>
<td>$977</td>
<td>$511</td>
<td>-$0</td>
<td>$511</td>
</tr>
</tbody>
</table>

*Allowable charges are Cigna negotiated discounts.

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### Open Access Plan

<table>
<thead>
<tr>
<th>Service</th>
<th>Total billed charges</th>
<th>Allowable charges</th>
<th>Employee co-pay</th>
<th>City Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room visit</td>
<td>$7,250</td>
<td>$2,160</td>
<td>$0</td>
<td>$1,760</td>
</tr>
<tr>
<td>One week hospital admission</td>
<td>$180,807</td>
<td>$125,126</td>
<td>-2,400</td>
<td>$122,726</td>
</tr>
<tr>
<td>The same employee had a similar procedure two months later and met their deductible</td>
<td>$4,704</td>
<td>$1,776</td>
<td>-65</td>
<td>$1,711</td>
</tr>
<tr>
<td>Office visit with a specialist</td>
<td>$624</td>
<td>$311</td>
<td>-$65</td>
<td>$246</td>
</tr>
<tr>
<td>The City Paid</td>
<td>$3,764</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Service</th>
<th>Total billed charges</th>
<th>Allowable charges</th>
<th>Employee co-pay</th>
<th>City Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two month hospital admission</td>
<td>$2,100</td>
<td>$1,480</td>
<td>$560</td>
<td>$540</td>
</tr>
<tr>
<td>The City Paid</td>
<td>$449</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Service</th>
<th>Total billed charges</th>
<th>Allowable charges</th>
<th>Employee co-pay</th>
<th>City Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine physical with PCP including lab</td>
<td>$2,560</td>
<td>$958</td>
<td>-$0</td>
<td>$1,602</td>
</tr>
<tr>
<td>The City Paid</td>
<td>$1,602</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Service</th>
<th>Total billed charges</th>
<th>Allowable charges</th>
<th>Employee co-pay</th>
<th>City Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visit without PCP</td>
<td>$280</td>
<td>$136</td>
<td>$-44</td>
<td>$136</td>
</tr>
<tr>
<td>The City Paid</td>
<td>$136</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Service</th>
<th>Total billed charges</th>
<th>Allowable charges</th>
<th>Employee co-pay</th>
<th>City Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visit with specialist</td>
<td>$246</td>
<td>$123</td>
<td>$123</td>
<td>$123</td>
</tr>
<tr>
<td>The City Paid</td>
<td>$123</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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 network, visit Cigna.com/Rx90network.

You can get some 90-day medications for free when you use Cigna Home Delivery.

NEW MONEY SAVER
Get cholesterol medications (statins) for no co-pay at retail pharmacies if you are between ages 40 to 75.

### Prescription Plan Features Comparison

<table>
<thead>
<tr>
<th>Prescription plan features</th>
<th>Cigna Limited Network</th>
<th>Cigna Open Access</th>
<th>Consumer-Driven Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription deductible</td>
<td>Individual $100</td>
<td>None</td>
<td>Yes. Combined medical and pharmacy deductible, except for certain preventive medications, which are not subject to deductible.</td>
</tr>
<tr>
<td></td>
<td>Family $300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail generic</td>
<td>$10 or cost</td>
<td>$10 or cost</td>
<td>You pay 20% Plan pays 80% after the deductible is met Specialty medications are 30-day supply only</td>
</tr>
<tr>
<td>Retail preferred</td>
<td>$45</td>
<td>20% ($45 min/$100 max)</td>
<td>You pay 60% Plan pays 40% after the deductible is met</td>
</tr>
<tr>
<td>Retail non-preferred</td>
<td>$60</td>
<td>40% ($55 min/$150 max)</td>
<td></td>
</tr>
<tr>
<td>Retail specialty</td>
<td>$100</td>
<td>40% ($100 min/$300 max)</td>
<td></td>
</tr>
</tbody>
</table>

### 30-day prescription pharmacies include:
- CVS/Target
- Kroger
- H-E-B Pharmacy
- Kelsey-Seybold
- Walgreens
- Walmart
- Participating independent pharmacies

### 90-day prescription pharmacies include:
- CVS/Target
- Kroger
- Walmart
Cigna Home Delivery makes taking care of yourself much more convenient and affordable.

**WAYS TO SAVE ON SPECIALTY PRESCRIPTION MEDICATIONS**

When you are fighting cancer or dealing with a difficult condition like multiple sclerosis (MS), your physician may subscribe you “Specialty Prescription Medications.”

Specialty medications are very costly and may have certain restrictions on insurance coverage. It is always a good practice to ask your doctor for generic or other alternatives.

Patient assistance programs and coupons are available through some of the prescription drug manufacturers. This information is easily accessible through an internet search or by calling Cigna’s Personal Health Team at 800-997-1406.

**Additional resources that can reduce your cost:**
1. Discussion with healthcare provider.
2. Call Cigna’s Personal Health Team at 800-997-1406.

**$**

**Limited Plan**

**True Cost Scenarios for Pharmacy**

<table>
<thead>
<tr>
<th>Medication Description</th>
<th>Cost Scenario</th>
<th>Employee co-pay</th>
<th>City Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>One month supply of a generic high blood pressure medication</td>
<td>$36.55</td>
<td>-$10</td>
<td>$26.55</td>
</tr>
<tr>
<td>One month supply of a brand high blood pressure medication</td>
<td>$275.76</td>
<td>-$45</td>
<td>$230.76</td>
</tr>
<tr>
<td>One month supply of a non-preferred cholesterol medication</td>
<td>$338.64</td>
<td>-$60</td>
<td>$278.34</td>
</tr>
<tr>
<td>One month supply of a specialty medication</td>
<td>$65,376</td>
<td>-$200</td>
<td>$65,176</td>
</tr>
<tr>
<td>One month supply of a non-preferred diuretic medication</td>
<td>$213.04</td>
<td>-$60</td>
<td>$153.04</td>
</tr>
</tbody>
</table>

In accordance with the Affordable Care Act, the following medications are also available for $0 co-pay:

- Tobacco cessation prescriptions and over-the-counter medications
- Generic prescription contraceptives, over-the-counter female contraceptives with a prescription from a physician, and contraception counseling

Visit mycigna.com to view all $0 co-pay contraception options being offered.
DENTAL PLAN OPTIONS

Dental wellness is an important component in your overall health.

The city offers two dental plans:

1. Dental Health Maintenance Organization (DHMO) is a network of dentists that offers a comprehensive range of dental services for fixed copayments. You choose a primary-care dentist who coordinates your care and refers you to specialists. You must live in the defined service area, to enroll in this plan.

2. Dental Preferred Provider Organization (DPPO) is a traditional plan with 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, as these dentists have agreed to reduced fees, so your share of the bill will also be lower.

<table>
<thead>
<tr>
<th>Biweekly Dental Rates</th>
<th>DHMO</th>
<th>DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee only</td>
<td>$4.24</td>
<td>$17.11</td>
</tr>
<tr>
<td>Employee + one</td>
<td>$9.72</td>
<td>$39.34</td>
</tr>
<tr>
<td>Employee + two or more</td>
<td>$13.32</td>
<td>$53.87</td>
</tr>
</tbody>
</table>

Dental Plan Features Comparison

<table>
<thead>
<tr>
<th>Plan features</th>
<th>DHMO</th>
<th>DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive services:</strong> Cleaning and oral examinations, bitewing X-rays</td>
<td>Preventive services - $0</td>
<td>The plan pays 100% of services, up to usual and customary limits. $0 deductible.</td>
</tr>
<tr>
<td><strong>Basic services:</strong> Extraction, Coronal remnants - $9</td>
<td>Extraction, Coronal remnants - $9</td>
<td>After you pay the annual deductible, the plan will pay 80% of services, up to usual and customary limits.</td>
</tr>
<tr>
<td>root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling</td>
<td>Periodontal scaling - $14 - $24</td>
<td>After you pay the annual deductible, the plan will pay 80% of services, up to usual and customary limits.</td>
</tr>
<tr>
<td><strong>Major services:</strong> Crown, titanium - $210</td>
<td>Crown, titanium - $210</td>
<td>After you pay the annual deductible, the plan will pay 50% of services, up to usual and customary limits.</td>
</tr>
<tr>
<td>Initial fixed bridgework, crowns and dentures, replacement of bridgework</td>
<td>Complete denture, maxillary - $260</td>
<td>The lifetime maximum benefit is $1,000 per individual.</td>
</tr>
<tr>
<td><strong>Orthodontic services:</strong> Adult, 24 - month case - $2,000</td>
<td>Adult, 24 - month case - $2,000</td>
<td>After you pay the annual deductible, the plan will pay 50% of services, up to usual and customary limits.</td>
</tr>
<tr>
<td>Covered services up to two years</td>
<td>Adolescent, 24 - month case - $1,800</td>
<td>The lifetime maximum benefit is $1,000 per individual.</td>
</tr>
<tr>
<td>Interceptive ortho service - $1,100</td>
<td>Interceptive ortho service - $1,100</td>
<td>The lifetime maximum benefit is $1,000 per individual.</td>
</tr>
<tr>
<td>(primary and transition dentition)</td>
<td>(primary and transition dentition)</td>
<td>(primary and transition dentition)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service area</th>
<th>Houston-area counties</th>
<th>Anywhere in the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual maximum benefit</td>
<td>No annual maximum benefit</td>
<td>$2,000 per individual</td>
</tr>
<tr>
<td>Annual deductible</td>
<td>No annual deductible</td>
<td>$50 for each individual/$150 family</td>
</tr>
<tr>
<td>Primary dentist referrals for specialty care</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Claim forms</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### TRUE COST EXAMPLE FOR CROWN CHART PPO PLUS PREMIER VALUE EXAMPLE

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Contracted Dentist 90th Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average submitted dentist’s charge</strong></td>
<td>$1,026</td>
<td>$1,026</td>
<td>$1,026</td>
</tr>
<tr>
<td><strong>Maximum plan allowance</strong></td>
<td>$690</td>
<td>$840</td>
<td>$1,026</td>
</tr>
<tr>
<td><strong>Delta Dental pays</strong></td>
<td>50% /$345</td>
<td>50% /$420</td>
<td>50% /$513</td>
</tr>
<tr>
<td><strong>YOU PAY</strong></td>
<td>$345</td>
<td>$420</td>
<td>$531</td>
</tr>
<tr>
<td><strong>With a PPO dentist you SAVE!</strong></td>
<td>$</td>
<td>$</td>
<td>$$$$</td>
</tr>
</tbody>
</table>

### TRUE COST EXAMPLE FOR FILLING CHART PPO PLUS PREMIER VALUE EXAMPLE

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Contracted Dentist 90th Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average submitted dentist’s charge</strong></td>
<td>$206</td>
<td>$206</td>
<td>$206</td>
</tr>
<tr>
<td><strong>Maximum plan allowance</strong></td>
<td>$123</td>
<td>$149</td>
<td>$277</td>
</tr>
<tr>
<td><strong>Delta Dental pays</strong></td>
<td>80% /$98.40</td>
<td>80% /$119</td>
<td>80% /$164.80</td>
</tr>
<tr>
<td><strong>YOU PAY</strong></td>
<td>$25.60</td>
<td>$29.80</td>
<td>$41.20</td>
</tr>
<tr>
<td><strong>With a PPO dentist you SAVE!</strong></td>
<td>$</td>
<td>$</td>
<td>$$$$</td>
</tr>
</tbody>
</table>

### DON’T FORGET

1. Two free preventive cleanings are included in your dental plan May 1, 2018 – April 30, 2019.

2. Complete all scheduled periodontal treatments with your dental provider.
DID YOU KNOW?

That an eye exam can be as effective as a physical in determining your health! Unfortunately, many Americans put off going to the eye doctor if they feel like their vision has not changed. Comprehensive eye exams are important for many reasons. Your eyesight may change very gradually over time, and you may not even know that you need a stronger prescription. Your eye doctor will also perform several tests during the eye examination that will rule out eye disorders such as glaucoma, cataracts or retinal problems.

7 HEALTH PROBLEMS EYE EXAMS CAN DETECT

1. Diabetes
2. Hypertension
3. Autoimmune disorders
4. High cholesterol
5. Thyroid disease
6. Cancer
7. Tumors
The city offers a stand-alone vision plan. 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. If you use a non-network provider, you will have to pay for those services up front and be reimbursed.

 Please visit ESS to check the bi-weekly premiums and make your elections.

Plan includes:
- An annual routine eye exam with a $20 co-payment
- Yearly eyewear benefit for either eyeglasses or contact lenses with $25 co-payment
- 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 time base salary at no cost. 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.

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

VOLUNTARY LIFE INSURANCE
You 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. To apply for Voluntary Life Insurance for your spouse or children you must first have Voluntary Life Insurance for yourself (employee).

Premiums are based on your age, salary and coverage options. Applicable rates are available on Employee Self-Service (ESS) www.portal.houstontx.gov

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

<table>
<thead>
<tr>
<th>STEP 1:</th>
<th>STEP 2:</th>
<th>STEP 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make your Voluntary Life Insurance selections on Employee Self-Service (ESS) <a href="http://www.portal.houstontx.gov">www.portal.houstontx.gov</a></td>
<td>Submit your forms by one of the options below:</td>
<td>Deductions from your paycheck will begin upon review and approval by Dearborn National. If you do not receive notification from Dearborn within 30 days of submitting your forms, contact them directly at 800-348-4512.</td>
</tr>
<tr>
<td>You will receive a packet from Dearborn National Life Insurance Co. by mail that will include an Evidence of Insurability (EOI) Form by the 1st week of May.</td>
<td>1. Mailing Address: Dearborn National Life Insurance Co. Attention: Medical Underwriting P.O. Box 655403 Dallas, TX 75265</td>
<td></td>
</tr>
</tbody>
</table>

2. Fax: Dearborn National Life Insurance Co. Attention: Medical Underwriting Fax: 972-996-9371 |
Supplemental Insurance Plans, such as The Hartford and Continental American Insurance Co., are pre-tax benefits. You can only add or terminate these pre-taxed benefits during Open Enrollment.

**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

**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)

**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/stent, 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

**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)

**REMINDER**

Contact these vendors directly for more assistance:
- The Hartford
  866-547-4205 and provide city policy #460101
- Continental American Insurance Co.
  866-849-0011 or 832-639-4453
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 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?

**STEP 1:** You will receive a WageWorks Healthcare Card.

**STEP 2:** Use your card just like a debit card at your doctor’s office, pharmacy and more to pay for qualified expenses for instant reimbursement.

### Selecting an Election Amount

Three things to keep in mind when selecting an election amount:

1. Your total election amount is available on May 1, 2018 - April 30, 2019 so the HFSA can help regulate your healthcare spending and take care of the unexpected expenses along the way.

2. Employees minimum annual election amount is $240 and the maximum is $2,550.

3. As a 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.

### NOTE

Any unused HFSA 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.

### HFSA Annual Tax Savings Example

<table>
<thead>
<tr>
<th></th>
<th>Without HFSA</th>
<th>With HFSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross annual pay</td>
<td>$35,000</td>
<td>$35,000</td>
</tr>
<tr>
<td>Estimated tax rate</td>
<td>- $9,677</td>
<td>HFSA contribution</td>
</tr>
<tr>
<td>Net annual pay</td>
<td>= $25,322</td>
<td>Adjusted gross pay</td>
</tr>
<tr>
<td>Estimated annual healthcare expenses</td>
<td>- $2,500</td>
<td>Estimated tax rate (30%)</td>
</tr>
<tr>
<td>Final take-home pay</td>
<td>= $22,822</td>
<td>Final take-home pay</td>
</tr>
</tbody>
</table>

Take home this much more >>> $691

### Examples of qualified expenses include:

- Co-payments, co-insurance 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

### HFSA at a glance

**Minimum contribution:** $240 a year  
**Maximum contribution:** $2,550 a year  
**Plan year:** May 1, 2018 - April 30, 2019  
**Incur claims:** May 1, 2018 - April 30, 2019  
**Deadline to file claims:** July 31, 2019  
**Administrator:** WageWorks
The carryover option exercised in prior years for the 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 this time, all remaining money is forfeited.

### Important to Know

- If you separate from the City of Houston, your HFSA card will be terminated immediately and you will no longer be able to use the card. However, you will have 90 days after your termination date to file any pending claims incurred prior to your termination date for the plan year beginning May 1, 2018.

- If you are out on leave and no longer receiving pay, your HFSA card will be suspended. Upon your return to work, your deduction will be recalculated.

- If you do not return to work, your card will be terminated and you will no longer be able to use the card. However, you will have 90 days after your termination date to file any pending claims for the plan year beginning May 1, 2018.

### How do I manage my HFSA?

Management of your HFSA is a snap with the WageWorks web portal [WageWorks.com](http://WageWorks.com) or WageWorks EZ Receipts mobile app. You can set up alerts, view your dashboard, submit a claim or receipt, and more.
2018-19 HEALTH & WELLNESS PROGRAM

Employees, spouses and retirees under 65 are eligible to participate in this year's wellness program. Employees and covered spouses who participate earn a medical rate discount for their 2019-2020 medical benefits. Retirees are ineligible to earn discount, but are encouraged to participate in wellness programs.

Complete these three simple steps:

**STEP 1:**

**Biometric Numbers**

**Employees and covered spouses:** Obtain your biometric measurements from your annual preventive exam or one of our limited onsite biometric screening events beginning August 2018. Your biometric measurements must be from February 3, 2018 or later.

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

**STEP 2:**

Complete your Health Assessment by November 30, 2018

**Employees and covered spouses:** Use your up-to-date measurements to complete the online Health Assessment on MyCigna.com between August 1, 2018 – November 30, 2018.
Wellness Engagement

Employees and covered spouses: Complete one of the four wellness engagement options between May 1, 2018 – March 8, 2019

Option A: Preventive Care
Available: February 3, 2018
Deadline: January 31, 2019
Complete two preventive care activities.
   - Annual Physical Exam
   - Annual Mammogram
   - Annual OB/GYN Visit
   - Annual Cervical Cancer Screening
   - Flu Shot
   - Annual Prostate Cancer Screening
   - *Annual Dental or Vision Exam
   - *Onsite Nutrition Coaching Visit
   - *Onsite EAP Coaching Visit
   - *Hepatitis A and B Vaccination
   - *Pneumonia Vaccination
   - *Tetanus Vaccination
   - *Varicella Vaccination
   - *Zoster (shingles) Vaccination

Note: All activities must be reported via a Cigna claim, except those denoted otherwise with an asterisk (*), which are self-reported.

Option B: Telephonic Coaching
Available: March 11, 2018
Deadline: March 8, 2019
Achieve a fitness, diet or health goal with the help of a trained health coach. Coaches can counsel you in weight loss, smoking cessation, medication adherence, disease management and many other health concerns. Telephonic coaching requires more than one call to achieve a health goal.

Option C: Onsite Health Education Programs
Available: May 1, 2018
Deadline: March 8, 2019
Attend or participate in a City of Houston facilitated onsite program. Programs may include monthly awareness events, multi-week lifestyle management programs, fitbit challenges and other department programs. New this year, the Wellness Team will be offering a monthly fitness test to include various fitness exercises and the peer-to-peer training for emotional response.

Option D: MyCigna.com Apps and Activities
Available: May 1, 2018
Deadline: March 8, 2019
Earn 1,000 points within Cigna Apps and Activities portal by completing various pursuits (goals) and challenges. Each pursuit and challenge earns participants varying amounts of points depending on difficulty level.

Get a head start now by scheduling a visit with your primary care physician for your annual preventive exam. Biometric values from February 3, 2018 can be used to complete the Health Assessment beginning August 1, 2018.
DEATH TERMINATION PAY FORM
The Death Term Pay 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 (CLS), modified sick plan (MSP) and paid time off (PTO) owed to you upon your death as an active employee. Please complete the form legibly and have it notarized by a Human Resources Benefits Representative at 611 Walker - 4th Floor or a notary public that is convenient for you.

City of Houston Notaries

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

Operation Hours:
Monday – Friday
8:00 a.m. - 5:00 p.m.
DEATH TERMINATION PAY
BENEFICIARY DESIGNATION FORM

INSTRUCTIONS: PLEASE COMPLETE LEGIBLY AND HAVE NOTARIZED BY A HUMAN RESOURCES BENEFITS REPRESENTATIVE AT 611 WALKER - 4TH FLOOR OR A NOTARY PUBLIC THAT IS CONVENIENT FOR YOU.

TERMINATION PAY - If my termination of employment with City of Houston is by reason of my death, I affirm the beneficiary designated herein on this form, to receive my pay, 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 beneficiary designation form is effective the date on which Human Resources Benefits Division receives it.

☐ Election □ Change □ Effective Date ____________

<table>
<thead>
<tr>
<th>Employee I. D. Number</th>
<th>Department</th>
<th>Last 4 SSN</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male □ Female □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Beneficiary Election (Select one):

☐ Election A: Single Participant
I am single, widowed, or divorced and designate the individual(s), named on this form, to receive my Death Termination Pay. 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 Death Termination Pay 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
I am married and designate my spouse, named on this form, to receive my Death Termination Pay.

Note: Spouse’s signature is not required.

☐ Election C: Married with Spouse not as Sole Primary Beneficiary
I am married and designate the individual(s), named on this form, to receive my Death Termination Pay.

Note: For Election C your spouse must sign the consent below.

PRIMARY BENEFICIARY

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Social Security #</th>
<th>Relationship</th>
<th>Age (if minor)</th>
<th>% to Each</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONTINGENT BENEFICIARY

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Social Security #</th>
<th>Relationship</th>
<th>Age (if minor)</th>
<th>% of Each</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

MUST BE NOTARIZED BY A HUMAN RESOURCES BENEFITS REPRESENTATIVE AT 611 WALKER - 4TH FLOOR OR A NOTARY PUBLIC THAT IS CONVENIENT FOR YOU.

Employee Signature ___________________________ Contact Phone ____________ Date ____________

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: ____________
death term pay 2018 form.ai - rev. 02/2018
EMPLOYEE ASSISTANCE PROGRAM

Contact Information: 832-393-6510  employeeassistanceprogram@houstontx.gov

Additional Information
Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your Employee Assistance Program (EAP) provides support, resources and information for personal and work-life issues. Your EAP is company-sponsored, confidential and provided at no charge to you and your dependents. This information explains how your EAP can help you and your family deal with everyday challenges.

Confidential Counseling
Someone to talk to.
This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:
- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

Financial Information and Resources
Discover your best options.
Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:
- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

Legal Support and Resources
Expert info when you need it.
Talk to an attorney by phone. If you require representation, we’ll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:
- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Work-Life Solutions
Delegate your “to-do” list.
Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:
- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

Online Solutions
Knowledge at your fingertips.
Online is your one stop for expert information on the issues that matter most to you…relationships, work, school, children, wellness, legal, financial, free time and more.
- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- “Ask the Expert” personal responses to your questions
- Child care, elder care, attorney and financial planner searches

DID YOU KNOW?
YOU HAVE INPATIENT AND OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS THROUGH YOUR CIGNA PLANS!

Your cost share for mental health professionals and facilities is the same as your medical benefit for the medical plan you select when you use Cigna Total Behavioral Health network providers.

To find out more about your coverage or identify network providers call 800.997.1406, or visit www.mycigna.com, select Review My Coverage, click the Mental Health or Substance Abuse link for Coverage Summary, Details and Plan Features.
CONTACT INFORMATION

Cigna
800-997-1406
cityofhoustonserviceinquiries@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

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