

2019-2020 EMPLOYEE

B E N E F I T S G U I D E

HOUSTON, WE HAVE
HEALTH BENEFITS





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OPEN ENROLLMENT IS FROM MARCH 25 - APRIL 12

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

- Medical, Dental and Vision plans
- Basic and Voluntary Life Insurance
- Healthcare Flexible Spending Account

ENROLLMENT OPPORTUNITIES

There are three opportunities to select coverage or make changes to your benefits. Please carefully consider the benefit options available to you and your dependent(s).

New Employees

After you receive your first paycheck, you can log into Employee Self Service using e + your employee ID number and your network password. You have 30 days from hire date to make your enrollment elections and submit supporting documents for any dependents you wish to cover, or you will have to wait until Open Enrollment or have a qualifying life event.

Open Enrollment (March 25 - April 12)

Each year we offer you an opportunity to review your current benefits and make changes. During this time, you may make your benefit selections or update coverage for: medical, dental and vision plans, Healthcare Flexible Spending Account (HFSA) and voluntary life insurance, as well as update your beneficiary designation for basic and voluntary life insurance.

Open Enrollment for the 2019 - 2020 Plan Year is from March 25 - April 12, 2019. The changes you make will be effective on May 1, 2019. If you do not make any changes, your current benefits will remain in effect for the new Plan Year. You must re-enroll in the Healthcare Flexible Spending Account each year.

If you add any new dependents during Open Enrollment, **supporting documents must be received by April 12, 2019, or coverage will NOT be added.**

Qualified Life Events

Sometimes an event, such as a marriage or birth, means you need to change your benefits during the Plan Year. You must submit a change form along with supporting documents within thirty-one days of the event.

The following are qualified life events that allow an employee to make benefit changes during the Plan Year.

- Marriage
- Divorce
- Birth
- Adoption or placement of foster child
- Death
- Spouse and/or dependent gains or loses coverage through employment
- Significant change in the financial terms of health benefits provided through a spouse's employer or another carrier
- Unpaid leave of absence taken by employee or spouse
- Changing a dependent care provider or having a significant increase or decrease in provider payment
- Change in Medicare or Medicaid eligibility status

EMPLOYEE SELF SERVICE (ESS)

Log on to your benefits and enrollment tool, Employee Self Service (ESS), at portal.houstontx.gov. 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. Review your current elections and this guide to make your choices for the upcoming benefits year.



To access ESS, visit portal.houstontx.gov



For password reset, contact HITS at 832-394-4487 or houstontx.service-now.com

WHAT'S NEW?

- 1 Contribution rates are increasing in medical plans, except for the Employee Only tier in the Limited Network Plan. Employees in the Limited Network Plan and Employee Only tier get free coverage. See page 9.
- 2 The monthly tobacco user premium is increasing from \$25 to \$35. See page 10.
- 3 Medical deductibles for the Limited Network and Open Access Plans are increasing. See page 8.
- 4 Prescription deductibles in the Limited Network Plan are increasing. See page 17.
- 5 Maximum inpatient copayment in the Limited Network Plan is increasing. See page 8.
- 6 Maximum Out-of-Pocket is increasing in all three plans to align with the Patient Protection and Affordable Care Act (PPACA). See page 8.
- 7 The following procedures will be covered if medically necessary:
 - Bariatric surgery
 - Reduction mammoplasty (breast reduction surgery)
 - Varicose vein surgeryMore information can be found in the Plan Documents online at cityofhoustonbenefits.org.
- 8 New detailed Benefits Confirmation page with a summary of all your benefit elections, dependents and beneficiaries.
- 9 New two-step process for verification of new dependents. Supporting documents for dependents must be presented before you can elect their benefits. See page 5.

SAVINGS OPPORTUNITY!

Employees who choose the Employee Only tier of the Limited Network Plan get their coverage for free! See page 9 for rates.

Important:

A new insurance card will only be issued if you are a new enrollee, or if you are changing your health plan. Log on to myCigna.com at any time to request or print additional medical benefits cards.

ELIGIBILITY REQUIREMENTS

Full-time and part-time employees who consistently worked 30 or more hours per week over the past 12 months are eligible for benefits.

Dependent Eligibility

Dependent eligibility is as follows:

Employee relationship	Required supporting documentation	Notes
Legal spouse	<ul style="list-style-type: none"> Social Security Card Marriage Certificate (front and back) or Declaration of Registration of Informal Marriage 	<ul style="list-style-type: none"> 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.
Biological child	<ul style="list-style-type: none"> Social Security Card Birth Certificate or Verification of Birth Facts 	<ul style="list-style-type: none"> Coverage available up to age 26
Adopted child	<ul style="list-style-type: none"> Social Security Card Birth Certificate Adoption Documents 	<ul style="list-style-type: none"> Coverage available up to age 26
Legal custody/guardianship foster child	<ul style="list-style-type: none"> Social Security Card Birth Certificate Guardianship Documents 	<ul style="list-style-type: none"> Children for whom you have legal guardianship or legal foster care Coverage available up to age 26
Court ordered dependent	<ul style="list-style-type: none"> Social Security Card Birth Certificate Adoption/Guardianship Documents 	<ul style="list-style-type: none"> Dependent for whom a court order has been received requiring the employee to provide healthcare coverage HR Benefits must receive the court order within 31 days after issuance
Stepchild	<ul style="list-style-type: none"> Social Security Card Birth Certificate Marriage Certificate (front and back) 	<ul style="list-style-type: none"> Coverage available up to age 26
Biological grandchild	<ul style="list-style-type: none"> Social Security Card Birth Certificate Current IRS Filing Birth Certificate of Grandchild's Natural Parent/Employee's Biological Child 	<ul style="list-style-type: none"> Coverage available up to age 25 Step-grandchildren are not eligible for coverage.
Disabled children age 26 and over	<ul style="list-style-type: none"> Social Security Card Birth Certificate Proof of child's condition and dependency must be submitted within 31 days upon receiving third-party medical administrator's approval for coverage 	<ul style="list-style-type: none"> Child must be 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 on a city plan 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.

Required documents 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.

Important:

If both you and your spouse work for the city, you may be covered as an employee or as a dependent - but not both. Dependents may be enrolled under only one parent or guardian.

ADDING A NEW DEPENDENT

If you are adding a new dependent, you will need to provide supporting documents to be verified by the Benefits Division before you can enroll them in benefits.

- If you are adding a new dependent to your medical, dental or vision plan, you must submit supporting documentation by April 12, 2019. If your documentation is not received before the deadline, your dependent will not be added for coverage. There will be no exceptions.
- For new employees, required supporting documents must be received within 30 days from hire date.

How to add a dependent in Employee Self Service (ESS)

1. Log on to ESS at portal.houstontx.gov. New employees will have access to ESS once they receive their first paycheck.
2. Open the Employee Self Service tab at the top left.
3. Choose Employee Profile under the Detailed Navigation menu on the left. This will display your Employee Profile information.
4. On the top right, click on Add next to the Family Members/Dependents header and choose the appropriate relationship from the drop down.
5. Complete the required fields indicated with a blue asterisk.
6. Click Save at the top left.
7. Complete the form on page 40 and fax, email, mail or deliver this form, along with the supporting documents listed on page 4 to the Human Resources Benefits Division:

☎ 832-395-9409

✉ benefitselectibility@houstontx.gov

📍 611 Walker St, 4th Floor, Houston, TX 77002

You will receive notification from the Benefits Division once your dependents are verified and you are able to enroll them in benefits plans.

DON'T WAIT UNTIL THE LAST MINUTE

Supporting documents for newly added dependents must be verified by the Benefits Division before you can add them. Don't wait until the end of Open Enrollment, or your 30-day deadline to add them to your plans.

Benefits Eligibility Contact Information

☎ 832-393-6000

☎ 832-395-9409

✉ benefitselectibility@houstontx.gov



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MEDICAL PLANS AT A GLANCE

Whether you want more choices or more monthly savings, the city offers three unique medical plan options to meet your individual needs. All plans 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.



Limited Network Plan

All your medical care comes from one of three provider groups.

1. Kelsey-Seybold
2. Renaissance
3. Memorial Hermann

This is the middle-of-the-road option for monthly contribution rates.



Open Access Plan

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.

← **LEAST EXPENSIVE**

MOST EXPENSIVE →

NEED HELP DECIDING WHICH MEDICAL PLAN IS RIGHT FOR YOU?

Cigna's Pre-Enrollment Line is available to employees all year long. Call today and speak with a knowledgeable enrollment specialist for plan comparisons, help finding participating professionals, information on Cigna products and resources available to you and more.



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

MEDICAL PLANS AT A GLANCE

Medical Plans at a Glance				
Plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Medical Service Deductible	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000	Individual \$200 Family \$600	Individual \$850 Family \$1,700
Plan Year Out-of-Pocket Max	Individual \$7,900 Family \$15,800	Individual \$15,000 Family \$30,000	Individual \$7,900 Family \$15,800	Individual \$7,900 Family \$15,800
Prescription Plan Deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		Individual \$150 Family \$450	No
Health Reimbursement Account	Yes. The city pays the first \$500 to \$1,000 depending on coverage tier.		No	No
Network Options	Includes Cigna's national network Out-of-network services provided with higher co-insurance and deductibles.		Choose from one of three provider groups: Kelsey-Seybold, Memorial Hermann 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.
Cost per Visit	\$\$\$	\$\$\$	\$\$	\$
PCP	20% after the deductible is met	40% after the deductible is met	\$35	\$40
Specialist			\$65	Cigna Care Network Specialist \$65 Non-CCN \$80
Outpatient surgery			\$350 per surgery Maximum of \$700 per plan year after the deductible is met	30% after the deductible is met
Inpatient facility			\$600 per day Maximum of \$3,000 per plan year after the deductible is met	30% after the deductible is met
Emergency room			\$400	30% after the deductible is met
Urgent care services			\$65	\$75 per visit
Wellness Programs			Yes	Yes
Prescription Drug Plan	Yes	Yes	Yes	Yes
Employee Assistance Program	Yes	Yes	Yes	Yes
Basic Life Insurance	Yes	Yes	Yes	Yes

* 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.

Note: Changes to new Plan Year are highlighted in grey.

MEDICAL PLAN RATES

The City of Houston pays a significant portion of the cost for your healthcare coverage and the plans are still affordable and are competitive with other local employers. Rates are effective May 1, 2019.

Consumer-Driven Health Plan Biweekly Rates - All Discounts Applied

You pay			City pays			Total cost	
\$ 22.74	Employee only		\$ 190.14			\$ 212.88	
\$68.28	Employee + children	+	\$ 411.43	=		\$ 479.71	
\$ 91.04	Employee + spouse		\$ 308.54			\$ 399.58	
\$136.57	Employee + family		\$ 583.51			\$ 720.08	

Limited Network Plan Biweekly Rates - All Discounts Applied

You pay			City pays			Total cost	
\$ 0	Employee only		\$ 271.60			\$ 271.60	
\$ 102.84	Employee + children	+	\$ 519.18	=		\$ 622.02	
\$ 137.14	Employee + spouse		\$ 377.06			\$ 514.20	
\$ 205.71	Employee + family		\$ 739.80			\$ 945.51	

Open Access Plan Biweekly Rates - All Discounts Applied

You pay			City pays			Total cost	
\$ 61.28	Employee only		\$ 334.62			\$ 395.90	
\$ 183.82	Employee + children	+	\$ 732.39	=		\$ 916.12	
\$ 245.12	Employee + spouse		\$ 510.93			\$ 756.05	
\$ 367.67	Employee + family		\$ 1,028.64			\$ 1,396.31	

DID YOU COMPLETE YOUR WELLNESS PROGRAM ACTIVITIES THIS YEAR?



Each year, employees who engage in healthy activities are given opportunities for earning a discount on their medical plan rates.

Rates shown on previous page include all discounts.

- If you and all your covered dependents do not use tobacco products, **you receive a \$17.50 biweekly discount.**
- If you complete the city's wellness program, you receive a **\$25 biweekly discount.**
- If your covered spouse completes the city's wellness program, you receive a **\$12.50 biweekly discount.**

IMPORTANT:

Coverage for employees in the Employee Only tier who choose the Limited Network Plan will not have biweekly contributions - it will be covered at 100 percent by the City of Houston.

NON-TOBACCO USER DISCOUNT

If you and/or your dependents do not use tobacco products, you qualify for the monthly non-tobacco user discount of \$35 per non-tobacco user. If you and/or any of your dependents indicated tobacco use, you will not be eligible for the non-tobacco user discount. By enrolling and participating in a smoking/tobacco cessation program, you may become eligible for the monthly non-tobacco user discount of \$35 per participant. In order to be eligible for the discount, previously indicated tobacco users on the medical plan must participate in a smoking cessation program. Smoking/tobacco cessation programs must be facilitated or validated by the City of Houston.

CONSUMER-DRIVEN HEALTH PLAN FEATURES

You will pay the amounts listed for covered services. This is not a complete list of services, limitations or exclusions. Please refer to the benefits website at cityofhoustonbenefits.org for Plan Documents for a comprehensive list.

Plan basics	In Network	Out-of-Network
Health Reimbursement Account	City contributes \$500 per individual/\$1,000 per family per Plan Year	
Lifetime Maximum	Unlimited per individual	
Coinsurance	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met
Plan Year Deductible for Medical services	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000
Plan Year Out-of-Pocket Maximum (includes deductibles, coinsurance and copayments)	Individual \$7,900 Family \$15,800 <small>The family maximum is met when coinsurance for all covered family members reach \$15,800 except that no single family member shall meet more than \$7,900.</small>	Individual \$15,000 Family \$30,000 <small>The family maximum is met when coinsurance for all covered family members reach \$30,000 except that no single family member shall meet more than \$15,000.</small>
Office visits	You pay	You pay
Office visit Surgery performed in a physician's office	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met
Preventive services	You pay	You pay
Routine preventive services for children, immunizations, well-woman and well-man exam, mammogram, PSA, pap smear, colonoscopy	No charge	40% Plan pays 60% after the deductible is met
Inpatient hospital facility services	You pay	You pay
Semi-private room and board and other non-physician services	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met
Outpatient services	You pay	You pay
Outpatient surgery (facility services) Physical, occupational, cognitive and speech therapy	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met
Emergency and urgent care services	You pay	You pay
Hospital emergency room Ambulance Urgent care services	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met
Lab and X-ray	You Pay	You pay
Lab and X-ray Advanced radiological imaging MRI, MRA, CT Scan, PET Scan, etc.	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met
Mental health and substance abuse services	You Pay	You pay
Inpatient facility Outpatient facility or physician's office	20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met

Note: 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.

Other health care services/facilities		You pay	You pay
Allergy treatment/injections		20% Plan pays 80% after the deductible is met	40% Plan pays 60% after the deductible is met
Allergy serum (dispensed by the physician in the office)			
Maternity care services			
• Initial visit to confirm pregnancy			
• All subsequent prenatal visits, postnatal visits and physician's delivery charges			
• Delivery - facility			
Skilled nursing facility, rehabilitation hospital and other facilities (60 day Plan Year maximum)			
Home health care (60 day Plan Year/16 hrs per day maximum)			
Hospice			
Prescription benefits		You pay	You pay
Prescription deductible		Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.	
30-day supply at a participating pharmacy	Generic	20% Plan pays 80% after the deductible is met	60% Plan pays 40% after the deductible is met
	Preferred		
	Non-preferred		
	Specialty		
90-day supply at a participating pharmacy or Cigna Home Delivery	Generic	*Specialty medications are 30-day supply only	60% Plan pays 40% after the deductible is met
	Preferred		
	Non-preferred		
	Specialty*		
Free mail-order prescriptions through Cigna Home Delivery Pharmacy		Free prescriptions include: Generic and brand-name asthma medications, generic cardiovascular and high blood pressure medications, preferred-brand diabetic test strips, brand name insulin, generic diabetic medications and generic cholesterol medications. Call Cigna Home Delivery Pharmacy at 800-285-4812 to get a three-month supply of these medications delivered to your home for a \$0 copayment.	

Note: 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.

LIMITED NETWORK PLAN FEATURES

You will pay the amounts listed for covered services. This is not a complete list of services, limitations or exclusions. Please refer to the benefits website at cityofhoustonbenefits.org for Plan Documents for a comprehensive list.

Plan basics	
Health Reimbursement Account	No
Lifetime Maximum	Unlimited per individual
Coinsurance	No
Plan Year Deductible for Medical services	Individual \$200 / Family \$600
Plan Year Out-of-Pocket Maximum (includes deductibles, coinsurance and copayments)	Individual \$7,900 / Family \$15,800 The family maximum is met when deductibles, coinsurance and copayments for all covered family members reach \$15,800 with no single family member meeting more than \$7,900.
Office visits	
	You pay
Office visit (Specialist copayment applies to OB/GYN physician) Surgery performed in a physician's office	Primary Care Physician \$35 Specialist \$65
Preventive services	
	You pay
Routine preventive services for children, immunizations, well-woman and well-man exam, mammogram, PSA, pap smear, colonoscopy	No charge
Inpatient hospital facility services	
	You pay
Semi-private room and board and other non-physician services	\$600 per day (\$3,000 per participant per Plan Year maximum)
Outpatient services	
	You pay
Outpatient surgery (facility services)	\$350 per procedure (\$700 per participant per Plan Year maximum)
Physical, occupational, cognitive and speech therapy	Primary Care Physician \$35 Specialist \$65
Emergency and urgent care services	
	You pay
Hospital emergency room	No charge after \$400 per visit (waived if admitted)
Ambulance	You pay \$100
Urgent care services	You pay \$65 per visit (NOT waived if admitted)
Lab and X-ray	
	You Pay
Lab and X-ray	Primary Care Physician \$35 Specialist \$65 Outpatient hospital/Independent lab/ Independent x-ray and/or lab facility as part of an ER visit is no charge
Advanced radiological imaging MRI, MRA, CT Scan, PET Scan, etc.	Outpatient facility or Emergency Room \$100 per type of scan per day Inpatient facility Covered under Inpatient Hospital Facility Services
Mental health and substance abuse services	
	You Pay
Inpatient facility	\$600 per day (\$3,000 per participant per Plan Year maximum)
Outpatient facility or physician's office	\$35 per visit

Note: 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.

Other health care services/facilities		You pay
Allergy treatment/injections		You pay the lesser of \$35 for PCP or \$65 for a specialist or actual charge
Allergy serum (dispensed by the physician in the office)		No charge
Maternity care services • Initial visit to confirm pregnancy (Specialist copayment applies to OB/GYN physician)		Primary Care Physician \$35 Specialist \$65
• All subsequent prenatal visits, postnatal visits and physician's delivery charges		No charge
• Delivery - facility		\$600 per day (\$3,000 per participant per Plan Year maximum)
Skilled nursing facility, rehabilitation hospital and other facilities (60 day Plan Year maximum)		No charge
Home health care (60 day Plan Year/16 hrs per day maximum)		No charge
Hospice		No charge
Prescription benefits		You pay
Prescription deductible		\$150 individual / \$450 family
30-day supply at a participating pharmacy	Generic	\$10 or cost
	Preferred	\$45
	Non-preferred	\$60
	Specialty	\$100
90-day supply at a participating pharmacy or CIGNA Home Delivery	Generic	\$30 (\$25 home delivery)
	Preferred	\$135 (\$113 home delivery)
	Non-preferred	\$180 (\$150 home delivery)
	Specialty	N/A
Free mail-order prescriptions through Cigna Home Delivery Pharmacy		Free prescriptions include: Generic and brand-name asthma medications, generic cardiovascular and high blood pressure medications, preferred-brand diabetic test strips, brand name insulin, generic diabetic medications and generic cholesterol medications. Call Cigna Home Delivery Pharmacy at 800-285-4812 to get a three-month supply of these medications delivered to your home for a \$0 copayment.

Note: 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.

OPEN ACCESS PLAN FEATURES

You will pay the amounts listed for covered services. This is not a complete list of services, limitations or exclusions. Please refer to the benefits website at cityofhoustonbenefits.org for Plan Documents for a comprehensive list.

Plan basics	
Health Reimbursement Account	No
Lifetime Maximum	Unlimited per individual
Coinsurance	30% Plan pays 70% after the deductible is met
Plan Year Deductible for Medical services	Individual \$850 / Family \$1,700
Plan Year Out-of-Pocket Maximum (includes deductibles, coinsurance and copayments)	Individual \$7,900 / Family \$15,800 <small>The family maximum is met when deductibles, coinsurance and copayments for all covered family members reach \$15,800 with no single family member meeting more than \$7,900.</small>
Office visits	
Office visit (Specialist copayment applies to OB/GYN physician) Surgery performed in a physician's office	You pay Primary Care Physician \$40 Cigna Care Network (CCN) Specialist \$65 Non-CCN Specialist \$80
Preventive services	
Routine preventive services for children, immunizations, well-woman and well-man exam, mammogram, PSA, pap smear, colonoscopy	No charge
Inpatient hospital facility services	
Semi-private room and board and other non-physician services	30% Plan pays 70% after the deductible is met
Outpatient services	
Outpatient surgery (facility services)	30% Plan pays 70% after the deductible is met
Physical, occupational, cognitive and speech therapy	Primary Care Physician \$40 Cigna Care Network (CCN) Specialist \$65 Non-CCN Specialist \$80
Emergency and urgent care services	
Hospital emergency room	30% Plan pays 70% after the deductible is met
Ambulance	30% Plan pays 70% after the deductible is met
Urgent care services	\$75 per visit (NOT waived if admitted)
Lab and X-ray	
Lab and x-ray at physician's office	Primary Care Physician \$40 Cigna Care Network (CCN) Specialist \$65 Non-CCN Specialist \$80
Lab and x-ray at outpatient hospital facility or independent lab facility or independent x-ray and/or lab facility as part of an ER visit	30% Plan pays 70% after the deductible is met
Advanced radiological imaging MRI, MRA, CT Scan, PET Scan, etc.	30% Plan pays 70% after the deductible is met

Note: 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.

Mental health and substance abuse services		You Pay
Inpatient facility		\$600 per day (\$3,000 per participant per Plan Year maximum)
Outpatient facility or physician's office		Physicians office \$40 Outpatient facility 30% Plan pays 70% after the deductible is met
Other health care services/facilities		You pay
Vision care • Annual (Plan Year) Exam • Materials - frames, lenses		Not covered - Must enroll in separate vision plan
Allergy treatment/injections		Primary Care Physician \$40 Cigna Care Network (CCN) Specialist \$65 Non-CCN Specialist \$80
Allergy serum (dispensed by the physician in the office)		No charge
Maternity care services • Initial visit to confirm pregnancy (Specialist copayment applies to OB/GYN physician) • All subsequent prenatal visits, postnatal visits and physician's delivery charges • Delivery - facility		Primary Care Physician \$40 Cigna Care Network (CCN) Specialist \$65 Non-CCN Specialist \$80 30% Plan pays 70% after the deductible is met 30% Plan pays 70% after the deductible is met
Skilled nursing facility, rehabilitation hospital and other facilities (60 day Plan Year maximum)		30% Plan pays 70% after the deductible is met
Home health care (60 day Plan Year/16 hrs per day maximum)		30% Plan pays 70% after the deductible is met
Hospice		30% Plan pays 70% - No deductible
Prescription benefits		You pay
Prescription deductible		No
30-day supply at a participating pharmacy	Generic	\$10 or cost
	Preferred	20% (\$45 min/\$100 max)
	Non-preferred	40% (\$55 min/\$150 max)
	Specialty	40% (\$100 min/\$300 max)
90-day supply at a participating pharmacy or Cigna Home Delivery	Generic	\$25
	Preferred	20% (\$113 min/\$250 max)
	Non-preferred	40% (\$138 min/\$375 max)
	Specialty	N/A
Free mail-order prescriptions through Cigna Home Delivery Pharmacy		Free prescriptions include: Generic and brand-name asthma medications, generic cardiovascular and high blood pressure medications, preferred-brand diabetic test strips, brand name insulin, generic diabetic medications and generic cholesterol medications. Call Cigna Home Delivery Pharmacy at 800-285-4812 to get a three-month supply of these medications delivered to your home for a \$0 copayment.

Note: 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.

When it comes to filling your prescriptions, choice, convenience and cost are important to you. There are over 68,000 retail pharmacies in your network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores - all places where you may already shop.

WHERE CAN YOU GET YOUR PRESCRIPTIONS FILLED?



30-day prescription pharmacies:

- CVS/Target
- Kroger
- H-E-B Pharmacy
- Kelsey-Seybold
- Walgreens
- Walmart
- Participating independent pharmacies



90-day prescription pharmacies:

- CVS/Target
- Kroger
- Walmart



Visit Cigna.com/Rx90network to see a complete list of pharmacies in your network.

Free Medications

Preventive Generic Medications: Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, heart attack, stroke, diabetes, asthma, prenatal nutrient deficiency, etc. The city's prescription drug plan covers most of these medications at no cost to you. Go to myCigna.com website or app to learn which medications are free. You can also use the Drug Cost tool to estimate costs of any medications that are not on the no cost list.

No Cost Smoking Cessation and Contraceptive Medications: The city's pharmacy plan covers prescription and over-the-counter smoking cessation and contraceptive products with no copay, coinsurance or deductible.

Brand Asthma and Diabetes Medications and Diabetes Test Strips: Non-generic asthma medications, such as inhalers, and brand diabetes test strips and insulin are covered at no cost to the participant, providing they are on the approved list of drugs (formulary).

Prescription Plan Features Comparison

Prescription plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Prescription deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		\$150 individual / \$450 family	No
Retail Generic	20%	60% Plan pays 40% after the deductible is met	\$10 or cost	\$10 or cost
Retail Preferred	Plan pays 80% after the deductible is met		\$45	20% (\$45 min/\$100 max)
Retail Non-preferred	Specialty medications are 30-day supply only		\$60	40% (\$55 min/\$150 max)
Retail Specialty			\$100	40% (\$100 min/\$300 max)
Free mail-order prescriptions through Cigna Home Delivery Pharmacy	Free prescriptions include: Generic and brand-name asthma medications, generic cardiovascular and high blood pressure medications, preferred-brand diabetic test strips, brand name insulin, generic diabetic medications and generic cholesterol medications. Call Cigna Home Delivery Pharmacy at 800-285-4812 to get a three-month supply of these medications delivered to your home for a \$0 copayment.			

Ninety-Day Refills

Ninety-day refills of maintenance medications can be obtained through Cigna Home Delivery mail order pharmacy for 2.5 times copayment or at certain retail pharmacies for 3 times copayment. Login in at myCigna.com or use the Cigna mobile app to compare cost and find a nearby, participating pharmacy.

Specialty Medications

Specialty medications are used to treat rare and/or chronic conditions like cancer, Crohn's disease, cystic fibrosis, hepatitis C, rheumatoid arthritis, psoriasis multiple sclerosis and many others. You must purchase specialty medications through a network retail pharmacy or Cigna's Specialty Pharmacy. Specialty medications are only dispensed for a 30-day supply.

Step Therapy

Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost clinically appropriate medications to treat your condition. These are typically generics or preferred brands. You have to try these medications before your plan covers higher cost brands. Some of the conditions treated by medications that require step therapy are:

- ADHD;
- Allergies;
- Bladder problems;
- Depression;
- High blood pressure;
- Skin conditions.

Prior Authorization

Under your plan, certain medications need approval from Cigna before they are covered. These medications require a prior authorization (PA) and will only be covered by your plan if your doctor requests and receives approval from Cigna. The types of medications that typically need approval are those that:

- May be unsafe when combined with other medications;
- Have lower-cost, equally effective alternatives available;
- Should only be used for specific health conditions; or
- Are often misused or abused.

Prior authorizations are usually handled by your doctor's office which will work directly with Cigna. Cigna will contact you with their response to let you know if your drug coverage has been approved or denied, or if they need more information.

Did you know?

You could get your prescriptions and many of your medical supplies for free!

Many of the free medications are used to prevent conditions like :

- High blood pressure
- High cholesterol
- Heart attack
- Stroke
- Diabetes
- Asthma
- Prenatal nutrient deficiency

The city's prescription drug plan covers most of these medications at no cost to you. Go to myCigna.com website, app, or call 800-285-4812 to learn which medications are free.

Quantity Limits

For some medications, your plan only covers up to a certain amount of medication over a certain length of time. For example, your plan may only cover 30 mg per day for a 30-day supply of the medication. These are medications that are often taken in amounts larger than, or for longer than, may be appropriate or are misused or abused. Your plan will only cover a larger amount if your doctor's office requests and receives approval from Cigna.

TheraCare

The Cigna TheraCare program is designed to help customers taking specialty medications understand and manage their condition and treatment. A dedicated team of clinical pharmacists, health advocates and support coordinators is available to assist you with your drug therapy by helping you work through any side effects, arranging in-home training on how to use self-injectable medications, answering questions, helping make the prior authorization process quick and easy and much more. To learn more about TheraCare, call 800-633-6521 Monday – Friday from 8 a.m. – 8 p.m. CST.



DENTAL PLANS

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



Dental Health Maintenance Organization (DHMO)

The 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.

This is the least expensive option for monthly contribution rates.



Dental Preferred Provider Organization (DPPO)

The 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.

This is the more expensive option for monthly contribution rates.

← LEAST EXPENSIVE

MOST EXPENSIVE →

DENTAL PLANS

Dental Plans at a Glance			
Biweekly Dental Rates		DHMO	DPPO
Tier	Employee only	\$4.24	\$17.11
	Employee + one	\$9.72	\$39.34
	Employee + two or more	\$13.32	\$53.87
Plan Features			
Plan Year	May 1 - April 30	May 1 - April 30	
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	
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.	

Did you know?

With the DPPO, choose an in-network dentist to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.

You'll save the most by visiting a Delta Dental PPO dentist. Your next best bet, Delta Dental Premier®, is the largest dental network nationwide. You can find an in-network dentist at deltadentalins.com/cityofhouston.



Also, don't forget you get two preventive cleanings included in your Dental Plan Year, May 1 - April 30. Be sure to complete all scheduled periodontal treatments.



VISION PLAN

Eye health is another important component in your overall health. The city offers a stand-alone vision plan.

Vision Plan at a Glance	
Biweekly Vision Rates	
Tier	Superior Vision
Employee only	\$4.54
Employee + children	\$8.21
Employee + spouse	\$7.76
Employee + family	\$12.31
Plan Features	
Annual routine eye exam	\$20
Yearly eyewear benefit for either eyeglasses or contact lenses	\$25 \$150 retail allowance for frames \$150 retail allowance for contact lenses
The following standard lens options are covered at 100 percent: single vision, bifocal, trifocal, lenticular, progressives, high-index and polycarbonate	Included in yearly eyewear benefit
Lasik benefit	\$300 toward cost of Lasik

WHERE CAN YOU GO FOR EYECARE?



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



Visit superiorvision.com to see a complete list of providers in your network.



Did you know?

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 vision may change gradually over time, and you may not even know that you need a stronger prescription. Your eye doctor will 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



FLEXIBLE SPENDING ACCOUNTS

The city offers two flexible spending accounts, the Healthcare Flexible Spending Account for health-related expenses and the Dependent Care Reimbursement Plan for dependent care expenses.

Healthcare Flexible Spending Account

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?

- 1 You will receive a WageWorks Healthcare Card.
- 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, 2019 - April 30, 2020, so the HFSA can help regulate your healthcare spending and take care of the unexpected expenses along the way.
2. The 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, 2020 – July 31, 2020) to file claims and request reimbursement for expenses incurred prior to the end of the HFSA Plan Year April 30, 2020.

NOTE

Any unused HFSA funds as of April 30, 2020 will be lost and forfeited so it is important to elect an amount that you will use between May 1, 2019 - April 30, 2020.

HFSA AT A GLANCE

Minimum contribution: \$240 a year

Maximum contribution: \$2,550 a year

Plan Year: May 1, 2019 - April 30, 2020

Incur claims: May 1, 2019 - April 30, 2020

Deadline to file claims: July 31, 2020

Administrator: WageWorks



HFSA 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

Did you know?

You can use your HFSA on qualified expenses like:

- 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

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, 2019.
- 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, 2019.

How do I manage my HFSA?

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



Dependent Care Reimbursement Plan

The Dependent Care Reimbursement Plan works much like the HFSA, but is for dependent care expenses. Open Enrollment for Dependent Care Reimbursement Plan is November 1, 2019 – December 31, 2019. The plan begins January 1, 2020 and ends December 31, 2020.



Who's sharing the cost? See the examples below of some common costs in the city's medical plans.

Consumer-Driven Health Plan

Office visit with PCP

Total billed charges	\$264
*Allowable charges	\$121
Employee copayment	-\$0

The city pays \$121

Office Surgery

Total billed charges	\$5,720
*Allowable charges	\$869.63
Employee copayment	-\$173.92

The city pays \$695.70

Limited Plan

Emergency room visit

Total billed charges	\$7,250
*Allowable charges	\$2,160
Employee copayment	-\$400

The city pays \$1,760

One week hospital admission

Total billed charges	\$180,807
*Allowable charges	\$125,126
Employee copayment	-\$2,400

The city pays \$122,726

Four month hospital admission

Total billed charges	\$4,388,914
*Allowable charges	\$1,201,953
Employee copayment	-\$2,550

The city pays \$1,199,403

Open Access Plan

One day hospital admission

Total billed charges	\$22,266
*Allowable charges	\$5,377
Employee copayment	-\$1,613 (30%)

The city pays \$3,764

Office visit with a specialist

Total billed charges	\$624
*Allowable charges	\$311
Employee copayment	-\$65

The city pays \$246

Routine physical with PCP including lab

Total billed charges	\$977
*Allowable charges	\$511
Employee copayment	-\$0

The city pays \$511

Outpatient procedure in doctor's office

Total billed charges	\$4,704
*Allowable charges	\$1,776
Employee copayment	-\$815

The city pays \$961

The same employee had a similar procedure two months later and met their deductible

Total billed charges	\$4,704
*Allowable charges	\$1,776
Employee copayment	-\$65

The city pays \$1,711

*Allowable charges are Cigna negotiated discounts.





EAP HEALTHY PREGNANCY PROGRAM

Let the Experts Ease Your Worries

There is so much to learn when you're expecting a baby. Having a trusted source for information can help ease the anxiety and ensure that you and your infant get off to a good start. A HealthyGuidance® coach offers that help.

You can work one-on-one over the phone with a coach today to ensure that you are getting the information you need. Our certified health coaches are trained in nutrition, exercise and other pregnancy needs and can help you understand topics such as

- Food safety during pregnancy
- Nutritional needs for you and the baby
- Understanding weight gain
- Exercising during pregnancy
- And more

Call your toll-free number anytime to request an appointment with a health coach and get the support and counseling you need to live a healthier life.



For additional resources, check out the Pregnancy Resource Guide at guidanceresources.com.

Here when you need us.

☎ 855.378.7485

☎ TTY: 800.697.0353

🌐 guidanceresources.com

Web ID: HOUSTONEAP

Did you know?

Lactation support classes are covered at 100 percent.

You are eligible for a breast pump covered at 100 percent provided by CareCentrix, the exclusive in-network supplier of Durable Medical and Respiratory Equipment (DME) for Cigna customers.

To request your breast pump:

1. Be at least 28 weeks into your pregnancy.
2. Obtain a prescription from your doctor.
3. Call CareCentrix at 877-466-0164.



2019-20 HEALTH & WELLNESS PROGRAM

Employees, Spouses and Retirees under 65 are eligible to participate in the wellness program. Employees and Covered Spouses who participate earn a medical rate discount for their 2020-21 medical benefits. Retirees are ineligible to earn a discount, but will be entered to earn a gift card for their participation.

WHAT'S NEW?

- 1 Get your biometric numbers by visiting your Primary Care Physician for your Annual Physical to earn 10%.
- 2 More time to complete your Health Assessment. You now have from May 1, 2019 – March 8, 2020 to go to myCigna.com and complete your Health Assessment.
- 3 Updated Option D: Achieve a health goal! See page 29 for details.
- 4 New Option E: Smoking Cessation Program. See page 29 for details.

GOOD NEWS!

You have more time to complete your Health Assessment.
Complete your assessment between May 1, 2019 - March 8, 2020.

Important:

New Hires whose medical benefits become effective on or after September 1, 2019 are exempt for the 2019-2020 wellness program.



WELLNESS IN THREE EASY STEPS

1

ANNUAL EXAM

Employees and covered spouses: Visit your physician for your annual physical exam by January 31, 2020 to earn 10%.

Obtain your biometric measurements from your annual preventive exam. Your biometric measurements must be from February 1, 2019 or later.

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



2

HEALTH ASSESSMENT

Employees and covered spouses: Use your up-to-date measurements to complete the online Health Assessment on myCigna.com between May 1, 2019 – March 8, 2020 to earn 10%.



3

WELLNESS ENGAGEMENT

Employees and covered spouses: Complete one of the five wellness engagement options between March 9, 2019 – March 8, 2020.



EARN YOUR DISCOUNT

WELLNESS ENGAGEMENT OPTIONS



Option A: Preventive Care

Available: February 1, 2019
Deadline: January 31, 2020
Earn 80%

Complete two preventive care activities. Earn 40% for each goal.

- Annual Mammogram
- Annual OB/GYN Visit
- Annual Cervical Cancer Screening
- Annual Colonoscopy
- Flu Shot
- Prostate Cancer Screening
- Annual Dental Exam*
- Annual Vision Exam*
- EAP Coaching (achieve a goal as specified by the clinician)*
- Nutrition Coaching (achieve a goal as specified by the clinician)*
- Chronic Disease Coaching (achieve a goal as specified by the clinician)*
- Hepatitis A and B Vaccination*
- Pneumonia Vaccination*
- Tetanus Vaccination*
- Varicella Vaccination*
- Zoster (shingles) Vaccination*
- Validated Fitness Facility Attendance (48 sessions per calendar quarter earns 10%. Submit form each quarter to earn 40%)*

*Self-reported. All others reported via Cigna claim.



Option B: Telephonic Coaching

Available: March 9, 2019
Deadline: March 13, 2020
Earn 80%

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 a minimum of 3 calls to achieve a health goal.



Option C: Onsite Health Education Programs

Available: May 1, 2019
Deadline: March 13, 2020
Earn 80%

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. The Wellness Team also offers a monthly fitness test to include various fitness exercises and the peer-to-peer training for emotional response.



Option D: Achieve a Health Goal

Available: February 1, 2019
Deadline: January 31, 2020
Earn 80%

Obtain all 3 labs within the guidelines below. Note: All labs must be reported via a Physician fax form available on myCigna.com or done at a lab within Cigna's lab network (LabCorp, Quest) or an onsite biometric screening vendor.

- Achieve a fasting blood sugar of less than 100 or non-fasting blood sugar of less than 140.
- Achieve a healthy total cholesterol level of less than or equal to 239 mg/dl.
- Achieve a healthy LDL of less than or equal to 129 mg/dl.



Option E: Smoking Cessation Program

Available: February 1, 2019
Deadline: March 13, 2020
Earn 80%

Complete both steps.

Step 1: Complete an Onsite Tobacco Cessation class** or Cigna Tobacco Cessation Telephonic Coaching Program, which includes nicotine replacement.

Step 2: Complete nicotine testing, 60 days after the completion of Step 1.

**Class will be in a group setting with an onsite coach.

EMPLOYEE ASSISTANCE PROGRAM



As an employee you have access to a valuable Employee Assistance Program (EAP). Your EAP provides support, resources and information for personal and work-life issues at no additional cost.

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 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

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

EAP Contact Information

☎ 855-378-7485
✉ employeeassistanceprogram@houstontx.gov
🌐 guidanceresources.com
Web ID: HOUSTONEAP

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

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

CIGNA MENTAL HEALTH BENEFITS

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 go online to myCigna.com, select Review My Coverage, click the Mental Health or Substance Abuse link for Coverage Summary, Details and Plan Features.



BEYOND EMPLOYMENT

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RETIREMENT PLANS

It's never too early to start planning for your retirement. The city offers excellent defined benefit pension plans for eligible full-time employees. The plans offer retirement income based on a percentage of your pre-retirement salary. The city makes an annual contribution. Plans include: the Houston Municipal Employees Pension System, the Houston Firefighters' Relief And Retirement Fund and the Houston Police Officer's Pension System.

In addition, the city offers a 457 deferred-compensation plan. This plan is similar to a 401(k) or 403(b) plan. You can elect to defer a specific amount of your paycheck on a pre-tax basis through payroll deduction. The taxes on your contributions are deferred until withdrawal, as well as the taxes on any investment earnings from these contributions.

Retirement Plans Contact Information

Houston Municipal Employees Pension System

☎ 713-595-0100
🌐 hmaps.org

Houston Police Officers Pension System

☎ 713-869-8734
🌐 hpop.org

Houston Firefighters' Relief and Retirement Fund

☎ 281-372-5100
🌐 hfrrf.org

Empower Retirement Deferred Compensation Plan

☎ 281-372-5100
🌐 houstondcp.empower-retirement.com

LONG-TERM DISABILITY BENEFIT

The City of Houston provides Long-Term Disability benefits (LTD) to full time employees who are not Classified Police Officers and who have completed one year of service and who are participants in the Compensable Sick Leave (CSL) Plan. Employees who participate in the Modified Sick Plan (MSP) are not eligible for LTD benefits.

Once you meet the Plan's eligibility requirements, you will be covered under LTD at no cost to the employee. This plan is paid for by the city in order to protect the income of employees who become disabled.

The employee must be off work for six consecutive months to apply. Employees should apply once they are off from work for four to five months due to an injury or illness. You must apply within one year of becoming disabled. In some instances, where a pre-existing condition exists, an employee may not become covered by the plan until after two years of employment.

To qualify for LTD benefits, the plan administrator's medical director must certify your medical condition after your application has been submitted.

LTD benefits provide income if you are unable to work for an extended period of time due to an injury or illness. You will receive a benefit payment of the lesser of:

50% of Monthly Salary

Or

70% of Monthly Salary Less Offset Payments*

(*Example of Offset Payments: Pension, Social Security, Worker's Compensation)

If your Offset Payments are more than the 70% of your monthly income, you will receive a monthly benefit payment of \$50.

If you become permanently and totally disabled, the LTD plan will provide a source of income up to age 65, until death if before age 65 or until the disability ends before age 65.

For a more comprehensive description of plan benefits, contact the Benefits Division at 832-393-6000.

SUPPLEMENTAL INSURANCE

The City of Houston's Supplemental Insurance offerings include Group Critical Illness with Cancer and Group Hospital Indemnity. They will help protect you and your family against unexpected costs due to medical conditions and hospitalization. Individual and family supplemental coverage may be a good fit for some employees who want extra financial protection.

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

Enrolling in Group Hospital Indemnity or Group Critical Illness Plan with Cancer

1. Enroll online at www.wecareworks.com/Wecare
2. Log In Info:
 - Case ID: A932
 - User ID: Your Employee ID
 - Password: Houston19 (Case Sensitive)

Important:

Supplemental Insurance Plans are pre-tax benefits, which means you can only add or terminate the plans during Open Enrollment.

Need additional support?



Contact the vendor for more assistance:
Continental American Insurance Co.
866-849-0011 or 832-639-4453



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

You have the option of purchasing Voluntary Life Insurance up to four times your base salary. New hires must enroll within 30 days of hire date and can elect up to three times your base salary without completing an Evidence of Insurability (EOI) form. 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.

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

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

- 1** Make your Voluntary Life Insurance selections on ESS at portal.houstontx.gov. You will receive a packet from Dearborn National Life Insurance Co. by mail that will include an EOI form by the first week of May.
- 2** Submit your forms by one of the options below:
 - ✉ Mailing Address:
Dearborn National Life Insurance Co.
Attention: Medical Underwriting
P.O. Box 655403
Dallas, TX 75265
 - 📠 Fax: 972-996-9371
Dearborn National Life Insurance Co.
Attention: Medical Underwriting
- 3** Deductions from your paycheck will begin upon 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.

Important:

If you are electing or increasing Voluntary Life Insurance, you must complete an Evidence of Insurability (EOI) form to be approved. If you would like to elect Voluntary Life Insurance coverage for your dependent(s), you must enroll in Voluntary Life Insurance and an EOI form must also be completed for your dependent(s).



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LEGAL NOTICES

Plan Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage refer to the 2019 plan documents. SBCs and plan documents for each of the plans can be found on the HR website at cityofhoustonbenefits.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or t terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 800-997-1406 to request a copy. You may obtain a printed copy of the SBC or plan documents at no charge by contacting the Benefits Division at 832-393-6000 and it will be sent to you within seven days.

COBRA Notification Obligations

Under federal law, Consolidated Omnibus Budget Reconciliation Act (COBRA), the City of Houston is required to offer covered employees and/or covered family members the opportunity for continued health coverage at group rates when coverage under the health plan would otherwise end due to certain qualifying events. Continuation of coverage under COBRA is the

same as that provided to active employees and subject to the same requirements. Evidence of good health is not required to continue coverage. Failure to notify the plan administrator within 60 days of a qualifying event or from the loss of coverage date will result in a loss of any potential COBRA rights you may have had.

Medicare

When an employee retires and becomes covered by Medicare, the employee and his/her Medicare covered dependents must enroll in a city-sponsored Medicare Advantage or Medicare Supplement plan. In order to do so, you must first enroll in and pay for Medicare Part B. All of the city-sponsored Medicare plans also include prescription drug plans, which provide more comprehensive prescription coverage than Medicare Part D, so it is not necessary to enroll in Part D. If you have any questions regarding Medicare you can contact the Social Security Administration at 800-772-1213 or online at SocialSecurity.gov. When you start thinking about retiring you can attend a retirement information seminar given by the Human Resources Benefits Department. This seminar will answer your questions about the city’s retiree health benefit programs and Medicare. For details regarding the seminar, please contact 832-393-6000.

Notice of Privacy Practices

The City of Houston's group health plans are designed to protect your privacy. In fact, even though we provide health benefits coverage for you, we do not have access to your medical records. That information is maintained by your doctor and your health plan provider. Federal and state laws require us to maintain the privacy of any information regarding your health care and treatment that is personally identifiable to you, and that is transmitted or maintained by the plans, regardless of the form. This includes information and identifiable factors such as your name, age, and address.

A Notice of Privacy Practices is posted at houstontx.gov/hr and describes how medical information about you may be used and disclosed, and how you can get access to this information. The notice also explains the plans' privacy practices, legal duties, and your rights concerning your protected health information. You can visit the website to review and retrieve the privacy notice.

If you are unable to access the notice, or prefer a copy by mail, contact the privacy officer at one of the following:

Privacy Officer
City of Houston
Human Resources Department
📍 611 Walker - 4th Floor
Houston, Texas 77002
✉ privacyofficer@houstontx.gov
☎ 832.393.6199

Notice of Wellness Program Participation

The wellness program is administered for City of Houston employees, with the goal of improving employee health and preventing disease. All activities, programs, and initiatives related to the wellness program adhere to federal regulations pertaining to employer-sponsored wellness programs, including the Health Insurance Portability and Accountability Act (HIPAA). Participation in the wellness program is voluntary and requires you to complete a health assessment that asks a number of different questions about your health-related activities and behaviors, with the goal of assessing whether you have or are predisposed to certain medical conditions, such as heart disease or diabetes. In order to complete your health risk assessment, you will be asked for your biometric numbers including: height, weight, blood pressure, body mass index (BMI), and blood cholesterol levels. These health numbers can be obtained through biometric screening events (operated by the City of Houston Wellness Team) or at your doctor. The results of your health assessment are used to guide you to

other wellness program resources, such as lifestyle management courses and health coaching. After completing the health risk assessment, you will be asked to complete two Wellness Engagement Options. These options are wide-ranging and diverse and seek to guide employees into healthier living through promotion of healthy eating habits, weight management, physical activity, immunization adherence, and taking advantage of health coaching and annual physicals. Employees who complete the health assessment and two wellness engagement options will receive a discount on their medical plan rate of up to \$900 (for employees and covered spouses). Employees that choose not to participate in and complete the wellness program will receive no discount on their medical plan rate and thus be liable for the full amount. Employees on Family/Medical Leave of Absence, on Military Deployment, or who become pregnant during the insurance plan year are exempt from having to complete the wellness program.

The laws governing the use of personally identifiable health information in the context of employer operated wellness programs prevent the City of Houston from sharing any of your health information with any entity, persons, managers, or supervisors except that which is relevant to the carrying out of a request by you, the employee, for participation in the wellness program. Aggregated information received as a result of your participation in the wellness program is used to design and target future initiatives and will never be sold, solicited, exchanged, transferred or otherwise disclosed beyond what is permitted by law, to carry out specific activities related to the wellness program. All persons involved in the handling of personally identifiable health information on behalf of the City of Houston are bound by confidentiality and are limited to members of the City of Houston Wellness Team and Cigna health coaches. Safety and security measures are in place in accordance with all federal regulations and the City of Houston standard operating procedures, to prevent any breach of data or health information. In the event of any such data breaches of personally identifiable health information, you will be notified in accordance with federal and state laws. All medical information provided will be separately maintained from employee personnel files and will not be included in decisions on employment. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the City's Office of Inspector General at 832-394-5100. If you have questions or concerns about your health information, visit www.houstontx.gov/hr/privacy_policy.html, or contact the Privacy Officer at 832-393-6199 or PrivacyOfficer@houstontx.gov.



Health Benefits (In-Processing) Presentation Acknowledgement

611 Walker Street (4th Floor)
Houston, TX 77002
(832) 393-6000

I acknowledge that I have attended the Health Benefits (in-processing) Presentation and understand that I must comply with the following to finalize my benefit elections:

- Log on to the Employee Self-Service (ESS) website at portal.houstontx.gov within 30 days after my hire date to elect or waive benefits.
- Provide beneficiaries for the Basic Life Insurance Policy even if all other City of Houston sponsored benefits are waived.
- Use the Enrollment Form provided during the Health Benefits (in-processing) Presentation to submit all supporting documents for dependents no later than 30 days after hire date or dependents will be deemed ineligible for all employer-sponsored plans.
- Upon submission of plan selections and supporting documents (if applicable), coverage will become effective the 1st or the 16th of the month after 30 days of employment.

Note: If you do not enroll timely or elect to waive your coverage, health benefits will not be available until Open Enrollment or within 31 days of a qualified life event (marriage, divorce, birth, adoption, loss or other insurance coverage).

Waiver of Health Coverage:

If you waive this health coverage and do not obtain health coverage on your own, you will be subject to a penalty under the individual responsibility requirement of the ACA.

I acknowledge that the Employer has offered me affordable minimum essential health coverage, as defined under the ACA. I have read the above and I understand the consequences of my waiver of coverage.

Note: If you waive coverage considered affordable and minimum essential under the Patient Protection and Affordable Care Act (ACA), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace.

By checking this box, you agree to **WAIVE** your Medical Insurance Benefits

If you have any questions, assistance is available by calling the Human Resources Benefits Division.

Operation Hours:
Monday-Friday
8:00 a.m. – 5:00 p.m.

Please Print

Employee Name:	Department:
Address:	City/State/Zip:
Phone No:	Email address:
Signature	HR Processor/Representative:
Date:	

DEATH TERMINATION PAY FORM

The Death Termination 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 (CSL), 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.

SEE REMOVABLE FORM ON THE FOLLOWING PAGE



CITY OF HOUSTON NOTARIES

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

Operation Hours:
Monday – Friday
8 a.m. - 5 p.m.



City of Houston Benefits Eligibility Processing Form

611 Walker, 4th Floor, Houston, TX 77002 | 832-393-6000 | 832-395-9409

benefits@houstontx.gov | cityofhoustonbenefits.org

To add or remove yourself and/or dependent(s) on your benefits coverage, submit this form with the appropriate documentation within 30 days of your date of hire or 31 days of your qualifying life event. If you do not submit these documents timely, your benefit elections will not be processed. The next opportunity to process elections will be during the next Open Enrollment.

Fax, email, mail or deliver this form, along with the supporting documents to the Human Resources Benefits Division:

832-395-9409

benefitselectibility@houstontx.gov

611 Walker St, 4th Floor, Houston, TX 77002

Total Number of pages): _____

Date of Hire or Qualifying Event: _____

Employee Name	Employee ID	Contact Number	Email

Address	City	State	Zip

Triggering event: Check the appropriate option below.

New Employee Open Enrollment Qualifying Event

Requested Action: Check the appropriate option below.

Coverage Termination Coverage Enrollment

Benefit(s) Impacted: Check all that apply.

<input type="checkbox"/> Medical (Select a plan) <input type="checkbox"/> Open Access Plan <input type="checkbox"/> CDHP <input type="checkbox"/> Limited Network (Select a physician's network) <input type="checkbox"/> Kelsey-Seybold <input type="checkbox"/> Renaissance - Physician ID _____ <input type="checkbox"/> Memorial Hermann - Physician ID _____	<input type="checkbox"/> Dental (Select a plan) <input type="checkbox"/> DHMO <input type="checkbox"/> DPPO	<input type="checkbox"/> Basic Life (Select Beneficiary)
		<input type="checkbox"/> Voluntary Life
		<input type="checkbox"/> Death Term Pay
		<input type="checkbox"/> Vision

Employee or Dependents Impacted: Complete for all applicable.

First Name	Middle Initial	Last Name	Date of Birth	Social Security No.	Relationship	Tobacco User*
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

***Non-tobacco User Discount** - If you and/or your dependents do not use tobacco products, you qualify for the monthly non-tobacco user discount of \$35 per non-tobacco user. If you and/or any of your dependents indicated tobacco use, you will not be eligible for the non-tobacco user discount. By enrolling and participating in a smoking/tobacco cessation program, you may become eligible for the monthly non-tobacco user discount of \$35 per participant. In order to be eligible for the discount, previously indicated tobacco users on the medical plan must participate in a smoking cessation program. Smoking/tobacco cessation programs must be facilitated or validated by the City of Houston.

Required Supporting Documents to Add Dependent Coverage

All necessary documents as identified below must be submitted and verified before dependents can be covered under any City of Houston benefits plans. Some of the 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.

Legal Spouse	Biological Children (under age 26)	Stepchildren (under age 26)	Biological Grandchildren* (under age 25)	Adopted/Court Ordered Dependents
<input type="checkbox"/> Social Security Card <input type="checkbox"/> Marriage Certificate (front) <input type="checkbox"/> Marriage Certificate (back) <p style="text-align: center;">OR</p> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Declaration of Registration of Informal Marriage (Common Law)	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <p style="text-align: center;">OR</p> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Verification of Birth Facts	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate (front) <input type="checkbox"/> Marriage Certificate (back)	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Current IRS Filing <input type="checkbox"/> Birth Certificate of Grandchild <input type="checkbox"/> Birth Certificate of Grandchild's Natural Parent/Employee's Biological Child <p>*step-grandchildren are not eligible for coverage</p>	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Adoption/Guardianship Documents <input type="checkbox"/> Birth Certificate <p style="text-align: center;">OR</p> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Custody/Court Order Documents <input type="checkbox"/> Birth Certificate

Note: Eligible Dependent - An eligible dependent is your legal spouse and any child (natural, adopted, foster, grandchild, stepchild, and a child for whom you are legal guardian and/or have legal support obligation) who is your dependent for federal income tax purposes, resides with you, and is under age 26 or under age 25 for grandchild(ren).

Disabled children age 26 and over - Child must be 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 on a city plan 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.

Important - If both you and your spouse work(ed) for the city, you may be covered as an employee/retiree or as a dependent - but not both. Dependents may be enrolled under only one parent or guardian.

Supporting Documents Required to Change Coverage as a Result of a Qualifying Event

Newborn	Marriage	Divorce	Lost or Obtained Medical Coverage
<input type="checkbox"/> Verification of Birth Facts (within 31 days) <input type="checkbox"/> Social Security Card (within 60 days)	<input type="checkbox"/> Marriage Certificate (front) <input type="checkbox"/> Marriage Certificate (back) <input type="checkbox"/> Social Security Card	<input type="checkbox"/> Copy of Divorce Decree	<input type="checkbox"/> Letter of Creditable Coverage
Drop Child/Grandchild/Stepchild Over 18	Drop Ineligible Dependent	Return from Military Service	
<input type="checkbox"/> No support needed	<input type="checkbox"/> No support needed	<input type="checkbox"/> No support needed	

I hereby certify that the dependent(s) listed above is/are my dependent(s) as defined by the Internal Revenue Service and as defined in the City of Houston Health Benefits plans. I further certify that the information and all supporting documentation submitted with this application or in the future in connection herewith is true and correct. Any misrepresentation (overt or by omission) may be considered a fraudulent act. Therefore, any fraudulent act or refusal to provide the documentation required shall be grounds for denial of coverage or refusal or rescission of coverage applicable to the dependent(s) for whom the misrepresentation relates. Neither, the insurance carrier, the City of Houston or the plan administrator will have further liability or obligation to cover the expenses of such dependent(s). The City of Houston or carrier would also be entitled to recover any expenses incurred and improperly paid by it by reason of such misrepresentation. This certification is made under penalty of perjury for the consideration and purpose of obtaining benefits for said dependent(s) designated on this form.

Employee Authorization of Payroll Deductions

I am an employee of the City of Houston, eligible to participate in the medical and dental and vision program. I apply to participate and understand that the information I have provided above is part of my application. All statements made by me may be relied upon by the city. If any information that I have provided is found to be materially incorrect, my coverage may be denied. I realize that any medical coverage I or my dependents are eligible for at this time, which I decline, may be available in the future if I provide proof of a change in family status within 31 days of family status change.

I agree that if I have listed ineligible dependents, my medical coverage may be cancelled. I authorize the City of Houston to deduct from my wages or salary my portion of the contribution as it becomes due. I understand that I must notify the City of Houston when I have an ineligible dependent, and that I may receive a refund of premiums paid for an ineligible dependent for up to two months. I will be responsible for any and all medical, dental and vision claims paid on an ineligible dependent.

Print Employee Name: _____

Employee Signature: _____

Date: _____

Employee ID#: _____

For Internal Use Only

Received by: _____ Processed by: _____ QC Review by: _____

Date: _____ Date: _____ Date: _____

CONTACT INFORMATION

Health Benefits

CareCentrix

☎ 877-466-0164

Cigna

☎ 800-997-1406

☎ 832-393-6191

☎ 832-393-6192

☎ 832-393-6193

✉ cityofhoustonerviceinquiries@cigna.com

🌐 myCigna.com

Cigna Home Delivery

☎ 800-285-4812

Cigna TheraCare

☎ 800-633-6521

Delta Dental

☎ DHMO 844-282-7637

☎ DPPO 855-242-1549

Employee Assistance Program (EAP)

☎ 855-378-7485

✉ employeeassistanceprogram@houstontx.gov

🌐 guidanceresources.org

Web ID: HOUSTONEAP

Human Resources Benefits Services

☎ 832-393-6000

✉ benefits@houstontx.gov

🌐 cityofhoustonbenefits.org

Superior Vision

☎ 800-507-3800

🌐 superiorvision.com

Wage Works (HFSA)

☎ 877-924-3967

🌐 www.wageworks.com

Beyond Employment Benefits

Continental American Insurance Co. (Supplemental)

☎ 866-849-0011 or 832-639-4453

🌐 www.wecareworks.com/Wecare

Case ID: A932

User ID: Your employee ID

Password: Houston19

Dearborn National (Life Insurance)

☎ 800-348-4512

✉ Claims_Customer_Service@dearbornnational.com

Empower Retirement/Deferred Compensation

☎ 713-426-5588

☎ 832-393-9062

☎ 877-313-7693

Houston Firefighters' Relief and Retirement Fund

☎ 281-372-5100

🌐 hfrf.org

Houston Municipal Employees Pension System

☎ 713-595-0100

🌐 hmeps.org

Houston Police Officers Pension System

☎ 713-869-8734

🌐 hpops.org

