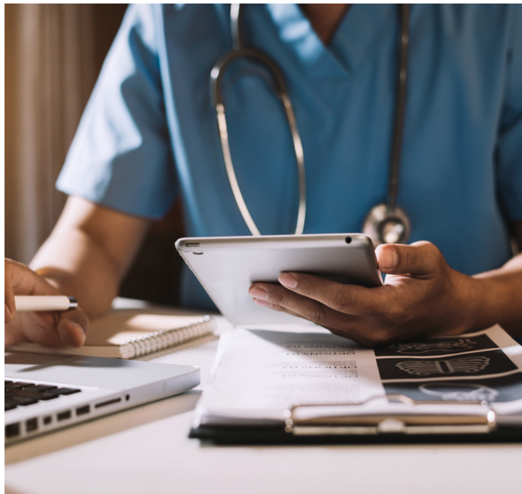


2022 City of Houston Retiree Benefits Decision Guide

What to Know

Open Enrollment is from February 28 - March 11, 2022.

Congratulations! Your monthly contribution rates will not increase this year. You'll continue to pay the same amount for all your benefit plans.

There is only one plan design change — out-of-pocket maximums are increasing to Affordable Care Act limits.

Your Options

Option 1: Make no Changes

No action needed

If you decide to maintain current coverage, no action is needed.

Option 2: Opt out of Coverage

Download and complete an enrollment form at cityofhoustonbenefits.org and elect the "Opt Out" option on all benefits.

Option 3: Enroll, Opt In, or Make Changes

If you are enrolling or changing your benefits, including adding new dependents, you may:

1. Complete the appropriate enrollment form mailed to you; or

   Download and complete an enrollment form at cityofhoustonbenefits.org; and
2. Deliver your form and supporting documents to:

   Secured Portal:

   bit.ly/COHBenefitsForm

   In-person or by mail:
   Human Resources Department
   Benefits Division
   611 Walker, 4th Floor
   Houston, TX 77002
3. Or, complete the DocuSign form at cityofhoustonbenefits.org.

Please note forms must be received in-person, via DocuSign or uploaded in the secure portal by **March 11, 2022.** If mailing, please mail documents on or before **March 5, 2022.**

MEDICAL PLAN HIGHLIGHTS

Plan change

Maximum Out-of-Pocket has increased to Patient Protection and Affordable Care Act (PPACA) limits. Changes are highlighted in red in the chart below.

Non-Medicare Eligible Retirees Under 65 Monthly Medical Rates*			
Tier	Consumer-Driven Health Plan (CDHP)	Limited Network Plan	Open Access Plan
Retiree Only	$334.98	$401.97	$669.95
Retiree + Children	$535.96	$643.16	$1,071.97
Retiree + Spouse**	$945.96	$1,120.13	$1,726.46
Retiree + Family**	$1,146.97	$1,361.32	$2,122.47

* Rates shown include all wellness and non tobacco user discounts
** Includes a $75 spousal surcharge.

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 $8,700 Family $17,400	Individual $17,400 Family $34,800	Individual $8,700 Family $17,400	Individual $8,700 Family $17,400
Prescription Plan Deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		Individual $150 Family $450 (except for certain preventive medications which are not subject to deductible.)	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 the provider groups. Only true emergencies* are covered out of the provider group.	Includes Cigna's national network. Only true emergencies* are covered out of network.
PCP	20% after deductible is met	40% after deductible is met	$35	$40
Specialist	20% after deductible is met	40% after deductible is met	$65	Tier 1 Specialist $65 Non-Tier Specialist $80
Outpatient surgery	20% after deductible is met	40% after deductible is met	$350 per surgery Maximum of $700 per plan year after deductible is met	30% after deductible is met
Inpatient facility	20% after deductible is met	40% after deductible is met	$600 per day Maximum of $3,000 per plan year after deductible is met	30% after deductible is met
Emergency room	20% after deductible is met	40% after deductible is met	$400	30% after deductible is met
Urgent care services	20% after deductible is met		$65	$75
Wellness Programs	Yes	Yes	Yes	Yes
Prescription Drug Plan	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.

DENTAL PLAN HIGHLIGHTS

There are no changes to the dental plans. You have the option to choose between the Cigna Dental Care® (DHMO) plan and Total Cigna DPPO plan.

Retiree Monthly Dental Rates		
Tier	**DHMO**	**DPPO**
Retiree Only	$8.90	$33.74
Retiree + One	$21.58	$77.12
Retiree + Family	$29.56	$105.6

Cigna DHMO Plan Facts

- No dollar maximums
- No deductibles
- Benefits start right away with no waiting periods
- No claim forms to file when using network dentists
- You will select a Cigna Dental Care network general dentist to manage all of your dental health care needs who will refer you to any network specialists. You will contact Cigna to select or update your Primary Care Dentist.
- Network includes all except 13 states

Total Cigna DPPO Plan Facts

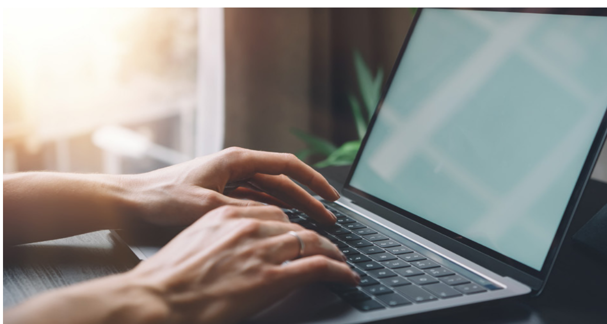
- Freedom to visit any licensed dentist or specialist
- No specialty referrals required
- The plan will cover eligible dental expenses after you satisfy any applicable waiting periods and meet any deductibles
- The plan is based on coinsurance levels that determine the percentage of costs covered by the plan for different types of services

Need help?

If you need help choosing a dental plan, contact the pre-enrollment help line at 800.401.4041.

How to find out if a dentist participates in a Cigna Dental Plan

1. Go to www.cigna.com
2. Select "Find a Doctor" tab
3. Under "How are you Covered?", select "Employer or School"
4. Select "Doctor by Type"
5. Enter address, city, or zip
6. Select "General Dentist" from drop down
7. Under "Please Select a Plan", enter address, city or zip after "I Live In" and choose continue.
8. Select either Cigna Dental Care Access or Total Cigna DPPO depending upon which type plan you are interested in.
9. Review list of dentists in the city you typed in.



For more information

Visit cityofhoustonbenefits.org to download PDFs:

- DPPO and DHMO FAQs
- Transition of Care FAQs
- Provider directories
- Dental Nomination Form
- DPPO and DHMO Orthodontics in Progress FAQs

VISION PLAN HIGHLIGHTS

There are no changes to the vision plan.

Retiree Monthly Vision Rates	
Tier	**Superior Vision**
Retiree only	$9.08
Retiree + children	$16.42
Retiree + spouse	$15.52
Retiree + family	$24.62

Superior Vision Plan Facts

- Routine eye exam: $20 copay
- Yearly eyewear benefit for either eyeglasses or contact lenses: $25 copay and $150 retail allowance for glasses or contacts
- Lasik benefit: $300 toward the cost of Lasik
- The following standard lens options are covered at 100 percent: single vision, bifocal, trifocal, lenticular, progressives, high-index and polycarbonate