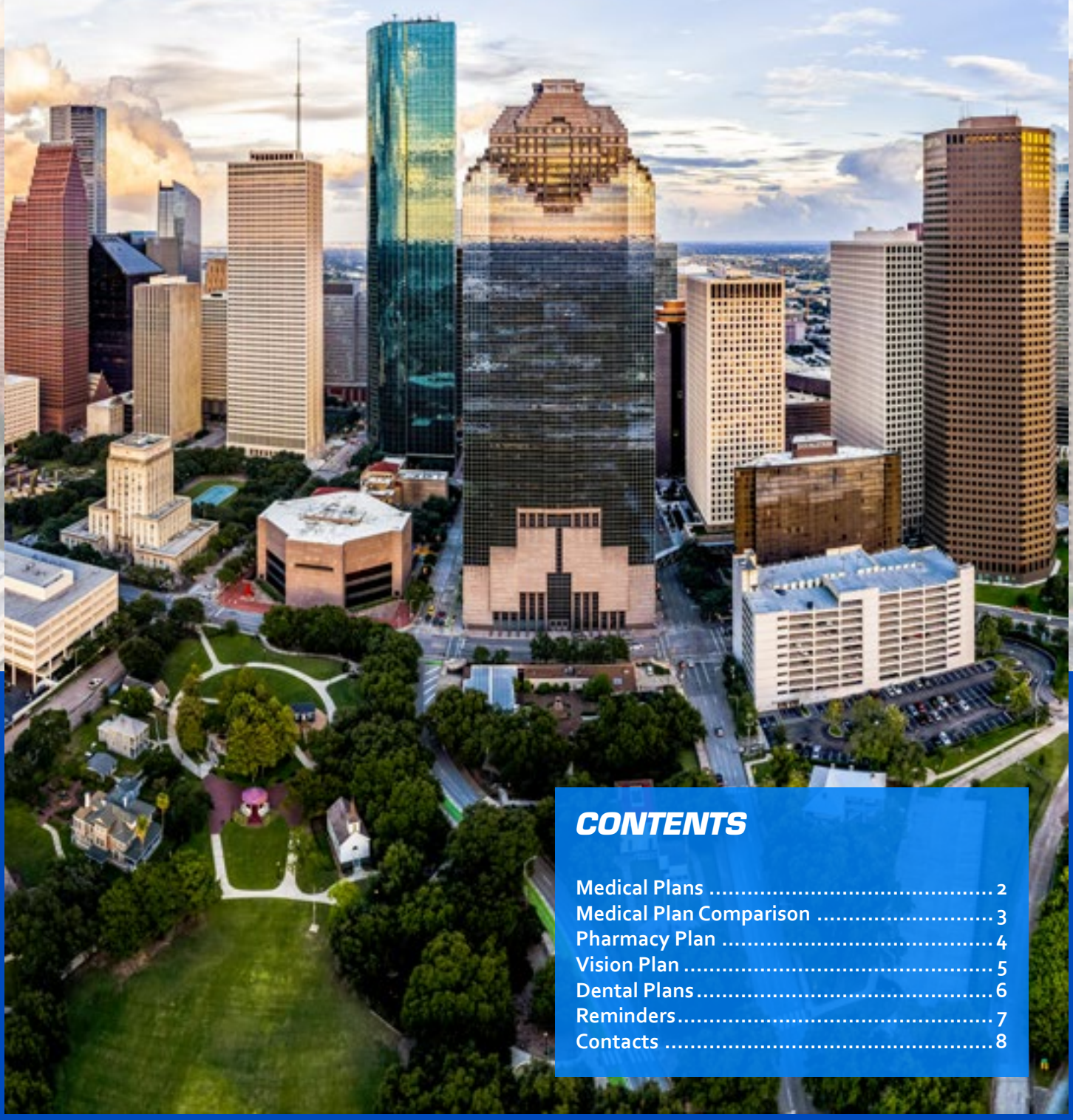
2026 City of Houston **COBRA Continuance Guide**



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MEDICAL PLANS

City of Houston offers you three (3) unique medical plans. All plans include preventive care services and a four-tier prescription drug plan. Full-time and part-time employees who consistently worked 30 or more hours per week over the past 12 months are eligible for benefits. The three (3) plans offered are the Cigna Open Access, the Cigna Limited Network, and the Consumer-Driven Health Plan (CDHP).

- **Cigna Open Access** — Under the Open Access plan you will 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.
- **Cigna Limited Network** — Under the Limited Network Plan, all your medical care comes from one of two provider groups — Kelsey-Seybold and Renaissance. This is the middle-of-the-road option.
- **Consumer-Driven Health Plan (CDHP)** — The CDHP plan offers the same broad network as the Cigna Open Access plan, plus access to out-of-network services at higher deductibles and coinsurance as well as a Health Reimbursement Account. This is the least expensive option.

MEDICAL PLAN RATES

Below are the medical plan rates for the 2026 plan year.

Medical Plan Biweekly Rates			
Tier	Consumer-Driven Health Plan (CDHP)	Limited Network Plan	Open Access Plan
Employee Only	$570.57	$634.62	$826.36
Employee + Children	$1,074.96	$1,201.97	$1,575.49
Employee + Spouse	$1,294.91	$1,454.23	$1,907.97
Employee + Family	$1,954.59	$2,209.75	$2,906.18

* Medical Rates include a 2% COBRA Administration Fee.



*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.

MEDICAL PLAN COMPARISON

Plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Plan Year	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026
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/individual or $1,000/family. This amount is prorated for plans starting after March 31. Prorated amounts based on effective date: • Apr. 1 – Jun. 30: $375/individual or $750/family • Jul. 1 – Sep. 30: $250/individual or $500/family • Oct. 1 - Dec. 31: $125/individual or $250/family		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
Virtual Visit: MDLive/ PCP/Specialist	100%	N/A	$0	$0
Specialist	20% after deductible is met	40% after deductible is met	$65	Tier I Specialist $65 Non-Tier 1 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	20% 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.

PHARMACY PLAN

When it comes to filling your prescriptions, choice, convenience and cost are important to you. There are over 4,000 retail pharmacies in your network for 30-day prescriptions and 31,000 retail pharmacies for 90-Day prescriptions.

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, app or call Cigna Express Scripts at 800-997-1406 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.

Medications: The City's pharmacy plan covers prescription and over-the-counter smoking cessation and contraceptive products with no copay, coinsurance or deductible.

Patient Assurance Program: Certain preferred brand insulin drugs are eligible for a maximum copayment of $25 for a 30-day supply and $75 for a 90-day supply at participating in-network pharmacies.

No Cost Smoking Cessation and Contraceptive

Pharmacy Plan Features Comparison

Pharmacy 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% Plan pays 80% after the deductible is met Specialty medications are 30-day supply only	60% Plan pays 40% after the deductible is met	$10 or cost	$10 or cost
Retail Preferred			$45	20% ($45 min/$100 max)
Retail Non-preferred			$60	40% ($55 min/$150 max)
Retail Specialty			$100	40% ($100 min/$300 max)
Free mail-order prescriptions through Cigna Home Delivery Pharmacy	Generic and preferred brand diabetes, asthma, blood pressure, osteoporosis, prenatal vitamins, cholesterol, anxiety, depression, and bipolar related drugs and supplies.			

Participating Pharmacies: 30-day

- CVS/Target
- H-E-B Pharmacy
- Kelsey-Seybold
- Walgreens
- Walmart

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

Participating Pharmacies: 90-day

- CVS/Target
- Walmart

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

VISION PLAN

Eye health is another important component in your overall health. The City offers a stand-alone vision plan administered by Superior Vision.

Vision Plan Biweekly Rates	
Tier	**Superior Vision**
Employee only	$9.26
Employee + children	$16.75
Employee + spouse	$15.83
Employee + family	$25.11
Plan Features	
Plan year	January 1 - December 31
Annual routine eye exam	$10
Yearly eyewear benefit for either eyeglasses or contact lenses	$15 eyewear/$25 contact lens $200 retail allowance for frames $200 retail allowance for contact lenses
The following standard lens options are covered at 100 percent: single vision, bifocal, trifocal, lonticular, progressives, high index, polycarbonate, UV coating, photochromic, anti-reflective, scratch coat, and tints.	Included in yearly eyewear benefit
Lasik benefit	$300 toward cost of Lasik

*Vision Rates include a 2% COBRA Administration Fee.



SUPPLEMENTAL INSURANCE

The City of Houston's Supplemental Insurance offerings are provided by Continental American Insurance Company and include Group Hospital Indemnity, Group Critical Illness with Cancer and Group Accident Insurance. 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

Group Hospital Indemnity provides financial assistance to enhance your current coverage, so you may be able to avoid dipping into savings or having to borrow to address out-ofpocket-expenses. Expenses like transportation and meals for family members, help with child care, or time away from work.

- 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)
- $400 a day for hospital room confinement if
- confined over 30 days (pays day 31-180 days)
- $125 for outpatient surgery
- $50 health screening benefit
- Additional benefits for treatment such as outpatient doctor's visits and an emergency room visit, inpatient and outpatient surgery and anesthesia

Group Critical Illness with Cancer

Having group critical illness insurance means that you may have added financial resources to help with medical costs or ongoing living expenses.

- Up to a $20,000 lump sum is paid directly to you upon diagnosis
- Covers cancer, heart attack, stroke, kidney failure major organ transplant,bone marrow transplant, sudden cardiac arrest, coronary artery bypass surgery, non-invasive cancer, skin cancer, coma, severe burn, loss of speech/sight/hearing, paralysis, family lodging and transportation
- Different additional and reoccurrence diagnoses are payable at 100% if separated by at least 6 consecutive months. Cancer diagnoses must be separated by 12 months Cancer-free and treatment free.
- $75 health screening benefit
- No lifetime limit on payout
- Childhood Conditions Rider

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Important

All premiums for these plans are Pre-Tax deductions.

This means you may only add or terminate during Open Enrollment.

Grandfathered AFLAC policy holders

For claims, or policy details, please contact AFLAC directly:

- Claims: 281-440-1133 ext. 1110
- Policy questions/changes: 832-455-8833

DENTAL PLANS

Cigna Dental Care® (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. (Referrals are not required for pediatric dentists for children under age 7 and orthodontists.)

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

For more information or to enroll, visit cityofhoustonbenefits.org.

Biweekly Dental Rates		
Tier	**Cigna Dental Care® (DHMO)**	**Total Cigna DPPO**
Employee only	$9.08	$34.41
Employee + one	$22.01	$78.66
Employee + two or more	$30.15	$107.71
Plan Features		
Plan Year	January 1 - December 31	January 1 - December 31
Service area	Throughout the United States except for 13 states*	Throughout the United States
Annual maximum benefit	No annual maximum benefit	$2,000 for Class I, II, & III Expenses
Annual deductible	No annual deductible	$50 per individual / $150 per family
Primary dentist referrals for specialty care	Yes	No
Claim forms	No	In-Network: No / Out-of-Network: Yes
Preventive services: Cleaning and oral examinations, bitewing X-rays	Preventive services - $0	Class I Expenses: Plan pays 100% No 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: Premolar – $300 / Anterior - $200	Plan pays 80% after the deductible is met
Major services**: Initial fixed bridgework, crowns and dentures, replacement of bridgework	Crown, titanium : $210 - $300 Complete denture, maxillary: $260 upper and lower each	Class III Expenses: Plan pays 50% after the deductible is met
Orthodontic services**: Covered services up to two years	$40.00 - $1,080.00 Coverage provided for twenty-four (24) months of active treatment.	Class IV Expenses: Plan pays 50% No Ortho Deductible Lifetime Maximum: $1,000 Children & Adults

*DHMO NOT available in Alaska, Maine, Montana, New Hampshire, New Mexico, North Dakota, South Dakota, Vermont, and Wyoming.

** Refer to Cigna Dental Care Access DHMO Charge Summary and the Total Cigna DPPO Summary for more detailed information. You can find them online at cityofhoustonbenefits.org.

***Dental Rates include a 2% COBRA Administration Fee.

REMINDERS

Health Flexible Spending Account (HFSA)

If you are a current participant in the Health Flexible Spending Account (HFSA) at the time your employment ends, you are eligible to convert your existing HFSA balance into an individual policy. This option is designed to ensure seamless continuity, allowing you to access and utilize your remaining pre-tax funds for eligible medical expenses for the duration of the current plan year. For details regarding eligibility, the conversion process, and to initiate this option, please reach out directly to: ZyneraHealth: 888-420-9374, admin@zynera.com,or coh.zynerahealth.com.

Zynera will provide all necessary information and guide you through the required steps.

Supplemental Insurance

You have the option of converting your supplemental coverage to an individual policy. Contact CAIC directly at 888-687-1883 for more details.

Important Notice to Grandfathered AFLAC policies

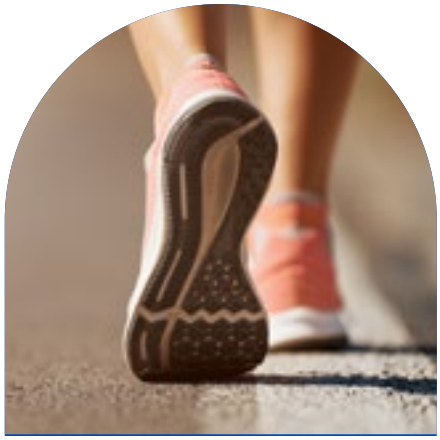
For claims, conversions, or policy details, please contact AFLAC directly:

- Claims: 281-440-1133 ext. 1110
- Policy questions/changes: 832-455-8833

Cigna Medical and Dental Insurance Cards

Cigna Medical and Dental Insurance Cards Insurance cards have gone digital. Cards will only be available upon request. Log into myCigna.com or the mycigna app to obtain your card. You may also contact Cigna directly at 800-997-1406 to request a physical card be mailed to you.







Contacts

Medical Plans
Cigna Medical
800-997-1406
On-site Cigna Team:
832-393-6305 (A-F)
832-393-6192(G-M)
832-393-6191 (N-S)
832-393-6193 (T-Z)
myCigna.com

Cigna Mental Health and Substance Abuse
800-997-1406
myCigna.com

Cigna Express Scripts Pharmacy for Mail Order
800-997-1406

Dental Plans
Cigna Dental
800-997-1406
myCigna.com

Vision
Superior Vision
800-507-3800
superiorvision.com

Flexible Spending Accounts
Total Administrative Services Corporation (HFSA & DCRP)
800-422-4661
tasconline.com

Supplemental Insurance
Continental American Insurance Company (Supplemental Insurance)
888-687-1883

Life Insurance
ReliaStar Life Insurance Company (Subsidiary of Voya Financial)
800-955-7736

COBRA
ZyneraHealth (COBRA website for the COH)
888-420-9374
admin@zynera.com
coh.zynerahealth.com

Retirement Benefits

Empower Retirement/Deferred Compensation
713-426-5588
832-393-9062
877-313-7693
empower-retirement.com

Houston Firefighters' Relief and Retirement Fund
281-372-5100 | hfrrf.org

Houston Municipal Employees Pension System
713-595-0100 | hmeps.org

Houston Police Officers Pension System
713-869-8734 | hpops.org

HUMAN RESOURCES

City of Houston
Benefits Division
611 Walker, 4th Floor
Houston, Texas 77002
832-393-6000
benefits@houstontx.gov
cityofhoustonbenefits.org