















HR DEPARTMENT

EMPLOYEE OPEN ENROLLMENT GUIDE

NOVEMBER 3 - 21, 2025

EFFECTIVE JANUARY 1, 2026



WHAT TO KNOW FOR 2026

Benefits year now follows the calendar year

We did it! To make things easier and more efficient for everyone, we aligned the benefits year to the calendar year.

Your plan year is January 1, 2026-December 31, 2026. This change applies to all employees, retirees, and survivors.

What does that mean for you?

- The elections you make during this enrollment period will be effective January 1 - December 31, 2026.
- Benefits remain the same with no changes, except for a tele-medicine enhancement.
- All three plans now include a $0 copayment tele-medicine visits.
- The maximum contribution for the Healthcare Flexible Spending Account is increased to $3,400 and elections will be divided among 24 pay periods.
- The next available open enrollment opportunity will be November 2026.

There are no premium changes

That is correct! Plans will also remain unchanged for the fourth year.

New life insurance carrier

Your life insurance is now ReliaStar Life Insurance Company, a subsidiary of Voya Financial.

What does that mean for you?

- Basic life insurance coverage remains the same.
- If you have voluntary life insurance and are satisfied with your coverage amount, you do not need to do anything, it will remain the same.
- Voluntary life insurance is now available as $10,000 increments. You may elect increments of $10,000 up to 4X your annual salary.

Medical 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.



WHAT DO YOU NEED TO DO?

Nothing! If you are satisfied with your current benefits*, you don't need to do anything.

All your current elections will roll over into the new plan year, except for the Healthcare Flexible Spending Account (HFSA) and Dependent Care Reimbursement Program (DCRP).

You only need to log into Benefitplace to add coverage, make changes to your existing coverage, re-enroll in the HFSA, DCRP, or update your beneficiaries.

*You must re-enroll in the HFSA and DCRP each year. Otherwise, the plan(s) will end on December 31, 2025.

Want to make changes?
Don't wait until the last minute!
Open Enrollment ends
November 21, 2025 at 5:59pm CST.

CONTENTS

Enrollment Opportunities 4
Eligibility and Enrolling 5
Dependent Eligibility 6
Medical Plans 7
Medical Plan Rates 8
Medical Plan Comparison 9
Pharmacy Plan 10
Dental Plans 11
Vision Plan 13
Flexible Spending Accounts 14
Wellness in 3 Easy Steps 16
Wellness Engagement Options 17
Pregnancy and Parental Leave 18
Life Insurance 19
Supplemental Insurance 21
Employee Assistance Program 22
Reminders 23
Final Paycheck Beneficiary Form 25
Legal Notices 26
Contacts 28

Disclaimer

If a conflict exists between this enrollment guide 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.

ENROLLMENT OPPORTUNITIES

There are several opportunities to elect, drop, add, or modify benefit coverage for yourself and/or your dependents. It's important to carefully consider the benefit options available to you and your dependent(s), as there are only a few opportunities to select coverage or make changes to your benefits.

Initial Enrollment

(New Employees)

You have only thirty (30) days from your hire date to make initial enrollment elections and submit supporting documents for any eligible dependents you would like to cover.

After enrollment, your benefits will begin the 1st or 16th day of the month following your 30th day of employment.

Annual Open Enrollment

(All Employees)

Open Enrollment is an annual opportunity to review and make changes to your benefits elections. During this time, you can add, drop, or change medical, dental and vision, as well as enroll or re-enroll for a Healthcare Flexible Spending Account (HFSA), Dependent Care Reimbursement Program (DCRP), supplemental, and life insurance coverage.

The open enrollment period for plan year 2026 is Monday, November 3 - Friday, November 21, 2025. Changes made during this time will be effective January 1, 2026. Voluntary life insurance will be effective on January 1, 2026 or the 1st or the 16th of the month following the date of Evidence of Insurability (EOI) approval.

Special Enrollments

(Qualified Life Events)

Life happens. A change in your situation, like getting married, having a baby or losing health coverage, can make you eligible for a special enrollment period, allowing you to enroll or make changes to your coverage outside the annual open enrollment.

To change to your benefits due to a Qualifying Life Event (QLE), log into Benefitplace and request the change within 31 days of the event and upload supporting documentation. If documentation is not uploaded within 31 days, your newly elected dependent coverage will not be processed.

QLEs are effective the first day of the following month, unless you add a newborn. IMPORTANT: Only newborns are effective on the day of the QLE.

Newborns are temporarily covered for medical for 31 days. After 31 days, if you do not enroll your newborn your newborn's coverage will terminate, even if you have Employee + Child(ren) or Employee + Family coverage. The coverage will be terminated back to date of birth.

Examples of QLE:

- Losing existing health coverage, including job-based, and individual plans
- Losing eligibility for Medicare, Medicaid, CHIP
- Turning 26 and losing coverage through a parent's plan
- Getting married or divorced
- Having a baby or adopting a child
- Death in the family
- Moving outside of the HMO network

ELIGIBILITY AND ENROLLING

Who is eligible?

- Full-time employees
- Elected officials
- Part-time employees who consistently worked 30 or more hours per week over the past 12 months.
- City of Houston retirees based on eligibility criteria (prior to retirement)..

Please note that contractors, temporary and seasonal employees ARE NOT eligible for benefits.

Requirements to enroll

- Your network log in and password
- Full name, date of birth, Social Security numbers, or Individual Taxpayer Identification Numbers for all dependents.
- Required documentation to add dependents includes birth, adoption and marriage certificates. Supporting documents must be uploaded into Benefitplace and verified before you are able to add your eligible dependents to your benefits.

How to enroll

- Log in to HROne Connect at HROneConnect.houstontx.gov.
- Under **Organizational Updates**, choose the **Benefitplace** or **Open Enrollment** tile.
- Once in Benefitplace, select **Get Started** from the home page.
- Review your contact information and communication preferences (Note: If any of your contact or demographic information is incorrect, please return to HR One Connect to edit and save that information).
- Review or add your dependents, then select **Begin Enrollment** to enroll in benefits.

Uploading supporting documents

When you add a new dependent, you will need to submit supporting documents (see page 6 for required documentation)

- Log in to HROne Connect at HROneConnect.houstontx.gov.
- Under **Organizational Updates**, choose the **Benefitplace** or **Open Enrollment** tile.
- Once in Benefitplace, select **Profile** from the home page.
- In the drop-down menu, choose **Document Center**.
- Any documentation needed will be highlighted on your account. Choose **Add document**. Attach the requested document, then select **Save Document**.
- A message will display confirming your documentation has been uploaded. From this page, you can either **View and manage your documents** or **Return to the homepage**.

DEPENDENT ELIGIBILITY

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 is as follows:

Employee relationship	Required supporting documentation	Coverages available
Legal spouse	• Social Security Number or ITIN • Marriage Certificate (front and back) or Declaration of Registration of Informal Marriage	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage
Biological child	• Social Security Number or ITIN • Birth Certificate or Verification of Birth Facts*	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Adopted child	• Social Security Number or ITIN • Birth Certificate • Adoption Documents	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Legal custody/guardianship foster child	• Social Security Number or ITIN • Birth Certificate • Guardianship Documents	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Court ordered dependent	• Social Security Number or ITIN • Birth Certificate • Adoption/Guardianship Documents • Copy of Court Order	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Stepchild	• Social Security Number or ITIN • Birth Certificate • Marriage Certificate (front and back)	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Coverage available up to age 26
Disabled children age 26 and over	• Social Security Number or ITIN • 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	• Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage • Contact the Benefits Division for appropriate paperwork to continue coverage

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.

* Verification of Birth Facts and SSN must be submitted within the first 31 days of birth. The employee must provide a copy of the certified birth certificate within 60 days of child's birth. Birth certificates are required for any dependent child who is not a newborn.

REMINDER: Ex-spouses must be dropped within 31-days of the divorce being executed. Refunds will not be issued for failure to notify HR Benefits of an ineligible dependent.

Important note about upcoming dependent audit

This message is to update you regarding the previously announced dependent audit planned for Fall 2025. After careful consideration and a comprehensive review of our current process, we have decided to update the criteria for the dependent audit to identify specific groups who were not verified through previous audits. The groups identified will receive individual notifications if they are selected to participate in the current dependent audit review. While our commitment to responsible plan management remains a top priority along with ensuring viable coverage for all participants on our plan, it is essential for the City to continue ongoing audit procedures to verify the accuracy and integrity of our member data. Covering ineligible dependents on the City of Houston plans result in increased health plan costs due to claims and pharmacy expenses.

We appreciate your understanding and cooperation with this process.

MEDICAL PLANS

City of Houston offers three medical plans to full-time and part-time employees who consistently worked 30 or more hours per week over the past 12 months. The three plans offered are the Cigna Open Access, the Cigna Limited Network, and the Consumer-Driven Health Plan (CDHP).

- **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.
- **Cigna Limited Network** — Under the Limited Network Plan, all your medical care comes from one of three provider groups — Kelsey-Seybold and Renaissance. This is the middle-of-the-road option.
- **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 Plan members

At the time of enrollment, you will have the option to select a Primary Care Physician (PCP) in the BenefitPlace platform. If you do not, a PCP will be assigned to you based on your zip code. Upon receiving your insurance card, please contact Cigna directly to update to a provider of your choice. Main Number: 800-997-1406.

Mental Health & Substance Abuse Benefits

Don't forget you have mental health and substance abuse benefits through Cigna Total Behavioral Health regardless of the medical plan in which you are enrolled. Call 800-997-1406.



*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.

Duplicate Coverage

If both you and your spouse work for the city, you may be covered as an employee or a retiree, or as a dependent — but not both.

Dependents may be enrolled under only one parent or guardian.

Important note about Village Medical for Cigna Limited Members

This group of providers will no longer be available AFTER January 1, 2026. Your options include:

- Stay where you are in the Limited Plan and change to one of the other groups like Kelsey Seybold or Renaissance
- Change to either the Consumer Driven Health Plan or Open Access Plan if you would like to keep your Village Provider.

Some members may qualify for Continuity of Care. This is for those who are in the middle of treatments, and/or have procedures scheduled after December 31, 2025. It would allow them to continue care at the in-network benefit level at Village Medical, for a period of time. For information about Continuity of Care, members may call the on-site Cigna Team at 832-393-6000 or the phone number on the back of their card. Cigna will work with the member to determine their eligibility for Continuity of Care. They can also help them complete the request form.

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	
	Before Wellness Discount	After Wellness Discount	Before Wellness Discount	After Wellness Discount	Before Wellness Discount	After Wellness Discount
Employee Only	$51.01	$26.01	$37.50	$12.50	$95.10	$70.10
Employee + Children	$103.10	$78.10	$142.63	$117.63	$235.26	$210.26
Employee + Spouse	$181.58	$144.08*	$234.30	$196.80*	$357.82	$320.32*
Employee + Family	$233.36	$196.16*	$312.73	$275.23*	$497.99	$460.49*

* After Wellness Discount based upon employee AND covered spouse completing the wellness program.

Tobacco User Fee

If you and/or your dependents use tobacco products, you will be charged the bi-weekly tobacco user fee of $17.50. If you and/or any of your dependents indicated tobacco use, you will be charged the tobacco user fee.

By enrolling and participating in a smoking/tobacco cessation program, you may become eligible to remove the tobacco user fee of $17.50.

Wellness Discount

Each year, employees who decide to actively engage in the Wellness Program offerings are provided opportunities to receive wellness incentive discounts towards medical plan premium rates.

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.

See Page 16 for more information on how you can complete Wellness in Three Easy Steps.





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.

College students outside of the service area

If you are on the Limited Plan and have a dependent who is in college outside of the plan's service area, you will need to contact Cigna to set up Guesting services for access to care. Call Cigna at (800) 997-1406.

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.

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.

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.

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.

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

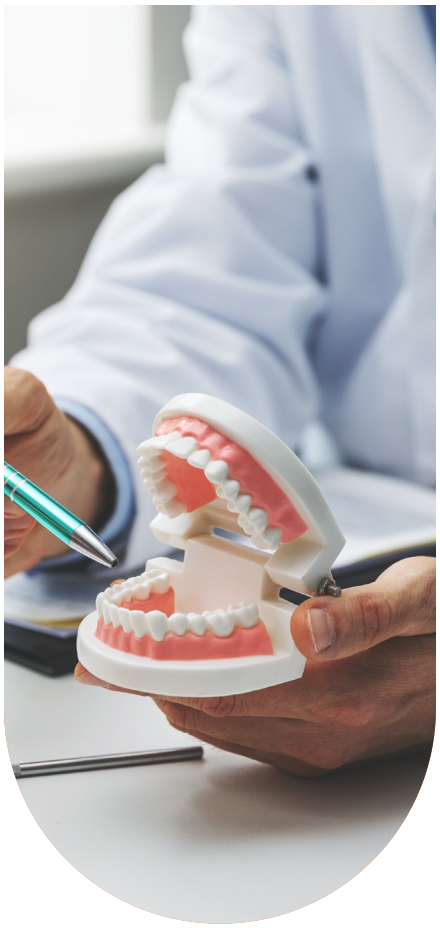
- Freedom to visit any licensed dentist or specialist
- No specialty referrals required
- The plan will cover eligible dental expenses after you satisfy any applicable waiting periods and meet any deductibles
- The plan is based on coinsurance levels that determine the percentage of costs covered by 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	$4.45	$16.87
Employee + one	$10.79	$38.56
Employee + two or more	$14.78	$52.80
Plan Features		
Plan Year	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026
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.



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

1. Go to www.cigna.com
2. Select "Find a Doctor, Dentist or Facility" tab
3. Under "How are you Covered?" select "Employer or School"
4. Enter address, city, or zip
5. Select "Doctor by Type"
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.

Your dentist not in the Cigna network?

To nominate a Dental Provider, you can submit a Dental Provider Nomination Form for contracting outreach. Forms are available at cityofhoustonbenefits.org or you can request one from the Cigna Pre-Enrollment Line at 800-401-4041.

Important note

If you enroll in the DHMO, you are required to select a Primary Care Dentist (PCD). If your current dentist is not in the Cigna Dental Care Access (DHMO) network, you will be auto-assigned to a dentist near your zip code. After January 1, 2026, you may call Cigna at 800-997-1406 to select a different PCD from the Cigna network. PCD changes are effective the first of the following month.

For more information

For detailed information, visit cityofhoustonbenefits.org to download PDFs:

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

Need help?

If you need help choosing a dental plan, contact the pre-enrollment help line at 800-401-4041.

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.

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	$4.54
Employee + children	$8.21
Employee + spouse	$7.76
Employee + family	$12.31
Plan Features	
Plan year	January 1, 2026 - December 31, 2026
Annual routine eye exam	$10
Yearly eyewear benefit for either eyeglasses or contact lenses	$15 eyewear / $25 contact lenses $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



FLEXIBLE SPENDING ACCOUNTS

There are two options available: The Healthcare Flexible Spending Account for health-related expenses and the Dependent Care Reimbursement Plan for dependent care expenses. The provider for both plans is Total Administrative Services Corporation (TASC).

Healthcare Flexible Spending Account (HFSA)

The 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 eligible 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?

After enrollment, you will receive a TASC Card. The full amount is available on January 1 or upon account activation.

Use your TASC Card to pay of eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

You can also use the online account or mobile app to submit a claim.

Selecting an Election Amount

Four factors to consider when selecting an election amount:

1. Your total election amount is available on January 1, 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 $3,400.
3. As an HFSA participant, you have a 90-day period (January 1- April 1) to file claims and request reimbursement for expenses incurred prior to the end of the previous HFSA Plan Year on December 31.
4. Contributions are based on 24 pay periods

Rollover

The HFSA maximum rollover amount is $500. The minimum amount of rollover is $50. Any amount left above $500 will be forfeited.

Dependent Care Reimbursement Plan (DCRP)

The DDRP allows you to use pre-tax money to pay for eligible care services for a qualifying child under 13 or an incapacitated adult dependent, enabling you to work or look for work.

Contributions are deducted from your paycheck before taxes, reducing your overall tax burden and lowering the net cost of care services like daycare, preschool, after-school programs, and summer camps.

Qualified Dependents

- A dependent child under the age of 13 who lives with you for more than half of the year.
- An adult tax dependent, such as a parent,who is not able to care for themselves and who lives in your home a minimum of eight hours a day.

How does it work?

Once enrolled, your plan year begins on January 1. Funds will be deposited in your account on the day you receive your paycheck. When funds are in your account, you can pay for eligible dependent care services. Log in to your account at tasconline.com to find a full list of eligible dependent care expenses.

Easy to use tools for reimbursement

TASC Online Account

- Go to tasconline.com and select "Request a Reimbursement Online"
- Enter who the expense was incurred by, date of the expense, amount and merchant
- Attach the receipt(s) and a description
- Choose "Next" to review, and then "Submit"

TASC Mobile app

- Select "Picture to Pay"
- Take a picture of the invoice and enter the amount
- Review and submit your request

When you're done, TASC will process your claims and schedule your payment. Sign up for email texts and alerts to follow the progress of each claim.

How do I manage my Flexible Spending Accounts?

TASC's web and mobile tools ensure easy access, account management, and benefit fund security for you.

TASC Universal Benefit Account

Your one-stop online access to all enrolled accounts includes:

- TASC Card lock — lock your card in case of loss
- Pay the provider
- Email alerts
- Seamless account management
- TASC Wallet

TASC Mobile App

Track and manage all TASC benefits and access helpful tools, anywhere and anytime—with just one app! The TASC mobile app includes special features that make it easy to keep TASC accounts safe and secure.

- TASC Card lock — lock your card in case of loss
- Picture to pay
- Expense eligibility check
- Mobile alerts
- Seamless account management
- TASC wallet
- Beneshop
- Receipt Repository

MyCash: Your "stash" and Your Safety Net

- On the rare occasion you can't use your TASC Card to pay for an eligible expense, you can submit a reimbursement request online with the mobile app. Reimbursements are paid to your MyCash account.
- Use for everyday purchases! Even purchase retail and healthcare items together in one transaction: eligible expenses are paid from your benefit account while other items are paid from MyCash.
- Use MyCash to pay for benefit expenses when your benefit account balance is insufficient.
- Withdraw funds at an ATM (with a PIN).
- Transfer to a personal bank account.
- MyCash funds are not tied to a plan year and never expire.

Important note

The HFSA and DCRP are two different programs. HFSA is for eligible healthcare expenses for you and your dependents. DCRP is for daycare related services for your children under 13 or disabled adult care expenses.

Flexible Spending Accounts at a Glance		
	HFSA	DCRP
Annual maximum contribution	$ 3,400	$2,500 if you are married and file a separate tax return $5,000 if you are single, or married and file a joint tax return
Annual Minimum contribution	$240	$500
Plan year	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026
Incur claims	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026
Deadline to file claims	April 1, 2027	April 1, 2027





For more information

For detailed information, visit cityofhoustonbenefits.org to download PDFs:

- FSA Eligible Expenses
- Card Experience
- Web Experience
- Mobile Experience
- Dependent Care FSA Qualifications

WELLNESS IN 3 EASY STEPS

Employees and covered spouses participating in a Cigna medical plan are eligible to participate in the wellness program and earn a medical rate discount for their 2027 medical benefits.

1. Annual Exam

Employees and covered spouses: Visit your physician for your annual physical or well-woman exam between October 1, 2025 and September 30, 2026, to earn 40% wellness completion credit.

Obtain your biometric measurements from your annual preventive exam. Your biometric measurements must be from October 1, 2026, 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 January 1, 2026 – November 13, 2026, to earn 40% wellness completion credit.

Achieve 80% by Completing Steps 1 & 2 to Earn Your Wellness Incentive Discount

3. Wellness Engagement

Employees and covered spouses: Go the extra mile to complete the final 20% of the Wellness Program and earn extra rewards by completing one of the four wellness engagement options. (Deadlines vary by option)

WELLNESS ENGAGEMENT OPTIONS

Option A: Preventive Care

Available: October 1, 2025
Deadline: September 30, 2026

Complete two preventive care activities. Earn 10% wellness completion credit for each goal.

- Annual Mammogram
- Annual Cervical Cancer Screening
- Annual Colonoscopy
- Flu Shot
- Prostate Cancer Screening
- Annual Dental Exam
- Annual Vision Exam*
- Hepatitis A and B Vaccination*
- Pneumonia Vaccination*
- Tetanus Vaccination*
- Varicella Vaccination*
- Zoster (shingles) Vaccination*
- COVID-19 Vaccination*
- Validated Fitness Facility Attendance*

*Self-reported. All others reported through a Cigna claim.

Option B: Health Coaching and Tobacco Cessation Program

Available: November 17, 2025
Deadline: November 13, 2026

Achieve a fitness, diet or health goal with the help of a trained health coach. Coaches can counsel you in weight loss, medication adherence, disease management and many other health concerns. Achieve a goal as determined by you and your clinician. Note that it takes a minimum of three coaching sessions to meet a goal. Complete an onsite or Virtual Tobacco Cessation class** or Cigna Tobacco Cessation Telephonic Coaching Program, which includes nicotine replacement.

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

Option C: Onsite/Virtual Health Education Programs

Available: January 1, 2026
Deadline: November 13, 2026

Attend or participate in a City of Houston facilitated onsite or virtual program. Programs may include, but are not limited to: multi-week lifestyle management and chronic disease management programs, MoveSpring challenges, Weight Watchers (WW), Kelsey Diabetes Care Program, Department Wellness programs, and City Fit Onsite Fitness programs.

Option D: Achieve a Health Goal

Available: October 1, 2025
Deadline: September 30, 2026

Obtain two 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).

- Achieve a fasting blood sugar of less than 100 or non-fasting blood sugar of less than 140.
- Achieve a healthy cholesterol ratio of 5.0 (male) or 4.4 (female).

Important

New hires whose medical benefits become effective on or after May 1, 2026 are exempt from the 2026 wellness program.

See the wellness website for a full list of exemptions.

For More Information

Contact the Wellness Team at WConnection@houstontx.gov or get more information by going to HoustonWellnessConnection.org.

Get rewarded for a good decision

When you enroll in Cigna Healthy Pregnancies, Healthy Babies and complete the program, including your postpartum check-in, you'll be eligible to receive a:

$350 VISA debit card redeemed through myCigna.com if you enroll in the first trimester

Or

$200 VISA debit card redeemed through myCigna.com if you enroll in the second trimester.



PREGNANCY AND PARENTAL LEAVE

Cigna Healthy Pregnancies, Healthy Babies program

Pregnant employees or dependents can enroll in the Cigna Healthy Pregnancies, Healthy Babies program designed to help you and your baby stay healthy during your pregnancy and in the days and weeks after your baby's birth. Through the program, you have access to maternity specialists have nursing experience and are here to support you during your whole pregnancy. You can connect with Cigna through the Cigna Healthy Pregnancy app found on the Google Plan and Apple AppStore. This valuable resources offers you an easy way to track and learn about your pregnancy. It also provides support for baby's first two years.

Use the app to:

- Click to call a Cigna maternity specialist or case manager.
- Keep a list of things to talk about with your provider, and set reminders.
- Watch educational videos about your baby's weekly development and get personalized notifications on developmental milestones and to-dos for baby's first two years.
- View our content library with helpful information on topics such as behavioral health, coping with loss, and pediatrics for baby's first two years.

Prenatal, Parental and Infant Wellness Policy

Paid prenatal, parental and infant wellness leaves are available to eligible employees to cover their absences away from work due to prenatal wellness healthcare appointments and/or other absences related to the pregnancy.

Eligible employees can receive:

- A maximum of 160 hours of paid prenatal leave for prenatal wellness healthcare appointments and other absences related to the pregnancy;
- A maximum of 320 hours of paid parental leave to bond and care for a child after the birth or placement of a child with the employee for adoption or foster care to be used within the first year after childbirth or placement of a child with the employee for adoption or foster care (maximum number of hours will increase to 480 effective September 1, 2023); and
- A maximum amount of forty (40) hours of infant wellness leave following the birth of a child or placement of a child with the employee for adoption or foster care to be used during the infant's first year after birth.

Visit www.houstontx.gov/hr/benefits/ppi.html for eligibility requirements, more information and resources on PPI, or email ppileaves@houstontx.gov.

LIFE INSURANCE

ReliaStar Life Insurance Company is your new life insurance carrier. They are a subsidiary of Voya Financial.

Basic Life

The City provides all full-time employees with Basic Life Insurance at the value of 1 times your base salary, rounded to the nearest multiple of $1,000, to a maximum of $300,000, but no less than $16,000 prior to any applied reductions at no cost. With submission of appropriate documentation, your spouse is eligible for a $2,000 life insurance benefit at no cost. Dependent children up to age 26 may also qualify for a $1,000 life insurance benefit at no cost.

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

During Open Enrollment, you have an important opportunity to review and adjust your Voluntary Life Insurance coverage. You have the option of purchasing up to four times your base salary rounded to the nearest $1,000 no to exceed a combined Basic & Voluntary Life maximum of $1,000,000.

New hires

New hires must enroll within 30 days of your eligibility date and can elect up to three times your base salary without completing an Evidence of Insurability (EOI) in increments of $10,000. You can add coverage for a spouse at half of your salary, (up to $50,000 maximum) and coverage for children is $10,000. To apply for Voluntary Life Insurance for your spouse or children you must be enrolled in Voluntary Life Insurance as the primary insured. If you are electing within 30 days of your eligibility date, spouse and child coverage does not require an EOI.

Increasing, decreasing or canceling your coverage

Open Enrollment serves as the exclusive window during which you may make changes to your coverage. You can apply for increases in $10,000 increments, up to a maximum of four times your base salary. Increases require the submission of an EOI to be approved. You can also decrease or cancel your coverage at this time.

Premiums are based on your age, salary and coverage options. Rates are available on Benefitplace at HROneConnect.houstontx.gov under Organizational Updates.

Who is Eligible for Voluntary Life Coverage?

- All elected officials
- Full-time employees working 40 hours per week
- Part-time employees working 30 or more hours per week

Seasonal and temporary employees are not eligible. Employees currently enrolled in voluntary life coverage can enroll their eligible dependents subject to any evidence of insurability requirements.

Evidence of Insurability (EOI)

If you are electing or increasing Voluntary Life Insurance, you must complete an EOI form to be approved.



One-time opportunity to increase without an EOI

If you are currently enrolled in Voluntary Life Insurance for less than four times, you have a one-time opportunity during the 2026 Open Enrollment to increase your election by one increment of $10,000, which will be automatically approved without an EOI.

Voluntary Life notification of increases

It is crucial to understand that your voluntary life insurance premiums are subject to adjustment.

- **As you transition into new age brackets (in five-year intervals, i.e. 30-35, 35-40), your premium rates will increase based on the new age category.**
- **An increase in your annual base salary will result in a coverage level change and premium increases.**



Duplicate Coverage

Duplicate Voluntary Life Insurance Coverage is not permitted as follows:

- As both a City retiree and a City employee, for the same benefit.
- As both a City retiree or City employee and as a dependent of a City employee, for the same benefit.
- As a dependent of more than one City retiree, or City employee, for the same benefit.

Any individual found to have duplicate benefits coverage for the same benefit will be dropped, from the duplicate coverage.

If you find you or your dependent are currently duplicating coverage under the policy please reach out to the Human Resources Benefits Division at 832-393-6000 to make appropriate changes.

LIFE INSURANCE Continued

How do I Enroll in Voluntary Life?

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

- Log into Benefitplace at HROneConnect.houstontx.gov under Organizational Updates
- Go through the steps until you get to the section on life insurance and make your selections.
- Follow the instructions to complete an EOI.
- Submit your EOI to ReliaStar.

Deductions from your paycheck will begin upon approval by ReliaStar. If you do not receive notification within 30 days of submitting your forms, contact them directly.

Review Your Beneficiaries

Open enrollment is the perfect time to review your beneficiaries. Take a few moments to review your current beneficiaries to ensure that everything is listed correctly. This step provides peace of mind knowing your loved ones are taken care of. Keep in mind that you're not locked into beneficiary updates only during open enrollment. Life happens, and you can change beneficiaries whenever you need to. Just log into Benefitplace at HROneConnect.houstontx.gov under Organizational Updates to make any updates.

We encourage you to carefully review your current coverage to ensure it aligns with your evolving financial planning needs and life circumstances.

Dependent Voluntary Life Coverage FAQs

1. **My spouse and I are both City employees. Can I enroll my spouse for dependent voluntary life insurance?**
   No. If your spouse is covered as an employee, they cannot be covered as a dependent under your plan.

2. **My spouse and I are both City employees. Can we both enroll our children for dependent voluntary life insurance?**
   No. If you are both covered as employees, only one of you may enroll your eligible dependent children for voluntary life insurance.

3. **I am a City employee and my spouse is retiring from the City. If my spouse does not take the retiree life insurance, can I enroll them in voluntary life coverage?**
   Yes. If your spouse decides not to elect life insurance coverage as a retiree, you can add them to your voluntary life insurance coverage.

4. **I am a City employee and so is my parent. Can one or both of my parents cover me as a dependent under their voluntary life insurance coverage?**
   No. You cannot be covered as a dependent child of another City employee.

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-of-pocket-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. Up to a $10,000 lump sum for a spouse or dependent children upon diagnosis. Coverage provided at no additional premium.
- 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

Group Accident Insurance

Protection for the unexpected, that's the benefit of the Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need.

- Covered expenses include ambulance rides, emergency room visits, surgery and anesthesia, prescriptions, major diagnostic testing, burns
- 24 Hour Coverage
- Wellness Benefit - $50/year/insured
- Hospital Admission $1500/Accident
- Hospital Confinement $250/day
- Benefits are paid directly to you, unless otherwise assigned
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid regardless of any other medical insurance

Need additional support?

Contact the Continental American Insurance Company

888-687-1883

Important notice to grandfathered AFLAC policy holders

Please note that HR Benefits does not administer grandfathered AFLAC policies.

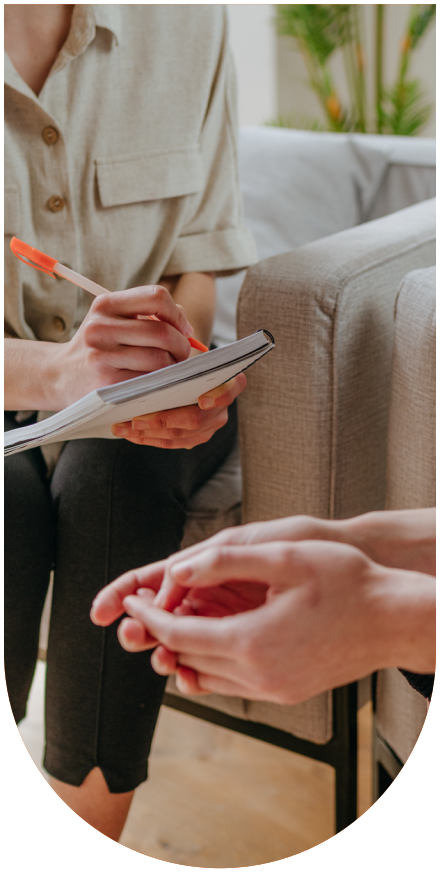
For claims, or policy details, please contact AFLAC directly:

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

Important

All premiums for these plans are Pre-Tax deductions. This means you may only add or terminate during Open Enrollment.







EMPLOYEE ASSISTANCE PROGRAM

What is the EAP?

The Employee Assistance Program (EAP) is a free benefit provided by the City of Houston to employees and their immediate family members. EAP Counselors work in a consultative role with managers and supervisors to address employee and organizational challenges. The City of Houston uses a hybrid model: both Internal and External EAP.

City of Houston EAP — Internal

832-393-6510 | 602 Sawyer St. Suite 410

- Confidential counseling and coaching for work-related concerns
- Assessment and referral
- Support the coordination of substance abuse services
- Disruptive Events and Crisis Response
- Additional services Include:
  - Mediation & Management Consultation
  - Training by Request
  - Teletherapy
- 8 free sessions per issue available to all employees and immediate family - 24/7, 365 days a year
- Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.

City of Houston EAP — Guidance Resources

855-378-7485 | Confidential Emotional Support
(Personal & Family Concerns)

Work-Life Solutions: Information, referrals, and resources for work-life needs

Addressing work-life balance issues by providing practical information and referrals. Child and elder care; Educational options; Community information; Event planning; Home improvement; Buying/selling a home, relocation; Assistance with shopping and locating items.

Legal Support: Expert legal information from licensed ComPsych staff attorneys

- Unlimited access - Family law; Wills; Bankruptcy; Estate planning; Real estate; ID theft.
- Local, quality referrals - 30-minute in-person consultation - Discounted legal fees

Financial Resources: Financial information from ComPsych staff financial experts

- Unlimited access – Budgeting; Income tax; Credit; Real estate; Debt; Retirement planning
- Confidential and objective

Online Support: guidanceresources.org
WebID: HOUSTONEAP

Articles, HelpSheets, tutorials, streaming videos, and self-assessments

REMINDERS

Final Paycheck Beneficiary Form

It is important to complete and submit a Final Paycheck Beneficiary Form to ensure that in the unfortunate event of your death your designated beneficiary(s) will receive any due compensation you would have otherwise received.

If no form is on file at the time of death your pay will be processed in accordance with applicable laws.

You can find a copy of this form on Page 25 of this guide, or you can complete via Docusign at cohemployees.org/FinalPaycheck.

Important notice regarding Voluntary Life Insurance coverage

Duplicate Voluntary Life Insurance coverage is not permitted as follows:

- As both a City retiree and a City employee, for the same benefit.
- As both a City retiree or City employee and as a dependent of a City retiree or City employee, for the same benefit.
- As a dependent of more than one City employee for the same benefit.
- Any individual found to have duplicate benefits coverage for the same benefit (including life insurance) will automatically be dropped, from the duplicate coverage.

See page 20 for more information.

Medical Insurance Cards

Insurance cards have gone digital! 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.

Reminder

Medical necessity, coverage limits and other requirements may apply.

More detailed information about the COH's medical plan coverage can be found in the plan documents online at www.cityofhoustonbenefits.org.



FINAL PAYCHECK BENEFICIARY FORM

The Final Paycheck 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) if applicable, modified sick plan (MSP) and paid time off (PTO) owed to you upon your death as an active employee. Please complete the form on the following page legibly and have it notarized.

Complete via Docusign at cohemployees.org/FinalPaycheck

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.

Final Paycheck Beneficiary Form

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

Submit completed form via DocuSign for Election A & B. For Election C, spouse's signature and notarization is required. Submit completed form to the Secure Document Portal at bit.ly/COHBenefitsForm

For HR use only
Date Received

Final paycheck - If my separation of employment with City of Houston is by reason of my death, I affirm the beneficiary designated herein on this form, to receive my final paycheck, which I would have otherwise received, payable based on my employment. Pay includes, but is not limited to wages, value of unused vacation accruals, value of compensable (CLS) sick leave hours, value of modified sick plan (MSP) leave hours, and paid time off (PTO) hours, if any supported by City ordinances, policies, procedures, and/or recognized labor union agreements in effect at the time of my death and payable through the City of Houston payroll system. Pay does not include any payments, resulting from my participation in City-sponsored programs or plans, payable from external sources.

Naming the beneficiary – It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and a contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, date of birth, social security number, relationship, and if a minor, the age of that minor. If you need assistance, contact your Human Resources Benefits Division or your legal counsel. This Final Paycheck Beneficiary Form is effective the date on which Human Resources Benefits Division receives it.

☐ **Election** ☐ **Change**

Employee Name	Employee ID	Last 4 digits of SSN	Work Phone	Department

Address	City	State	Zip

Beneficiary Election: Select one

☐ Election A: Single Participant (No notary required)

I am single, widowed, or divorced and designate the individual(s), named on this form, to receive my final paycheck. I understand if I marry, this designation is void the date of my marriage. My spouse will be the assumed beneficiary until I properly execute another Final Paycheck Beneficiary Form. **Note:** If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the issued court decree.

☐ Election B: Married with Spouse as Sole Beneficiary (No notary required)

I am married and designate my spouse, named on this form, to receive my final paycheck. **Note:** Spouse's signature is not required.

☐ Election C: Married with Spouse not as Sole Primary Beneficiary (Notary required)

I am married and designate the individual(s), named on this form, to receive my final paycheck. **Note:** For Election C your spouse must sign the consent below.

Primary Beneficiary: Complete for all applicable.

Name	Date of Birth	Social Security No.	Relationship	Contact Number	% to Each

Contingent Beneficiary: Complete for all applicable.

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

Employee Signature_____ Contact Phone_____ Date_____

Complete this section for Election C only:

Spouse's Name (Print)_____ Spouse's Signature_____

THE STATE OF TEXAS §
§
COUNTY OF_____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this_____day of_____20_____A.D.

(SEAL) Notary Public Signature

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 2023 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 other 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.

Note: Information about the cost of plans is provided on page 8.

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.

Notice of Privacy Practices

The City of Houston's group health plans, which include medical, dental and vision plans; the wellness program; flexible spending accounts; and the Employee Assistance Program, are designed to protect your privacy. In fact, even though we provide health benefits plans and programs 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 www.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.

Notice of Wellness Program Participation

The Wellness Program is administered for City of Houston employees and certain retirees covered under a Cigna medical plan, 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 a lab or at your doctor's office. 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 one Wellness Engagement Option. 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 an annual physical and the health assessment will receive a discount on their medical plan rate up to $900 (for employees and covered spouses). Employees who choose not to participate in and complete the wellness program will not receive a discount on their medical plan rate and will pay the full employee share of cost for coverage. Employees on Family Medical Leave or Military Deployment for two or more months, or who become pregnant during the insurance plan year are exempt from having to complete the wellness program.

Important

If you are unable to access the privacy 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

Important Other Post Employment Benefits Reform (OPEB) Notification

OPEB for the City of Houston refers to health care benefits, other than pensions, that are offered to retirees.

For City retirees, this includes:

- Medical plans
- Dental plans
- Vision plans
- Life insurance

On January 01, 2022, the following primary plan changes went into effect:

- No spouse or dependent premium cost sharing for anyone with currently less than 10 years of service or under age 35.
- City premiums subject to a City corridor/ceiling cost share subsidy for applicable retirees, spouses, and eligible dependents.
- No retiree health insurance cost share for employees hired on or after January 01, 2022.

GROUP 1: Legacy Retirees

- Retired on or before Dec. 31, 2021.
- Not affected by the OPEB changes.

GROUP 2: Legacy Actives

- Hired on or before December 31, 2011 AND were born on or before December 31, 1986. They over 40 and have at least 10 years of services – this group is not affected by OPEB changes.
- You, your spouse and eligible dependents will have access to pre- and post-65 medical plan coverage.
- There are no changes to your medical premium subsidies for you or your dependents. The City will continue to share the cost of your retiree medical coverage.

Group 3: Non-Legacy Actives

- Hired after December 31, 2011, but before January 1, 2022 OR date of birth after December 31, 1986. You are either less than 35 years old, or you have less than 10 years of service. This group meets at least one of the parameters.
- You, your spouse and eligible dependents will have access to pre- and post-65 medical plan coverage.
- As a retiree, you will receive a benefit subsidy from the City, but are subject to a cap on that subsidy.
- Your spouse and eligible dependents will not receive a benefit subsidy from the City and you will pay full the full premium for their coverage.

GROUP 4: New Hires

- Date of hire on or after Jan, 1, 2022
- You, your spouse and eligible dependents will have access to pre- and post-65 medical plan coverage.
- For Pre-65, you will receive a benefit subsidy from the City, but are subject to a cap on that subsidy. Your spouse and eligible dependents will not receive a benefit subsidy from the City and you will pay full the full premium for their coverage.
- For Post-65, premiums are not subsidized. You will pay full cost for your retiree coverage for you, your spouse and any eligible dependents.

	Group 1 Legacy Retirees	Group 2 Legacy Actives	Group 3 Non-Legacy Actives	Group 4 New Hires
Group parameters	Retired on or before Dec. 31, 2021	Hired on or before Dec. 31, 2011 and DOB on or before Dec. 31, 1985	Hired after Dec. 31, 2011 but before Jan. 1, 2022 or DOB after Dec. 31, 1986	Date of hire on or after Jan. 1, 2022
Pre- and post-65 medical plan coverage	Yes. There are no changes to your benefits.	Yes. There are no changes to your benefits.	Yes. You, your spouse and eligible dependents will have access.	Yes. You, your spouse and eligible dependents will have access.
Pre - 65 Premium Subsidy	Yes. There are no changes to your benefits.	Yes. There are no changes to your benefits.	Only retiree premiums are subsidized, subject to a cap. Dependents will pay full costs for premiums.	Only retiree premiums are subsidized, subject to a cap. Dependents will pay full costs for premiums.
Post - 65 Premium Subsidy			Retiree premiums are subsidized. Dependents will pay full cost.	You will pay full cost for your retiree coverage for you, your spouse and any eligible dependents.







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

Employee Assistance Program (EAP)
832-393-6510
855-378-7485 TTY:711
employeeassistanceprogram@houstontx.gov
guidanceresources.org
Web ID: HOUSTONEAP

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