



2021 City of Houston Employee Benefits Decision Guide





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Death Termination Pay Beneficiary Form

The Death Termination Pay Beneficiary Form is where you elect a beneficiary to receive any pay, which you would otherwise have received, payable based on your employment in the event of your death. Make sure that you have a completed form on file.

You can find a copy of this form on Page 22 of this guide.

ENROLLMENT OPPORTUNITIES

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

1. New Employees

After you receive your first paycheck, you can log into Employee Self Service (ESS) using e + your employee ID number and your network password. You have thirty (30) days from your hire date to make your enrollment elections and submit supporting documents for any dependents you wish to cover. If supporting documentation is not received within the 30-day window, you will have to wait until Open Enrollment or experience a qualifying life event in order to enroll in coverage. **Make sure to complete a Death Termination Pay Beneficiary Designation Form (Page 22).**

2. Open Enrollment: March 22-April 2, 2021

Each year we offer you an opportunity to review your current benefits and make changes. During this time, you can add, drop or change coverage for: medical, dental and vision plans and Healthcare Flexible Spending Account (HFSA). Open Enrollment for the 2021-2022 Plan Year is from March 22-April 2, 2021. The changes you make will be effective on May 1, 2021.

If no changes are necessary, your current benefits will remain in effect for the new Plan Year, with the exception of the Healthcare Flexible Spending Account. **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 March 31, 2021, or coverage will NOT be added.

3. Qualified Life Events

Sometimes an event, such as a marriage or birth, may cause you to update your benefits during the Plan Year. **You must submit a Qualified Life Event form along with supporting documents within thirty-one (31) days of the event.** You can find the form at cityofhoustonbenefits.org under the forms and documents menu.

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

4. Ongoing Events

You can request an increase for voluntary life insurance, as well as update your beneficiary designations for basic and voluntary life insurance at anytime.



Employee Self Service (ESS)

Log on to your benefits in the 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. You can 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.

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.



WHAT'S NEW

Medical plan rates have increased in all plans.

See Page 6

New \$75 spousal surcharge for those who choose a plan that includes spousal coverage.

See Page 6

Maximum Out-of-Pocket is increased to Patient Protection and Affordable Care Act (PPACA) annual limits.

See Page 7

New dental provider is Cigna with new rates and some enhanced benefits.

See Page 10

New Flexible Spending Account provider is Total Administrative Services Corporation (TASC).

See Page 12

Group Accident Insurance has been added to the Supplemental Plan options.

See Page 17

Medical Insurance Cards

New insurance cards will be issued to employees changing plans or to those enrolled in the Village Family Practice group in the Limited Network Plan.

Log on to myCigna.com at any time to request or print additional medical benefits cards.

Reminder

The City of Houston medical plans have coverage for the following:*

- Gender Dysphoria Services
- Bariatric surgery
- Chiropractic Services
- Hearing aids
- Reduction mammoplasty (breast reduction surgery)
- Varicose vein surgery

*Medical necessity, coverage limits and other requirements may apply.

More information can be found in the plan documents online at www.cityofhoustonbenefits.org.

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 Ex-spouses are not eligible without a court order*	<ul style="list-style-type: none"> Social Security Number Marriage Certificate (front and back) or Declaration of Registration of Informal Marriage 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage
Biological child	<ul style="list-style-type: none"> Social Security Number Birth Certificate or Verification of Birth Facts** 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Adopted child	<ul style="list-style-type: none"> Social Security Number Birth Certificate Adoption Documents 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Legal custody/guardianship foster child Children for whom you have legal guardianship or legal foster care	<ul style="list-style-type: none"> Social Security number Birth Certificate Guardianship Documents 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Court ordered dependent Dependent for whom a court order has been received requiring you to provide healthcare coverage	<ul style="list-style-type: none"> Social Security Number Birth Certificate Adoption/Guardianship Documents 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Stepchild	<ul style="list-style-type: none"> Social Security Number Birth Certificate Marriage Certificate (front and back) 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Biological grandchild Step-grandchildren are not eligible for coverage	<ul style="list-style-type: none"> Social Security Number Birth Certificate Current IRS Filing Birth Certificate of Grandchild's Natural Parent/ Employee's Biological Child 	<ul style="list-style-type: none"> Eligible for: medical, dental and vision Coverage available up to age 26
Disabled children age 26 and over	<ul style="list-style-type: none"> Social Security Number 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"> 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.

* An ex-spouse must be dropped and added as a court-ordered spouse within 31 days of the divorce or they are deemed ineligible. The divorce decree must be specific in that the employee must be ordered to maintain coverage through their COH policy.

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

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.





MEDICAL PLANS

The City offers three unique medical plan options to meet your individual needs. All plans include preventive care services and a four-tier prescription drug plan.

Spousal Surcharge

New to the 2021 plan year is a spousal surcharge for medical plans. If you elect the Employee + Spouse or Employee + Family tier, your bi-weekly contribution includes an additional \$37.50 for a spousal surcharge.

Medical Plan Biweekly Rates*			
Tier	Consumer-Driven Health Plan (CDHP)	Limited Network Plan	Open Access Plan
Employee Only	\$24.42	\$0	\$65.82
Employee + Children	\$73.33	\$110.45	\$197.42
Employee + Spouse**	\$135.28	\$184.79	\$300.76
Employee + Family**	\$184.18	\$258.43	\$432.38

* Rates shown include all wellness and non tobacco user discounts

** Includes a \$37.50 spousal surcharge.

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. 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.

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.

Wellness Discount

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

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 14 for more information on how you can complete Wellness in Three Easy Steps.

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.

MEDICAL PLAN COMPARISON

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.

Plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Plan Year	May 1 - April 30	May 1 - April 30	May 1 - April 30	May 1 - April 30
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 \$8,550 Family \$17,100	Individual \$16,000 Family \$32,000	Individual \$8,550 Family \$17,100	Individual \$8,550 Family \$17,100
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 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	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
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.

PHARMACY PLAN

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.

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 Express Scripts at 800-835-3784 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
- Kroger
- H-E-B Pharmacy
- Kelsey-Seybold
- Walgreens
- Walmart

Participating Pharmacies: 90-day

- CVS/Target
- Kroger
- Walmart

Visit [Cigna.com/Rx90network](https://www.cigna.com/Rx90network) 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	\$4.54
Employee + children	\$8.21
Employee + spouse	\$7.76
Employee + family	\$12.31
Plan Features	
Plan year	May 1 - April 30
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



DENTAL PLANS

New Provider

Cigna

800-997-1406

mycigna.com

Cigna® is your new dental carrier. You have the option to choose between the Cigna Dental Care® (DHMO) plan and Total Cigna DPPO plan.

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	May 1 - April 30	May 1 - April 30
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	Class III Expenses: 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, Hawaii, Idaho, Maine, Montana, New Hampshire, New Mexico, North Dakota, Rhode Island, South Dakota, Vermont, West Virginia 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” 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

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.

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.

Dental Insurance Cards

A new insurance card will be issued to employees enrolled in a dental plan.

Please note, the Dental Office/Dental Provider name is printed on the ID card Carrier and not on the actual ID card itself.

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 May 1, 2021, you may call Cigna at 800-977-1406 to select a different PCD from the Cigna network. PCD changes are effective the first of the following month.





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.

There is a new provider for the 2021 Plan Year, Total Administrative Services Corporation (TASC).

New Provider

Total Administrative Services Corporation

800-422-4661

tasconline.com

HFSA At a Glance

Minimum contribution:

\$240 a year

Maximum contribution:

\$2,550 a year

Plan Year:

May 1, 2021 - April 30, 2022

Incur claims:

May 1, 2021 - April 30, 2022

Deadline to file claims:

July 31, 2022

Administrator:

Total Administrative Services Corporation

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 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.

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

Selecting an Election Amount

Four factors to keep in mind when selecting an election amount:

1. Your total election amount is available on May 1, 2021-April 30, 2022, 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 an HFSA participant, you have a 90-day period (May 1, 2022–July 31, 2022) to file claims and request reimbursement for expenses incurred prior to the end of the HFSA Plan Year on April 30, 2022.
4. Contributions are based on 24 pay periods.

Rollover

The HFSA includes a rollover of up to \$500 into the next plan year if you re-enroll. Any amount left above \$500 will be forfeited.

Dependent Care Reimbursement Plan

The Dependent Care Reimbursement Plan works just like the HFSA but is for dependent care expenses. Open Enrollment for Dependent Care Reimbursement Plan is November 1, 2021–December 10, 2021. The plan begins January 1, 2022, and ends December 31, 2022.

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

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
- Fingerprint (touch ID) and facial recognition
- Picture to pay
- Expense eligibility check
- Mobile alerts
- Seamless account management
- TASC wallet

HFSA Cards

After enrollment, you will receive a TASC card to pay for eligible expenses.



WELLNESS IN THREE EASY STEPS

Employees, covered spouses, and retirees participating in a Cigna medical plan are eligible to participate in the wellness program.

Employees, covered spouses, and retirees who participate earn a medical rate discount for their 2022-2023 medical benefits.

1. Annual Exam

Employees, covered spouses and retirees: Visit your physician for your annual physical exam by January 31, 2022, to earn 10%.

Obtain your biometric measurements from your annual preventive exam. Your biometric measurements must be from February 1, 2021, 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, covered spouses and retirees: Use your up-to-date measurements to complete the online Health Assessment on myCigna.com between May 1, 2021–March 11, 2022, to earn 10%.

3. Wellness Engagement

Employees, covered spouses and retirees: Complete one of the five wellness engagement options between March 15, 2021–March 11, 2022, to earn 80%.

Complete all Three Steps to Earn Your Discount

Earn 100% credit by completing all three steps.



WELLNESS ENGAGEMENT OPTIONS

Option A: Preventive Care

Available: February 1, 2021

Deadline: January 31, 2022

Complete two preventive care activities. Earn 40% 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 (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 15, 2021

Deadline: March 11, 2022

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. Achieve a goal as determined by you and your clinician. Note that it takes a minimum of three coaching sessions to meet a goal.

Option C: Onsite/Virtual Health Education Programs

Available: May 1, 2021

Deadline: March 11, 2022

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, Fitbit challenges, Weight Watchers (WW), Kelsey Diabetes Care Program, Department Wellness programs, and City Fit Onsite Fitness programs.

Option D: Achieve a Health Goal

Available: February 1, 2021

Deadline: January 31, 2022

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).

Option E: Smoking Cessation Program

Available: February 1, 2021

Deadline: March 11, 2022

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.

Important

New hires whose medical benefits become effective on or after September 1, 2021 are exempt for the 2021-2022 wellness program.



LIFE INSURANCE

The City provides all full-time employees with Basic Life Insurance at the value of your base salary at no cost. With submission of appropriate documentation, your spouse is eligible for a \$2,000 life insurance benefit. Dependent children up to age 26 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.

Dearborn National (Life Insurance) has merged with BlueCross BlueShield of Texas and is now known as BlueCross BlueShield of Texas on customer service lines, forms and communication materials.

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 be enrolled in Voluntary Life Insurance for yourself.

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

Log on ESS at portal.houstontx.gov to make your selections.

You will receive a packet from Dearborn Life Insurance 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 Life Insurance Attention: Medical Underwriting
P.O. Box 7072
Downers Grove, IL 60515

Fax: 855-691-7157

Dearborn Life Insurance Attention: Medical Underwriting

Deductions from your paycheck will begin upon approval by Dearborn Life Insurance. If you do not receive notification within 30 days of submitting your forms, contact them directly at 877-442-4207.

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).

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

- 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

- 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, burns, etc.
- Different illness occurrence payable at 100%, if six months apart/ same illness reoccurrence benefits payable at 100%, if six months apart (12 months for cancer)
- \$75 health screening benefit
- No lifetime limit on payout

Group Accident Insurance

- Helps cover the cost of expenses due to an accident such as: ambulance rides, emergency room visits, surgery and anesthesia, prescriptions, major diagnostic testing and burns
- 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.

Enrolling in a supplemental insurance plan

Enroll at www.wecareworks.com/Wecare

Log in information

Case ID: A932

User ID: Your Employee ID

Password: Houston21

Need additional support?

Contact the Continental American Insurance Co.

866-849-0011

832-639-4453



What's New?

- Group Accident Insurance has been added to the supplemental plan options.
- Increased the Hospital Indemnity Health Screening Benefit from \$25 to \$50
- Added the Childhood Conditions Rider to the Critical Illness Plan, which includes the following new benefit: Childhood Conditions Rider
 - Cystic Fibrosis 50%
 - Cerebral Palsy 50%
 - Cleft Lip or Cleft Palate 50%
 - Down Syndrome 50%
 - Phenylalanine Hydroxylase Deficiency Disease (PKU) 50%
 - Spina Bifida 50%
 - Type 1 Diabetes 50%
 - One Time Benefit Amount for Autism Spectrum Disorder (ASD) \$3,000

Important

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

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, for you and your family.

Onsite Confidential Emotional Support **Call 832-393-6510**

Our highly trained clinicians will listen to your concerns and help you with any issues, including, but not limited to:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Workplace relationships
- Substance abuse

Confidential Emotional Support **Call 855-378-7485**

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including, but not limited to:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Financial Information and Resources **Call 855-378-7485**

Discover your best options. Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including, but not limited to:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

Work-Life Solutions **Call 855-378-7485**

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

Legal Support and Resources **Call 855-378-7485**

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 **guidanceresources.org** **Web ID: HOUSTONEAP**

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



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 2021 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.

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 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.



Important

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

LEGAL NOTICES

Continued

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, the health assessment and one wellness engagement option will receive a discount on their medical plan rate of up to \$900 (for employees and covered spouses). Employees who choose not to participate in and complete the wellness program will receive no discount on their medical plan rate and thus will be liable for the full amount. 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.

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, contact the City of Houston Benefits division at 832-393-6000. If you have questions or concerns 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.



DEATH TERMINATION PAY BENEFICIARY 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 on the following page legibly and have it notarized.

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.



Death Termination Pay Beneficiary Designation Form
611 Walker, 4th Floor, Houston, TX 77002 | 832-393-6000

Please Complete legibly and have notarized by a Human Resources Benefits Representative at 611 Walker - 4th floor or a Notary Public that is convenient for you.

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

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

<input type="checkbox"/> Election	<input type="checkbox"/> Change	Effective Date _____		
Employee Name	Employee ID	Last 4 digits of SSN	Work Phone	Department

Address	City	State	Zip

Beneficiary Election: Select one
<input type="checkbox"/> Election A: Single Participant I am single, widowed, or divorced and designate the individual(s), named on this form, to receive my Death Termination Pay. I understand if I marry, this designation is void the date of my marriage. My spouse will be the assumed beneficiary until I properly execute another Death Termination Pay Beneficiary Form. Note: If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the issued court decree.
<input type="checkbox"/> Election B: Married with Spouse as Sole Beneficiary I am married and designate my spouse, named on this form, to receive my Death Termination Pay. Note: Spouse's signature is not required.
<input type="checkbox"/> Election C: Married with Spouse not as Sole Primary Beneficiary I am married and designate the individual(s), named on this form, to receive my Death Termination Pay. Note: For Election C your spouse must sign the consent below.

Primary Beneficiary: Complete for all applicable.					
Name	Date of Birth	Social Security No.	Relationship	Age (if minor)	% to Each

Contingent Beneficiary: Complete for all applicable.					

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

Employee Signature _____ Contact Phone _____ Date _____

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

THE STATE OF TEXAS §
 §
COUNTY OF _____ §

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

GIVEN UNDER MY HAND and seal of office this _____ day of _____ 20____ A.D.

(SEAL) _____ Notary Public Signature _____

CONTACTS

City of Houston Benefits Division

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

Cigna Medical

800-997-1406
832-393-6191
832-393-6305
832-393-6193
cityofhoustonerviceinquiries@cigna.com
myCigna.com

Cigna Mental Health and Substance Abuse

800-997-1406
myCigna.com

Express Scripts Pharmacy for Mail Order

800-835-3784

Cigna Dental

800-997-1406
myCigna.com

Employee Assistance Program (EAP)

832-393-6510
855-378-7485 TTY:711
employeeassistanceprogram@houstontx.gov
guidanceresources.org
Web ID: HOUSTONEAP

Superior Vision

800-507-3800
superiorvision.com

Total Administrative Services Corporation (HFSA & DCRP)

800-422-4661
tasconline.com

Continental American Insurance Co. (Supplemental Insurance)

866-849-0011 or 832-639-4453
www.wecareworks.com
Wecare Case ID: A932
User ID: Your employee ID
Password: Houston21

Dearborn Life Insurance

877-442-4207
ancillaryquestionTX@bcbstx.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
hfrf.org

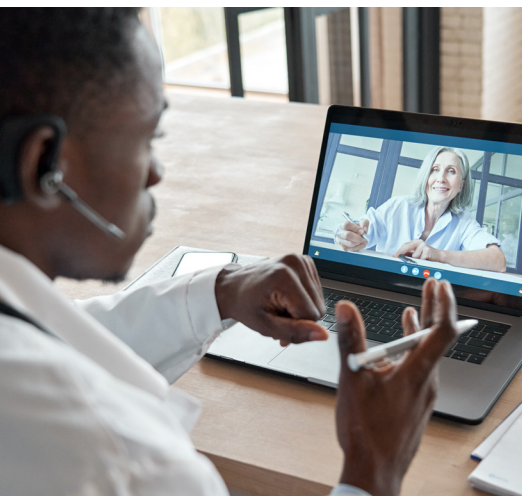
Houston Municipal Employees Pension System

713-595-0100
hmeps.org

Houston Police Officers Pension System

713-869-8734
hpops.org





**City of Houston
Benefits Division**

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