



Employee Health Plans

PRESENTED BY HR HEALTH BENEFITS DIVISION – BENEFITS TEAM



Presenters



Benefits – Employee Health Plans

Senior Human Resources
Specialist



2022 – 2023 City of Houston Benefit Plans



Benefit Options

- Medical
- Dental
- Vision
- Flexible Spending Accounts
- Supplemental Insurance Plans
- Basic & Voluntary Life Insurance





Benefits On Demand

- Get more detailed City Houston benefits information at <http://cityofhoustonbenefits.org>
 - Benefits Guide
 - Detailed Plan Information
 - Presentations and benefits education videos
 - Forms
- Click on **NEW HIRES** button for video on demand



MEDICAL

Offers three unique medical plan options for individual needs. All plans include preventive care services and a four-tier in drug plan.

[MORE DETAILS](#)

VISION

Getting your vision checked is more than just eyesight! Regular eye exams can assist in early detection of diabetes, hypertension, autoimmune disorders, cancer, and more.

[MORE DETAILS](#)

DENTAL

Dental wellness is an important component in your overall health. The City of Houston offers two great dental plans administered by Cigna to meet your family needs.

[MORE DETAILS](#)

EMPLOYEE ASSISTANCE PROGRAM

The EAP program is a benefit provided by the City to employees and their family members.

NEW HIRES
SECURE DOCUMENT SUBMISSION PORTAL
BENEFITS PAYMENT



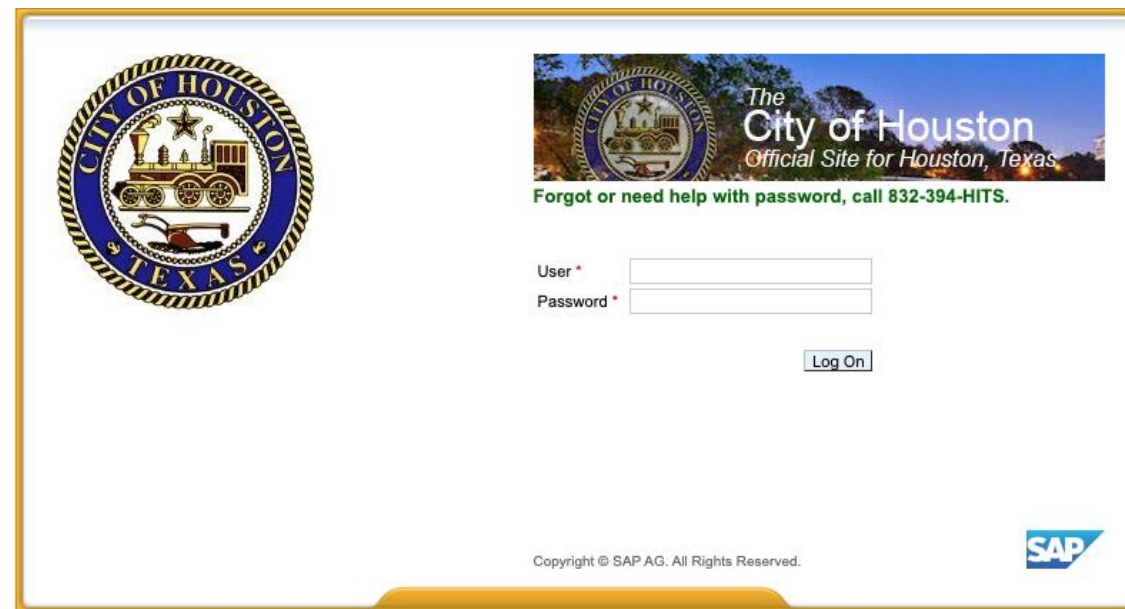
Enrolling

STEP 1

- You have 30 Days from your hire date to enroll (No Exceptions)

STEP 2

- Enroll using the Employee Self Service Portal at <https://portal.houstontx.gov/>
- Use your user ID (E123456) and an active password
- If you have trouble logging on contact HITS at 832-394-4487





Enrolling

- ❑ Click on My Benefits link
- ❑ Click Benefits Enrollment
- ❑ Click on Anytime Changes link
- ❑ For password resets contact HITS at 832-394-4487 (HITS)
- ❑ 30 Days to make selections
- ❑ Benefits are effective on either the 1st or 16th of month following 30 days of hire

HIRE DATE

JULY						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

BENEFITS EFFECTIVE

AUGUST						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



- My Profile
- My Pay
- Kronos
- Total Compensation
- **My Benefits**
- Wellness

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Employee Services

Benefits Enrollment



Change Your Beneficiaries



Anytime Changes

Anytime Changes



Eligible Dependent

- Legal spouse
- Biological child
- Adopted child
- Legal custody or guardianship of foster child
- Court ordered dependent
- Stepchild
- Biological grandchild
- Disabled children age 26 and over





Required Supporting Documents

Required Supporting Documents				
ALL necessary documents as identified below 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.				
Supporting Documents Required to Add Dependent Coverage				
Legal Spouse	Biological Children (under the age of 26)	Stepchildren (under the age of 26)	Biological Grandchildren* (under the age of 26)	Adopted/Court Ordered Dependents
<input type="checkbox"/> Social Security Number <input type="checkbox"/> Marriage Certificate copy (front) and <input type="checkbox"/> Marriage Certificate copy (back) OR <input type="checkbox"/> Social Security Number and <input type="checkbox"/> Declaration of Registration of Informal Marriage (Common Law)	<input type="checkbox"/> Social Security Number and <input type="checkbox"/> Birth Certificate OR <input type="checkbox"/> Verification of Birth Facts and <input type="checkbox"/> Social Security Number	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate copy (front) and <input type="checkbox"/> Marriage Certificate copy (back)	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Current IRS Filing <input type="checkbox"/> Birth Certificate (of covered grandchild) and <input type="checkbox"/> Birth Certificate (of covered grandchild's natural parent/employee's biological child) <small>*Step-grandchild(ren) are not eligible for coverage</small>	<input type="checkbox"/> Social Security Number and <input type="checkbox"/> Adoption/Guardianship documents OR <input type="checkbox"/> Social Security Number and <input type="checkbox"/> Custody/Court Order documents

Deadline to submit documentation is **30 days** from your hire date

To submit all forms and supporting documents go to cityofhoustonbenefits.org, click on benefits then click on Or in-person at 611 Walker, 4th floor drop box.

[SECURE DOCUMENT SUBMISSION PORTAL](#)



Qualifying Life Events



Marriage



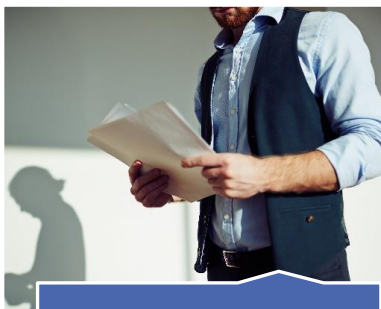
Birth



Adoption



Divorce



Loss of coverage



Moving outside of coverage area

Notify Benefits Division within 31 days of Qualifying Life Event

To submit all forms and supporting documents go to cityofhoustonbenefits.org, click on benefits then click on



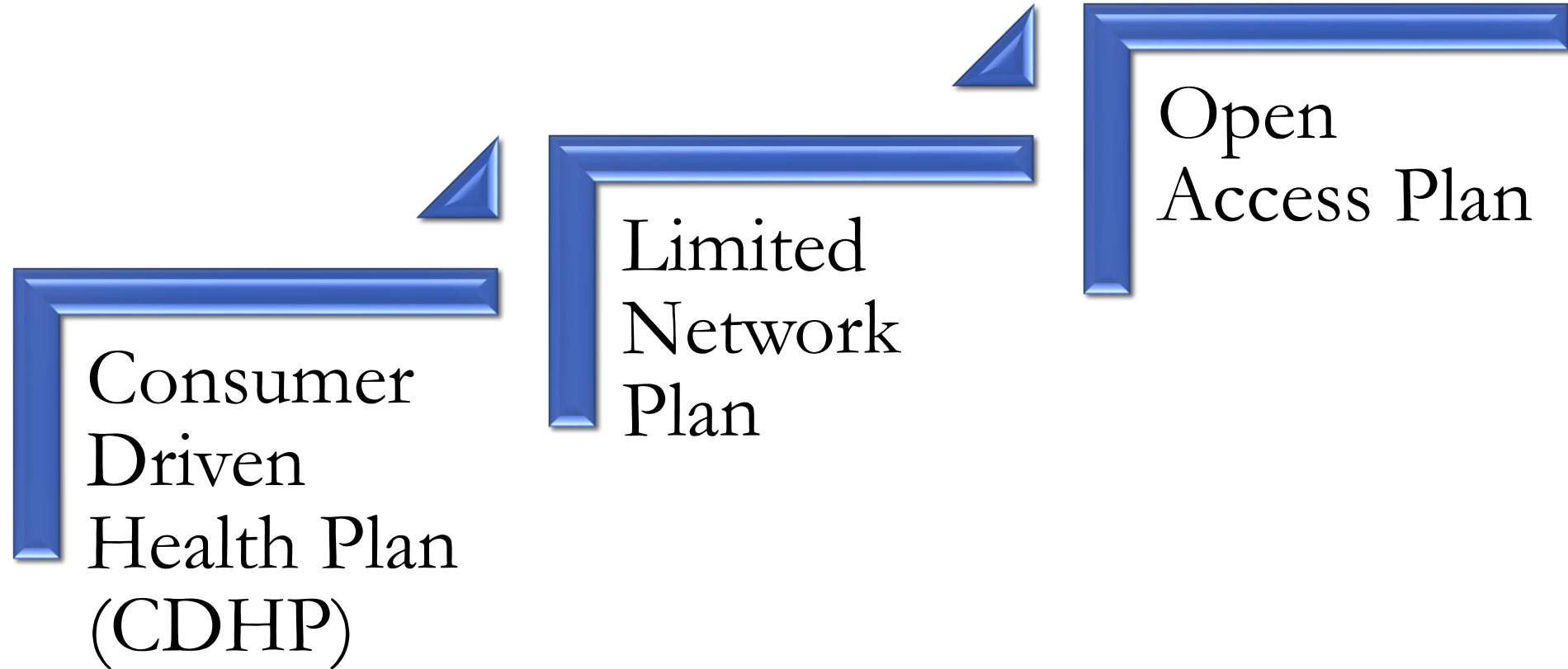


Medical Plans

ADMINISTERED BY CIGNA



Medical Plans



**All plans include free preventive care services and a four-tier prescription drug plan*



Consumer-Driven Health Plan

- Includes a Health Reimbursement Account
- Cigna's national network
- 20% coinsurance for most in-network services
- 40% coinsurance for most out-of-network services
- Combined medical and pharmacy deductible \$1,750/\$3,500 in-network
- Combined medical and pharmacy deductible \$3,500/\$7,000 out-of-network

Medical Plan Biweekly Rates		
Tier	Consumer-Driven Health Plan (CDHP)	
	Before Wellness Discount	After Wellness Discount
Employee Only	\$51.01	\$26.01
Employee + Children	\$103.10	\$78.10
Employee + Spouse*	\$181.58	\$144.08**
Employee + Family*	\$233.36	\$196.16**

* Includes a \$37.50 spousal surcharge.

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



Limited Network Plan

- Three provider groups
- Medical deductible
- Pharmacy deductible
- PCP: \$35
- Specialist \$65
- Outpatient surgery: \$350
- Inpatient facility: \$600/day
- ER: \$400
- Urgent Care: \$65

Medical Plan Biweekly Rates		
Tier	Limited Network Plan	
	Before Wellness Discount	After Wellness Discount
Employee Only	\$37.50	\$12.50
Employee + Children	\$142.63	\$117.63
Employee + Spouse*	\$234.30	\$196.80**
Employee + Family*	\$312.73	\$275.23**

* Includes a \$37.50 spousal surcharge.

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



Open Access Plan



- Medical deductible
- No pharmacy deductible
- Cigna's national network
- Outpatient surgery, inpatient facility and ER: 30% coinsurance
- PCP: \$40
- Specialist: \$65/\$80 (Non-CCN is \$80)
- Urgent Care: \$75

Medical Plan Biweekly Rates		
Tier	Open Access Plan	
	Before Wellness Discount	After Wellness Discount
Employee Only	\$95.10	\$70.10
Employee + Children	\$235.26	\$210.26
Employee + Spouse*	\$357.82	\$320.32**
Employee + Family*	\$497.99	\$460.49**

* Includes a \$37.50 spousal surcharge.

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



Prescription Plan Features

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.			



Pharmacies



30-day prescription pharmacies:

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

90-day prescription pharmacies:

- CVS/Target
- Kroger
- Walmart



For a complete list, visit
Cigna.com/Rx90network



Free Medications

Cigna Express Scripts offers three-month supplies of these medications delivered to your home for \$0 copayment:

- Generic and brand name asthma medications
- Generic cardiovascular/high blood pressure medications
- Generic cholesterol medications
- Generic diabetic medications
- Preferred-brand diabetic test strips
- Brand name insulin
- Blood glucose meters for members not enrolled in Medicare

Call Express Scripts at 1-800-835-3784 to get started!





Dental Plans

ADMINISTERED BY CIGNA



Dental Plans

City offers 2 plans:

- Cigna Dental Care(DHMO)
- Total Cigna Dental Preferred Provider Plan (DPPO)





Cigna Dental Care (DHMO) Plan Facts

Biweekly Dental Rates	
Tier	Cigna Dental Care® (DHMO)
Employee only	\$4.45
Employee + one	\$10.79
Employee + two or more	\$14.78

- No deductibles
- No dollar maximums
- General dentist manages all dental needs and refers you to specialist
- Throughout the U.S., except for 13 states
- No claim forms



Total Cigna DPPO Plan Facts

Biweekly Dental Rates	
Tier	Total Cigna DPPO
Employee only	\$16.87
Employee + one	\$38.56
Employee + two or more	\$52.80

- Freedom to visit any licensed dentist or specialist
- No specialty referrals required
- Covers eligible dental expenses after waiting periods and deductibles
- Based on coinsurance levels with assigned percentage of costs



Vision Plan

ADMINISTERED BY SUPERIOR VISION



Vision Plan

Vision Plan Biweekly Rates	
Tier	Superior Vision
Employee only	\$4.54
Employee + children	\$8.21
Employee + spouse	\$7.76
Employee + family	\$12.31

- ☐ No deductibles
- ☐ \$20 annual exam copayment
- ☐ \$25 copayment for glasses or contact lenses
- ☐ \$150 allowance for frames or contact lenses
- ☐ \$300 credit toward Lasik



Vision Plan



- Eyemasters/Visionworks
- Sam's Club
- TSO
- Today's Vision
- Eye Care Centers of America
- Walmart
- Lens Crafters
- Pearle Vision
- Vision Source
- Plus over 1,000 more providers



For a complete list, visit
superiorvision.com



Health Flexible Spending Accounts

ADMINISTERED BY TASC



Flexible Spending Accounts

- Healthcare Flexible Spending Account- pretax benefit for out-of-pocket qualified healthcare expenses
- Dependent Care Reimbursement Account- pretax benefit for qualified dependent care expenses
- Total Administrative Services Corporation (TASC)
- Must re-enroll during the annual Open Enrollment period





How the HFSA Works

- Select a yearly amount keeping in mind:
 - Your healthcare costs from previous year
 - Contributions are divided into the number of remaining pay-periods in the plan year
 - \$500 rollover into next plan year
- You will receive a TASC Mastercard
- Use like a debit card at doctor's office, pharmacy, and more





HFSA Eligible Expenses Examples

- Co-payments, co-insurance and deductibles for medical, dental and vision services
- Chiropractor
- Eyeglasses, reading glasses, contact lenses and contact lens solution
- LASIK
- Bandages and related items
- First aid kits
- Hearing aids and batteries
- Medical equipment
- Lab fees and diagnostic services
- Hospital services and fees





DCRP Highlights

- Dependent care expenses must be work-related
- Expenses cannot exceed \$5000
- Expenses must be for one or more qualifying person:
 - Child under 14
 - Spouse physically or mentally unable to care for themselves
 - Dependent physically or mentally unable to care for themselves for whom an exemption can be claimed





Examples of Eligible Expenses for DCRP

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 14
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature





Life Insurance

ADMINISTRATED BY DEARBORN NATIONAL



Basic Life Insurance



- Basic Life Insurance at one times your base salary at no cost
- Spouse is eligible for a \$2,000 life insurance benefit
- Dependent children are eligible for a \$1,000 life insurance benefit

Voluntary Life Insurance

As a new employee:

- Up to 3x salary: no Evidence of Insurability
- 4x salary: must submit Evidence of Insurability (EOI)

Spouse: up to half your salary – \$50,000 max

Child(ren): \$10,000 max

Premiums are based on age, salary and coverage options

Rates are available on the Employee Self Service portal

If electing/increasing voluntary life insurance, must complete an Evidence of Insurability Form (EOI) to be approved





Life Insurance: Things to Consider

- A life insurance benefit will not be paid to a minor without legal financial guardianship documents
- Update beneficiaries if you encounter a life event change such as marriage, death, divorce, or birth





Final Paycheck Beneficiary Form

The Final Paycheck Beneficiary form is separate from life insurance. This form allows you to designate a beneficiary who will receive any pay you would have otherwise received, like wages, vacation accruals, sick time, and PTO that is owed upon your death as an active employee.

To locate the Final Paycheck Beneficiary form, please visit **cityofhoustonbenefits.org**, go to **Benefits Library**, then **Documents and Forms**.

You may submit the completed form through one of the following methods:

- Benefits Secure Documents Portal:
http://www.houstontx.gov/hr/benefits/sdsubmission_form.html
- Walk-in: 611 Walker, 4th Floor, Houston, Texas 77002





Supplemental Insurance

ADMINISTERED BY CONTINENTAL AMERICAN INSURANCE COMPANY



Supplemental Insurance Plans



**City offers three supplemental insurance plans*



Hospital Indemnity Plan

Includes additional \$100 a day ICU benefit for 30 days

Plan pays a one-time hospital admission benefit of \$500

\$150 for up to 30 days for hospital confinement

\$125 for out-patient surgery

\$50 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 reoccurrence benefit payable at 100% if at least six months apart

Same illness reoccurrence benefits payable at 100% if at least six months apart (12 months for cancer)

No lifetime limit on payout

\$75 health screening benefit





Group Accident Insurance



- Helps cover cost of expenses due to an accident such as ambulance rides, emergency room visits, surgery & anesthesia, prescriptions, major diagnostic testing, and burns
- Benefits paid directly to you unless noted otherwise
- Coverage is guaranteed-issue (meaning may qualify for coverage without having to answer health questions)
- Benefits are paid regardless of any medical insurance



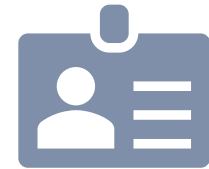
Supplemental Insurance Enrollment



**Continental American Insurance
Company (CAIC)**



866-849-0011 or 832-639-4453



**Enroll on-line at
www.wecareworks.com/wecare**

Case ID: A932

User ID: Your Employee ID

**Password: Houston22 (Case
Sensitive)**



Contact Information



Email: benefits@houstontx.gov



Phone: (832)393-6000



Web:
www.cityofhoustonbenefits.org

To submit all forms and supporting documents go to cityofhoustonbenefits.org, click on benefits then click on

[SECURE DOCUMENT SUBMISSION PORTAL](#)