



2019
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2020

EMPLOYEE BENEFITS GUIDE

*Everyday
Health
Superheroes!*



Local Area
Agreement Version

Your 2019 Benefits



Dear Employee,

We encourage you to read through this revised guide to gain an understanding of what your benefits have to offer. There are opportunities for you to enroll in health improvement programs and even earn incentives for taking care of yourself.

Feel free to ask questions. The more information you have and the better you understand your benefits, the more you will appreciate them.

With these resources, let's all work together to become healthier, everyday superheroes our family, friends and neighbors need us to be!

David Kester

Senior Director
Human Resources & Risk Management

The benefits described herein are effective March 1, 2019 through February 29, 2020. If there is any variation between the information provided in this Guide, the Plan Document, or the Group Contracts, the Plan Document and Group Contracts will prevail. This guide briefly describes the benefits offered to you.



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Enrollment



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Steps to Enroll

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

1 During Open Enrollment

Each year we offer you an opportunity to review your current benefits and make changes. During this time, you may change your medical plan selection as well as add and/or drop dependents.

Open Enrollment for the 2019-2020 plan year will be conducted from January 14 – February 14, 2019. Please ask your Benefits Coordinator for your department's specific deadline.

The changes you make during Open Enrollment take effect March 1, 2019. If you do not make changes during this time, your current benefits will remain in effect for the new plan year. In order to finalize your benefit choices, you must sign your confirmation form and return it to your Benefits Coordinator with the necessary documentation.

2 During the plan year

Sometimes an event, such as a marriage or birth, means you need to change your benefits during the plan year. Employees must submit a Health & Related Benefits Change Form within the same calendar year the event takes place unless otherwise noted. The following are **qualified life events** that allow the employee to make changes to their benefits during the plan year:

- Marriage
- Divorce – must submit changes within 60 days to avoid forfeiture of COBRA rights
- Birth
- Adoption or placement of a foster child
- Death
- Spouse and/or dependent gains or loses coverage through employment
- Significant change in the financial terms of health benefits provided through a spouse's employer or another carrier
- Unpaid leave of absence taken by employee or spouse
- Change in Medicare or Medicaid eligibility status
- Loss of State Children's Health Insurance Program (SCHIP), but not gain of SCHIP benefits

Adding a newborn to your health insurance? Newborns, including grandchildren, must be added to your plan within 31 days of the date of birth. If you add your newborn to your plan after 31 days, you will be responsible for the medical claims accrued during the uncovered period.

Dependent Eligibility

It is important you understand who can and cannot be considered a dependent on your plan. Documentation is required to support the eligibility status of each of your dependents. All covered dependents are enrolled in the same plan as the employee.

Requests to add dependents must be made within the same calendar year in which the qualified status change occurred. You will be responsible for absorbing the entire cost for your existing and newly added dependents.

Failure to drop dependents when a qualified life event does occur may be considered insurance fraud and may result in a referral to the District Attorney's office for investigation. Any employee committing insurance fraud will be liable to reimburse Harris County for claims activity.

Harris County is required by law to provide health care coverage for children identified on National Medical Support Notices¹.

¹ Upon receipt of a Medical Support Notice from the Texas Attorney General or presiding court, or upon receipt of any similar such legal mandate by a court or agency having jurisdiction over the County, the County must comply with any such directive, subject to the terms of our plans. Such directives may not be overturned except through revised documentation received from the applicable agency overturning any prior directives. No refunds will be issued.

Who is eligible?	Required supporting documentation	Eligibility details
Spouse	<ul style="list-style-type: none"> • Copy of Certified Marriage Certificate or Certificate of Informal Marriage • Documents written in foreign language must be accompanied by a certified English translation 	
Biological child	<ul style="list-style-type: none"> • Birth certificate or other court document listing the employee as the parent of the child • A Verification of Birth Facts or birth record may be submitted up to age 5. A birth certificate is required for children 5 and older. 	Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.
Adopted child	<ul style="list-style-type: none"> • Certified copy of court order or paperwork placing child in the employee's home 	Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.
Stepchild	<ul style="list-style-type: none"> • Birth certificate or other court document listing the employee's spouse as the parent of the child • Marriage license of the employee and parent of the child 	Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.
Grandchildren	<ul style="list-style-type: none"> • Certification of Financial Dependency form (obtain from the Harris County Benefits Office) • Birth certificate of the grandchild • Birth certificate of the grandchild's mother or father to prove relationship to the employee 	<ul style="list-style-type: none"> • Grandchild must be related to the employee by birth or adoption. • Cannot be employee's spouse's grandchild. • Grandchild must be claimed as a dependent on employee's Federal Tax return every year to remain on the plan. • Grandchild audits occur every June. • Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.
Foster child	<ul style="list-style-type: none"> • Foster care placement agreement between the employee and Texas Department of Family & Protective Services or its subcontractor 	Coverage available up to age 18. Coverage ends on the last day of the month in which the dependent turns 18.
Legal custody or guardianship	<ul style="list-style-type: none"> • Court documents signed by a judge that grant permanent legal custody or permanent legal guardianship to the employee 	Coverage available up to age 18. Coverage ends on the last day of the month in which the dependent turns 18.
Disabled children age 26 and over	<ul style="list-style-type: none"> • Letter from Social Security Administration Office deeming child disabled needed in order to remain covered 	<ul style="list-style-type: none"> • Dependent children who are determined to be totally disabled according to the Social Security Administration Office are eligible. • Includes disabled children of the employee or employee's spouse who became disabled before age 26 and have been continuously covered.

Your Health Benefits



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Monthly Premiums

Harris County continues to pay a significant portion of the cost for your healthcare coverage. Premiums for the Base and Plus Plans will take effect on March 1, 2019.

BASE & Base Healthy Actions Plan

You pay			Harris County pays		=	Total	
\$ 0	You only		\$ 642.51			\$ 642.51	
\$225	You + child	+	\$ 943.71		=	\$1,168.71	
\$250	You + spouse		\$ 977.18			\$1,227.18	
\$400	You + 2 or more		\$1,175.44			\$1,575.44	

PLUS & Plus Healthy Actions Plan

You pay			Harris County pays		=	Total	
\$ 75	You only		\$ 829.80			\$ 904.80	
\$375	You + child	+	\$1,237.95		=	\$1,612.95	
\$450	You + spouse		\$1,334.39			\$1,784.39	
\$600	You + 2 or more		\$1,548.45			\$2,148.45	

Choosing Your Medical Plan

Harris County offers two different medical plan options, the Base and Plus. Choose a plan that best fits the needs of yourself and your dependents. Consider your overall health, how and what frequency you use healthcare services as well as your financial situation.

Both plan options provide you with the same Cigna network. This allows you and your covered dependents access to a broad network of physicians, facilities and healthcare services. The main differences include deductibles, coinsurance, copays and premiums.

By completing the required actions for the Healthy Actions Medical Plan, you can lower your out-of-pocket costs (copays, deductibles) for either the Base or Plus plan. By doing actions that keep you healthy, you can save money on your healthcare expenses. See page 30 for information on qualifying.

Terms to Know

A **PREMIUM** is the amount you pay for insurance. In most cases, Harris County pays all or a portion of the premium.

A **COPAYMENT** is the fixed dollar amount you will pay for a healthcare service.

A **DEDUCTIBLE**, when applicable, is the initial amount you pay before your insurance begins covering certain services such as hospitalization or outpatient surgery.

COINSURANCE is the amount you pay, as a percentage of the cost of your allowed services, after you reach the deductible until you reach the plan's out-of-pocket maximum.

An **OUT-OF-POCKET MAXIMUM** is the most you will pay per calendar year for covered, in-network healthcare expenses including prescription drugs. Once this limit is met, the plan pays 100% on eligible expenses for the remainder of the calendar year.



Plans at a Glance

When you choose a plan option you receive so much more than just medical coverage. This chart illustrates an overview of your total health and related benefits package.

	BASE		PLUS	
Your Cost (Premiums)				
You only	\$ 655.36		\$ 922.90	
You & spouse	\$1,251.72		\$1,820.08	
You & child	\$1,192.08		\$1,645.21	
You + 2 or more	\$1,606.95		\$2,191.42	
	Base	Base Healthy Actions	Plus	Plus Healthy Actions
Deductible	\$600 Individual \$1,800 Family	\$300 Individual \$900 Family	None	
Out-of-Pocket Maximum	\$7,350 Individual \$14,700 Family	\$7,150 Individual \$13,700 Family	\$6,350 Individual \$12,700 Family	\$6,150 Individual \$11,700 Family
Cost-per-Visit	\$\$\$		\$	\$
Wellness Programs	✓		✓	
Vision & Dental	✓		✓	
Employee Assistance Program	✓		✓	
Prescription Drugs	✓		✓	



Base Medical Plan

You will pay the amounts listed for covered services. This is not a comprehensive list of services, limitations or exclusions. Please log in at myCigna.com for more covered services and to estimate your out-of-pocket cost and additional provisions.

	In-Network		Out-of-Network
	Base	Base Healthy Actions ¹	
Annual Deductible			
Individual	\$600	\$300	\$1,000
Family	\$1,800	\$900	\$3,000
Maximum Out-of-Pocket			
Individual	\$7,350	\$7,150	\$10,000
Family	\$14,700	\$13,700	\$30,000
Lifetime Maximum	Unlimited (unless otherwise noted)		Unlimited
OFFICE SERVICES	YOU PAY		YOU PAY
Preventive Services²	\$0		50% coinsurance after deductible
Telemedicine Visit³	\$25	\$20	Not available
Convenience Care Clinic	\$30	\$25	50% coinsurance after deductible
Primary Care Visit			
Cigna Care Designation	\$20	\$20	50% coinsurance after deductible
Non-Cigna Care Designation	\$30	\$25	
Specialist Office Visit			
Cigna Care Designation	\$40	\$35	50% coinsurance after deductible
Non-Cigna Care Designation	\$50	\$45	
Urgent Care	\$50		50% coinsurance after deductible
EMERGENCY CARE	YOU PAY		YOU PAY
Ambulance Service	10% coinsurance after deductible		10% coinsurance after deductible
Emergency Room			
<i>If admitted, copay is waived. You are still responsible for inpatient services.</i>	\$300		\$300
INPATIENT CARE	YOU PAY		YOU PAY
Hospital Services			
<i>Precertification and continued stay review required for all inpatient admissions.</i>	20% coinsurance after deductible		50% coinsurance after deductible
Physician Services	20% coinsurance after deductible		50% coinsurance after deductible
Skilled Nursing Facility			
<i>Up to 100 days per calendar year. Requires precertification.</i>	10% coinsurance after deductible		50% coinsurance after deductible

	In-Network		Out-of-Network
	Base	Base Healthy Actions	
OUTPATIENT CARE	YOU PAY		YOU PAY
Hospital Services	20% coinsurance after deductible		50% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible		50% coinsurance after deductible
Diagnostic X-ray & Laboratory	\$0		50% coinsurance after deductible
Diagnostic Mammogram	\$0		50% coinsurance after deductible
Complex Imaging <i>MRI, CAT scan, PET scan, etc. Requires precertification.</i>			50% coinsurance after deductible
eviCore Facility Non-eviCore Facility	\$0 10% coinsurance after deductible		
Rehabilitation/Therapy <i>Physical, speech and occupational Limited to 60 days per calendar year.</i>	\$25 per visit		50% coinsurance after deductible
Basic Infertility Services <i>Diagnosis and treatment</i>	Payable as any other expense 50% coverage for insemination Fertility drugs excluded		Payable as any other expense 50% coverage for insemination Fertility drugs excluded
MATERNITY	YOU PAY		YOU PAY
Initial Office Visit <i>(Specialist copay)</i> <i>Cigna Care Designation</i> <i>Non-Cigna Care Designation</i>	\$40 \$50	\$35 \$45	50% coinsurance after deductible
Subsequent Visits	\$0	\$0	
Hospital Delivery <i>Covers mom and baby. Baby must be added to plan within 31 days of birth for plan coverage.</i>	20% coinsurance after deductible		50% coinsurance after deductible
Breast-Feeding Equipment	\$0		50% coinsurance; no deductible
OTHER MEDICAL	YOU PAY		YOU PAY
Acupuncture	\$0 for up to 10 visits per calendar year		\$0 for up to 10 visits per calendar year
Allergy Treatment <i>Includes serum, injections and injectable drugs. 150 doses per calendar year.</i>	\$40 (waived for injection-only visit)		50% coinsurance after deductible
Chiropractic Care	\$0 for up to 10 visits per calendar year		50% coinsurance
Durable Medical Equipment	10% coinsurance after deductible		50% coinsurance after deductible
Hearing Aids <i>1 pair every 36 months</i>	20% coinsurance; no deductible		20% coinsurance after deductible
Home Health Care <i>100 days per calendar year</i>	10% coinsurance after deductible		50% coinsurance after deductible
Hospice Care	10% coinsurance after deductible		50% coinsurance after deductible
Residential Treatment Facility	20% coinsurance after deductible		50% coinsurance after deductible

¹ Base Healthy Actions – The Healthy Actions Medical Plan is not available to retirees. If you retire while on the Healthy Actions Medical Plan, your plan will change to the plan you selected – Base or Plus.

² Preventive Services – In accordance with the Affordable Care Act (ACA), includes age appropriate care, screenings and standard immunizations. See the summary plan description for more detailed information on covered preventive services.

³ Telemedicine – Use your myCigna app to access the Cigna telemedicine network.



Plus Medical Plan

You will pay the amounts listed for covered services. This is not a comprehensive list of services, limitations or exclusions. Please log in at myCigna.com for more covered services and to estimate your out-of-pocket cost and additional provisions.

	In-Network		Out-of-Network
	Plus	Plus Healthy Actions ¹	
Annual Deductible			
Individual	None	None	\$1,000
Family			\$3,000
Maximum Out-of-Pocket			
Individual	\$6,350	\$6,150	\$10,000
Family	\$12,700	\$11,700	\$30,000
Lifetime Maximum	Unlimited (unless otherwise noted)		Unlimited
OFFICE SERVICES	YOU PAY		YOU PAY
Preventive Services²	\$0		50% coinsurance after deductible
Telemedicine Visit³	\$20	\$15	Not available
Convenience Care Clinic	\$25	\$20	50% coinsurance after deductible
Primary Care Visit			
Cigna Care Designation	\$15	\$15	50% coinsurance after deductible
Non-Cigna Care Designation	\$25	\$20	
Specialist Office Visit			
Cigna Care Designation	\$30	\$25	50% coinsurance after deductible
Non-Cigna Care Designation	\$40	\$35	
Urgent Care	\$50		50% coinsurance after deductible
EMERGENCY CARE	YOU PAY		YOU PAY
Ambulance Service	\$0		\$0
Emergency Room			
<i>If admitted, copay is waived. You are still responsible for inpatient services.</i>	\$300		\$300
INPATIENT CARE	YOU PAY		YOU PAY
Hospital Services			
<i>Precertification and continued stay review required for all inpatient admissions.</i>	\$600	\$300	50% coinsurance after deductible
Physician Services	\$0		50% coinsurance after deductible
Skilled Nursing Facility			
<i>Up to 100 days per calendar year. Requires precertification.</i>	\$0		50% coinsurance after deductible

	In-Network		Out-of-Network
	Plus	Plus Healthy Actions	
OUTPATIENT CARE	YOU PAY		YOU PAY
Hospital Services	\$400	\$200	50% coinsurance after deductible
Outpatient Surgery	\$400	\$200	50% coinsurance after deductible
Diagnostic X-ray & Laboratory	\$0		50% coinsurance after deductible
Diagnostic Mammogram	\$0		50% coinsurance after deductible
Complex Imaging <i>MRI, CAT scan, PET scan, etc. Requires precertification.</i>			50% coinsurance after deductible
eviCore Facility	\$0		
Non-eviCore Facility	\$100		
Rehabilitation/Therapy <i>Physical, speech and occupational. Limited to 60 days per calendar year.</i>	\$20 per visit		50% coinsurance after deductible
Basic Infertility Services <i>Diagnosis and treatment</i>	Payable as any other expense 50% coverage for insemination Fertility drugs excluded		Payable as any other expense 50% coverage for insemination Fertility drugs excluded
MATERNITY	YOU PAY		YOU PAY
Initial Office Visit <i>(Specialist Copay)</i> <i>Cigna Care Designation</i> <i>Non-Cigna Care Designation</i>	\$30 \$40	\$25 \$35	50% coinsurance after deductible
Subsequent Visits	\$0	\$0	
Hospital Delivery <i>Covers mom and baby. Baby must be added to plan within 31 days of birth for plan coverage.</i>	\$600	\$300	50% coinsurance after deductible
Breast-Feeding Equipment	\$0		50% coinsurance; no deductible
OTHER MEDICAL	YOU PAY		YOU PAY
Acupuncture Treatment	\$0 for up to 10 visits per calendar year		\$0 for up to 10 visits per calendar year
Allergy Treatment <i>Includes serum, injections and injectable drugs. 150 doses per calendar year.</i>	\$40 (waived for injection-only visit)		50% coinsurance after deductible
Chiropractic Care	\$0 for up to 10 visits per calendar year		50% coinsurance
Durable Medical Equipment	\$0		50% coinsurance after deductible
Hearing Aids <i>1 pair every 36 months</i>	20% coinsurance; no deductible		20% coinsurance after deductible
Home Health Care <i>100 days per calendar year</i>	\$0		50% coinsurance after deductible
Hospice Care	\$250 + 10% coinsurance		50% coinsurance after deductible
Residential Treatment Facility	\$600		50% coinsurance after deductible

¹ Plus Healthy Actions – The Healthy Actions Medical Plan is not available to retirees. If you retire while on the Healthy Actions Medical Plan, your plan will change to the plan you selected – Base or Plus.

² Preventive Services – In accordance with the Affordable Care Act (ACA), includes age appropriate care, screenings and standard immunizations. See the summary plan description for more detailed information on covered preventive services.

³ Telemedicine – Use your myCigna app to access the Cigna telemedicine network.

Using Your Medical Plan

myCigna & the Cigna App

Your myCigna account is completely personalized, so it's easy to quickly find exactly what you're looking for.

Find a doctor. Personalized search results make it easy to find the right doctor for you. Search by name, specialty, procedure, location and other criteria.

Estimate medical costs. Review estimated costs for specific, in-network procedures, treatments and facilities so there aren't any surprises.

Prescription drug price quote tool. Compare prices between Cigna Home Delivery PharmacySM and our network of retail pharmacies to help ensure you're getting the best price possible.

Manage and track claims. Quickly search and sort claims, as well as track account balances, like deductibles and out-of-pocket maximums.

Important! Review your claims frequently to ensure they are accurate and to avoid potential fraud.

Take control of your health and health spending by registering for your myCigna account.

Follow these steps to register:

1. Go to myCigna.com and select "Register."
2. Enter your personal details like name, address and date of birth.
3. Confirm your identity with secure information like your Cigna ID or social security number, or complete a security questionnaire. This will ensure only you can access your information.
4. Create a user ID and password.
5. Review and submit.



In-Network vs. Out-of-Network

The Cigna Open Access Plus (OAP) network provides coverage for both the Base and Plus medical plans. With this PPO-like network, you have the choice to decide when, where and how to receive medical care. You are not required to select a primary care physician (PCP) and you have the flexibility of seeing providers in and out of the network.

Your best option is to select an in-network provider or facility. This will not only save you money but the County will save too. If you use an out-of-network provider or facility, you will be responsible for paying the difference between the covered amount and the amount charged by the provider/facility.



Using Your Medical Plan

Get the Care You Need

Use this guide to understand which care options meet the medical needs of you or a covered family member.

	Doctor's Office	Convenience Care	Cigna Telehealth	Urgent Care	Emergency Room
What is the visit for?	Routine or preventive care, non-urgent care and to manage a condition	Minor illnesses and injuries	Minor illnesses and injuries AmwellforCigna.com 855.667.9722 MDLIVEforCigna.com 888.726.3171	Urgent but not serious or life-threatening	Immediate treatment for a serious or life-threatening situation
What is the wait?	 Appointment typically required	 Walk-in or same-day appointment	 Appointment typically in an hour or less	 No appointment, wait times vary	 No appointment but could take hours for care
What is the cost? ¹	 \$15 - 50	 \$25 - 30	 \$15 - 25	 \$50	 \$300

¹Comparison is based on in-network services. Cost represents the member copay based on his/her plan – Base or Plus. For specific copay amounts see pages 14-17.

Need help making a health decision?

The Cigna Health Information Line is a service staffed by nurses that helps you understand and make informed decisions about health issues you are experiencing, at no extra cost. It can help you choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a doctor's appointment, or finding the nearest urgent care center.

This summary is intended for reference purposes only. Always use your best judgement when seeking treatment for you and your family.



Call Cigna anytime
1.800.244.6224

The More You Know



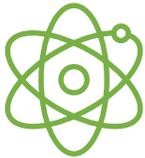
Durable Medical Equipment, Home Health and Infusion Services

CareCentrix is the exclusive in-network supplier of Durable Medical and Respiratory Equipment, Home Health and Home Infusion Services for Cigna customers. CareCentrix has a large national network of suppliers and in-house experts ready to serve your home medical equipment needs.



Your Hearing Aid Program

The Amplifon Hearing Health Care Package offers discounted prices, a risk-free 60-day trial period, a 3-year warranty and expert care.



Advanced Radiology

As a Harris County medical plan member, there is no charge for advanced radiology (MRI, PET, CT Scan, etc.) when you use an **eviCore facility**. Precertification is required for all advanced radiology services.

To download a list of eviCore facilities, go to hrrm.harriscountytexas.gov and click on Benefits.



For assistance with these medical services
call Cigna at 1.800.244.6224

Prescription Drugs



Prescription drug coverage is included in your medical plan and is provided by Cigna. Cigna has a 4-tier prescription drug program that divides covered medications into tiers or coverage/cost levels. Typically, the higher the tier, the greater the cost of the medication.

	Retail	Home Delivery / 90-day Retail
	YOU PAY	YOU PAY
Tier 1 - Generics	25% min \$5 / max \$50	25% min \$10 / max \$100
Tier 2 - Preferred Brands	30% min \$25 / max \$150	30% min \$50 / max \$300
Tier 3 - Non-preferred Brands	35% min \$50 / max \$250	35% min \$100 / max \$500
Tier 4 - Specialty Medications	30% min \$75 / max \$350	-

Find out what's covered and estimate your cost

Whether it's a new prescription or one you take regularly, be a conscious consumer and determine if your medication is covered. Take it a step further and estimate your out-of-pocket cost if purchased at an in-network pharmacy or through Cigna's Home Delivery Pharmacy.

Use these tools to save you money and time



Check if your medication is covered.

Download the Prescription Value Plan and Preventive Generic List at hrrm.harriscountytx.gov



Estimate the cost of your medication.

Log in (or register) at myCigna.com or use the Cigna mobile app



Talk with a Cigna representative.

Call Cigna at 1.800.244.6224

Prescription Drugs (continued)

No Cost Preventive Generic Medications

Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency. Harris County and Cigna cover certain preventive generic medications at 100%, or no cost (\$0) to you.

Specialty Medications

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. You must purchase specialty medications through a network retail pharmacy or Cigna's Specialty Pharmacy. Specialty medications are only dispensed for a 30-day supply.

Step Therapy

Certain high-cost brand name medications are part of the Step Therapy program. These medications aren't covered unless your doctor requests and receives approval from Cigna. Step Therapy encourages the use of lower-cost, clinically appropriate medications to treat your condition. These are typically generics or preferred brands. You have to try these medications first before your plan covers higher-cost brands.

90-day Prescription Refills

You can fill your maintenance medication in a 90-day or 30-day supply at a retail pharmacy. Cigna offers a retail pharmacy network that gives you more choice in where you can fill your 90-day prescriptions. Some major pharmacies include CVS, Walmart and Kroger. Log in at myCigna.com or use the Cigna mobile app to compare cost and find a nearby, participating retail pharmacy.

Prior Authorization

Under your plan, certain medications need approval from Cigna first before they're covered. Medications requiring prior authorization have a (PA) next to them on your drug list. These medications will only be covered by your plan if your doctor requests and receives approval from Cigna. The types of medications that typically need approval are those that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

For medications, prior authorizations are typically handled by your doctor's office which will work directly with Cigna. Cigna will then contact you with the results to let you know if your drug coverage has been approved or denied, or if they need more information.

Vision



Vision benefits are provided by Davis Vision to all members covered by Harris County's medical plan.



Fully Covered Frames At Visionworks

As a Davis Vision member, you have access to over 750 Visionworks stores, which offer the largest in-store frame assortment in the industry. With an average of 2,000 frames per store at no out-of-pocket cost to you, you'll find the right shape, style, color and brand for you. Members also receive 50% off additional pairs of eyewear.



Fully Covered Frames from The Exclusive Collection

The Exclusive Collection can be found at nearly 9,000 independent provider locations nationwide. These frames are available to you for no out-of-pocket cost and include options that have retail values of up to \$195. To find a provider near you with the Exclusive Collection, log in to the mobile app or log in at davisvision.com/member.



Fully Covered Contacts From The Exclusive Collection Of Contact Lenses

Our Exclusive Collection of Contact Lenses is available at participating provider locations, features many popular brands, and is fully covered along with the fitting and follow-up care.

Services / Products	In-Network
Frequency of Services (Exam / Lens / Frame)	Every 12 months
Copayments (Exam / Lens)	\$10 / \$25
Frame - Allowance - Visionworks - The Exclusive Collection ²	\$150 allowance Fully covered frame ¹ Fully covered frame
Covered Lens Options	Clear plastic, single-vision, lined bifocal, trifocal or lenticular lenses. Tinting, scratch-resistant and kids' polycarbonate lenses are also covered.
Contact Lenses (in lieu of eyeglasses) - Allowance - The Exclusive Collection ²	\$150 Allowance Fully covered up to: 4 boxes for planned replacement 8 boxes for disposable lenses
Contacts Fitting Fee - Standard - Specialty - The Exclusive Collection ²	15% discount ³ 15% discount ³ Fully covered

This is only a summary of benefits. For a complete list of benefit details, please refer to Harris County's Certificate of Coverage or your Member Welcome Kit.

OUT-OF-NETWORK BENEFITS

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE (UP TO)

- Eye Examination: \$35
- Frame: \$70
- Single-Vision Lenses: \$25
- Bifocal / Progressive Lenses: \$40
- Trifocal Lenses: \$45
- Lenticular Lenses: \$80
- Elective Contact Lenses: \$80
- Visually Required Contacts: \$150

^{1/} The fully covered frame benefit is available at all Visionworks locations nationwide and includes all frames except Maui Jim eyewear.

^{2/} Collection is available at participating provider locations and is subject to change.

^{3/} Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

Dental



Dental benefits are provided by Cigna to all members covered by Harris County's medical plan.

With this dental plan:

- You can choose to use any licensed dentist. You will see a bigger savings if you use a dentist in the Cigna dental network. You can also see a specialist without a referral.
- The amount your plan pays depends on:
 - The coinsurance level for the service you received
 - Which dentist you visit - in-network or out-of-network
 - If you've paid your deductible and/or reached your maximum benefit
- Once you reach the plan's annual benefit maximum, your plan will no longer pay a portion of your costs during that calendar year.

	In-Network / Out-of-Network ¹
Deductible (calendar year)	
Individual	\$50
Family	\$150
Maximum Benefit (calendar year)	\$1,750
Applies to Class I, II, III, VII, IX expenses	

BENEFIT HIGHLIGHTS	YOU PAY
Class I: Diagnostic & Preventive	No charge No deductible
Class II: Basic Restorative	20% + deductible
Class III: Major Restorative	50% + deductible
Class IV: Orthodontia Lifetime Benefits Maximum of \$1,500 per covered member	50% No deductible
Class VII: Endodontics	20% + deductible
Class IX: Implants	50% + deductible
6-month benefit waiting period for newly covered dependents on Class III, Class VII and Class IX procedures.	

¹ Reimbursement levels for in-network services are based on contracted fees. Reimbursement levels for out-of-network services are based on the maximum allowable charge.

Dental (continued)

Get started with myCigna

Find a dentist, estimate cost of care and more. Register for your myCigna.com account by following these steps to register:

1. Go to myCigna.com and select “Register.”
2. Enter your personal details like name, address and date of birth.
3. Confirm your identity with secure information like your Cigna ID or social security number, or complete a security questionnaire. This will ensure only you can access your information.
4. Create a user ID and password.
5. Review and submit.

Cigna Oral Health Integration Program

Enhanced dental coverage is available for plan members with the following medical conditions: diabetes, heart disease, stroke, head and neck cancer radiation, organ transplant, chronic kidney disease and maternity. Members that qualify can get reimbursed 100% of their coinsurance for certain related dental procedures along with additional benefits. To enroll, log in at myCigna.com or call Cigna at 1.800.244.6224.



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HARRIS COUNTY

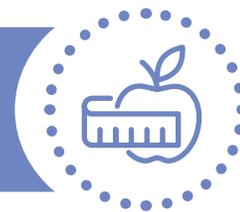
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It's all e Well

Your Well-being



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Employee & Retiree Wellness

Take advantage of programs, services and incentives designed to help you become a healthier you! It is the mission of Harris County Employee Wellness to promote the well-being of employees and retirees through initiatives that:

- Encourage healthy habits
- Educate on factors and resources that improve quality of life
- Empower employees and retirees to take responsibility for their own health

Featured Services & Programs



Get Active

- HC Employee 5K
- Fitness classes
- Gym discounts



Stay Well

- Onsite health services
- Cigna health coaching
- Weight management



Be Informed

- Cigna health assessment
- Health education classes
- Awareness campaigns

Ways you can find wellness services and information.



wellathctx.com



wellness@bmd.hctx.net

713.274.5500

Option 9



**El Franco Lee
Wellness Center**

1310 Prairie St.
Suite 970

HC Employee Health & Wellness Clinic

by  Kelsey-Seybold Clinic®

Sick and Well Care

The Harris County Employee Health & Wellness Clinic provides routine care for both sick and well visits. If you are insured by the Harris County medical plan, you are eligible to use the services offered at this clinic. That also includes care for your dependents (18 years and older) covered by the County medical plan.

This clinic does not treat workers' compensation injuries.

Cost

If your visit is for sick care you will be responsible for paying your primary care visit copay. If your visit is for a wellness exam or other type of preventive care, there is no cost. Lab services, if provided during your visit, are also included at no cost.

Confidential

Kelsey-Seybold Clinic, an independent and respected health care company, provides the services you receive at the Harris County Employee Health & Wellness Clinic. As required by state and federal law, your health information is not shared with Harris County.

Location & Hours

Harris County Employee Health & Wellness Clinic

1310 Prairie Street, 9th Floor

Houston, Texas 77002

Monday - Friday: 8:00 a.m. - 4:00 p.m.

Your Convenient Downtown Resource for Care:

- Bronchitis, colds, sore throats, and flu
- Cuts, scrapes, rashes and skin issues
- Back pain, muscle strains, and sprains
- Headaches and earaches
- Eye issues
- Digestive issues
- Onsite lab testing
- Prescriptions available
- Preventive care, including physicals and immunizations



Call 24/7 to schedule
713.442.WELL (9355)

Healthy Actions Medical Plan

Save money when you go to the doctor with the Healthy Actions Medical Plan.

- Lower copays
- Lower deductibles
- Lower out-of-pocket maximums



The Healthy Actions Medical Plan doesn't cost any more than your selected Base or Plus plan. See pages 14-17 for a comparison.

Healthy Actions To-Do List

Complete all five actions below to be eligible for the Healthy Actions Medical Plan for 2020-2021. Healthy Actions must be completed by the insurance-eligible employee every year. Covered dependents do not have to complete the actions.

1 Take the Cigna online Health Assessment (do this FIRST)
Start today at myCigna.com. Get a \$25 gift card for completing this step.
Spouses can also earn their own gift card.

2 Get a routine physical (preventive exam)

3 Your choice
(see list at right)

4 Your choice
(see list at right)

5 Your choice
(see list at right)

Your Choice Options

Preventive Services

- 1 flu shot
- 1 dental cleaning
- 1 vision exam
- 1 mammogram
- 1 OB/GYN (well woman) exam
- 1 prostate cancer screening
- 1 colon cancer screening

Programs

- Complete 9 of 16 classes in Cigna's Diabetes Prevention Program
- Progress toward a goal in the Cigna Health Coaching Program (minimum 4 weeks)

Classes

- 4 County-coordinated wellness training classes
- 4 County-coordinated fitness program classes

Other Actions

- Finish the Harris County Employee 5K
- Earn 20 stars in Cigna Apps & Activities

Visit wellathctx.com for more details.



Please note that you cannot receive double-credit for the same action.

Want to check your completed Healthy Actions?
Call Employee Wellness at 713.274.5500, Option 9.
Please allow 60 days for your actions to be recorded.

Employee Assistance Program

As an employee or retiree you have access to a valuable Employee Assistance Program (EAP) provided by Cigna to you at no additional cost.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services

Counseling

Eight (8) face-to-face counseling sessions with a counselor in your area.

Legal Assistance

30-minute consultation with an attorney face-to-face or by phone.*

Financial

30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.

Parenting

Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.

Eldercare

Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.

Pet Care

Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.

Identity Theft

60-minute consultation with a fraud specialist.

Contact Cigna
any day, anytime.



1.800.244.6224



Login or register
myCigna.com

**Employment-related legal issues are NOT covered*



Legal Notices



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Plan Documents

The **Summary of Benefits Coverage (SBC)**, provided separately from the Benefits Guide, summarizes the key features of our medical plans including: covered benefits, cost-sharing, coverage limitations, and exceptions.

The **Glossary of Health Coverage and Medical Terms** will help you understand some of the most common language used in health insurance documents.

You may obtain a detailed description of coverage provisions including the Summary of Benefits Coverage (SBC) and the Glossary of Terms - both of which are available in English and Spanish - and/or the Summary Plan Document (SPD) from Human Resources & Risk Management (HRRM) Employee Benefits. They are also available on the HRRM website at hrrm.harriscountytexas.gov.

You may obtain a printed copy of the SBC or the Glossary of Health Coverage and Medical Terms at no charge by contacting the Benefits Division at 713.274.5500, or toll free at 866.474.7475 and it will be sent to you within seven days.

Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed and how you can request access to this information. Review it carefully.

This Notice is for participants and beneficiaries in the Plan.

As a participant or beneficiary of the Plan, you are entitled to receive this Notice of the Plan's privacy practices with respect to your health information that the Plan creates or receives (your "Protected Health Information" or "PHI"). Our "Notice of Privacy Practices" was updated to comply with new changes to the Health Insurance Portability and Accountability Act ("HIPAA") effective as of October 1, 2018.

This Notice is intended to inform you about how we will use or disclose your PHI, your privacy rights with respect to PHI, our duties with respect to your PHI, your right to file a complaint with us or with the Secretary of the United States Health and Human Services ("HHS"), and how to contact our office for further information about our privacy practices.

This Notice and the most updated "Notice of Privacy Practices" will be posted at hrrm.harriscountytexas.gov, or you may request a copy by calling 713.274.5500.

COBRA Notification Obligations

The federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides group health insurance continuation rights to employees, spouses, and dependent children if they lose group health insurance due to certain qualifying events. Two qualifying events under COBRA require you, your spouse, or dependent children to follow certain notification rules. You are required to notify Harris County of a divorce or if a dependent child ceases to be a dependent child under the terms of the group health insurance plan.

Each covered spouse or dependent child is responsible for notifying Harris County within 60 days after the date of the divorce or the date the dependent child ceased to be a dependent, as defined under the terms of the Group Health Insurance Plan. Failure to properly notify Harris County within the required 60 days will forfeit all COBRA rights that may have arisen from these two qualifying events.

Notice of Wellness Program Participation

Harris County wellness programs and services are voluntary and available to all insurance-eligible employee and retirees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a blood glucose test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$25 for completing the HRA and be eligible for the 2020-21 Healthy Actions Medical Plan for completing five “healthy actions.” Although you are not required to complete the HRA or the 5 “healthy actions,” only employees who do so will receive the incentives.

Additional incentives of up to \$250 may be available for employees and covered spouses who enroll in Cigna’s Healthy Pregnancies, Healthy Babies program. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Cigna at 1.800.244.6224.

The information from your HRA and the results from your biometric screening, if applicable, will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Harris County may use aggregate information it collects to design a program based on identified health risks in the workplace, Harris

County Employee Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is(are) a Cigna health coach(es) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you promptly in accordance with state and/or federal law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Eileen Begle (713.274.5416) or Katie Rutherford (713.274.5451). If you have questions or concerns about disclosures of your health information, please contact Lisa Dahm, Harris County Privacy Officer, at 713.274.5245.

Medicare

PARTS A & B

Medicare becomes the primary insurer when a retiree, or a dependent of a retiree, turns 65 or becomes eligible due to disability. Harris County medical benefits then become secondary to Medicare.

The Harris County Medical Plan coordinates its benefits with Medicare Parts A & B. Since Medicare is the primary insurance, it must pay benefits first before the Harris County Medical Plan will pay benefits. The Harris County Medical Plan will pay benefits as if Medicare Part B paid first even if you are not enrolled in Medicare Part B. This will cause a gap in your coverage if you do not enroll in Medicare Part B as a retiree.

You should contact the Social Security Administration at 800.772.1213 if you have any questions concerning coordination of benefits between the Harris County Medical Plan and Medicare.

PART D

Harris County Medicare eligible employees and retirees should NOT enroll in Part D — Medicare Prescription Drug Plan. Enrollment in a Medicare Prescription Drug Plan is voluntary, but Harris County's Medical Plan administered through Cigna typically provides more comprehensive prescription drug coverage. In addition, there is no coordination of benefits between Harris County's medical plan and the Medicare Prescription Drug Plan; however, there will continue to be coordination with Medicare Parts A and B.

If you meet certain income and resource limits, Medicare's Extra Help Program may assist in paying some of the costs of its prescription drug coverage. You may qualify if you have annual earnings of up to \$18,210 (\$24,690 for a married couple living together) and up to \$14,100 in resources (\$28,150 for a married couple living together).

If you don't qualify for Extra Help, your state may have programs that can help pay your prescription drug costs. Contact your State Health Insurance Assistance Program (SHIP) for more information at 800.252.3439. Remember that you can reapply for Extra Help at any time if your income and resources change.

For more information and assistance with your prescription drug costs, call Social Security at 800.772.1213 or visit [socialsecurity.gov](https://www.socialsecurity.gov). If you or any of your covered dependents are eligible for additional coverage through Medicaid, you should contact 800-MEDICARE (800.633.4227) or visit [medicare.gov](https://www.medicare.gov) to determine the best prescription drug option for you.

Providers Accepting Medicare

If your physician accepts Medicare assignment he/she will bill Medicare for you. If your physician does not accept Medicare assignment and/or has opted out of Medicare, you may be responsible for filing your claim with Medicare. Cigna will not substitute as primary insurance for retirees who are eligible for Medicare if your provider has opted out of Medicare. You should ensure that all of your medical providers participate in Medicare and are in Cigna's network to receive the highest level of benefits. Failure to do so will result in higher out-of-pocket costs.

2018 Federal Income Tax Return

The Affordable Care Act requires Harris County to send an annual statement to all employee eligible for health insurance coverage describing the insurance available to them. The Internal Revenue Service (IRS) created Form 1095-C to serve as that statement.

This form will be mailed directly to your home address in early 2019.

What you need to do:

1. Provide the required information. We need specific information on people enrolled in the health plan in order to provide you a complete 1095-C. If we do not have accurate Social Security numbers on every dependent, the IRS may impose a penalty for non-compliance.
2. Ensure that your mailing address is correct so that you can receive your 1095-C. You will need information from your 1095-C to prepare your 2018 taxes.



Contacts



Human Resources & Risk Management

Employee Benefits

713.274.5500

Out-of-Area Toll-Free

866.474.7475

hrrm.harriscountytexas.gov, wellathctexas.com

Medical Coverage

Cigna Member Services

800.244.6224

mycigna.com

*Medical, Rx, Flexible Spending Accounts,
Employee Assistance Program*

Onsite Representatives

713.274.5500 (Option 1)

Onsite Health Coaches

713.274.5500 (Option 5)

Dental Coverage

Cigna Dental

800.244.6224

mycigna.com

Onsite Representative

713.274.5500 (Option 2)

Vision Coverage

Davis Vision

800.999.5431

davisvision.com

2019 - 2020 LAA Employee Benefits Guide

Designed and produced in partnership by





Human Resources & Risk Management

Benefits Division
1310 Prairie, Suite 400
Houston, TX 77002-2042

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Web: hrrm.harriscountytexas.gov