

EMPLOYEE BENEFITS GUIDE



Your guide to understanding, selecting and using the benefits available to you and your family.

Local Area Agreement Version



**MEDICAL
DENTAL
VISION
FINANCIAL
WELLNESS**

🕒 (L-R) Leslie Austin, County Attorney's Office; Martika Thompson, Juvenile Probation; Alexis Lewis, Budget Management; Vanessa Rodriguez and Regenia Hicks, Juvenile Probation



BENEFITS BUILT AROUND YOU



Fellow Employees,

As the saying goes, 2020 has been quite a year. The pandemic has not only reshaped how many of us perform our County jobs but has also changed how we interact with our peers, friends and family. Many of us have made sacrifices, experienced the fear of the unknown, or made plans just to have them cancelled. Learning how to find a new work/life balance, seeking virtual care in place of an in-person appointment, and exploring new ways to be active have shifted how we care for ourselves and those we love.

Empowering an effective, healthy workforce to serve our community is a core element of Harris County's mission. Now, more than ever, your health and wellbeing has emerged as an essential factor in enhancing and maintaining the County's continued effectiveness in serving our residents. Thankfully, Harris County has a long track record of providing resources for you to find care for your mental and physical health as well as your financial wellbeing.

You will find a wide range of those resources outlined in this guide. Use it to help select the programs that will be best for you and your family, learn how to enroll, how to make changes and more. And while there is a lot of information provided, you may not find every answer. That is why Human Resources & Risk Management is here. Please don't hesitate to reach out to us if you need help or would like a benefit explained in more detail.

2020 has been quite the year, but 2021-22 starts off with some good news: With the continued support of Commissioners Court, there will be no premium increase for health and related benefits!

Shain Carrizal
Sr. Director, Human Resources & Risk Management
Budget Management Department

The benefits described herein are effective March 1, 2021, through February 28, 2022. 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 and your family. It is not intended to modify the group policies and/or contracts between the carriers and the County.

EASY REFERENCE

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WHAT'S NEW IN 2021



This isn't new, but it's amazing news:

For the fourth year in a row, there will be no premium increases for you and your family!

Find details on these and all of your benefits throughout this guide.

➔ *Monica Joseph,*
Institute of Forensic Sciences



COMPARE YOUR HEALTH BENEFIT OPTIONS

After you review the plan options and make your decision, follow the steps on page 18 to enroll.

Harris County health plans are divided into two categories, Base and Plus. Both plan options provide you with the same Cigna network, giving you and your covered dependents access to a broad network of physicians, facilities and healthcare services.

For both plans, you can lower your out-of-pocket costs (copays and deductibles) through the Healthy Actions Medical Plan.

Use the overview below and on the following pages to choose a plan that best fits your needs and those of your dependents.

Base Plan

The Base Plan is designed to keep your monthly costs low through higher deductibles and out-of-pocket maximums. You'll pay more for services that you use, but you'll pay the lowest premiums.

+ Plus Plan

With the Plus Plan, you'll pay a higher monthly premium, but your deductibles, out-of-pocket maximums and costs for services will be lower.



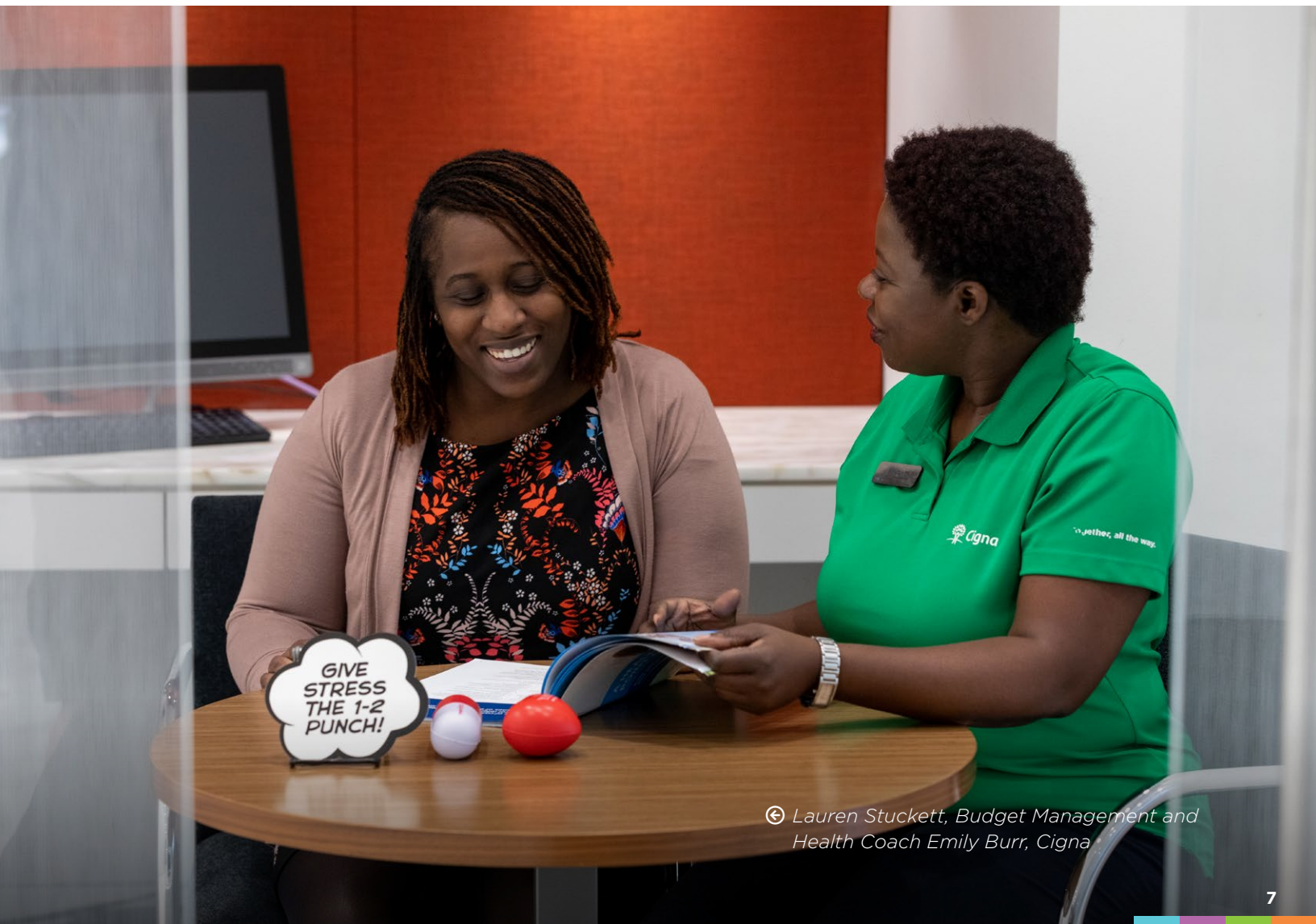
Healthy Actions Medical Plan

You can get lower copays as well as lower deductibles and out-of-pocket maximums by completing the requirements for the Healthy Actions Medical Plan. It provides you with a variety of healthy actions, such as getting a flu shot or taking wellness classes, that you can complete to meet the requirements. Best of all, it doesn't cost any more than your selected Base or Plus plan — all it can do is save you money while helping you improve your wellness. Learn more on page 35, and get complete details at wellathctx.com.



Additional Terms to Know

- **PREMIUM** — The amount you pay for insurance. In most cases, Harris County pays all or a portion of the premium.
- **COPAYMENT** — The fixed dollar amount you will pay for a healthcare service.
- **DEDUCTIBLE** — When applicable, the initial amount you pay before your insurance begins covering certain services.
- **COINSURANCE** — 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.
- **OUT-OF-POCKET MAXIMUM** — 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

Plans go beyond medical coverage to include vision and dental insurance. Use this page to compare your options as you make your selection.

Your Cost (Bi-Weekly Premiums)

	BASE	PLUS
You only	\$0	\$34.62
You & child	\$103.84	\$173.07
You & spouse	\$115.38	\$207.68
You + 2 or more	\$184.61	\$276.92

Coverage Highlights

	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 | BASE HEALTHY ACTIONS SERVICES OVERVIEW

Use this overview of services/costs for a deeper comparison with the Plus plan. In all cases, staying in-network and utilizing the Healthy Actions Medical Plan provides the best value. In the overview, “You Pay” refers to the amount you are responsible for of eligible expenses. Note that 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			50% coinsurance after deductible
Tier 1	\$20	\$20	
Non-Tier 1	\$30	\$25	
Specialist Office Visit			50% coinsurance after deductible
Tier 1	\$40	\$35	
Non-Tier 1	\$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 If admitted, copay is waived. You are still responsible for inpatient services.	\$300		\$300

BASE | BASE HEALTHY ACTIONS SERVICES OVERVIEW *CONT.*

	IN-NETWORK	OUT-OF-NETWORK
INPATIENT CARE	YOU PAY	YOU PAY
Hospital Services Precertification and continued stay review required for all inpatient admissions.	20% coinsurance after deductible	50% coinsurance after deductible
Physician Services	20% coinsurance after deductible	50% coinsurance after deductible
Skilled Nursing Facility Up to 100 days per calendar year. Requires precertification.	10% coinsurance after deductible	50% coinsurance after deductible
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 MRI, CAT scan, PET scan, etc. Requires precertification.		50% coinsurance after deductible
eviCore Facility	\$0	
Non-eviCore Facility	10% coinsurance after deductible	
Rehabilitation/Therapy Physical, speech and occupational. Limited to 60 days per calendar year.	\$25 per visit	50% coinsurance after deductible
Basic Infertility Services Diagnosis and treatment only	Payable as any other expense 50% coinsurance after deductible for insemination Fertility drugs excluded	50% coinsurance after deductible Fertility drugs excluded



	IN-NETWORK		OUT-OF-NETWORK
MATERNITY	YOU PAY		YOU PAY
Initial Office Visit (Specialist copay)			50% coinsurance after deductible
Tier 1	\$40	\$35	
Non-Tier 1	\$50	\$45	
Subsequent Visits	\$0		50% coinsurance after deductible
Hospital Delivery Covers mom and baby.	20% coinsurance after deductible		50% coinsurance after deductible
Breast-Feeding Equipment	\$0		50% coinsurance after 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 Includes serum, injections and injectable drugs.	\$0 for up to 150 doses per calendar year		50% coinsurance after deductible
Chiropractic Care	\$0 for up to 10 visits per calendar year		50% coinsurance after deductible
Durable Medical Equipment	10% coinsurance after deductible		50% coinsurance after deductible
Hearing Aids 1 pair every 36 months	20% coinsurance; no deductible		20% coinsurance after deductible
Home Health Care 100 days per calendar year	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

¹Base 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.

²Preventive 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.

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

PLUS | PLUS HEALTHY ACTIONS SERVICES OVERVIEW

Use this overview of services/costs for a deeper comparison with the Base plan. In all cases, staying in-network and utilizing the Healthy Actions Medical Plan provides the best value. In the overview, “You Pay” refers to the amount you are responsible for of eligible expenses. Note that 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			
Tier 1	\$15	\$15	50% coinsurance after deductible
Non-Tier 1	\$25	\$20	
Specialist Office Visit			
Tier 1	\$30	\$25	50% coinsurance after deductible
Non-Tier 1	\$40	\$35	
Urgent Care	\$50		50% coinsurance after deductible
EMERGENCY CARE	YOU PAY		YOU PAY
Ambulance Service	\$0		\$0
Emergency Room If admitted, copay is waived. You are still responsible for inpatient services.	\$300		\$300
INPATIENT CARE	YOU PAY		YOU PAY
Hospital Services Precertification and continued stay review required for all inpatient admissions.	\$600	\$300	50% coinsurance after deductible
Physician Services	\$0		50% coinsurance after deductible
Skilled Nursing Facility Up to 100 days per calendar year. Requires precertification.	\$0		50% coinsurance after deductible
OUTPATIENT CARE	YOU PAY		YOU PAY
Hospital Services	\$400	\$200	50% coinsurance after deductible
Outpatient Surgery	\$400	\$200	50% coinsurance after deductible



	IN-NETWORK		OUT-OF-NETWORK
	PLUS	PLUS HEALTHY ACTIONS ¹	
OUTPATIENT CARE	YOU PAY		YOU PAY
Diagnostic X-ray & Laboratory	\$0		50% coinsurance after deductible
Diagnostic Mammogram	\$0		50% coinsurance after deductible
Complex Imaging MRI, CAT scan, PET scan, etc. Requires precertification.			50% coinsurance after deductible
eviCore Facility	\$0		
Non-eviCore Facility	\$100		
Rehabilitation/Therapy Physical, speech and occupational. Limited to 60 days per calendar year.	\$20 per visit		50% coinsurance after deductible
Basic Infertility Services Diagnosis and treatment only	Payable as any other expense 50% coinsurance for insemination Fertility drugs excluded		50% coinsurance after deductible Fertility drugs excluded
MATERNITY	YOU PAY		YOU PAY
Initial Office Visit (Specialist copay)			50% coinsurance after deductible
Tier 1	\$30	\$25	
Non-Tier 1	\$40	\$35	
Subsequent Visits	\$0		50% coinsurance after deductible
Hospital Delivery Covers mom and baby.	\$600	\$300	50% coinsurance after deductible
Breast-Feeding Equipment	\$0		50% coinsurance after 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 Includes serum, injections and injectable drugs.	\$0 for up to 150 doses per calendar year		50% coinsurance after deductible
Chiropractic Care	\$0 for up to 10 visits per calendar year		50% coinsurance after deductible
Durable Medical Equipment	\$0		50% coinsurance after deductible
Hearing Aids 1 pair every 36 months	20% coinsurance; no deductible		20% coinsurance after deductible
Home Health Care 100 days per calendar year	\$0		50% coinsurance after deductible
Hospice Care	\$250 + 10% coinsurance		50% coinsurance after deductible
Residential Treatment Facility	\$600	\$300	50% coinsurance after deductible

¹Plus 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.

²Preventive 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.

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

BI-WEEKLY PREMIUMS

Harris County continues to pay a significant portion of the cost for your healthcare coverage. Premiums for the Base and Plus Plans are based on 26 pay periods and will take effect on March 5, 2021.

BASE & Base Healthy Actions Plan

YOU PAY			HARRIS COUNTY PAYS	=	TOTAL
\$0	You only		\$319.13		\$319.13
\$103.84	You + child	+	\$469.11	=	\$572.95
\$115.38	You + spouse		\$485.75		\$601.13
\$184.61	You +2 or more		\$584.54		\$769.15

PLUS & Plus Healthy Actions Plan

YOU PAY			HARRIS COUNTY PAYS	=	TOTAL
\$34.62	You only		\$412.24		\$446.86
\$173.07	You + child	+	\$615.38	=	\$788.45
\$207.68	You + spouse		\$663.32		\$871.00
\$276.92	You +2 or more		\$769.97		\$1,046.89

For enrollment steps, visit page 18.

DETAILS ON OTHER SERVICES:


25
Pregnancy & Postpartum


28
Vision


30
Dental


26
Prescription Drugs

ELIGIBILITY & ENROLLMENT



How to proceed
once you've
selected the plan
that's best for you.

🕒 *Sgt. Kelley Hudson, Sheriff's Office*

HEALTH PLAN ELIGIBILITY

Unless otherwise noted, you and your dependents are eligible for the benefits described in this guide as long as you are benefits-eligible and are a Department Head, Regular Position Employee¹ or an elected/appointed official at Harris County.

DEPENDENT ELIGIBILITY

All covered dependents are enrolled in the same plan as the employee.

Documentation is required to support the eligibility status of each of your dependents. Documents sent to the Benefits Office in a foreign language must be accompanied by a certified English translation. Harris County is required by law to provide healthcare coverage for children identified on National Medical Support Notices.²



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Commissioner, Precinct 4



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 	
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. 	<ul style="list-style-type: none"> • Coverage available up to age 26. Coverage ends on the last day of the pay period in which the dependent turns 26.
Adopted child	<ul style="list-style-type: none"> • Certified copy of court order or paperwork placing child in employee's home 	<ul style="list-style-type: none"> • Coverage available up to age 26. Coverage ends on the last day of the pay period 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 	<ul style="list-style-type: none"> • Coverage available up to age 26. Coverage ends on the last day of the pay period in which the dependent turns 26.
Grandchildren	<ul style="list-style-type: none"> • Certification of Financial Dependency form (obtain from benefitsathctx.com>> Resources) • Birth certificate of the grandchild • Birth certificate of the grandchild's mother or father to prove relationship to employee 	<ul style="list-style-type: none"> • Grandchild must be related to the employee by birth or adoption. • Cannot be employee's step-grandchild • Grandchild must be claimed as a dependent on the 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 pay period 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 	<ul style="list-style-type: none"> • Coverage available up to age 18. Coverage ends on the last day of the pay period 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 	<ul style="list-style-type: none"> • Coverage available up to age 18. Coverage ends on the last day of the pay period 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 employee or employee's spouse who became disabled before age 26 and have been continuously covered.

Failure to drop dependents when a qualified life event occurs 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.

¹A regular position employee is defined as "an employee hired for an indefinite period and regularly scheduled to work at least 32 hours per week." Please see Section 9 of the Harris County and Harris County Flood Control District Personnel Policies & Procedures for more information.

²Upon 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.

ENROLLMENT & WHEN TO ENROLL

Once you've selected the plan that's best for you, begin the enrollment process by completing the worksheet provided by your Benefits Coordinator.

All Regular Position employees are required to enroll in the Harris County health plan. Those allowed to voluntarily waive include:

- Retired military members who are currently covered by TRICARE.
- New employees covered by Medicare.
- Visit **benefitsathctx.com >> Resources** to obtain the voluntary waiver form. This form must be completed and returned to **benefits@bmd.hctx.net** every open enrollment cycle to continue waiving your benefits.
- For new employees, this form must be received before your benefits become effective otherwise your next opportunity to waive will be during open enrollment.

It's important to carefully consider the benefit options available to you and your dependent(s) as there are only three opportunities to select your coverage or make changes to your benefits.

1. WHEN YOU'RE HIRED

Benefits begin on the first day of the pay period following 75 days of continuous employment as a Regular Position Employee unless a County policy in effect at the time specifies a different period.

2. DURING OPEN ENROLLMENT

This is a great time to review benefits and make any needed updates. You can change your benefit choices and add/or drop your dependents.

- For the 2021-2022 plan year, the Open Enrollment period is January 15 - February 15, 2021. Please ask your Benefits Coordinator for your department's specific deadline. If you are adding dependents, please provide your Benefits Coordinator with the necessary documentation when you return your completed open enrollment worksheet.
- Dependents added during Open Enrollment will be covered beginning February 27, 2021.
- Dependents dropped during Open Enrollment will be covered through February 26, 2021.
- If you don't make any changes, your current benefits will stay the same. If you do make plan and optional benefits changes during Open Enrollment, they will take effect March 1, 2021.



3. AFTER QUALIFIED LIFE EVENTS

Life happens, and your benefits plan has the flexibility to adjust with you. When you experience a qualified life event, contact your department's Benefits Coordinator to submit your change request within the same calendar year the event takes place unless otherwise noted.

The following are qualified life events that allow you to make changes to your benefits:

- 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 or other insurance provider
- 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



Coverage for Newborns

Cigna provides automatic coverage for newborns of mothers insured by the plan for the first 31 days from the date of birth. For your newborn to remain covered beyond 31 days, you must add him/her to the plan. If you add your newborn to your plan after 31 days, coverage will not be retroactive to the date of birth, and you will be responsible for the medical claims incurred during the uncovered period.

GET THE MOST FROM YOUR BENEFITS
















Take advantage
of coverage
opportunities
while also
keeping your
costs down.



USING YOUR MEDICAL PLAN

We want you to get the care you need and also save money. Obviously, if there's a true emergency, get to your hospital's emergency room as quickly as possible. But some people make the mistake of going to the emergency room or an urgent care facility for minor illnesses, and doing so can cost you money.

Use this chart as a guide to know where to go for different kinds of illnesses and injuries:

	← LOWER COST HIGHER →				
	CIGNA TELEHEALTH	DOCTOR'S OFFICE	CONVENIENCE CARE	URGENT CARE	EMERGENCY ROOM
What is the visit for?	Minor illnesses and injuries MDLIVEforCigna.com 888.726.3171	Routine or preventive care, non-urgent care and to manage a condition	Minor illnesses or injuries	Urgent but not serious or life-threatening	Immediate treatment for a serious or life-threatening situation
What is the wait?	 Appointment typically in an hour or less	 Appointment typically required	 Walk-in or same-day appointment	 No appointment, wait times vary	 No appointment but could take hours for care
What is the cost?	 \$15 - \$25	 \$15 - \$50	 \$20 - \$30	  \$50	   \$300

¹Comparison is based on in-network services. Cost represents your copay based on your plan — Base, Base Healthy Actions, Plus, Plus Healthy Actions. For specific copay amounts, see pages 8-13.

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

Help Is Just a Call Away

If you need help with a health decision, just call the Cigna Health Information Line at **800-244-6224**. It's staffed by nurses who can help you make informed decisions for the care you need, whether it's reviewing home treatment options, following up on a doctor's appointment, or finding the nearest urgent care center. Plus, it's included in your plan, so there's no added cost.

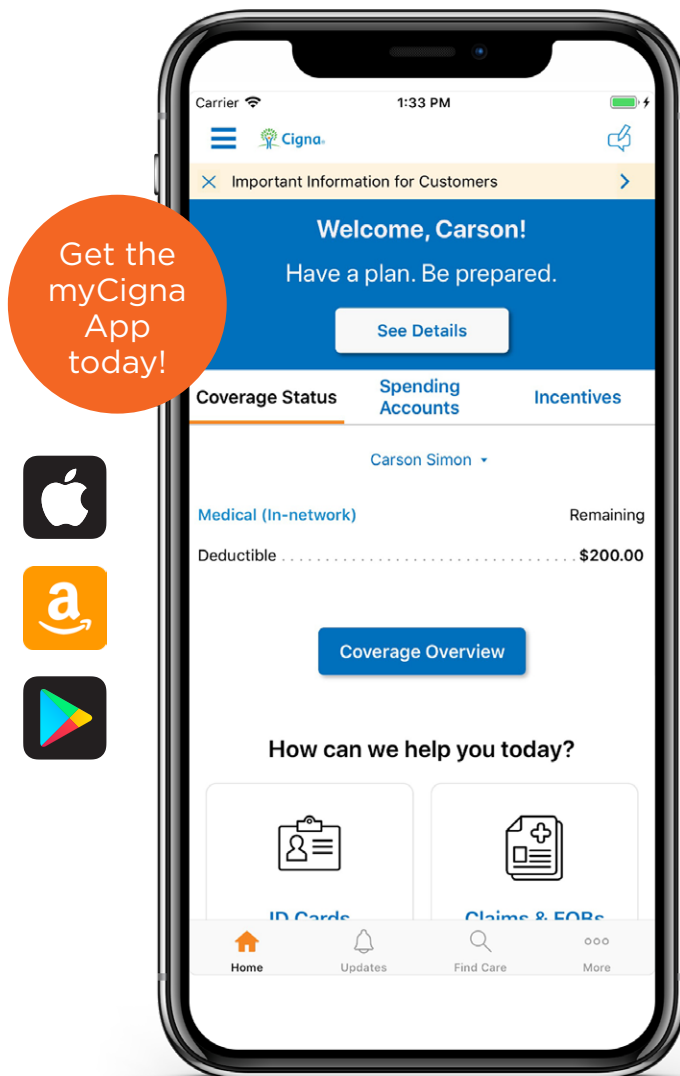
PERSONALIZE YOUR HEALTHCARE EXPERIENCE

With myCigna & the myCigna App

You have access to two free tools with personalized services that help you manage and use your healthcare benefits. Your myCigna account, available online and through the myCigna App, puts control of your healthcare benefits and spending right at your fingertips.

- 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.



To Get Your myCigna Account:

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.**



UNDERSTANDING IN-NETWORK VS. OUT-OF-NETWORK

Whether you choose the Base or the Plus medical plan, the coverage is through the Cigna Open Access Plus (OAP) network. It's a large network of providers and facilities covering almost every medical service you may need.

Yet a great benefit of your healthcare plan is that you aren't limited to in-network providers. You always have the choice to decide when, where and how to receive medical care. So if you prefer to select a primary care physician (PCP) or other provider who isn't part of the network, you always have that freedom. Just be aware that 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.

Your Best Value

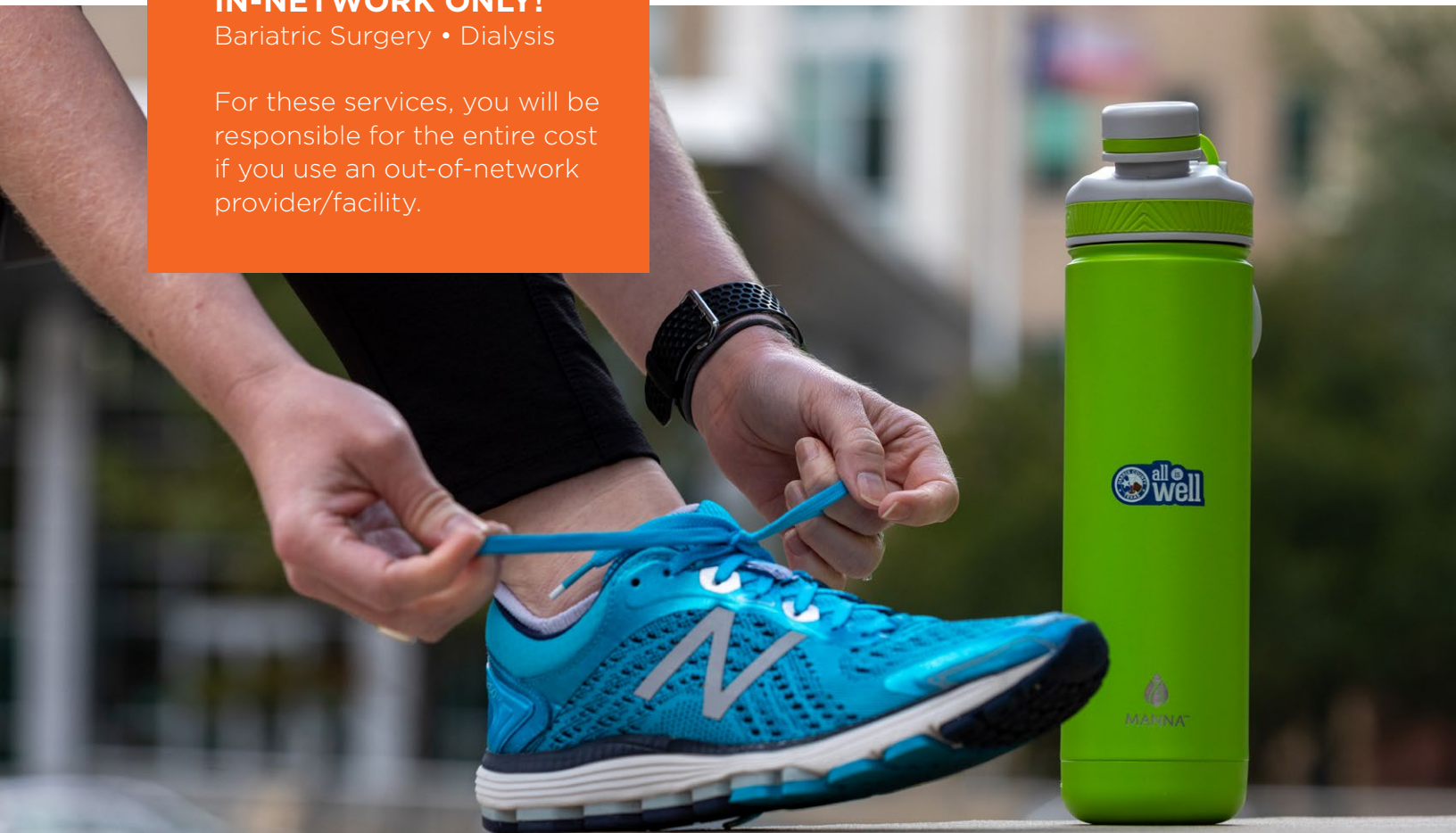
We want you and your dependents to have the care you need, so considerable effort has been made to ensure that the OAP network offers a wide range of qualified choices. When you select an in-network provider or facility, you'll get the lowest costs. The County will save money, too.

To see if a provider or facility is part of the network, go to myCigna.com or use the myCigna App.

IN-NETWORK ONLY!

Bariatric Surgery • Dialysis

For these services, you will be responsible for the entire cost if you use an out-of-network provider/facility.



ADDITIONAL SERVICES & PROGRAM INFORMATION



Your coverage includes access to a range of medical services. For help with any of these services, call Cigna at **800-244-6224**.

DURABLE MEDICAL EQUIPMENT, HOME HEALTH AND INFUSION SERVICES

eviCore is the exclusive in-network supplier of Durable Medical and Respiratory Equipment, Home Health, Home Infusion Services and the Cigna Sleep Program for Cigna customers. eviCore 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.

CIGNA LIFESOURCE TRANSPLANT NETWORK®

This is a transplant network made up of more than 160 transplant facilities that have demonstrated quality.

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 benefitsathctx.com and click on Health >> Additional Services.

🕒 *Loretha Greene, Community Services*



PREGNANCY & POSTPARTUM

Finding Care for You and Your Baby

When you're expecting, there's more to do than choose a name. Fortunately, programs are available to help you prepare for everything from changes in your body and lifestyle to finding a pediatrician.

ENROLL IN CIGNA HEALTHY PREGNANCIES, HEALTHY BABIES®

This program is designed to help you and your baby stay healthy during your pregnancy and in the days and weeks following your baby's birth.

- Tell us about you and your pregnancy so we can meet your needs.
- Ask us anything — your coach is a nurse who's there to support you during your whole pregnancy.
- Get a pregnancy journal with information, charts and tools to help you have a happy nine months.

Call Cigna at 800-244-6224 to enroll as soon as you know you are pregnant.

Breastfeeding Supplies & Support

You're eligible for a breast pump covered at 100% provided by eviCore, the exclusive in-network supplier of Durable Medical and Respiratory Equipment (DME) for Cigna customers. To get yours:

- Be 28 weeks or later in your pregnancy.
- Obtain a prescription from your doctor.
- Call Cigna at 800-244-6224

Lactation support classes are preventive and covered at 100%.





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.

YOUR PRESCRIPTION MEDICATION COSTS		
	Retail	Home Delivery / 90-Day Retail
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	-

Know what's covered and estimate your cost

Medications can be reclassified in different tiers, so whether you have a new prescription or one you take regularly, it's wise to determine if your medication is covered and at what tier. You can also estimate your costs in advance if you're purchasing at an in-network pharmacy or through Cigna's Home Delivery Pharmacy.

TO SEE IF YOUR MEDICATION IS COVERED:

Download the Prescription Value Plan and Preventive Generic List at benefitsathctx.com

TO FIND AN IN-NETWORK PHARMACY & ESTIMATE THE COST OF YOUR MEDICATION:

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

QUESTIONS?

Talk with a Cigna representative at **800-244-6224**



PRESCRIPTION DRUGS — KEY TERMS TO KNOW

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.

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 choices for where you can fill your 90-day prescriptions. Some major pharmacies include CVS, Walmart and Kroger. Log in at myCigna.com or use the myCigna 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. These medications have a (PA) next to them on your drug list and will only be covered by your plan if your doctor requests and receives approval from Cigna. 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 SUMMARY OF BENEFITS

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.

BENEFITS SUMMARY	
Services/Products	In-Network
Frequency of Services (Exam/Lens/Frame)	Once every calendar year
Copayments (Exam/Lens)	\$10 / \$25
Frame - Allowance - Visionworks - The Exclusive Collection ¹	\$150 allowance Fully covered frame ² 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 ¹	\$150 allowance Fully covered up to: 4 boxes for planned replacement 8 boxes for disposable lenses
Contacts Fitting Fee - Standard - Specialty - The Exclusive Collection ¹	15% discount ³ 15% discount ³ Fully covered
LASIK	\$300 lifetime allowance

¹Collection is available at participating provider locations and is subject to change.

²The fully covered frame benefit is available at all Visionworks locations nationwide and includes all frames except Maui Jim eyewear.

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



OUT-OF-NETWORK BENEFITS

You'll get the greatest value and maximize your benefit dollars by using an in-network provider, but reimbursements are available as follows if you receive services from an out-of-network provider:

- 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**

VISION



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

Fully Covered: FRAMES AT VISIONWORKS

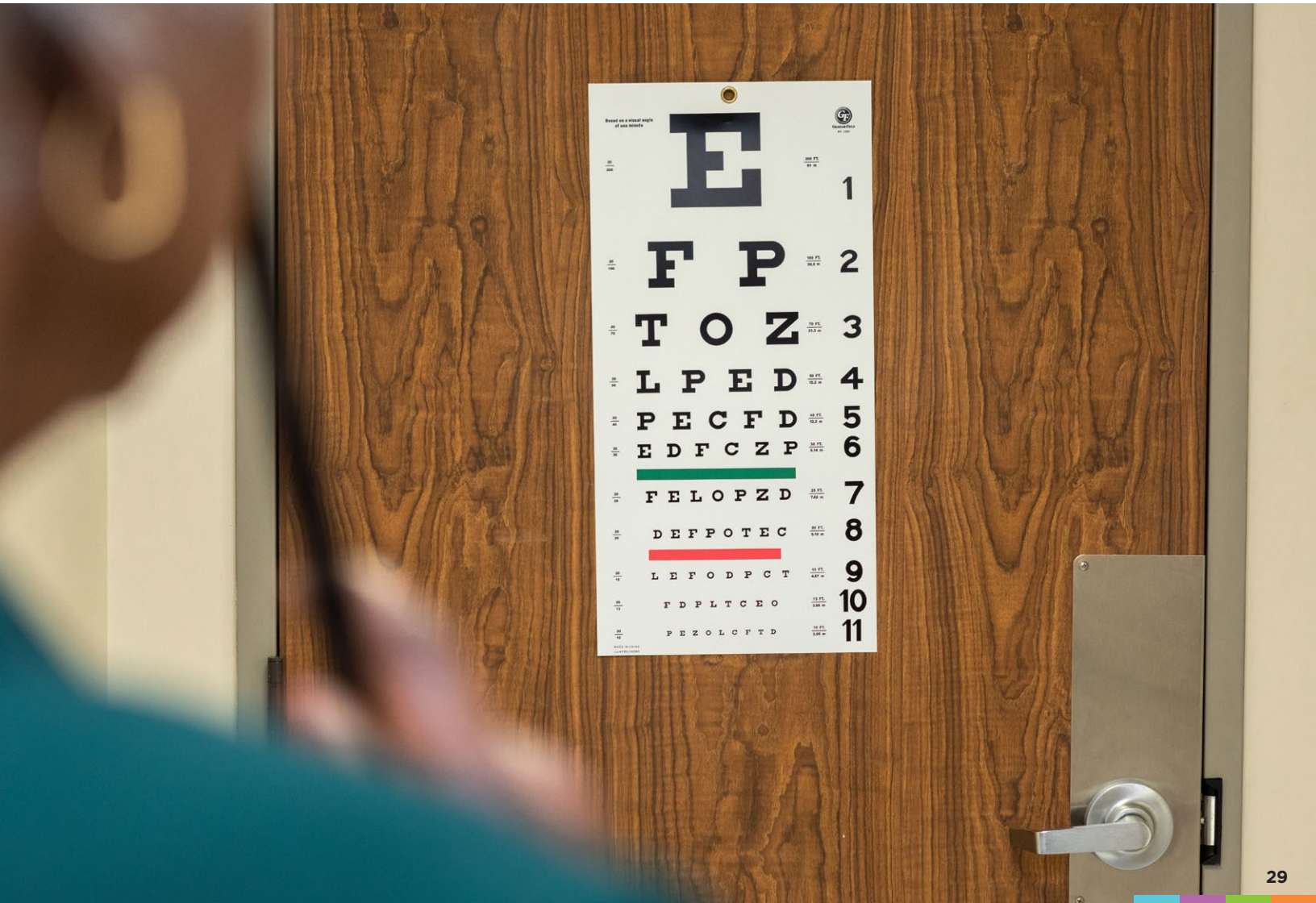
As a Davis Vision member, you have access to over 750 Visionworks stores, which offer the industry's largest in-store frame assortment. With an average of 2,000 frames per store, you'll find the right shape, style, color and brand for you at no out-of-pocket cost. Members also receive 50% off additional 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 an Exclusive Collection provider near you, log in to the mobile app or at davisvision.com/member.

Fully Covered: CONTACTS FROM THE EXCLUSIVE COLLECTION

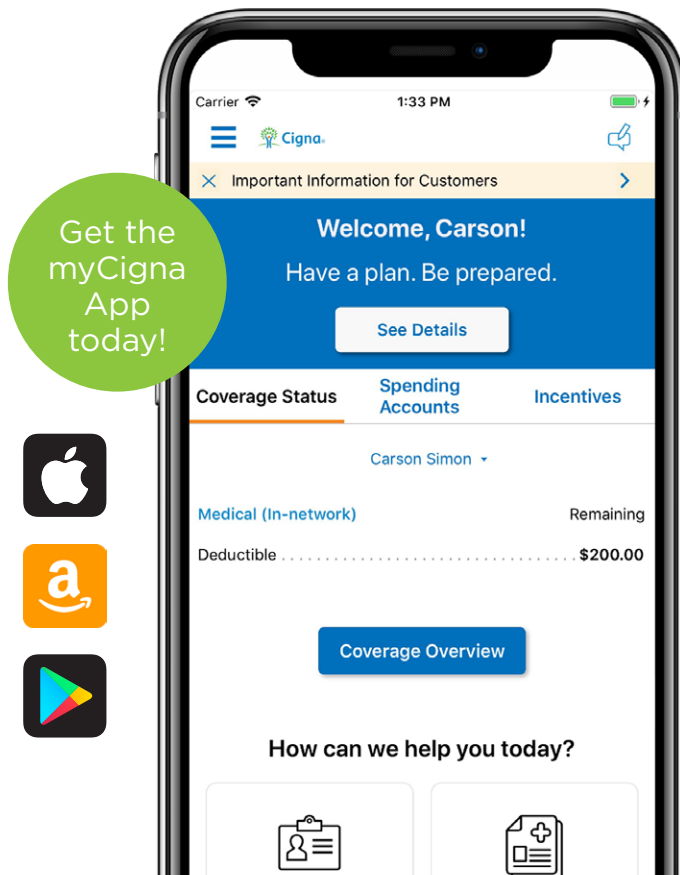
Available at participating provider locations, the Exclusive Collection of Contact Lenses features many popular brands and is fully covered along with the fitting and follow-up care.



DENTAL

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

- You can choose to use any licensed dentist, though you'll get the biggest 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 maximum annual benefit, your plan will no longer pay a portion of your costs during that calendar year.



Get Started With myCigna:

To look for an in-network dentist, estimate the cost of care, and more, use your myCigna account. If you haven't registered for a myCigna.com account, here's how:

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.**

100%

REIMBURSEMENT

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 who qualify can get 100% reimbursement of their coinsurance for certain related dental procedures along with additional benefits. To enroll, log in at myCigna.com or call Cigna at **800-244-6224**.



DENTAL SUMMARY OF BENEFITS

DENTAL COVERAGE SUMMARY	
	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 Oral Evaluations, Routine Cleanings, X-rays (routine, non-routine), Fluoride Application, Sealants (per tooth), Space Maintainers (non-orthodontic)	No charge No deductible
Class II: Basic Restorative Emergency Care to Relieve Pain, Restorative (fillings), Periodontics (minor and major), Oral Surgery (minor and major), Anesthesia (general and IV sedation), Repairs (bridges, crowns, inlays, dentures and denture relines), Rebases and Adjustments	20% + deductible
Class III: Major Restorative Inlays and Onlays, Prosthesis Over Implant, Crowns (prefabricated stainless steel/resin, permanent cast and porcelain), Bridges and Dentures	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 new employees and newly covered dependents on Class III, Class VII and Class IX procedures.

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



© Judith Marshall, Budget Management and Morgan High, Fire Marshal's Office & Health Coach Samantha Mackinnon, Cigna

SUPPORTING YOUR WELLBEING

Your Harris County medical benefits include a variety of programs that can help you improve your health, improve your quality of life and save money.

👉 *Jennifer Breimon, Commissioner, Precinct 4*





EMPLOYEE WELLNESS

Become a healthier you by taking advantage of these programs, services and incentives. It is the mission of Harris County Employee Wellness to promote the wellbeing of employees through initiatives that:

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

Featured Services & Programs

GET ACTIVE

- HC Employee 5K
- Fitness classes
- Gym discounts

BE INFORMED

- Cigna health assessment
- Health education classes
- Awareness campaigns

STAY WELL

- Onsite health services
- Cigna health coaching
- Weight management

How to Find Wellness Services & Information



ONLINE:

wellathctx.com



PHONE:

713-274-5500,
Option 9



EMAIL:

wellness@bmd.hctx.net



VISIT:

El Franco Lee Wellness Center
1310 Prairie St., Suite 970



📍 *Paula Cervantes, Budget Management & Roseline Onwuchuruba, Kelsey-Seybold Clinic*

THE CLINIC IS A CONVENIENT DOWNTOWN RESOURCE FOR:

- 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

HC EMPLOYEE HEALTH & WELLNESS CLINIC

By Kelsey-Seybold Clinic®

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.

Clinic Details

COMPLETELY CONFIDENTIAL

Services at the Clinic are provided by Kelsey-Seybold Clinic, an independent and respected healthcare company. As required by state and federal law, your health information is not shared with Harris County.

COST

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

LOCATION & HOURS

Harris County Employee Health & Wellness Clinic
1310 Prairie Street, 9th Floor
Houston, Texas 77002
Monday - Friday: 7:30 a.m. - 4:30 p.m.

24/7 SCHEDULING

713-442-WELL (9355)

This clinic does not treat workers' compensation injuries.

Kelsey-Seybold Clinic does not accept traditional Medicare when Medicare is primary. If you have traditional Medicare as your primary coverage and wish to continue to see your Kelsey-Seybold physician you must be enrolled in a Medicare Advantage plan that Kelsey accepts. The two Medicare advantage plans that Kelsey accepts are KelseyCare Advantage and Wellcare TexanPlus.

RX DELIVERY

Same-day delivery of prescription medications is available to any Harris County office in the 77002 zip code! There is a flat fee of \$5/delivery (plus your copay) for this service.



HEALTHY ACTIONS MEDICAL PLAN



Two Steps To Savings

Employees who are enrolled in the Harris County medical plan can earn points to be eligible for the Healthy Actions Medical Plan. The Healthy Actions Medical Plan doesn't cost any more than your selected Base or Plus plan. You just need to do a few things to qualify for the 2022-2023 plan year.



HEALTHY ACTIONS TO-DO LIST

Goal 1: Required Action

Complete your Cigna online health assessment for 100 points.

- Start today at mycigna.com.

Goal 2: Your Choice Actions

Complete a variety of actions from the table below to earn at least 250 points.

STEP 2: YOUR CHOICE ACTIONS	POINTS
Complete your biometric screening (includes a cholesterol and/or glucose measurement)	50
Get a routine physical (preventive exam)	50
Get a flu shot	25
Get a mammogram (preventive exam)	25
Get my annual OB/GYN exam (preventive exam)	25
Get a colon cancer screening (preventive exam)	25
Get a prostate cancer screening (preventive exam)	25
Complete a routine vision exam (self-reported)	25
Complete a routine dental cleaning	25 per cleaning
Attend a County-coordinated wellness training class	25 per class
Attend a County-coordinated fitness class	25 per class
Finish the Harris County Employee 5K	50
Earn 20 stars within Cigna Apps & Activities	250
Complete County-coordinated Mental Health First Aid training class (8 hours)	150
Complete 9 of 16 classes in the Omada for Cigna Program	250
Achieve a goal in the Cigna Health Coaching Program (4 week minimum)	250

FIND YOUR HEALTHY ACTIONS POINTS!

Log into [myCigna.com](https://mycigna.com) and select Healthy Actions Medical Plan under the Wellness tab.

All preventive visits and screenings must be completed using your County insurance — Cigna for medical and dental actions. Please allow 60 days for your actions to be recorded. The only preventive care action you may self report is your vision exam. Please do this on [myCigna.com](https://mycigna.com).

EMPLOYEE ASSISTANCE PROGRAM

Life Brings Issues. EAP Brings Help.

Wellness goes beyond medical care. Employee Assistance Program (EAP) personal advocates will work with you and your household family members to help 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.

As an employee or retiree, EAP is provided by Cigna to you at no additional cost. These services are also available to family members living in your home, even if they are not on your insurance policy. For help and for information on any EAP service, call Cigna anytime 24/7 at **800-244-6224** or login (or register) at **myCigna.com**.

COUNSELING

Eight (8) face-to-face (virtual or in-person) 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.

IDENTITY THEFT

60-minute consultation with a fraud specialist.

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.

*Employment-related legal issues are NOT covered



⌚ (L-R) Natalie Del Campo, Eddie Green, Yvonne Clark, Rachel Neutzler, Fire Marshal's Office

GUIDE TO FINANCIAL BENEFITS



Harris County
helps you prepare
for the future with
enrollment in a
retirement plan.

➔ *Adedeji Raheem, Sheriff's Office*



RETIREMENT PLAN

HARRIS COUNTY HELPS YOU PREPARE FOR YOUR FUTURE:

- By automatically enrolling you in a defined benefit plan with the Texas County & District Retirement System (TCDRS).

TCDRS MAKES IT EASY

- Get your questions answered
- Designate your beneficiary
- Estimate your retirement benefit
- More

Call **800-823-7782** or
login at **tcdrs.org**.

Automatic Enrollment:

TEXAS COUNTY & DISTRICT RETIREMENT SYSTEM

As a County employee, you will contribute a portion of your salary each paycheck into your TCDRS account. Harris County Commissioners Court defines this percentage along with the amount that will be matched by the County when you retire and what you must do to be eligible to retire. The Texas Legislature sets the rate at which your account will earn interest.

KEY NUMBERS FOR 2021:

Annual Interest Rate	7%
Employee Deposit Rate	7%
Harris County Matching Rate	225%
Vesting Requirement	8 years

VESTING

You are considered “vested” when you have eight (8) years of service credit. Once vested, you may stop working for Harris County but still keep the right to a future retirement benefit. Your TCDRS account will keep earning interest each year until your membership ends.

OTHER WAYS TO GET SERVICE TIME

The Proportionate Retirement Program lets you use service credit from any of the systems listed below to qualify for retirement benefits.

- City of Austin Employees' Retirement System (COAERS)
- Employees Retirement System of Texas (ERS)
- Judicial Retirement System of Texas (JRS)
- Teacher Retirement System of Texas (TRS)
- Texas Municipal Retirement System (TMRS)

For more information about the Proportionate Retirement Program, please contact TCDRS Member Services.

ELIGIBILITY FOR RETIREMENT BENEFITS

You are eligible for a retirement benefit when you meet one of the following requirements:

- You are age 60 or over and have accrued 8 years of service time
- You have accrued 30 years of service time (regardless of age)
- Your age plus your years of service total 75 (also called the Rule of 75)
- Disability Retirement

LEGAL NOTICES

For questions or any information you haven't found in this guide, use the contact list on page 51 to get answers.

➔ *Dennis Brown, District Attorney's Office*





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 Benefits & Wellness website at benefitsathctx.com.

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 & Wellness Division at **713-274-5500**, or toll free at **866-474-7475** and it will be sent to you within seven business 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 benefitsathctx.com, 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 employee, 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 employees. 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 may 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 and/or cholesterol 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 and complete specific actions will be eligible for the 2022-2023 Healthy Actions Medical Plan. Although you are not required to complete the specific actions, only employees who do so will receive the incentives.

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 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 healthcoaching. 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 Bobbie Risner (713-274-5122). If you have questions or concerns about disclosures of your health information, please contact Nick Turner, Harris County Privacy Officer, at 832-927-5211.



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.

NOTE: If you are actively at work upon attaining the age of 65, you do not need to purchase Medicare Part B. If your spouse's primary insurance is the Harris County plan, they do not have to purchase Medicare Part B until you retire.

Active employees and their covered dependents who are eligible for Medicare may postpone enrolling in Medicare until the employee retires. Each employee and/or their dependent should make this decision based on their individual situation. Medicare will pay secondary to the Harris County Medical Plan for covered services if you do choose to enroll while actively employed. 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 \$19,140 (\$25,860 for a married couple living together) and up to \$14,610 in resources (\$29,160 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.



Ⓢ (L-R) Matt VanVleck & Michael Cantu, Pollution Control Services

2020 FEDERAL INCOME TAX RETURN

The Affordable Care Act requires Harris County to send an annual statement to all employees 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 2021.

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 in the County's payroll system so that you can receive your 1095-C. You will need information from your 1095-C to prepare your 2020 taxes.



CONTACTS

Human Resources & Risk Management

BENEFITS & WELLNESS

713-274-5500

Out-of-Area Toll-Free

866-474-7475

benefitsathctx.com, wellathctx.com

MEDICAL, RX, FLEXIBLE SPENDING ACCOUNTS, EMPLOYEE ASSISTANCE PROGRAM

Cigna Member Services

800-244-6224

mycigna.com

Onsite Representatives

713-274-5500 (Options 1 & 2)

Onsite Health Coach - 1310 Prairie

713-274-5500 (Options 5)

Onsite Health Coach - Sheriff's Office

713-274-1966

DENTAL COVERAGE

Cigna Member Services

800-244-6224

mycigna.com

Onsite Representative

713-274-5500 (Options 1 & 2)

VISION COVERAGE

Davis Vision

800-999-5431

davisvision.com

RETIREMENT

Texas County & District Retirement System (TCDRS)

800-823-7782

tcdrs.org





You're serving Harris County. So, from health insurance to wellness programs to retirement plans, your Harris County benefits are here to serve you.



Human Resources & Risk Management

Benefits & Wellness Division

1310 Prairie, Suite 400
Houston, TX 77002-2042

Call: 713-274-5500

Toll-Free: 866-474-7475

Fax: 713-274-5501

Web: benefitsathctx.com