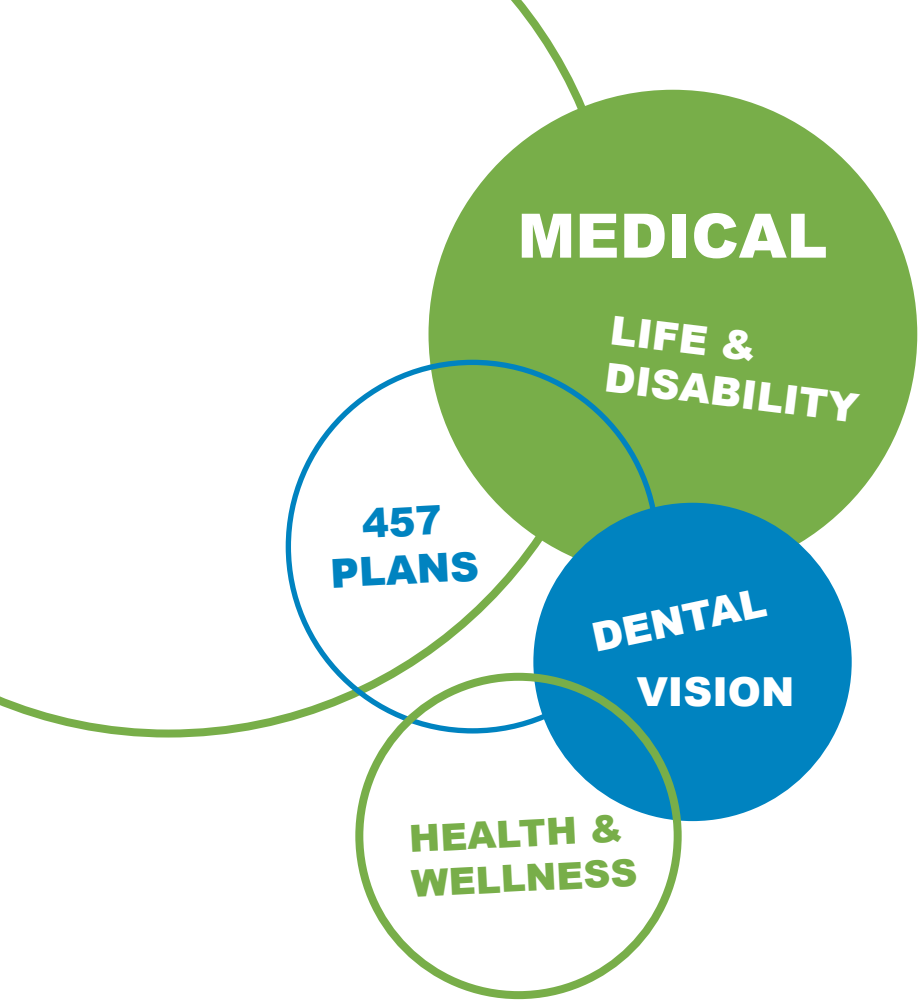
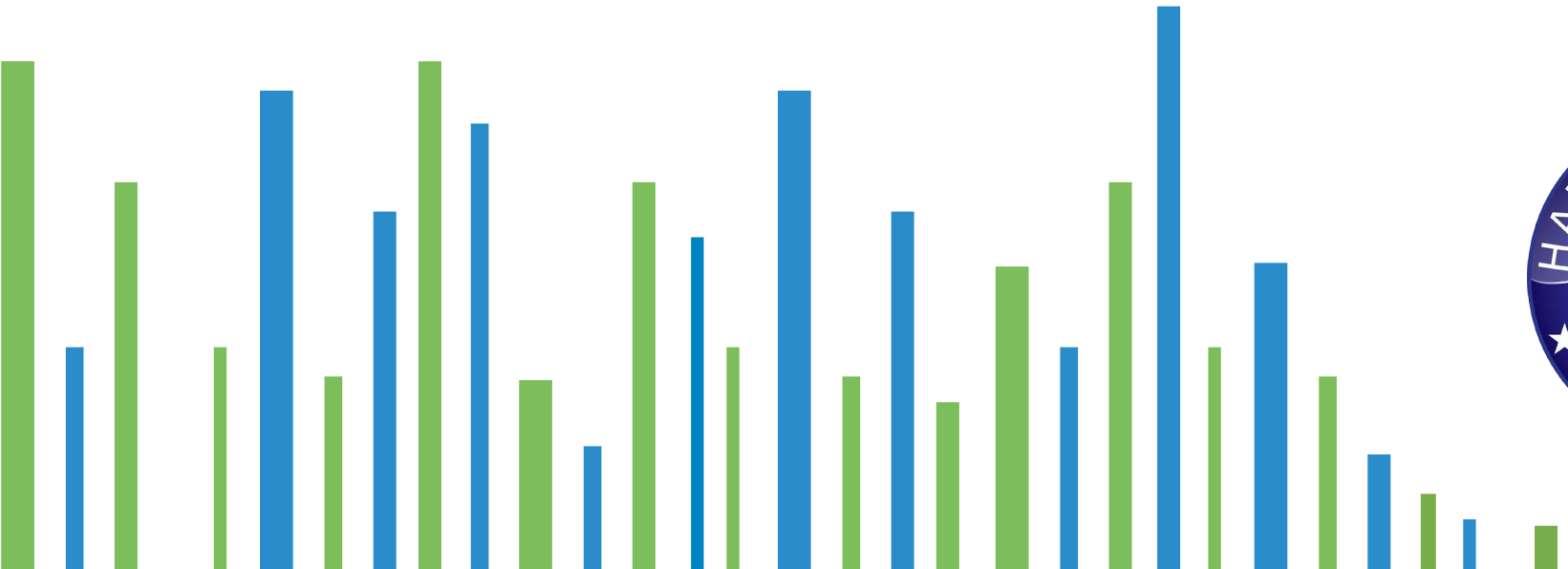


Employee Resource Guide 2017/2018



HARRIS COUNTY TEXAS

IMPORTANT INFORMATION REGARDING PLAN CHANGES, RELATED DOCUMENTS, & PRIVACY

2017 - 2018 PLAN CHANGES

Harris County has chosen Cigna's Open Access Plus plan that combines the enhanced benefits of providers who participate in an extensive provider network, as well as the limited availability of benefit coverage for non-participating providers. Cigna will administer Harris County's medical plans, prescription drug plan, Employee Assistance Plan (EAP), managed behavioral health, and flexible spending accounts for the 2017-2018 plan year.

Harris County members will now be covered under Cigna's Value Prescription Drug List. Please refer to this list at **harriscountytx.gov/hrrm/cignavalueprescriptiondruglist** to see if your drugs are covered.

In compliance with the Affordable Care Act, the Maximum Out-of-Pocket for in-network services for Individual/Family is now: Base Plan $7,150/$14,300; Healthy Actions Medical Plan (HAMP) Base $6,650/$13,300; Plus Plan $6,150/$12,300; and HAMP Plus Plan $5,650/$11,300. The deductible, coinsurance, medical and prescription drug copays will be applied to the maximum out-of-pocket.

IMPORTANT MESSAGE REGARDING YOUR 2016 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 January 2017.

What you need to do:

1. Provide 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. It's important because you will need information on the form to prepare your 2016 taxes.

PLAN DOCUMENTS

The Summary of Benefits Coverage (SBC), provided separately from the Resource 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.

Both the Summary of Benefits Coverage and the Glossary of Health Coverage and Medical Terms are available in English and Spanish versions on the Harris County website at **harriscountytx.gov/hrrm**.

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 March 26, 2013.

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 **harriscountytx.gov/hrrm,** or you may request a copy by calling **713.274.5500.**

OPEN ENROLLMENT FACTS FOR MEDICAL, DENTAL, VISION, FSA, LIFE, & LTD

Open enrollment for the 2017/2018 plan year will be conducted from January 1 through January 31, 2017. Please contact your department's Benefits Coordinator for your department's deadline. Changes become effective March 1, 2017. You should carefully consider the insurance plans available to you and your dependents.

All employees are automatically enrolled in the Base Medical, DHMO Dental, and Vision plans. Medical and dental plans each offer two options. Select your plan, then choose whether to enroll your eligible dependents. Reference pages 19-21 for medical plan details and pages 27-30 for dental plan details. Everyone in your family must be in the same plan.

We recommend you consider purchasing Optional LTD and Life insurance to enhance financial security in the event of an unexpected life change.

Harris County determines benefits, eligibility, and contributions for employees and their dependents subject to amendment and discontinuance at any time.

Choices made during open enrollment will remain in place until the following plan year.

Employees who fail to return their completed form will be defaulted to their benefit selections made for the 2016-2017 plan year.

All full-time employees are automatically enrolled for Basic Life and LTD coverage. Employees may purchase Optional Life up to three times their annual salary. Optional LTD is also available for purchase. Reference pages 32-34 for plan details.

Our program allows you to customize your benefits package to best suit your needs and the needs of your family. Open enrollment is your opportunity to make allowable changes in your benefits for the forthcoming year.

Your Options:

- Change your medical and/or dental plan
- Add and/or drop dependents
- Purchase or discontinue Optional Life insurance or Optional LTD
- Flexible Spending Account enrollment/disenrollment

To complete the process, sign your confirmation form and return it to your Benefits Coordinator/Payroll Clerk with the necessary documentation.

Failure to drop dependents when required under this health plan 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 the County for any claims activity.

Any questions concerning effective dates can be directed to your department's Benefits Coordinator/Payroll Clerk.

QUALIFIED STATUS CHANGE / DEPENDENT ELIGIBILITY

Submitting required documentation is key to adding or dropping dependents to or from your coverage.

Employees may experience life changes during the calendar year that would allow them to add or drop a dependent. Employees must submit a Health & Related Benefits Change form to make changes.

Qualified Status Changes include:

- Birth of your child
- Adoption or placement of a foster child
- Marriage, divorce, or 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
- Changing a dependent care provider or having a significant increase or decrease in provider payment
- Gain or loss of eligibility for Medicare or Medicaid
- Loss of State Children's Health Insurance Program (SCHIP), but not gain of SCHIP benefits

Spouse: A filed copy of a Formal Marriage License or Certificate of Informal Marriage. Any documents written in a foreign language must be accompanied by a certified English translation.

Children: A birth certificate listing the employee as the parent. A certificate of birth facts may be submitted up to age of five; however, a birth certificate is required for age five and up. Coverage is available up to age 26.

Legal Custody or Guardianship: Court documents, signed by a judge, granting permanent legal custody or permanent legal guardianship to employee. Coverage is available up to age 18.

Stepchildren: A birth certificate or other court document listing the employee's spouse as parent of the child, and the marriage license of the employee and parent of the child. Coverage is available up to age 26.

Grandchildren: A Certification of Financial Dependency form (obtain from department Benefits Coordinator), a birth certificate of the grandchild, and a birth certificate of the grandchild's mother or father. The grandchild must be related to the employee by birth or adoption and cannot be your spouse's grandchild. The grandchild must be claimed as a dependent on the employee's Federal Tax return every year to remain on the plan. A Grandchild Audit occurs in June of each year. Coverage is available up to age 26.

Adopted Children: Certified copy of court order or paperwork placing child in your home.

Foster Children: Foster care placement agreement between the employee and the Texas Department of Family & Protective Services or its subcontractor. Coverage is available up to age 18.

MEDICAL SUPPORT NOTICES

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.

CHOOSING YOUR PLAN / OUT-OF-NETWORK COVERAGE / LAB SERVICES

CHOOSING THE BEST PLAN FOR YOU AND YOUR DEPENDENTS

Choosing the best plan should be based on several things such as your personal medical condition and usage of services, financial situation, and your level of comfort with coinsurance vs. copayments. The following may assist you in the decision-making process.

Copayment: predetermined dollar amount you will pay for a service (ex: physician visits, convenience care clinics, urgent care centers, physical therapy, counseling).

Coinsurance: percentage employee is responsible for paying up to a specific dollar amount per calendar year. Covered services are paid from 50%-100% depending on the plan selected, service rendered, and place of service.

Deductible: initial out-of-pocket costs that must be paid before the plan begins to pay benefits.

The **Base and HAMP Base** plans have set copayments for some in-network services, but require coinsurance for ambulance, durable medical equipment, hearing aids, complex imaging, home health care, hospice, inpatient hospitalization, outpatient surgery, physician hospital services, private-duty nursing, and skilled nursing facility. The **Base** plan has a $600 per individual in-network deductible with an individual maximum out-of-pocket limit of $7,150 per calendar year. The **HAMP Base** has a $300 per individual in-network deductible with an individual maximum out-of-pocket of $6,650 per calendar year.

The deductible and coinsurance only apply where services are not indicated as set copayments. Copayments do not apply to the annual deductible.

The **Plus** and **HAMP Plus** plans have a $0 in-network deductible, set copayments for most in-network services, and an individual maximum out-of-pocket limit of $6,150 and $5,650 respectively per calendar year. However, these plans have a higher monthly premium contribution.

Your Cigna Open Access Plus Plan does not require you to select a network primary care physician (PCP), although selecting a PCP is encouraged. These plans also allow you to self-refer to a specialist. Your choice of provider dictates the amount you will pay in copayments, coinsurance and/or deductibles.

OUT-OF-NETWORK COVERAGE

Harris County has limits on authorized costs associated with Out-of-Network facilities/providers. In an effort to maximize the highest level of benefit coverage, advise your participating physician to refer you only to in-network facilities and providers with Cigna. This will result in savings for both you and the county.

To help curb excessive out-of-network facility/provider costs, the county has established a Limited Out-of-Network reimbursement that limits the Plan's exposure to unreasonable costs for non-emergency services and procedures. If you use an out-of-network facility or provider, you will be responsible for paying the difference between the covered amount and the amount the facility charges. Non-covered expenses will not apply to your out-of-pocket maximum.

It is YOUR responsibility to make sure your physician, facility, or hospital is in-network or you will pay out-of-network costs. You can help keep costs down by using in-network providers.

NOTE: If you are currently on dialysis, coverage is provided in-network ONLY.

Step 1: Go to **www.cigna.com**, click on "Find a Doctor" at the top of the screen. Then select the orange box that reads "For plans offered through work or school." (If you already have a Cigna plan, log in to **mycigna.com**)

Step 2: Choose whether you're looking for a doctor or a place to receive medical care.

Step 3: Enter the geographic location you want to search.

Step 4: Select one of the plans offered by your employer during open enrollment. Under "OAP" select the first radial button for "Open Access Plus, OA plus, Choice Fund OA Plus".

Step 5: Enter a name, specialty or other search word. Click SEARCH to see your results.

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

LAB SERVICES

You must obtain your lab services through a Cigna contracted lab. Cigna is contracted with two of the largest national labs, LabCorp and Quest Diagnostics, as well as several regional and local labs. It is the member's responsibility to ensure the lab you use is contracted with Cigna, otherwise the claim will be considered out-of-network.

FITNESS DISCOUNTS with Healthy Rewards

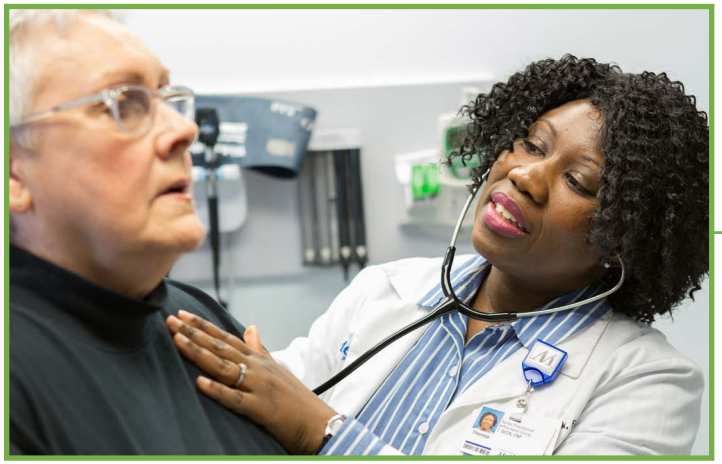
Cigna Fitness Discount Program (Healthy Rewards)

Fitness Discounts
Save a minimum of 10% off enrollment fees and/or monthly dues, or the best available public rate based on the membership type you choose. Participating clubs are part of the American Specialty Health Networks and Choose Healthy. Find a fitness club at **www.choosehealthy.com**.

Gaiam® Yoga and Wellness Products
As a customer, you can choose from two offers:

- 40% off the Gaiam Yoga Solution Kit* — includes a designer mat and yoga bag, props for difficult yoga poses and an instructional yoga DVD
- 25% off your first online purchase of Gaiam products*
- You can also receive 20% off on each subsequent purchase within Gaiam's Yoga and Fitness categories.

*Customer exclusives valid for current customers only. 25% off and 20% off offers not valid on items in the Clearance category on Gaiam.com. Valid on online orders only; not available in retail stores. Does not apply to previously placed orders. No other coupon or discount may be applied or combined. Other restrictions may apply. Limit 2 Yoga Solutions Kits per household. Customer discount activated when entering Gaiam through the Healthy Rewards® site.



EMPLOYEE WELLNESS CLINIC

Convenient Medical Care

(for Harris County Medical Plan members 18+ only)
Clinic Hours: Monday-Friday 8 a.m. - 4 p.m.
1310 Prairie, 9th Floor

A SAMPLING OF OUR SERVICES:

RESPIRATORY CONDITIONS
Allergies
Cold and coughs
Flu
Sinus infection
Strep throat and sore throat

DIGESTIVE AND URINARY CONDITIONS
Minor abdominal pain
Diarrhea
Vomiting
Nausea
Constipation
Urinary tract and bladder infections

SELECT PREVENTIVE SERVICES
Routine physicals
Routine mammograms (The Rose)
Seasonal flu vaccinations
TB testing

HEAD, EAR, EYE AND SKIN CONDITIONS
Minor headaches and migraines
Earaches and infections
Eye irritation and redness
Pink eye
Styes
Insect bites and stings
Minor skin rashes and infections

MUSCULOSKELETAL CONDITIONS
Muscle strains
Bursitis and tendonitis
Joint sprains and strains

Appointments: **713.394.6747**
Walk-ins welcome / Convenience Care clinic copay applies
Please note that this clinic does not provide services for occupational accidents or injuries.

HOUSTON Methodist℠

HEALTHY LIFE PERSONAL HEALTH TEAM & YOUR HEALTH FIRST CHRONIC CONDITION SUPPORT

This program is designed to help you or your eligible family member(s) learn more about your conditions and work closely with your doctor to improve your health and quality of life. Educational information is provided and for high-risk members, access to a registered nurse "Health Coach" is offered. To learn more about Disease Management programs, log in to **mycigna.com**, select the "My Health" tab, "Programs & Resources," then "Healthy Life Personal Health Team." No computer…no problem! Call **855.246.1873** to get started.

If you receive a call or letter from Cigna, please return their call or contact them as requested. **All information is confidential with Cigna.**

CIGNA ONE GUIDE

Cigna One Guide is a comprehensive program that provides concierge services. When you call Cigna, your One Guide representative will be there to guide you through the health care system and help you avoid costly missteps.The goal is a simpler health care journey for you and your family.

Cigna One Guide Features:

- Pre-enrollment guidance on choosing the right plan
- Onboarding support to help you use the plan
- Education on health plan features, ways to maximize benefits and earn available incentives
- Guidance in finding the right doctor, lab, convenience care center or pharmacy
- Immediate connection to health coaches, pharmacists, and other resources
- Dedicated one-on-one support in complex situations, for customers who need it most
- A highly personalized digital experience exclusive to Cigna One Guide customers
- Proactive messaging based on individual health needs
- Access to personal One Guide via phone at **888.806.5042,** or Click to Chat with the MyCigna app (mobile)

SIMPLE STEPS WITH HEALTH MATTERS

1: Assess your health by completing the health assessment at **mycigna.com** via your laptop or mobile browser.

2: Take action using a personalized program.

3: Learn to make more informed health decisions.

When you feel good, it's easier to enjoy the people and things you love most. **Health Matters** is an interactive online health and wellness program that can help you improve or maintain your health in ways that fit your lifestyle.

You start by taking an online Health Assessment that will help identify some of your health needs. Questions focus on health habits and all answers are kept secure and confidential. You'll get free online wellness coaching programs through **WebMD®** and learn strategies to fit healthy living into your busy life, at your own pace. Health Matters connects you to the tools you need to take health actions.

ONLINE PROGRAMS TO HELP YOU REACH YOUR GOALS

Better Eating For a Healthier Life: You only get one body. Feed it well.

Increase Your Energy and Fitness: Pack more purpose, fun and activity into your day. Get more done with less effort.

Healthy Pregnancies, Healthy Babies: Months before your baby's first smile comes a first chance at health.

Manage a Health Condition: We help you tackle asthma, heart disease and 14 other conditions for an easier, healthier life.

Quit Today: Leave tobacco behind for good. It's your health. Don't let smoke cloud your future.

Fighting Depression: Depression is treatable. It's time to enjoy life again.

Sleep Better, Feel Better, Live Better: Reduce sleep problems, rest deeply and wake up refreshed.

Control Your Stress: Everyone has stress. We can help you control it.

Healthy Steps to Weight Loss: Boost your health with effective weight management.

WHAT IS CASE MANAGEMENT AND DO I REALLY NEED IT?

Sometimes a phone call makes all the difference in the world, and personalized help makes it easier for you to be healthy and well. That's why your Cigna program offers phone support from a caring registered nurse. Help is available when you need that support the most, or when you just need a little advice.

For special situations, we know the health care system can be complicated. Just think of all the times you spoke with someone knowledgeable on health care issues, and how it put your mind at ease. Times when you are:

- Planning for or coming home from a hospital stay
- Managing a medical condition, like asthma or diabetes
- Coordinating complex medical treatment among different doctors, hospitals, labs and other health care providers

The results are an improved relationship with your entire health care team!

QUIT TODAY: A LIFESTYLE MANAGEMENT SMOKING CESSATION PROGRAM

Break the habit of using tobacco for good! The Quit Today Smoking Cessation program is at no cost to you or your covered dependents over the age of 18.

The program includes:

- Telephonic coaching sessions with an experienced health coach
- Welcome Kit mailed to your home that includes a workbook and relaxation/meditation CD
- Extra support to address personal concerns, like maintaining your weight and managing stress
- Coupon redeemable for a free 8-week supply of nicotine replacement gum or patches

Get started today! Call **855.246.1873** or log in to **cigna.com**.

CONVERSATIONS ARE PRIVATE

It's in your best interest to talk openly with your program nurse. Rest assured that everything you discuss is confidential. Cigna never shares your information with anyone, including your employer.

Be sure to answer the phone when Cigna calls. It's a phone call that can make a big difference.

DiabetesAmerica® DIABETES CARE

Are You Diabetic? If so, it's important for you to have the best possible care and monitoring available to control your condition.

DiabetesAmerica is your "one-stop-shop" for diabetes care. It provides comprehensive diabetes care, management, and education services at a single location with no office visit copay.

DiabetesAmerica services include:

- Physician care
- Certified diabetes education
- Certified diabetes nutritional counseling
- Exercise and lifestyle counseling and support
- Case management and monitoring
- Telephonic support/website access
- Eye, foot, and cardiovascular screenings
- Onsite labs
- Annual retinal exam
- Free glucose monitor

For locations, information, and appointments, call **866.693.4223** or visit **diabetesamerica.com**.

HEALTHY PREGNANCY, HEALTHY BABY

You're pregnant. Where do you start?
You're going to be choosing a name, looking for a doctor for your baby, and seeing big changes – to your body and your life. Sign up for this program designed to help you and your baby stay healthy during your pregnancy and in the days and weeks after your baby's birth.

Find support early and often

› Tell us about you and your pregnancy so we can meet your needs.
› Ask us anything – we have nurses available to support you during your whole pregnancy.
› Get a pregnancy journal with tips, charts and tools to help you have a happy nine months.

Learn as much as you want
As a Cigna customer, you also have access to our Health Information Line where you can get live support 24 hours a day, 7 days a week. Just call the number on your Cigna ID card to:

› Talk to a nurse who can help you with everything from tips on how to handle your discomfort during pregnancy, to what foods to skip, birthing classes and maternity benefits.
› Listen to an audio library on maternity and a broad set of health topics.
› Visit **mycigna.com** for tools to help you track your pregnancy week by week, prepare for giving birth and care for your baby.

If you or a covered member of your family is pregnant, contact Cigna to pre-certify the pregnancy at 800.Cigna.24 (800.244.6224).

A COMPREHENSIVE LIST OF PARTICIPATING PROVIDERS

Available at **cigna.com**. Contracted providers may have more than one office and it's possible that one or more offices are not considered "in-network." To avoid additional costs, please make sure that the provider you are seeing is "in-network" at the location of your visit.

If a provider orders a test or procedure for you, be sure to ask if it is experimental or investigational. If so, contact Cigna customer service before proceeding as it may not be covered. **Some procedures must be pre-certified.**

CIGNA CARE DESIGNATION

Cigna Care is a designation for specialists in Cigna's Open Access Plus network that have met certain standards for clinical performance and efficiency. These standards include managing Cigna patient volume, adhering to clinical guidelines, external recognition, board certification information specific to the physician's Cigna Care specialty, and demonstrating overall effectiveness in the delivery of care.

Cigna Care specialists are available in the following care categories:

Family Practice **(Primary Care)**
Pediatrics **(Primary Care)**
Internal Medicine **(Primary Care)**
Allergy and Immunology
Cardiology
Cardio-Thoracic Surgery
Dermatology
Ear, Nose and Throat
Endocrinology
Gastroenterology
General Surgery
Hematology and Oncology
Nephrology
Neurology
Neurosurgery
Obstetrics and Gynecology
Ophthalmology
Orthopedics and Surgery
Pulmonary
Rheumatology
Urology

For example, if you obtain specialty services from a Cardiologist or Neurologist, or any other Cigna Care specialty, you will have a **$40 copay on the Base Plan, a $35 copay on the HAMP Base Plan, a $30 copay on the Plus Plan, and a $25 copay on the HAMP Plus Plan.** However, if you seek specialty services through a Cigna Care specialty category such as cardiology and do not see a Cigna Care designated cardiologist, your copay on the **Base Plan is $50, on the HAMP Base is $45, on the Plus Plan is $40, and the HAMP Plus is $35.**

Using Cigna Care designated providers will save you $10 per visit on copays. To find a Cigna Care specialist, log in to **cigna.com** and select "Find a Doctor." Cigna Care specialists are indicated with a blue "C".

HAMP is not available to retirees. If you are in the HAMP Base or HAMP Plus and retire, your plan will change to the Base or Plus Plan, respectively.

WELLNESS AND TECHNOLOGY

PERSONAL HEALTH RECORD / Powered by WebMD

You can make history by putting the Personal Health Record to work for you. This secure, private, online resource makes it easy for you to view, access, and manage your health information—and share it with your doctors.

- Keep your health information in one place—it's always available for you to access in an emergency.
- Share your history with your doctor by printing your record and taking it with you to your next visit.
- Maintain or even improve your health. Based on your health profile provided by insurance claims and information you enter yourself, the Personal Health Record generates personalized health-related alerts and reminders that can help you address your health needs in a timely manner.
- With your username and password, you control who sees your information. You may add information to the record at any time.
- It's easy to get started! Just create a username and password on the secure member website at **mycigna.com**.

Are you computer shy?

Using **mycigna.com** has never been easier! County employees using a county computer can log on to the employee information page for the **mycigna.com** tutorial.

1. **Type hctx.net**
2. **Select "Employee Information"**
3. **Select "Helpful Employee Links"**
4. **Select the "Take a Tour" link**

Interested in obtaining a complete listing of Cigna participating providers? Log on to **cigna.com** and select "Find a Doctor," then select your provider category. You can search by city, state, zip, specialty, hospital affiliation, provider name, gender, language, and education.

CIGNA: WE HAVE AN APP FOR THAT

The Cigna Mobile app is available for Android™ smartphones, iPhone®, iPod touch®, iPad™, BlackBerry and Kindle Fire. The Cigna application or "app" enhances the capabilities of web portal **mycigna.com** by leveraging key smartphone functions. All apps are free from their respective app stores:

- Search for a doctor or facility based on their current location and get turn-by-turn directions with the built-in GPS
- View your Cigna ID card information
- Check the status of recent claims
- Get a treatment cost estimate before scheduling a medical procedure
- Get a drug cost estimate before a prescription is filled
- View your coverage and benefits, including FSA account balances

Download the app:

- Android™ users go to the Marketplace and search for "Cigna" to download the app.
- iPhone®, iPod touch®, and iPad™ users can simply tap the App Store logo, then type "Cigna Mobile" in the search box.
- BlackBerry® Curve™ users go the BlackBerry App World™ storefront and download the Cigna mobile app.

RECOMMENDED PREVENTIVE HEALTH / SCREENING / VACCINE

Hepatitis B (HepB)	3-4 doses—1 dose at birth; 1 dose 1-2 months later; 1 dose at 4 months of age; and 1 dose between 16-18 months
Hepatitis A (HepA)	2 doses—1 dose between 12 and 23 months of age and 1 dose at least 6 months later
Rotavirus	2-3 doses—1 dose each at 2, 4, and 6 months of age
Diphtheria-Tetanus-Pertussis (DTaP)	5 doses—1 dose each at 2, 4, and 6 months of age; 1 dose between 15 and 18 months of age; and 1 dose between 4 and 6 years of age
Inactivated Polio (IPV)	4 doses—1 dose each at 2 and 4 months of age; 1 dose between 6 and 18 months of age; and 1 dose between 4 and 6 years of age
H. Influenza Type B (Hib) (may be combined with DTaP) & Pneumococcal Conjugate (PCV)	4 doses—1 dose each at 2, 4, and 6 months of age; and 1 dose between 12 and 15 months of age
Measles-Mumps-Rubella (MMR) & Chicken Pox (Varicella)	2 doses—1 dose between 12 and 15 months of age; and 1 dose between 4 and 6 years of age
Influenza	Every flu season—beginning at 6 months of age
Meningococcal	1 dose between 11 and 12 years of age
Tetanus-Diphtheria-Pertussis (Tdap)	1 dose between 11 and 12 if the childhood DTP/ DTap series is complete and has not received Td booster
Human Papillomavirus (HPV)	3 doses (females) between 11 and 12 years; second dose 2 months later, third dose 6 months after 1st dose
Blood Pressure	Every 2 years—18 years of age and older
Body Mass Index (BMI)	Periodically—18 years of age and older

Cholesterol	Government guidelines state that healthy adults who are age 20 years or older should have a cholesterol test done once every 5 years.
Glucose (diabetes blood sugar test)	Beginning at age 45, then every 3 years unless you have other risk factors, then testing should occur every year
Mammogram	Every 1-2 years: women 40 years of age and older
Cervical Cancer	Every 1-2 years—Beginning at 21 years of age or earlier if sexually active; if 30 years of age and older, either a Pap Smear every 2-3 years after 3 consecutive normal results or HPV DNA test plus a Pap smear every 3 years if results of both tests are negative. Women 70 years of age and older may stop screening.
Chlamydia	Routinely—women 24 years of age and younger if sexually active
Osteoporosis (Bone Density Test)	Routinely—women 65 years of age and older
Prostate Cancer	Between 50-75 years of age—yearly screening with high-sensitivity fecal occult blood testing, or sigmoidoscopy every 5 years with high-sensitivity fecal occult blood testing every 3 years
Colonoscopy	Men and women beginning at age 50, once every 10 years
Depression/Alcohol Misuse/ Tobacco Use	Routinely—18 years of age and older
Tetanus-Diphtheria-Pertussis (Td/Tdap)	1 dose Td booster every 10 years
Pneumococcal	1 dose—65 years of age and older
Zoster (shingles)	1 dose—60 years of age and older

NOTE: Preventive health, screening and vaccines are a covered benefit on our plans based on frequency and age-specific guidelines indicated.

CIGNA EMPLOYEE ASSISTANCE PROGRAM

Confidential assistance is available 24 hours a day, 7 days a week when using **Cigna's Employee Assistance Plan** (EAP).

This is a service provided as part of your benefits to you or any member of your household at no additional cost. You can turn to Cigna's Employee Assistance Plan (EAP) for help with anything that interferes with your job or personal life such as:

Anger management	Marital/relationship problems
Anxiety	Child and elder care
Burnout	Family or parenting issues
Depression	Work/life balance
Stress management	Financial issues
Coping with change	Legal concerns
Substance abuse/misuse	Self-esteem

Cigna's EAP understands that some days it can be tough to manage the competing priorities in our lives and keep them running smoothly. Sometimes life can become work and work can become your life. Either way, they are there to help you balance the two. Maybe you just need someone to talk to about a recent transition or conflict at work, or maybe you're looking for some guidance with your personal relationships.

Benefits of Cigna's EAP

- **8 FREE face-to-face counseling sessions per issue, per year**
- **Free initial legal consultation and discounts on continuing legal consultation services**
- **Free initial financial consultation**
- **Online discounts and access to a full range of web-based tools and resources**
- **Most importantly, all information is confidential between Cigna EAP and you**

What are you waiting for?

Visit **cignabehavioral.com** and enter

Employer ID: hctx

or call **888.259.6279**

Assistance is just a phone call or click away for free services!

Most people think of an EAP as a place to call when they have a crisis or an urgent need for emotional or mental health support. Cigna's EAP removes the stigma that often comes with the term EAP and continues to provide that same level of support while adding assistance with the following:

- **Work/life balance**
- **Improved lifestyle**
- **Better physical and mental health**
- **Total well-being**

CONVENIENCE CARE CLINICS & URGENT CARE CENTERS

Don't use an Emergency Room when a visit to a physician's office, convenience care clinic, or urgent care center is adequate! Use the lowest level of care appropriate for your immediate need.

Convenience Care Clinics

When you need routine medical care, but can't wait for a doctor's appointment, convenience care clinics offer quality, affordable medical care for things such as sinus infections, rash, earache, minor burns, etc. Your in-network copay at the convenience care clinics is only $30 Base/ $25 HAMP Base Plan and $25 Plus/$20 HAMP Plus Plan.

Urgent Care Centers

Urgent care facilities generally result in shorter wait times, lower expenses, and less out-of-pocket cost (vs. emergency rooms) for employees since the copayment is $50 per visit versus the hospital emergency room copayment of $300.

Urgent care facilities fill a critical need for patients when they are seeking immediate care that is not life-threatening and their general practitioner is unavailable. If a patient feels like their situation is life-threatening, they should seek help in the appropriate setting or call 9-1-1. Employees should continue to coordinate their care with the advice of their primary care physicians.

Advantages: Lower copayment & shorter wait time.

This summary is intended for reference purposes only, and medical conditions vary by individual. Always use your best judgment when seeking treatment for you and your family.

$300 for Emergency Care

Purpose: Treatment for life-threatening emergencies, or emergency conditions that can permanently impair or endanger the life of an individual.

Disadvantages:

- Higher copayment of $300 per visit
- Higher cost to the health plan
- Extended wait time based on severity of the issue

What are Standalone ERs?

Many standalone emergency care centers are located near high-end shopping for easy consumer accessibility and convenience; however, they charge double or triple the amount of a physician's office or urgent care center and are NOT designed to treat life-threatening illness.

Your copayment will be $300 and you may have to pay additional fees for transport and admission to a hospital. We urge our employees and their dependents to be responsible, educated health care consumers when determining the appropriate treatment facility.

Hospital Admission & Emergency Room Information

If a member is admitted to an out-of-network hospital through the emergency room, clinicians from Cigna's Utilization Management area will confirm the admission was clinically necessary. If it is determined the admission is not a true emergency, it will be covered at the out-of-network benefit level. This means you will have to pay a larger portion of the bill at the out-of-network hospital.

Occasionally members brought to the emergency room are not admitted, but are placed under observation. Coverage for observation in a hospital emergency room is limited to 24 hours. At such time, the member must either be admitted or discharged, but cannot remain in holding in the emergency room or the balance may be billed by the provider.

CONVENIENCE CARE CLINICS IN THE GREATER HOUSTON AREA

CENTRAL HARRIS COUNTY (INSIDE 610 LOOP)		
MINUTECLINIC	1003 RICHMOND AVE, HOUSTON, 77006	866-389-2727
MINUTECLINIC	3939 BELLAIRE BLVD, HOUSTON, 77025	866-389-2727
REDICLINIC	1701 W ALABAMA ST, HOUSTON, 77098	713-522-3200
TAKE CARE HEALTH TEXAS PC	1919 W GRAY ST, HOUSTON, 77019	713-526-3621
TAKE CARE HEALTH TEXAS PC	2605 W HOLCOMBE BLVD, HOUSTON, 77025	832-778-8106
EAST / SOUTHEAST / SOUTH HARRIS COUNTY		
MINUTECLINIC	2469 BAY AREA BLVD, HOUSTON, 77058	866-389-2727
MINUTECLINIC	3505 CENTER ST, DEER PARK, 77536	866-389-2727
MINUTECLINIC	2800 BAYPORT BLVD, SEABROOK, 77586	866-389-2727
REDICLINIC	6210 FAIRMONT PKWY, PASADENA, 77502	832-775-0165
TAKE CARE HEALTH TEXAS PC	16185 SPACE CENTER BLVD, HOUSTON, 77062	281-486-1872
TAKE CARE HEALTH TEXAS PC	3300 CENTER ST, DEER PARK, 77536	281-479-3488
NORTH / NW / NE HARRIS COUNTY		
MINUTECLINIC	5603 FM 1960 RD W, HOUSTON, 77069	866-389-2727
MINUTECLINIC	9101 HIGHWAY 6 N, HOUSTON 77095	866-389-2727
MINUTECLINIC	24802 ALDINE WESTFIELD RD, SPRING, 77373	866-389-2727
MINUTECLINIC	24048 KUYKENDAHL RD, TOMBALL, 77375	866-389-2727
MINUTECLINIC	8754 SPRING CYPRESS RD, SPRING, 77379	866-389-2727
MINUTECLINIC	25110 GROGANS MILL RD, SPRING, 77380	866-389-2727
MINUTECLINIC	3850 FM 2920 RD, SPRING, 77388	866-389-2727
MINUTECLINIC	8000 N SAM HOUSTON PKWY E, HUMBLE, 77396	866-389-2727
MINUTECLINIC	12550 LOUETTA RD, CYPRESS, 77429	866-389-2727
MINUTECLINIC	26265 NORTHWEST FWY, CYPRESS, 77429	866-389-2727
REDICLINIC	10919 LOUETTA RD, HOUSTON, 77070	281-251-1800
REDICLINIC	4303 KINGWOOD DR, KINGWOOD, 77339	281-358-0013
REDICLINIC	7405 FM 1960 RD E, HUMBLE, 77346	281-913-7255
REDICLINIC	28520 TOMBALL PKWY, TOMBALL, 77375	281-255-3085

NORTH / NW / NE HARRIS COUNTY (CONTINUED)		
REDICLINIC	130 SAWDUST RD, SPRING, 77380	281-419-3162
REDICLINIC	26500 KUYKENDAHL RD, SPRING, 77389	281-516-7234
REDICLINIC	14100 SPRING CYPRESS RD, CYPRESS, 77429	281-251-0883
REDICLINIC	24224 NORTHWEST FWY, CYPRESS, 77429	281-758-2282
TAKE CARE HEALTH TEXAS PC	1215 W 43RD ST, HOUSTON, 77018	713-956-1827
TAKE CARE HEALTH TEXAS PC	7440 FM 1960 RD E, HUMBLE, 77346	281-852-8088
TAKE CARE HEALTH TEXAS PC	26288 KUYKENDAHL RD, TOMBALL, 77375	281-378-2995
TAKE CARE HEALTH TEXAS PC	11970 SPRING CYPRESS RD, TOMBALL, 77377	281-320-8654
TAKE CARE HEALTH TEXAS PC	8000 RESEARCH FOREST DR, THE WOODLANDS, 77382	281-292-3861
TAKE CARE HEALTH TEXAS PC	19710 HOLZWARTH RD, SPRING, 77388	281-350-1500
TAKE CARE HEALTH TEXAS PC	16211 SPRING CYPRESS RD, CYPRESS, 77429	281-213-3675
WEST / SOUTHWEST HARRIS COUNTY		
MINUTECLINIC	5402 WESTHEIMER RD # K, HOUSTON, 77056	866-389-2727
MINUTECLINIC	15010 MEMORIAL DR, HOUSTON, 77079	866-389-2727
MINUTECLINIC	3103 N FRY RD, KATY, 77449	866-389-2727
REDICLINIC	9710 KATY FWY, HOUSTON, 77055	713-932-8800
REDICLINIC	25675 NELSON WAY, KATY, 77494	281-347-7700
REDICLINIC	6711 S FRY RD, KATY, 77494	281-395-5080
TAKE CARE HEALTH TEXAS PC	9329 KATY FWY, HOUSTON, 77024	713-461-3607
TAKE CARE HEALTH TEXAS PC	5200 WESTHEIMER RD, HOUSTON, 77056	713-623-0643
TAKE CARE HEALTH TEXAS PC	2808 GESSNER RD, HOUSTON, 77080	713-460-0535
TAKE CARE HEALTH TEXAS PC	411 S MASON RD, KATY, 77450	281-579-0910

CONVENIENCE CARE CLINICS IN THE GREATER HOUSTON AREA

BRAZORIA COUNTY		
MINUTECLINIC	2900 BROADWAY ST, PEARLAND, 77581	866-389-2727
MINUTECLINIC	9522 BROADWAY ST, PEARLAND, 77581	866-389-2727
REDICLINIC	2805 BUSINESS CTR DR, PEARLAND, 77581	713-436-5208
TAKE CARE HEALTH TEXAS PC	8430 BROADWAY ST, PEARLAND, 77584	281-412-3305
FORT BEND COUNTY		
MINUTECLINIC	1410 CRABB RIVER RD, RICHMOND, 77469	866-389-2727
MINUTECLINIC	16515 LEXINGTON BLVD, SUGAR LAND, 77479	866-389-2727
MINUTECLINIC	602 W GRAND PKWY S, KATY, 77494	866-389-2727
REDICLINIC	8900 HWY 6, MISSOURI CITY, 77459	281-778-0602
REDICLINIC	530 HWY 6, SUGAR LAND, 77479	281-325-0311
REDICLINIC	19900 SOUTHWEST FWY, SUGAR LAND, 77479	281-341-8330
TAKE CARE HEALTH TEXAS PC	9810 S MASON RD, RICHMOND, 77406	832-595-9533
TAKE CARE HEALTH TEXAS PC	6120 HWY 6, MISSOURI CITY, 77459	281-208-5828
TAKE CARE HEALTH TEXAS PC	25620 KINGSLAND BLVD, KATY, 77494	281-371-2360
GALVESTON COUNTY		
REDICLINIC	701 W PARKWOOD AVE, FRIENDSWOOD, 77546	281-947-0018
REDICLINIC	2755 E LEAGUE CITY PKWY, LEAGUE CITY, 77573	281-334-5233
REDICLINIC	2955 GULF FWY S, LEAGUE CITY, 77573	281-337-7351
MONTGOMERY COUNTY		
MINUTECLINIC	23865 FM 1314 RD, PORTER, 77365	866-389-2727
MINUTECLINIC	3705 FM 1488 RD, THE WOODLANDS, 77384	866-389-2727
REDICLINIC	10777 KUYKENDAHL RD, THE WOODLANDS, 77382	281-907-4104
REDICLINIC	3601 FM 1488 RD, THE WOODLANDS, 77384	936-321-9030
TAKE CARE HEALTH TEXAS PC	24917 FM 1314 RD, PORTER, 77365	281-354-1792

URGENT CARE CENTERS IN THE GREATER HOUSTON AREA

CENTRAL HARRIS COUNTY (INSIDE 610 LOOP)		
AFC URGENTCARE	5568 WESLAYAN ST, HOUSTON, 77005	713-666-7050
MEDSPRING	2707 MILAM ST, HOUSTON, 77006	832-632-7135
AFC URGENTCARE (WASHINGTON HEIGHTS)	107 YALE ST #200, HOUSTON, 77007	713-861-6060
MEMORIAL HERMANN URGENT CARE	4500 WASHINGTON AVE #300M, HOUSTON, 77007	713-861-6490
NEXT LEVEL URGENT CARE (MEMORIAL PARK)	5535 MEMORIAL DR #B, HOUSTON, 77007	713-391-8533
MEDSPRING (HEIGHTS)	102 W 11TH ST, HOUSTON, 77008	832-539-4707
MEDSPRING (RIVER OAKS)	1917 W GRAY ST, HOUSTON, 77019	832-260-0650
READYCARE URGENT CARE	3743 WESTHEIMER RD, HOUSTON, 77027	713-840-9113
MEDSPRING (GREENWAY)	3899 SOUTHWEST FWY, HOUSTON, 77027	346-800-1153
URGENT CARE MDS	14405 FM 2100 RD, STE B, CROSBY, 77532	832-877-2465
TEXAS CHILDRENS URGENT CARE (MAIN CAMPUS)	6621 FANNIN ST #2240, HOUSTON, 77030	832-824-2000
URGENT CARE FOR KIDS (WEST UNIVERSITY)	5215 KIRBY DR #B, HOUSTON, 77005	713-522-6800
EAST / SOUTHEAST / SOUTH HARRIS COUNTY		
IMMEDIATE MEDICAL CARE PA	1202 NASA PKWY, HOUSTON, 77058	281-335-0606
URGENT CLINICS MEDICAL CARE (PEARLAND)	8498 S SAM HOUSTON PKWY E #100, HOUSTON, 77075	832-831-3974
NAG CLINICS PEDIATRIC URGENT CARE CLINIC	3332 PLAINVIEW ST, PASADENA, 77504	832-649-2073
IMMEDIATE MEDICAL CARE PA	6825 SPENCER HWY, PASADENA, 77505	281-741-0070
URGENTCARE MDS	1658 W BAKER RD, BAYTOWN, 77521	281-428-0000
NIGHT LIGHT PEDIATRICS	19325 GULF FWY #170, WEBSTER, 77598	832-992-5050

URGENT CARE CENTERS IN THE GREATER HOUSTON AREA

NORTH / NW / NE HARRIS COUNTY		
NW HEALTH CENTER	1100 W 34TH ST, HOUSTON, 77018	713-861-3939
ALDINE HEALTH CENTER	4755 ALDINE MAIL RD, HOUSTON, 77039	281-985-7600
ENTRUST IMMEDIATE CARE	9778 KATY FWY #100, HOUSTON, 77055	713-468-7845
WELLS WALK-IN URGENT CARE	10311 N ELDRIDGE PKWY #B5, HOUSTON, 77065	281-890-3822
NIGHT LIGHT PEDIATRICS	19708 NORTHWEST FWY #500, HOU, 77065	713-957-2020
CHAMPIONS URGENT CARE	4950 FM 1960 RD W #A6, HOU, 77069	281-444-1711
URGENT CLINICS MEDICAL CARE (CHAMPIONS)	6930 FM 1960 RD W, HOUSTON, 77069	832-446-3659
AFC URGENT CARE	10850 LOUETTA RD #1500, HOUSTON, 77070	281-320-2338
TEXAS CHILDRENS URGENT CARE	10420 LOUETTA RD #104, HOUSTON, 77070	281-251-0269
NEXTCARE URGENT CARE	10906 FM 1960 RD W, HOUSTON, 77070	281-477-7490
WESTFIELD URGENT CARE	2010 FM 1960 RD E, HOUSTON, 77073	281-821-8200
ACRES HOME HEALTH CENTER	818 RINGOLD ST, HOUSTON, 77088	281-448-6391
CONVENIENT URGENT CARE	411 W PARKER RD, HOUSTON, 77091	713-691-3300
NEXT LEVEL URGENT CARE - COPPERFIELD	8100 HIGHWAY 6 N #E, HOUSTON, 77095	832-304-2314
ONLY CHOICE URGENT CARE	11515 E FM 1960 RD #C, HUFFMAN, 77336	281-324-1550
NIGHT LIGHT PEDIATRICS	20440 HWY 59 N #500, HUMBLE, 77338	832-602-4040
NEXTCARE URGENT CARE	1331 NORTHPARK DR, KINGWOOD, 77339	281-359-5330
MEDSPRING	1450 KINGWOOD DR, KINGWOOD, 77339	832-548-4420
KINGWOOD URGENT CARE	2601 W LAKE HOUSTON PKWY, KINGWOOD, 77339	281-607-4005
FASTMED URGENT CARE	14080 FM 2920 RD #A, TOMBALL, 77377	832-843-7135
NEXT LEVEL URGENT CARE (CHAMPIONS)	15882 CHAMPION FOREST DR, SPRING, 77379	281-809-6615
HOUSTON NORTHWEST URGENT CARE CENTER	7306 LOUETTA RD #A106, SPRING, 77375	281-587-3400
HOUSTON NORTHWEST URGENT CARE CENTER	2540 FM 2920 RD, SPRING, 77388	281-907-0905

NORTH / NW / NE HARRIS COUNTY (CONTINUED)		
URGENT CARE FOR KIDS	24230 KUYKENDAHL RD #210, SPRING, 77375	281-357-0825
CYPRESS FAIRBANKS URGENT CARE CENTER	14044 SPRING CYPRESS RD, CYPRESS, 77429	281-949-3703
EXCEL URGENT CARE	25801 HIGHWAY 290, CYPRESS, 77429	281-377-8664
URGENTCARE MDS	14405 FM 2100 RD # B, CROSBY, 77532	832-821-9780
WEST / SOUTHWEST / HARRIS COUNTY		
TEXAS CHILDRENS URGENT CARE	12850 MEMORIAL DR #210, HOU, 77024	832-827-4000
FAST AND URGENT CARE	7701 W BELLFORT ST #B, HOUSTON, 77071	713-592-9500
WEST OAKS URGENT CARE	2150 HWY 6 S #100, HOUSTON, 77077	281-496-4948
MEDSPRING	14045 MEMORIAL DR, HOUSTON, 77079	832-548-4410
DOCTORS EXPRESS	14629 MEMORIAL DR, HOUSTON, 77079	281-724-7588
EXCEL URGENT CARE	19450 KATY FWY, HOUSTON, 77094	281-346-3090
NEXT LEVEL URGENT CARE	4936 BEECHNUT ST, HOUSTON, 77096	713-893-1223
CYPRESS FAIRBANKS URGENT CARE CENTER	9110 BARKER CYPRESS RD, CYPRESS, 77433	281-517-9900
APEX URGENT CARE	6111 N FRY RD, KATY, 77449	832-913-6817
KATY URGENT CARE CENTER	21700 KINGSLAND BLVD #104, KATY, 77450	281-829-6570
BRAZORIA COUNTY		
OPTIONS URGENT CARE & WELLNESS CENTER	208 OAK DR S #502, LAKE JACKSON, 77566	979-285-2273
TEXAS CHILDRENS URGENT CARE	2701 PEARLAND PKWY #190, PEARLAND, 77581	281-485-6400
IMMEDIATE MEDICAL CARE	2705 BROADWAY ST #101, PEARLAND, 77581	281-412-0508
PRIME URGENT CARE	2510 SMITH RANCH RD #102, PEARLAND, 77584	713-340-3111
NIGHT LIGHT PEDIATRICS	2803 BUSINESS CENTER DR #118, PEARLAND, 77584	281-990-3030
CHAMBERS COUNTY		
AFC URGENTCARE	8831 N HWY 146, BAYTOWN, 77523	281-573-4100
MONT BELVIEU URGENT CARE	9235 N HWY 146 #3, MONT BELVIEU, STE 2-3, 77523	281-385-8111

URGENT CARE CENTERS IN THE GREATER HOUSTON AREA

FORT BEND COUNTY		
NEXT LEVEL URGENT CARE (LONG MEADOW)	7101 W GRAND PKWY S #180, RICHMOND, 77407	832-304-2309
EXCEL URGENT CARE	6840 HWY 6 #A, MISSOURI CITY, 77459	281-407-4580
NEXT LEVEL URGENT CARE (SIENNA PLANTATION)	8720 HWY 6 N #400, MISSOURI CITY, 77459	832-342-9204
ROYAL URGENT CARE	24601 SW FWY #100 ROSENBERG, 77471	281-239-8434
MEDSPRING	1403 HWY 6, SUGAR LAND, 77478	832-260-0640
NIGHT LIGHT PEDIATRICS	15551 SW FWY, SUGAR LAND, 77478	281-325-1010
MEMORIAL HERMANN URGENT CARE - TELFAIR	1227 MUSEUM SQUARE DR #A, SUGAR LAND, 77479	281-265-8125
NEXT LEVEL URGENT CARE	16902 SW FWY #108, SUGAR LAND, 77479	832-342-9205
MEDSPRING - KATY	6501 S FRY RD #1000, KATY, 77494	832-260-0670
PREFERRED URGENT CARE	1450 W GRAND PKWY S #M, KATY, 77494	281-916-1444
URGENT CARE FOR KIDS	23730 WESTHEIMER PKWY #N, KATY, 77494	281-392-3033
TEXAS CHILDRENS URGENT CARE (CINCO RANCH)	9727 SPRING GREEN BLVD #900, KATY, 77494	281-789-6300
GALVESTON COUNTY		
ST ELIZABETHS URGENT CARE	676 FM 517 RD W, DICKINSON, 77539	713-482-4535
TWIN OAKS URGENT CARE	1111 S FRIENDSWOOD DR #105, FRIENDSWOOD, 77546	832-569-4390
FRIENDSWOOD URGENT CARE	1305 W PARKWOOD AVE #101, FRIENDSWOOD, 77546	281-648-4800
MEMORIAL HERMANN URGENT CARE	1505 WINDING WAY DR #112, FRIENDSWOOD, 77546	281-993-3860
READYCARE CENTERS	1520 S FRIENDSWOOD DR #100, FRIENDSWOOD, 77546	281-947-8074

GALVESTON COUNTY (CONTINUED)		
IMMEDIATE MEDICAL CARE PA	3354 FM 528 RD, FRIENDSWOOD, 77546	832-569-5739
WEST ISLE URGENT CARE	2027 61ST ST, GALVESTON, 77551	409-744-9800
AFFINITY IMMEDIATE CARE	2808 61ST ST #200, GALVESTON, 77551	409-497-2808
URGENT CLINICS MEDICAL CARE (TUSCAN LAKES)	2560 E LEAGUE CITY PKWY #B, LEAGUE CITY, 77573	832-982-7228
IMMEDIATE MEDICAL CARE	2640 E LEAGUE CITY PKWY #114, LEAGUE CITY, 77573	281-538-8000
URGENT CLINICS MEDICAL CARE	2660 MARINA BAY DR, LEAGUE CITY, 77573	281-549-6920
URGENT CLINICS MEDICAL CARE (CREEKSIDE)	4420 W MAIN ST #A, LEAGUE CITY, 77573	832-632-1015
MONTGOMERY COUNTY		
MAGNOLIA URGENT CARE	18535 FM 1488 RD #210, MAGNOLIA, 77354	281-789-7065
DAVAM URGENT CARE	6022 FM 1488 RD, MAGNOLIA, 77354	281-583-1980
NEXTCARE URGENT CARE	15320 HWY 105 WEST #120, MONTGOMERY, 77356	936-582-5660
URGENT CARE FOR KIDS	1640 LAKE WOODLANDS DR #E, THE WOODLANDS, 77380	281-367-0010
ACCESS URGENT CARE	25321 INTERSTATE 45, SPRING, 77380	832-940-9800
TEXAS CHILDRENS URGENT CARE	4775 W PANTHER CREEK DR #300, THE WOODLANDS, 77381	281-417-0870
URGENT CLINICS MEDICAL CARE	3600 FM 1488 RD #200, THE WOODLANDS, 77384	936-447-9812
NEXTCARE URGENT CARE	1104 RAYFORD RD #500, SPRING, 77386	281-825-3265

MEDICAL BENEFITS COMPARISON | BASE PLAN/HAMP VS. PLUS PLAN/HAMP

PLAN FEATURES/SERVICES	BASE PLAN/HAMP PREFERRED BENEFITS (In-Network)	BASE PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)	PLUS PLAN/HAMP PREFERRED BENEFITS (In-Network)	PLUS PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)
Plan Deductible (Per Individual/ Family Per Calendar Year)	BASE: $600/$1,800 HAMP: $300/ $900	$1,000 Individual $3,000 Family	None	$1,000 Individual $3,000 Family
Maximum Out-of-Pocket — includes deductible, coinsurance, medical and Rx copays (Per Individual/Family Per Calendar Year)	BASE: $7,150/$14,300 HAMP: $6,650/$13,300	$10,000 Individual $30,000 Family	PLUS: $6,150 / $12,300 HAMP: $5,650 / $11,300	$10,000 Individual $30,000 Family
Lifetime Maximum	Unlimited except where otherwise indicated	$1,000,000	Unlimited except where otherwise indicated	$1,000,000
Acupuncture	10 visits per calendar year (no deductible or coinsurance applies)	10 visits per calendar year (no deductible or coinsurance applies)	10 visits per calendar year (no deductible or coinsurance applies)	10 visits per calendar year (no deductible or coinsurance applies)
Alcohol & Drug Abuse Services — Inpatient	80% after deductible	50% after deductible	$500 per confinement copay	50% after deductible
Alcohol & Drug Abuse Services — Outpatient	100% after $40 copay	50% after deductible	100% after $40 copay	50% after deductible
Allergy Testing — includes serum, injections, and injectable drugs (Allergy Specialist only)	100% after $40 office visit copay (waived for injection if no office visit charge); 150 doses per calendar year	50% after deductible; 150 doses per calendar year	100% after $40 office visit copay (waived for injection if no office visit charge); 150 doses per calendar year	50% after deductible; 150 doses per calendar year
Ambulance	90% after deductible	90% after deductible	100% coverage	100% coverage
Basic Infertility Services — Diagnosis & Treatment	Payable as any other covered expense; 50% coverage for insemination; fertility drugs excluded	Payable as any other covered expense; 50% coverage for insemination; fertility drugs excluded	Payable as any other covered expense; 50% coverage for insemination; fertility drugs excluded	Payable as any other covered expense; 50% coverage for insemination; fertility drugs excluded
Chiropractic	10 visits per calendar year (no deductible or coinsurance applies)	50% after deductible; up to 10 visits per calendar year	10 visits per calendar year (no deductible or coinsurance applies)	50% after deductible; up to 10 visits per calendar year
Complex Imaging — MRI, PET, CT scan, etc. (pre-certification required)	90% after deductible 100% coverage at eviCore facilities	50% after deductible	$100 copay 100% coverage at eviCore facilities	50% after deductible
Convenience Care Clinics	BASE: $30 copay HAMP: $25 copay	50% after deductible	PLUS: $25 copay HAMP: $20 copay	50% after deductible
Diagnostic X-ray and Laboratory	100% coverage	50% after deductible	100% coverage	50% after deductible

NOTE: Limits for the Base and Plus plans are combined for both preferred and non-preferred benefits. Please reference your Plan Document for a complete listing of covered services, reimbursement amounts, limitations, and exclusions. HAMP is not available to retirees. If you are in the HAMP/Base or HAMP/Plus and retire, your plan will change to the Base or Plus plan, respectively.

MEDICAL BENEFITS COMPARISON | BASE PLAN/HAMP VS. PLUS PLAN/HAMP

PLAN FEATURES/SERVICES	BASE PLAN/HAMP PREFERRED BENEFITS (In-Network)	BASE PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)	PLUS PLAN/HAMP PREFERRED BENEFITS (In-Network)	PLUS PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)
Durable Medical Equipment	90% after deductible	50% after deductible	100% coverage	50% after deductible
Emergency Room	$300 copay, waived if admitted	$300 copay, waived if admitted	$300 copay, waived if admitted	$300 copay, waived if admitted
External Prosthetic Appliances — unlimited maximum per calendar year	90% after deductible	50% after deductible	100% coverage	50% after deductible
Hearing Aids — one pair every 36 months	80% coverage, no deductible	80% after deductible	80% coverage, no deductible	80% after deductible
Home Health Care (100 visits per calendar year)	90% after deductible	50% after deductible	100% coverage	50% after deductible
Hospice Care — Inpatient / Outpatient	90% after deductible	50% after deductible	90% after $250 deductible	50% after deductible
Hospital Services — Inpatient pre-certification - continued stay review - required for all inpatient admissions	80% after deductible	50% after deductible	$600 per confinement copay $300 HAMP Plus	50% after deductible
Hospital Services — Outpatient pre-certification - outpatient prior authorization - required for selected outpatient procedures and diagnostic testing	80% after deductible	50% after deductible	PLUS: $400 HAMP: $200	50% after deductible
Maternity (coverage includes voluntary sterilization)	Payable as any other covered expense	Payable as any other covered expense	Payable as any other covered expense	Payable as any other covered expense
Mental Health — Inpatient coverage	80% after deductible	50% after deductible	100% after $600 per confinement copay	50% after deductible
Mental Health — Outpatient coverage	100% after $30 copay	50% after deductible	100% after $30 copay	50% after deductible
Outpatient surgery (facility) (Except in physician's office when office visit copay applies)	80% after deductible	50% after deductible	PLUS: 100% after $400 copay HAMP: 100% after $200 copay	50% after deductible
Physician Hospital Services	80% after deductible	50% after deductible	100% coverage	50% after deductible
Preventive Care* (Routine physicals, immunizations, and tests)	100% coverage	50% after deductible	100% coverage	50% after deductible

*Preventive Care—In accordance with the Affordable Care Act (ACA), preventive care services include age appropriate or risk status screenings, standard immunizations recommended by the American Committee on Immunization Practices, and all United States Preventive Services Task Force A and B recommendations. Examples of these services include well-child immunizations and exams, well-man and well-woman exams, and screenings as adopted by HHS guidelines.

NOTE: Limits for the Base/HAMP and Plus/HAMP plans are combined for both preferred and non-preferred benefits. Please reference your Plan Document for a complete listing of covered services, reimbursement amounts, limitations, and exclusions.

MEDICAL BENEFITS COMPARISON | BASE PLAN/HAMP VS. PLUS PLAN/HAMP

PLAN FEATURES/SERVICES	BASE PLAN/HAMP PREFERRED BENEFITS (In-Network)	BASE PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)	PLUS PLAN/HAMP PREFERRED BENEFITS (In-Network)	PLUS PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)
Primary Care Physician Visits (excludes Mental Health / Alcohol / Drug)	BASE: $30 copay HAMP: $25 copay CCN: $20 copay	50% after deductible	PLUS: $25 copay HAMP: $20 copay CCN: $15 copay	50% after deductible
Specialist Office Visits Participating CCN providers Non-CCN participating providers	BASE: $40 copay HAMP: $35 copay BASE: $50 copay HAMP: $45 copay	50% after deductible	PLUS: $30 / HAMP: $25 PLUS: $40 / HAMP: $35	50% after deductible
Private Duty Nursing Outpatient (70 shifts per calendar year— requires precertification)*	90% after deductible	50% after deductible	100% coverage	50% after deductible
Residential Treatment Facility	80% after deductible	50% after deductible	$600 copay	50% after deductible
Routine Gynecological Care Exam Coverage is limited to one routine OB/GYN exam per calendar year including charges for one pap smear and related fees	100% coverage	50% after deductible	100% coverage	50% after deductible
Routine Mammography Ages 35-40 one baseline Age 40+, one every calendar year	100% coverage	50% after deductible	100% coverage	50% after deductible
Short-Term Rehabilitation — physical, speech, & occupational therapy (60 visits per calendar year)	100% after $25 copay	50% after deductible	100% after $20 copay	50% after deductible
Skilled Nursing Facility (up to 100 days per calendar year and requires precertification)*	90% after deductible	50% after deductible	100% coverage	50% after deductible
Urgent Care Provider	100% after $50 copay	50% after deductible	100% after $50 copay	50% after deductible
Women's Health — includes well woman exam, screening, testing, contraceptives, breast feeding supplies/support*	100% coverage	50% after deductible	100% coverage	50% after deductible

***Reference the Summary Plan Document available at www.harriscountytx.gov/hrrm for details regarding coverage.**

HARRIS COUNTY PRESCRIPTION DRUG BENEFITS

CIGNA VALUE PRESCRIPTION DRUG PLAN

When it comes to prescription medications, you and your doctor usually have a choice between brand name and generic medications. Generic medications offer the same strength and active ingredients as brand name but often cost much less, in some cases up to 80-85% less.

Effective March 1, 2017 Harris County members will be covered under Cigna's Value Prescription Drug List which features generic and low-cost brand medications for all covered conditions. This list can be found at **cigna.com** or online at **http://www.harriscountytx.gov/cmpdocuments/63/doc/cigna2017valuedruglist.pdf**.

You may be taking a medication that is no longer covered under our plan. If so, you should talk with your doctor to find out which covered generic or brand alternative will work for you. If your doctor feels the covered alternative medications aren't right for you, he or she can ask Cigna to consider approving coverage of your medication. If you continue to fill a prescription for a medication that's no longer covered, you'll have to pay the full cost of the medication.

CIGNA PREVENTIVE GENERICS DRUG LIST

Your health and well-being is most important, and we want you to be at your 100% best. Getting the right preventive care services at the right time can help you stay healthy. Preventive medications are used for the prevention of conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency.

Harris County and Cigna are offering certain generic medications for the conditions listed above at no cost share to you. The drugs covered under this program can be found at **cigna.com** or online at **http://www.harriscountytx.gov/cmpdocuments/63/doc/2017preventivegenericsdruglist.pdf**.

SPECIALTY RX AND/OR SELF INJECTIBLE DRUGS

Specialty medications and/or self injectible drugs are available only for a 30-day supply through a network retail pharmacy, Cigna's Specialty Pharmacy, or a Cigna designated and approved provider.

CIGNA RX STEP PROGRAM

Precertification is required for angiotensin receptor blocker (ARB drugs), angiotensin converting enzyme inhibitor (ACE inhibitors), statin (cholesterol), and diabetic prescriptions.

With step-therapy, certain medications will be excluded from coverage unless one or more "prerequisite therapy" medications are tried first, or unless the prescriber obtains a medical exception.

The plan will not cover certain step-therapy drugs if your prescriber does not prescribe a prerequisite drug first or fails to obtain a medical exception unless the corresponding prerequisite therapy drug(s) are used first.

Prerequisite therapies and any medical exception prescriptions will be subject to dose and quantity recommendations outlined by the manufacturer.

GET DRUG COSTS

Before you go to the pharmacy or mail your prescription to Cigna Home Delivery, check Cigna's Drug Price Quote Tool. It provides cost information for prescriptions at both retail and mail order so you can determine the least expensive method prior to having the prescription filled.

You can also use this online feature to obtain information about less expensive bioequivalent or therapeutic alternatives, or contact a pharmacist at **800.Cigna.24**.

	PercentageYou Pay	Minimum Copay	Maximum Copay
RETAIL			
Generic	25%	$5	$50
Brand	30%	$25	$150
Specialty	30%	$50	$300
MAIL ORDER			
Generic	25%	$10	$100
Brand	30%	$50	$300

OTHER HELPFUL PRESCRIPTION DRUG & MEDICAL INFORMATION

90-Day Prescription Refills

Filling your maintenance medications just got easier! You can now fill your maintenance medicine in a 90-day or 30-day supply at a retail pharmacy. Cigna offers a new retail pharmacy network that gives you more choice in where you can fill your 90-day prescriptions. Some major pharmacies include: CVS (including Target), Walmart and Kroger. Go to **Cigna.com/Rx90network** for more information. You can also use Cigna Home Delivery to fill your prescriptions.

Maintenance Prescriptions

If you recently filled a maintenance prescription and your physician changed/increased your dosage, or if you are just reordering the maintenance medication and you are sending in a new prescription, you must have used 2/3 of your prescription prior to mailing in your new prescription.

Multiple Prescriptions

If you submit new prescriptions all on one script, and not all are available at one time, the order could be delayed by 24-48 hours. If the remaining prescription(s) are not available within the 7-10 day processing period, the order will then be split into two separate orders in an effort to avoid further delay.

Taking a Trip?

If you know you will run out of your prescription medication, and it is too soon to refill prior to your departure, call Cigna Pharmacy Management for a "Vacation Override" at **800.Cigna.24**. You will need to provide your departure date and return date to the representative. Medication can be picked up as early as 3 days prior to your vacation departure date. In most instances you will receive a maximum three-month supply of medication.

Filing paper claims for your prescriptions?

Talk to your pharmacist about calling Cigna Pharmacy Management for assistance in submitting your claim electronically, especially if you have two insurance carriers.

Faxing prescriptions

Physicians can fax prescriptions for mail order processing. The prescription must be submitted on the physician's office letterhead and must include the member's name and Cigna identification number. Prior to processing faxed prescription(s), the member must have completed and submitted a Cigna Home Delivery registration form. Members cannot fax prescriptions for filling via mail order.

24 HOUR HEALTH INFORMATION LINE / 24HR HIL

24hr HIL gives you easy access to credible health information. All health info line services are available 24 hours a day, 365 days a year, on demand from your touch-tone phone. You can reach the 24 hour Health Information Line by calling **800.Cigna.24** (**800.244.6224**).

If you prefer to view health information online, simply log in to **mycigna.com**, select "My Health Tab," then click on the link for the *Health Encyclopedia*.

Audio Health Library	Phone in and choose from thousands of common health topics.
Health Encyclopedia	Search for detailed information about health conditions, medical tests and procedures, medications, and treatment options.

UnitedHealthcare®

DENTAL PLANS / DHMO & PPO PLAN OPTIONS

OPTIONS: Harris County offers your dental benefits through UnitedHealthcare Specialty Benefits and continues to provide two dental options: A **Dental Health Maintenance Organization (DHMO)** and a **Dental Preferred Provider Organization (PPO)** plan.

Either plan is available to employees at no cost. If you choose to enroll your dependents, you will be responsible for their portion of the monthly premium.

QUESTIONS? UnitedHealthcare Customer Service staff are available Monday-Friday, 7 a.m.-10 p.m. CST at **866.528.6072** (select "0" to speak to a representative).

You can check eligibility, claims, and determine out-of-pocket costs by using the Treatment Cost Calculator. You can also print or request your plan information online or through advanced telephone technology at **866.528.6072.**

REGISTER ONLINE: **yourdentalplan.com/harriscounty**. You can register online (registration and login button located at the bottom center of the home page), or call the toll-free number on your member ID card and follow the prompts for IVR (Interactive Voice Recognition) assistance.

*Benefits for the UnitedHealthcare Dental DHMO plans are provided by the following: UnitedHealth Group Company, National Pacific Dental, Inc.

**Benefits for the UnitedHealthcare Dental PPO plans are provided by UnitedHealthcare Insurance Company, located in Hartford, Connecticut.

UnitedHealthcare Dental HMO*	UnitedHealthcare Dental PPO**
No calendar year maximums; no yearly deductibles	$1,750 calendar year maximum; $50 yearly individual deductible ($150 for family)
Basic care provided by network general dentists selected at enrollment. Members may change their designated dentist by contacting UnitedHealthcare Dental customer service by the 20th of the month. Requested changes will be effective the first of the following month.	You may receive care from any licensed dentist; network dentists have agreed to accept negotiated fees as payment in full with no "balance billing" for covered services.
Each family member may select a different UnitedHealthcare Dental network general dentist (remember to include the Practice ID number when enrolling).	Non-network dentists could "balance bill," which may result in higher out-of-pocket costs. For more information, see the Benefit Summary or determine out-of-pocket costs by using the online Treatment Cost Calculator.
Covered procedures and copayments are listed on the Schedule of Benefits and may be found at: **yourdentalplan.com/harriscounty**	In-network claims are paid based on the percentages and network discounts. Out of network claims are paid based on percentages of Maximum Allowance Charge (MAC).
When specialty care is required, your selected general dentist and UnitedHealthcare Dental Customer Service Representative will assist in managing your referral.	If you require specialty care, you may see any specialty care dentist you choose. When you receive care from a network dentist, you may save on your cost of care.
No waiting periods.	New enrollees: 6-month waiting period on endodontic procedures and all major services (new employees and newly-added dependents of current employees).
Adult & child orthodontics is included in the DHMO plan.	Orthodontia is not a covered benefit in the PPO plan.
No claim forms are required.	Claim forms may be required when a non-network dentist is used.

CHOOSING THE RIGHT DENTAL PLAN FOR YOU AND YOUR FAMILY

Which plan is best for me?

The DHMO plan provides comprehensive dental care with defined copayments for each covered procedure. You select a participating DHMO dentist from a network of providers and follow the plan rules/guidelines for services provided.

The PPO plan offers members a choice of dentists in-network, and the option to go out-of-network for services at a higher cost share. The plan includes an annual deductible and a calendar year maximum. With this plan, you pay a higher percentage of costs for services.

Choose the plan that best suits your needs for the upcoming benefit year.

UnitedHealthcare DHMO Plan

Remember to select a dentist from the United Healthcare Dental Directory or Dentist Locator on **yourdentalplan.com/harriscounty** for you and each of your enrolled dependents. Indicate the Practice ID Number in the space on your enrollment form for each person enrolled.

You can obtain a complete **Schedule of Benefits** with covered procedures and copayments along with Exclusions & Limitations, available online at **harriscountytx.gov/hrrm** or **yourdentalplan.com/harriscounty**. You may also request a copy by calling customer service at the number located on your member ID card.

An **Evidence of Coverage** document may also be requested or viewed online and provides additional information about how to get the most from your UnitedHealthcare Dental HMO plan. Please take time to review this information before making dental benefit decisions.

DHMO members: Check out the dental health and wellness link at **yourdentalplan.com/harriscounty**.

UnitedHealthcare PPO Plan

There is no need to pre-select a dentist - you can receive treatment from any dentist, network or non-network. If you decide to use a network dentist, you can log on to **yourdentalplan.com/harriscounty** to browse the Dental Directory or Dentist Locator to help you find a dentist. When choosing a dentist, you could save on your out-of-pocket costs by selecting an in-network UnitedHealthcare dentist. Network dentists have agreed to negotiated fees as payment in full with no balance billing.

Your PPO Costs

Payment of claims is based on negotiated discounts with network dentists. Payment of non-network claims is based on a Maximum Allowable Charge (MAC). The Maximum Allowable Charge is set by UnitedHealthcare Dental. This MAC is the most that United Healthcare Dental pays for a plan's covered dental procedure when a non-network dentist is used.

A Summary of Benefits includes the information about percentage of coverage by procedure category along with Exclusions & Limitations. After reviewing the plan documents, if you have any questions, a customer service representative will be happy to help you. Or, you may download a copy of the Certificate of Coverage at **harriscountytx.gov/hrrm**.

Included with your PPO Dental Plan

Prenatal Dental Care Program: Women in their second and third trimesters are eligible for this program. When visiting your dentist, you need to supply the name and contact number of your OB/GYN. You will then receive additional cleanings or periodontal maintenance, at little or no cost, if the need is determined by your dentist.

Oral Cancer Screening

Individuals who are determined at-risk by their dentist and are 30 years of age or older may be eligible for this once-yearly, light-contrast screening.

DENTAL WELLNESS AND ESTIMATING THE COST OF TREATMENT

WELLNESS SCREENING Included with your Dental HMO and PPO

The UnitedHealthcare Dental Wellness plan, through its eight Centers of Excellence, created a program that makes wellness a priority by performing a variety of unique services. By simply visiting the dentist, individuals might find that they may save more than their teeth and gums. It may just lead to early diagnosis, referral for, and treatment of a variety of diseases.

The Centers of Excellence offer free, possibly life-saving wellness screening services. Members set an appointment and complete a questionnaire. The dentist makes an assessment and provides appropriate screenings for any or all of four conditions.

Screenings may help determine if a member is “at-risk” for oral cancer, diabetes, or cardiovascular disease, and may lead to a referral for these conditions.

As part of the wellness visit, the attending dentists provide counseling and materials about the impact of tobacco use, obesity, and oral piercings, as well as information about oral disease and other medical conditions.

Contact the UnitedHealthcare Dental Onsite Representative at **713.274.5500** (**Option 2**) to locate a Center of Excellence near you.

What is the difference between Routine Cleaning and Deep Cleaning?

“Routine Cleaning” (prophylaxis) is the removal of normal tartar build-up and polishing teeth to remove stains. If you see your dentist regularly and have your teeth cleaned twice a year, a routine cleaning will likely be your dentist’s prescription.

“Deep Cleaning” is a term used to describe scaling and root planing, a procedure that removes plaque and tartar build-up on teeth below the gums. Usually when you need a deep cleaning it is a sign that your oral health has changed, typically due to gingival (gum) inflammation. There could be several reasons for the change: periodontal disease, stress, pregnancy, tobacco use, or a change of medication – even a simple change in brushing or flossing habits.

YOUR DENTAL TREATMENT COST

UnitedHealthcare Dental is committed to helping you make the most of your dental plan benefits by getting actual prices for treatments based on your individual plan, comparing the rates charged by different providers, and seeing your out-of-pocket cost so you can plan ahead. We have created an easy-to-use tool: the Treatment Cost Calculator.

With the Treatment Cost Calculator you can always make an informed choice about your dental treatments. It's easy to use and available to members 24 hours a day at **yourdentalplan.com/harriscounty.**

TREATMENT COST CALCULATOR

1. Log in with your username and password. If you haven’t previously registered at **yourdentalplan.com/harriscounty**, you can register now.
2. To get started, visit **yourdentalplan.com/harriscounty** and select Plan Info > Treatment Cost Calculator.
3. Next, you'll enter information about the practitioner performing the procedure. You'll need the following information:
   - The approximate date of the procedure
   - The Practitioner ID (To find the ID of a network practitioner, click the link to search for dentists who perform the procedure)
4. On the next screen, you'll enter information about your procedure. Select the procedure from the list of common treatments shown. You can also enter the procedure code if you know it, or display a list of procedure codes.
5. Your treatment cost results will be displayed, including the cost of the service based on your specific plan, the amount you're responsible for (coinsurance), any limitations or waiting periods in your plan, and your annual deductible which is the amount you must pay each year before your plan starts paying benefits.
6. From the treatment cost results page, you can display your dental benefits summary which lists your plan features including in and out-of-network coverage rates, your annual deductible, and your annual maximum.

IMPORTANT DENTAL INFORMATION

UnitedHealthcare Dental DHMO Specialty Care Referrals and Emergency Dental Services Instructions:

Customer Service: 866.528.6072, Hours: 7 a.m. - 10 p.m. CST

Specialty Care Referrals: Certain dental procedures may require the expertise of a specialist and require a specialty care referral. Your assigned primary care dentist is responsible for completing the specialty referral form. With your form in hand, contact Customer Care for an authorization number and a specialist authorized to provide your care. Referrals are not needed for children up to age eight to see a pediatric dentist. Children ages eight and older need to get a referral from a primary care dentist. Children under age eight who need services of a specialist other than a pediatric dentist must still get a specialty referral.

Emergency Dental Services: If you are within seventy-five miles of your Selected General Dentist, simply contact your selected dentist who will make reasonable arrangements for such emergency dental care. If you are more than seventy-five miles from your Selected General Dentist, or you cannot reach your Selected General Dentist or Customer Service, you may obtain Emergency Dental Services for stabilization from any licensed dentist. Potential examples of emergencies are excessive bleeding, severe pain, or acute infection. Reference the Dental Plan Documents for specifics at **harriscountytx.gov/hrrm.**

In a non-emergency situation, you will receive an explanation of benefits via the mail that will list the specialist contact information and your authorization number. For emergency situations, you will receive a call back from your approved participating specialist.

It's been said that people typically visit their dentist more often than they visit other doctors. It's important to know that as health care becomes more integrated and dentists increasingly focus on more than just teeth, they are becoming indispensable members of the larger health care team.

The bacteria that inhabit the mouth, causing tooth decay and gum disease, may be found elsewhere in the body. Though there may be no pain or noticeable symptoms, this bacteria can lead to far more serious conditions. We are continuing to learn that gum disease may heighten the risk for heart disease, diabetes, pregnancy complications, and other conditions.

FILLING OPTIONS TO CONSIDER

Amalgam is the silver filling that dentists have been using for many years to fill cavities; resin-based composite fillings are white (tooth colored). You may have heard about the safety concern of using amalgams because mercury is part of the filling material. However, the American Dental Association, the National Institutes of Health, and the U.S. Public Health Service, among others, have stated that, when combined with other metals, as it is in amalgam, it is an acceptable standard of treatment.

Because some dentists have a concern about using amalgam material, they choose to provide only composite fillings for their patients. We suggest you discuss with your dentist his or her practice policies.

CROWN OPTIONS TO CONSIDER

A crown is a metal cap that covers and strengthens a tooth. Crowns are generally necessary along with a root canal or when a standard filling is not enough support for the tooth structure. Crowns are made of different materials - metal only or a porcelain ("tooth-colored"). A crown is not just the cap that sits over the tooth…there can be other procedures and materials required, such as a gold post, a core build up, or a pin. Each one adds to the total cost.

Crown costs vary depending on the materials used and your dentist can provide an itemized treatment plan. For the DHMO plan, each covered crown is listed on your Schedule of Benefits. Check the copayment and any additional fees that are indicated [i.e. porcelain on back teeth and additional lab fees for noble (low gold) and high noble (high gold) metals].

Other procedures may be required during your treatment, such as a root canal - this adds to the cost of restoration. Under the PPO plan your benefit allowance is 50%, whether your dentist is in or out-of-network. The out-of-network dentist may balance bill for services above the maximum allowable charge fee schedule. You have greater savings when you choose a network dentist.

SUPERIOR VISION

The Harris County Vision Care Program is offered through Superior Vision

VISION CARE PROGRAM AND COVERAGE INFORMATION

Vision coverage is provided automatically for you and each dependent you enroll in the medical plan.

With the vision plan, when you use participating providers you will pay lower out-of-pocket expenses and receive a higher level of benefits. You may also use out-of-network benefits; however, your benefit level is reduced - you will pay for the services and you must file a claim with Superior Vision for reimbursement.

HOW THE VISION CARE PROGRAM WORKS

Each time you need vision care, you may seek care through the Superior Vision benefit plan. Select a Superior Vision participating provider by calling customer service at **800.507.3800**, or visit **superiorvision.com**. When you make your appointment, identify yourself as a Harris County Superior Vision Plan member. You are eligible for a vision examination provided by a network optometrist or ophthalmologist once every twelve months.

At an in-network provider, members will receive a **$130** retail allowance toward the cost of the frame. The Superior Vision benefit plan provides **$130** toward your contact lens evaluation and fitting fee as well and the cost of contact lenses. A **$300** Lasik benefits reimbursement is also available either in or out-of-network in lieu of other benefits.

COVERED SERVICES

Highlights of your vision care benefits are shown in the chart.
Copayments are not applicable when utilizing out-of-network providers.

For the complete schedule of benefits, reference the Vision Plan Benefit Certificate of Coverage at **harriscountytx.gov/hrrm**.

Benefits are available once every 12 months from last date of service.

Service/Product	In-Network	Out-of-Network
Complete Visual Exam	$10 copay	Up to $35
	Choose glasses or contacts	
Materials (when purchasing eyeglasses, lenses, frames, or contacts in lieu of eyeglasses)	$25 copay	—
Frames	$130 retail allowance after $25 materials copay	Up to $70
Single Vision* Lined Bifocal* Lined Trifocal* Lenticular Lenses*	Standard basic lens covered at 100% after $25 Materials copay	Up to $25 Up to $40 Up to $45 Up to $80
Contact Lenses: Elective	$130 retail allowance after $25 materials copay	Up to $80
Contact Lenses: Necessary**	100% after $25 Materials copay	Up to $150
Lasik Vision Correction***	$300 benefit	$300 retail benefit

* Standard basic lens coverage included in your **$25** copay for glasses, lenses, or frames and lenses. Lens cost that exceeds the basic coverage is the member's responsibility. Members may receive a discount of up to 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage.

** Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact Superior Vision concerning the reimbursement that Superior Vision will make before you purchase such contacts.

***Lasik Vision Correction: Superior Vision provides each member a **$300** allowance available both in and out-of-network. Superior Vision has partnered with the LCA. In-network providers may offer additional savings and financing. Call **877.557.7609** for assistance in coordinating your care.

IMPORTANT INFORMATION ABOUT MEDICARE & COBRA

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.

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 in most cases is unnecessary because the Harris County Medical Plan administered through Cigna 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 you by paying some of the costs of its prescription drug coverage. You may qualify if you have up to $17,820 in yearly income ($24,030 for a married couple living together) and up to $13,640 in resources ($27,250 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, you can reapply for Extra Help at any time if your income and resources change.

For more information about getting help with your prescription drug costs, call Social Security at **800.772.1213** or visit **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** to determine the best prescription drug option for you.

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!

MEDICAL, DENTAL AND VISION MONTHLY RATES EFFECTIVE MARCH 1, 2017

Harris County continues to pay a significant portion of the cost for your health care coverage. For example, if you select coverage for yourself only, you pay no monthly premium for the Base/HAMP Medical Plan and $75.00 for the Plus/HAMP Medical Plan.

	BASE/HAMP MEDICAL PLAN W/PPO DENTAL		
Classifications	**Employee**	**County**	**Total**
Employee Only	$0.00	$570.26	$570.26
Employee + Spouse	$250.00	$867.27	$1,117.27
Employee + Child	$225.00	$837.58	$1,062.58
Employee + Two or More	$400.00	$1,043.30	$1,443.30

BASE/HAMP MEDICAL PLAN W/DHMO DENTAL		
Employee	**County**	**Total**
$0.00	$555.43	$555.43
$250.00	$838.32	$1,088.32
$225.00	$808.63	$1,033.63
$400.00	$998.43	$1,398.43

	PLUS/HAMP MEDICAL PLAN W/PPO DENTAL		
Classifications	**Employee**	**County**	**Total**
Employee Only	$75.00	$736.40	$811.40
Employee + Spouse	$450.00	$1,184.15	$1,634.15
Employee + Child	$375.00	$1,098.60	$1,473.60
Employee + Two or More	$600.00	$1,374.19	$1,974.19

PLUS/HAMP MEDICAL PLAN W/DHMO DENTAL		
Employee	**County**	**Total**
$75.00	$721.57	$796.57
$450.00	$1,155.20	$1,605.20
$375.00	$1,069.65	$1,444.65
$600.00	$1,329.32	$1,929.32