

retiree
benefits
guide 2018-19



2018

INTRODUCTION

The benefits described herein are effective March 1, 2018 through February 28, 2019. 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.

CONTACT INFORMATION

Human Resources & Risk Management

Employee Benefits 713.274.5500
Out of Area Toll Free 866.474.7475
Web: hrrm.harriscountytexas.gov, wellathctx.com

Medical Coverage

Cigna Member Services..... 800.244.6224
Medical, Rx, Employee Assistance Program
Onsite Representative..... 713.274.5500 (Option 1)
Onsite Coach 713.274.5500 (Option 4 & 5)
Web: mycigna.com, cignabehavioral.com

Dental Coverage

Cigna Dental 800.244.6224
Onsite Representative.....713.274.5500 (Option 2)
Web: mycigna.com

Vision Coverage

Davis Vision..... 800.999.5431
Web: davisvision.com

Life Insurance

Dearborn National 800.348.4512
Web: dearbornnational.com

Deferred Compensation/457 Plans

VALIC Retirement 800.448.2542
Web: valic.com
VOYA Financial Services 800.525.4225
Web: voyaretirement.voya.com
Nationwide 877.677.3678
Web: nrsforu.com

Retirement

Texas County & District Retirement System (TCDRS).. . 800.823.7782
Web: tcds.org



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PLAN CHANGES AND PLAN DOCUMENTS

2018 - 2019 Plan Changes

Harris County members have a new dental provider for the 2018-19 plan year. All retirees will now be covered under Cigna's Dental plan. This plan offers a nationwide network of providers to choose from – there will no longer be a need to pre-select a provider. Retirees can elect to use an in-network provider or use an out-of-network provider and pay a larger portion of the charges.

Members will only need to carry one Cigna ID card for both medical and dental services!

Cigna regularly makes changes to our prescription drug lists (formularies). This process ensures that any decision to actively manage a specific drug within a class is both clinically appropriate and provides better overall value. Please refer to **page 22** for information on Cigna's 2018 Value Prescription Drug Plan.

Davis Vision will now provide the vision plan for all employees. Your annual eye exam is still just \$10 with a Davis Vision network provider. If you need corrective lenses, you can choose from fully covered options with zero out-of-pocket, or take your allowance and shop in-network or out-of-network.

In compliance with the Affordable Care Act, the Maximum Out-of-Pocket for in-network services for Individual/Family is now: Base Plan \$7,350/\$14,700; and Plus Plan \$6,350/\$12,700.

Plan Documents

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

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

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

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

INCOME TAX RETURN AND PRIVACY PRACTICES

Important Message Regarding Your 2017 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 2018.

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 2017 taxes.

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 hrrm.harriscountytexas.gov, or you may request a copy by calling 713.274.5500.



OPEN ENROLLMENT FACTS

Open enrollment for the 2018 - 2019 plan year will be conducted from December 1 through 31, 2017.

Changes become effective March 1, 2018. You should carefully consider the plans available to you and your dependents.

- Harris County determines benefits, eligibility, and contributions for retirees and their dependents subject to amendment or discontinuance at any time.
- During open enrollment, retirees have the option of changing their medical plan selection.
- Choices made during open enrollment will remain in place until the following plan year
- Retirees cannot add dependents at annual enrollment. See Qualified Status Changes on page 4.
- Retirees who DO NOT return their completed form will be defaulted to their benefit selections made for the 2017-2018 plan year.
- If you are not making any changes, DO NOT return your form.

Retired Public Safety Officers

Are you a retired Public Safety Officer? If so, you can have your insurance premiums deducted from your TCDRS pension check. Call 713.274.5500, Option 6.

Enroll in Direct Debit

Tired of the hassle with mailing your insurance premium check to the County each month? Don't risk losing your coverage due to a late payment. Enroll in direct debit and your premiums will always be paid on time.

I M P O R T A N T

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 retirees committing insurance fraud will be liable to reimburse the County for any claims activity.

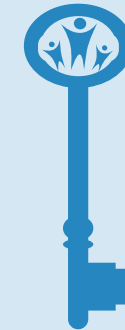
Retirees may drop dependents at any time with no qualified status change.

QUALIFIED STATUS CHANGES

Retirees may experience life changes during the calendar year that would allow them to add a dependent. Retirees 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 or death
- Divorce - Must submit within 60 days to avoid forfeiture of rights to COBRA
- Dependent loses other health insurance coverage
- Significant change in the financial terms of health benefits provided through a spouse's employer or another carrier
- Loss of eligibility for Medicare or Medicaid
- Loss of State Children's Health Insurance Program (SCHIP), but not gain of SCHIP benefits



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

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



**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.

DEPENDENT ELIGIBILITY REQUIREMENTS

Spouse

A copy of the Certified Marriage Certificate 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 retirees as the parent. A Verification of Birth Facts or birth record 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. Coverage ends on the last day of the month in which the dependent turns 26.

Legal Custody or Guardianship

Court documents, signed by a judge, granting permanent legal custody or permanent legal guardianship to the retiree. Coverage is available up to age 18. Coverage ends on the last day of the month in which the dependent turns 18.

Stepchildren

A birth certificate or other court document listing the retiree's spouse as parent of the child, & the marriage license of the retiree and parent of the child. Coverage is available up to age 26. Coverage ends on the last day of the month in which the dependent turns 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 retiree by birth or adoption and cannot be your spouse's grandchild. The grandchild must be claimed as a dependent on the retiree'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. Coverage ends on the last day of the month in which the dependent turns 26.

Adopted Children

Certified copy of court order or paperwork placing the child in your home.

Foster Children

Foster care placement agreement between the retiree and the Texas Department of Family & Protective Services or its subcontractor. Coverage is available up to age 18. Coverage ends on the last day of the month in which the dependent turns 18.

CHOOSING YOUR PLAN

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 you are 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** plan has set copayments for some in-network services, but require coinsurance for ambulance services, 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 \$7,350 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** plan has a \$0 in-network deductible, set copayments for most in-network services, and an individual maximum out-of-pocket limit of \$6,350 per calendar year. However, this plan has 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

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 within 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.

Harris County has limits on authorized costs associated with Out-of-Network facilities and providers.

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, duration of practice, specialty, languages spoken and more.



GET ACTIVE

Participate in community events, onsite exercise classes, wellness challenges, and the HC Employee 5K.

STAY WELL

Enroll in programs such as Naturally Slim that can help you stay well and better manage your health condition.

KNOW YOUR RISK

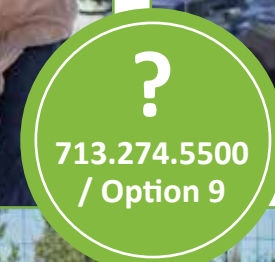
Take your online health assessment to learn your overall risk, or visit the Wellness Clinic at 1310 Prairie Street to have a routine mammogram and/or annual physical.

BE INFORMED

Take a hands-on cooking class to learn a new, healthy recipe. Get one-on-one health coaching services with a Cigna Health Coach.

Find out more about the programs and services offered by Harris County Employee Wellness at wellathctx.com

Email: wellness@bmd.hctx.net || Social: [Facebook.com/wellnesshctx](https://www.facebook.com/wellnesshctx)





Cigna Healthy Rewards

Choose from 9,000+ fitness centers nationwide for \$25/month (plus a \$25 enrollment fee and applicable taxes). Participating clubs are part of American Specialty Health Networks and Choose Healthy.

To access the Cigna Health Rewards Fitness Discount

Log in (or register) at mycigna.com and click the "My Health" tab. You will find "Discount Programs – Healthy Rewards" under the "Programs & Resources" heading.

GlobalFit GymNetwork 360

The GlobalFit GymNetwork 360 delivers an extensive wellness network that focuses on 5 key components: Exercise, Eating, Energize, Explore, and Education. You have access to exclusive GlobalFit member pricing on premier fitness and wellness programs.

To access the GlobalFit GymNetwork 360

Visit globalfit.com/harriscounty and click the green "Activate Benefit" button to get started.



El Franco Lee 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**
- **Digestive And Urinary Conditions**
- **Head, Ear, Eye and Skin Conditions**
- **Musculoskeletal Conditions**
- **Select Preventive Services**
 - Routine physicals
 - Routine mammograms (The Rose)
 - Seasonal flu vaccinations
 - TB testing

Appointments: 713.394.6747

Same-day appointments / Convenience Care clinic copay applies

Sick visit services provided via telemedicine

Please note that this clinic does not provide services for occupational accidents or injuries.



HOUSTON
Methodist[™]
LEADING MEDICINE

Current provider as of publication

CIGNA HEALTH COACHING

2 Options, 1 Great Benefit

Looking for support to reach your health goals?

Cigna can help. You now have access to nurses, coaches, dietitians and clinicians who will listen, understand your needs and help you find solutions – even when you're not sure where to begin.

- Call us for support – *any day, anytime*
- Expect service that meets your personal needs, without extra cost
- Access confidential assistance from reliable, compassionate professionals

Partner with Us to Take a More Active Role in Your Health

- Discuss your health assessment results
- Learn about telephone seminars
- Receive support and encouragement as you set and reach your health improvement goals
- Manage conditions better; including high blood pressure, high cholesterol and more
- Improve your lifestyle by learning to cope with stress, quit tobacco use, maintain good eating habits and manage or lose weight

OPTION 1

CONNECT WITH CIGNA HEALTH COACH BY PHONE

Call 1-800-CIGNA-24 (1-800-244-6224)

OPTION 2

MEET ONE-ON-ONE WITH OUR CIGNA ONSITE HEALTH COACHES

Call 713-274-5500, Option 4 or 5 to connect with a
Cigna Onsite Health Coach

Onsite Health Coaches are located at
1310 Prairie St., in the 9th Floor
El Franco Lee Employee Wellness Center.

CIGNA EMPLOYEE ASSISTANCE PROGRAM

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

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

Take advantage of a wide range of services

Counseling

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

Legal Assistance

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

Financial

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

Parenting

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

Eldercare

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

Pet Care

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

Identity Theft

60-minute consultation with a fraud specialist.

**We're here to listen.
Contact us any day,
anytime.**



1.800.244.6224



**cignabehavioral.com
and enter your
employee ID, HCTX**

** Employment-related legal issues are not covered.*

FINDING THE CARE YOU NEED

Use the lowest level of care appropriate for your immediate need. Follow this brief guide to understand which facility or provider type is most appropriate for your health needs.

Doctor's Office

The best place to go for routine or preventive care, to keep track of medications and basic diagnosis and treatment of common illnesses and medical conditions.

Convenience Care Clinic

Treats minor medical concerns such as sinus infections, rash, earache, minor burns, etc. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies and are often open nights and weekends.

Urgent Care Center

Fills a critical need when seeking immediate care that is not life-threatening. Staffed by nurses and doctors and usually have extended hours.

Hospital Emergency Room (ER)

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest emergency room.

"Freestanding" Emergency Room

In Texas, there are many "freestanding" emergency room (ER) locations. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.

Texas law requires that all "freestanding" ERs post a sign inside their facility identifying themselves as an ER.

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.

Copay Comparison by Level of Care

Facility/Provider Type ¹	Plan Type	
	Base	Plus
Primary Care Physician ²	\$20-30	\$15-25
Convenience Care Clinic	\$30	\$25
Urgent Care Center	\$50	\$50
Emergency Room	\$300	\$300

¹Comparison is based on in-network services.

²The Cigna Care Network (CCN) designated primary care physicians have a copayment lower than non-CCN designated primary care physicians. The copay amount for a CCN primary care physician on the Base is \$20 and on the Plus is \$15

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.

CONVENIENCE CARE CLINICS IN THE GREATER HOUSTON AREA

CENTRAL HARRIS COUNTY (INSIDE 610 LOOP)

Minuteclinic	1003 Richmond Ave, Hous, 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
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

URGENT CARE CENTERS IN THE GREATER HOUSTON AREA

CENTRAL HARRIS COUNTY (INSIDE 610 LOOP)		
Afc Urgentcare	5568 Wesleyan 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
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 VS. PLUS PLAN

PLAN FEATURES / SERVICES	BASE PLAN PREFERRED BENEFITS (In-Network)	BASE PLAN NON-PREFERRED BENEFITS (Out-of-Network)	PLUS PLAN PREFERRED BENEFITS (In-Network)	PLUS PLAN NON-PREFERRED BENEFITS (Out-of-Network)
Plan Deductible (Per Individual/ Family Per Calendar Year)	\$600/\$1,800	\$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)	\$7,350/\$14,700	\$10,000 Individual \$30,000 Family	\$6,350 / \$12,700	\$10,000 Individual \$30,000 Family
Lifetime Maximum	Unlimited except where otherwise indicated	Unlimited	Unlimited except where otherwise indicated	Unlimited
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	\$600 copay	50% after deductible
Alcohol & Drug Abuse Services — Outpatient	\$40 copay	50% after deductible	\$30 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	\$30 copay	50% after deductible	\$25 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 VS. PLUS PLAN

PLAN FEATURES / SERVICES	BASE PLAN PREFERRED BENEFITS (In-Network)	BASE PLAN NON-PREFERRED BENEFITS (Out-of-Network)	PLUS PLAN PREFERRED BENEFITS (In-Network)	PLUS PLAN 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 copay	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	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	\$400 copay	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	\$600 copay	50% after deductible
Mental Health — Outpatient coverage	\$40 copay	50% after deductible	\$30 copay	50% after deductible
Outpatient surgery (facility) (Except in physician's office when office visit copay applies)	80% after deductible	50% after deductible	100% after \$400 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.

MEDICAL BENEFITS COMPARISON | BASE PLAN VS. PLUS PLAN

PLAN FEATURES / SERVICES	BASE PLAN PREFERRED BENEFITS (In-Network)	BASE PLAN NON-PREFERRED BENEFITS (Out-of-Network)	PLUS PLAN PREFERRED BENEFITS (In-Network)	PLUS PLAN NON-PREFERRED BENEFITS (Out-of-Network)
Primary Care Physician Visits (excludes Mental Health / Alcohol / Drug)	Non-CCN: \$30 copay CCN: \$20 copay	50% after deductible	Non-CCN: \$25 copay CCN: \$15 copay	50% after deductible
Specialist Office Visits Participating CCN providers Non-CCN participating providers	\$40 copay \$50 copay	50% after deductible	\$30 copay \$40 copay	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 hrrm.harriscountytexas.gov for details regarding coverage.

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 and a \$30 copay on the 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 and \$40 on the Plus Plan.

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

HELPFUL MEDICAL PLAN INFO



Durable Medical Equipment, Home Health and Infusion Services

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

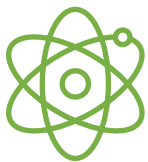
For new service requests and ongoing supplies, please contact the CareCentrix Office at 1.877.466.0164.



Your Hearing Aid Program

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

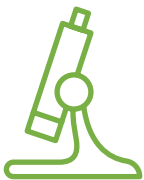
Call Amplifon at 1.888.669.2175 and a Patient Care Advocate will assist you in finding a hearing specialist near you.



Advanced Radiology

As a Harris County medical plan member, there is no charge when you use an eviCore facility for Advanced Radiology (MRI, PET, CT Scan, etc.).

To download a list of eviCore facilities, go to hrrm.harriscountytexas.gov and click on “Benefits” or call one of our onsite Cigna representatives at 713.274.5500, Option 1.



Laboratory Services

You must obtain your lab services (example, blood work) 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 your responsibility as the member to ensure you use a contracted lab, otherwise the claim will be considered out-of-network.

P R E S C R I P T I O N D R U G B E N E F I T S

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.

The Cigna Value Prescription Drug List features generic and low cost brand medications for all covered conditions. The list can be found at mycigna.com or at hrrm.harriscountytexas.gov >> Benefits.

Your doctor may prescribe you a drug that is not covered under our plan. If so, 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

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 offer certain generic medications for the conditions listed above at no cost share to you. The drugs covered under this program can be found by logging on at mycigna.com or online at hrrm.harriscountytexas.gov >> Benefits.

Specialty Rx and / or Self Injectable 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 Therapy 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 the cost of your prescription. Get cost information for prescriptions at both retail and mail order so you can determine the least expensive method before having your prescription filled. Log in (or register) at mycigna.com and click "Pharmacy." You can also speak with a pharmacist at 1.800.Cigna24.

	Percentage You 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

HELPFUL PRESCRIPTION DRUG INFORMATION

90-Day Prescription Refills

You can fill your maintenance medicine in a 90-day or 30-day supply at a retail pharmacy. Cigna offers a retail pharmacy network that gives you more choice in where you can fill your 90-day prescriptions. Some major pharmacies include: CVS (including Target), Walmart and Kroger.

Log in (or register) at mycigna.com and click "Pharmacy" to get started.

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 that 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 1.800.Cigna24. 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.

Cigna Dental - Know what's important

Nothing is more important than your health. That's why there's myCigna.com – your online home for assessment tools, plan management, dental health information and much more.

You can use myCigna.com to:

Choose dentists and create, download and print a personal directory.

Verify plan details such as coverage, coinsurance / copays, and deductibles (the amount you pay before your plan starts to pay).

Print a dental ID card.

Get the forms you need.

Access dental health information through WebMD® Dental Health Resource Center.

Estimate your dental costs before your next visit.

We're here when you need us

Just call Cigna toll free day or night, even on holidays

1.800.244.6224

OR

Log in to myCigna.com

Plan Summary

\$1,750 calendar year maximum; \$50 yearly individual deductible (\$150 for family)

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.

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.

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.

New enrollees: 6-month waiting period on endodontic procedures and all major services (new employees and newly-added dependents of current employees).

Orthodontia is covered for eligible children and adults at 50% after deductible with a separate lifetime maximum of \$1,500.

Dental implants are covered at 50% after deductible.



Cigna Oral Health Integration Program

The Cigna Dental Oral Health Integration Program (OHIP) provides research-based, value-added enhanced dental coverage with the potential to possibly improve a member's overall health through reaching a state of improved oral health and reduce medical dollars spent due to certain high risk conditions.

The conditions covered under OHIP are:

- Maternity
- Cardiovascular
- Diabetes
- Cerebrovascular (Stroke)
- Head and Neck Cancer Radiation
- Organ Transplants
- Chronic Kidney Disease

Research shows that a person's oral health may have an impact on his or her overall health. This may be especially true for people who have certain medical conditions. That is why we offer 100% reimbursement of copayments and coinsurance on certain dental procedures for customers with specific medical conditions. We also offer savings on certain prescription dental products, and guidance on behavioral issues that impact oral health.

Call Cigna today to learn more.

How to Find a Dentist

Finding a Cigna Dental network dentist or specialist is quick and easy – whether you opt to search online or speak to a customer service representative. Let us show you how.

Make the most of your dental plan by registering and using myCigna.com.

When searching for a dentist, your home zip code will be entered automatically, but you can change the zip if you are looking for a dentist in a different area. Once you've registered, you can search for a Cigna network dentist or specialist in many ways:

> After logging in to myCigna.com, click on **"Find a Doctor"** or **"Help"** at the top of the page.

> Enter your search word or words and click **"Search"**,

OR

> Click on **"Dentist"** under the **"Find a Person"** heading and double-click a specialty dentist by grouping.

You'll see a list of results that has facts that can help you make a good choice about what dentist you want to use.



**NOMINATE
A DENTIST**

If you would like your dentist to join the Cigna Dental network, we encourage you to speak with him/her about us. For more information about Cigna Dental please have your dentist call Cigna at 1.800.244.6224.

VISION BENEFITS

WELCOME TO YOUR
NEW VISION CARRIER



Your vision benefit now features a number of fully covered options.

Fully covered feels free!



Fully Covered Frames At Visionworks

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



Fully Covered Frames from The Exclusive Collection

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



Fully Covered Contacts From The Exclusive Collection Of Contact Lenses

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

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

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

OUT-OF-NETWORK BENEFITS

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

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE (UP TO)

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

1/ The fully covered frame benefit is available at all Visionworks locations nationwide and includes all frames except Maui Jim eyewear.
2/ Collection is available at participating provider locations and is subject to change. 3/ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

MEDICARE REVIEW & LIFE INSURANCE

Medicare PARTS A & B

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

The Harris County Medical Plan coordinates its benefits with Medicare Parts A & B. Since Medicare is the primary insurance, it must pay benefits first before the Harris County Medical Plan will pay benefits.

The Harris County Medical Plan will pay benefits as if Medicare Part B paid first even if you are not enrolled in Medicare Part B. This will cause a gap in your coverage if you do not enroll in Medicare Part B as a retiree.

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

Providers Accepting Medicare

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

Medicare PART D

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

If you meet certain income and resource limits, Medicare's Extra Help Program may assist in paying some of the costs of its prescription drug coverage. You may qualify if you have annual earnings of up to \$18,090 (\$24,360 for a married couple living together) and up to \$13,820 in resources (\$27,600 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.

Life Insurance

All retirees insured under the Harris County group health and related benefits plan have a Life Insurance Benefit of \$15,000.

The benefit is provided by **Dearborn**  **National**

NON-MEDICARE ELIGIBLE RETIREE MONTHLY PREMIUMS

Effective March 1, 2018

	Base Medical Plan with Dental & Vision		
	Retiree Pays	County Pays	Total
Retiree Only	\$125.00	\$625.38	\$750.38
Retiree + Spouse	\$375.00	\$947.30	\$1,322.30
Retiree + Child	\$350.00	\$914.20	\$1,264.20
Retiree + Two or More	\$525.00	\$1,163.30	\$1,688.30

	Plus Medical Plan with Dental & Vision		
	Retiree Pays	County Pays	Total
Retiree Only	\$200.00	\$810.63	\$1,010.63
Retiree + Spouse	\$575.00	\$1,300.63	\$1,875.63
Retiree + Child	\$500.00	\$1,205.24	\$1,705.24
Retiree + Two or More	\$725.00	\$1,532.24	\$2,257.24

Retirees who were NOT eligible to retire by February 28, 2011 will pay an additional \$100 for their coverage.

If you are currently covering dependents, Harris County may pay a portion of the cost of your dependents' coverage as well. If you retired after March 1, 2002 or if you retired with less than 10 years of Harris County service, your rates may vary. Please review your Enrollment Worksheet to determine the monthly rate for the 2018-2019 plan year for you and your currently covered dependents.

MEDICARE ELIGIBLE RETIREE MONTHLY PREMIUMS

Effective March 1, 2018

	Base Medical Plan with Dental & Vision		
	Retiree Pays	County Pays	Total
Retiree Only	\$0.00	\$625.38	\$625.38
Retiree + Spouse	\$250.00	\$947.30	\$1,197.30
Retiree + Child	\$225.00	\$914.20	\$1,139.20
Retiree + Two or More	\$400.00	\$1,163.30	\$1,563.30

	Plus Medical Plan with Dental & Vision		
	Retiree Pays	County Pays	Total
Retiree Only	\$75.00	\$810.63	\$885.63
Retiree + Spouse	\$450.00	\$1,300.63	\$1,750.63
Retiree + Child	\$375.00	\$1,205.24	\$1,580.24
Retiree + Two or More	\$600.00	\$1,532.24	\$2,132.24

Harris County pays a significant portion of the cost for your health care coverage.

The amount of Harris County's contribution is determined annually and is currently based on your years of Harris County service and age at retirement. As a general rule, if you retired before March 1, 2002 with at least 10 years of Harris County service, for the 2018-2019 benefit year Harris County will pay 100% of the cost of your Base plan medical, dental, vision and life insurance coverage if you are Medicare eligible.

Human Resources & Risk Management

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Commissioners Court

Ed Emmett	County Judge
Rodney Ellis	Precinct 1 Commissioner
Jack Morman	Precinct 2 Commissioner
Steve Radack	Precinct 3 Commissioner
R. Jack Cagle	Precinct 4 Commissioner

