



RETIREE OPEN ENROLLMENT GUIDE

NOVEMBER 3 - 21, 2025

EFFECTIVE JANUARY 1, 2026

WHAT TO KNOW FOR 2026

Benefits year now follows the calendar year

We did it! To make things easier and more efficient for everyone, we aligned the benefits year to the calendar year.

Think “one-stop shop” for all your health plan needs – no more confusing separate open enrollment periods. There will be one open enrollment, and all health plans will align with the standard 12-month plan year (January 1, 2026-December 31, 2026).

There is a new Medicare plan vendor

For Aetna covered members currently enrolled in Aetna Basic and Premier plans, we will be transitioning to a single, comprehensive plan with Humana.

What does that mean for you?

Cigna Medical Plans

- For Cigna Medical covered members, this means your monthly premiums and benefits will remain consistent and there will be no changes to your existing plan features except for tele-medicine. All three Cigna medical plans will have a \$0 copay for virtual care visits through MDLive, Primary Care Physician (PCP) and Specialists.
- **An update about Village Medical for Cigna Limited members**, this group of providers will no longer be available AFTER January 1, 2026. Here are your options:
 - Stay where you are in the Limited Plan and change to one of the other groups like Kelsey Seybold or Renaissance
 - You may change to either the Consumer Driven Health Plan (CDHP) or Open Access Plan (OAP) if you would like to keep your Village Provider

IMPORTANT: Some members may qualify for Continuity of Care. This is for those who are in the middle of treatments, and/or have procedures scheduled after December 31, 2025. It would allow them to continue care at the in-network benefit level at Village Medical, for a period of time. For information about Continuity of Care, members may call the on-site Cigna Team or the phone number on the back of their card. Cigna will work with the member to determine their eligibility for Continuity of Care. They can also help them complete the request form.

Medicare Advantage Plans

- For KelseyCare Advantage covered members, there is no change to your monthly premiums or plan except for a fitness benefit called One Pass (formerly known as SilverSneakers).
- For Aetna covered members currently enrolled in Aetna Basic and Premier plans, your coverage with Aetna will no longer be available after December 31, 2025. You will automatically be enrolled in the Humana ESA Premier PPO plan starting January 1, 2026.
- A key feature of this transition includes many of your current healthcare providers within the Humana network.
- The automatic enrollment also includes Humana’s prescription drug plan, effective January 1, 2026.
- While some members may see an increase in monthly premiums (Aetna Basic from \$15 to Humana Premier \$55/monthly), others will experience a decrease (Aetna Premier from \$60 to Humana Premier \$55/monthly).





WHAT DO YOU NEED TO DO?

Nothing! If you are satisfied with your current benefits*, you don't need to do anything.

You only need to log into Benefitplace at benefitplace.houstontx.gov to opt back in, make changes to your existing coverage, opt out, or update your beneficiaries, if applicable.

*Aetna members will automatically be enrolled in the City of Houston's Humana Medicare Advantage plan.

Options for current Aetna members

Option 1: Do nothing. No action is required on your part. You'll automatically be enrolled in the City of Houston's Humana Medicare Advantage plan.

Option 2: Kelsey Seybold does not accept Humana. If you currently live in the Kelsey service area or you are seeing Kelsey providers, you may want to enroll in the Kelsey Care Advantage plan, visit <https://benefitplace.houstontx.gov>. When enrolling in Kelsey you must select a participating service county using the drop-down menu. The monthly premium is \$42 per individual..

Option 3: You may choose to "Opt-Out" and explore other options outside of the City of Houston's Medicare Advantage Plan offerings.

Visit benefitplace.houstontx.gov to disenroll during the annual open enrollment between November 3, 2025 – November 21, 2025. The effective date will be December 31, 2025. If you choose to "Opt-Out, you may re-enroll: 1) you experience a Qualified Life Event or 2) during the next Open Enrollment Period.

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**Want to make changes?
Don't wait until the last minute!
Open Enrollment ends
November 21, 2025 at 5:59pm CST.**

Disclaimer: If a conflict exists between this enrollment guide and the official plan documents for each plan, the official plan documents will prevail. The City of Houston reserves the right to change, modify, increase or terminate any benefits.

HOW TO ENROLL

- Log in to benefitplace.houstontx.gov
- Once in Benefitplace, select **Get Started** from the home page.
- Review your contact information and communication preferences (Note: If any of your contact or demographic information is incorrect, please return to HR One Connect to edit and save that information).
- Review or add your dependents, then select **Begin Enrollment** to enroll in benefits.

Uploading supporting documents

When you add a new dependent, you will need to submit supporting documents (see page 6 for required documentation)

- Log in to benefitplace.houstontx.gov.
- Once in Benefitplace, select **Profile** from the home page.
- In the drop-down menu, choose **Document Center**.
- Any documentation needed will be highlighted on your account. Choose **Add document**. Attach the requested document, then select **Save Document**.
- A message will display confirming your documentation has been uploaded. From this page, you can either **View and manage your documents** or **Return to the homepage**.

Attention retirees currently enrolled in Phase Down or Voluntary Municipal Employee Retirement Pension Option (VMERPO)

If you're part of these special programs, your current premiums will stay exactly as they are. Once your Phase Down program ends, the plan is for you to transition smoothly to one of our retiree plan options listed below:

- **Cigna (Non-Medicare Eligible Retirees Under 65)**
- **Medicare Advantage Plan:**
 - **KelseyCare Advantage**
 - **Humana Premier ESA PPO**

We want to make sure your coverage continues seamlessly!

It is your responsibility to notify HR Benefits of the option you choose. We want to make sure your coverage continues seamlessly!

This information specifically pertains to retirees participating in the Phase Down or VMERPO special programs.

DEPENDENT ELIGIBILITY

Retiree relationship	Required supporting documentation
Legal/*Surviving spouse	<ul style="list-style-type: none"> • Social Security Number or ITIN • Marriage Certificate (front and back) or Declaration of Registration of Informal Marriage
Biological child	<ul style="list-style-type: none"> • Social Security Number or ITIN • Birth Certificate or Verification of Birth Facts*
Adopted child	<ul style="list-style-type: none"> • Social Security Number or ITIN • Birth Certificate • Adoption Documents
Legal custody/guardianship foster child	<ul style="list-style-type: none"> • Social Security Number or ITIN • Birth Certificate • Guardianship Documents
Court ordered dependent	<ul style="list-style-type: none"> • Social Security Number or ITIN • Birth Certificate • Adoption/Guardianship Documents • Copy of Court Order
Stepchild	<ul style="list-style-type: none"> • Social Security Number or ITIN • Birth Certificate • Marriage Certificate (front and back)
Disabled children age 26 and over	<ul style="list-style-type: none"> • Social Security Number or ITIN • Birth Certificate • Proof of child's condition and dependency must be submitted within 31 days upon receiving third-party medical administrator's approval for coverage

Required documents must be submitted and verified before dependents can be covered under any of the City of Houston benefits plans. Submitted documents must be County Clerk certified or court-filed documents. Each submitted document will be reviewed by the Benefits Division for approval before processing changes to coverage.

Verification of Birth Facts and SSN must be submitted within the first 31 days of birth. The employee must provide a copy of the certified birth certificate within 60 days of child's birth. Birth certificates are required for any dependent child who is not a newborn.

REMINDER: Ex-spouses must be dropped within 31-days of the divorce being executed. Refunds will not be issued for failure to notify HR Benefits of an ineligible dependent.

IMPORTANT: *Surviving spouses who remarry will no longer be eligible for City of Houston health plans.

Important note about upcoming dependent audit

This message is to update you regarding the previously announced dependent audit planned for Fall 2025. After careful consideration and a comprehensive review of our current process, we have decided to update the criteria for the dependent audit to identify specific groups who were not verified through previous audits. The groups identified will receive individual notifications if they are selected to participate in the current dependent audit review. While our commitment to responsible plan management remains a top priority along with ensuring viable coverage for all participants on our plan, it is essential for the City to continue ongoing audit procedures to verify the accuracy and integrity of our member data. Covering ineligible dependents on the City of Houston plans result in increased health plan costs due to claims and pharmacy expenses.

We appreciate your understanding and cooperation with this process.

CIGNA MEDICAL PLANS

City of Houston offers you three unique medical plans. All plans include preventive care services and a four-tier prescription drug plan. The three plans offered are the Consumer-Driven Health Plan (CDHP), the Cigna Limited Network, and the Cigna Open Access.

- **Consumer-Driven Health Plan (CDHP)** — The CDHP plan offers the same broad network as the Cigna Open Access plan, plus access to out-of-network services at higher deductibles and coinsurance as well as a Health Reimbursement Account. This is the least expensive option.
- **Cigna Limited Network** — Under the Limited Network Plan, all your medical care comes from one of three provider groups — Kelsey-Seybold and Renaissance. This is the middle-of-the-road option.
- **Cigna Open Access** — Under the Open Access plan you will be able to visit any of the more than 572,800 providers in Cigna’s national network, but only true* emergency services are available out-of-network. This is the most expensive option.

Non-Medicare Eligible Retirees Under 65 Monthly Medical Rates*			
Tier	Consumer-Driven Health Plan (CDHP)	Limited Network Plan	Open Access Plan
Retiree Only	\$334.98	\$401.98	\$669.96
Retiree + Children	\$535.96	\$643.16	\$1,071.98
Retiree + Spouse	\$945.96	\$1,120.14	\$1,726.46
Retiree + Family	\$1,146.98	\$1,361.32	\$2,122.48

* If you are a tobacco user, you will add \$37.50 to these premiums.

● ● ● **Mental Health & Substance Abuse Benefits**

● ● ● Don't forget you have mental health and substance abuse benefits through Cigna Total Behavioral Health regardless of the medical plan in which you are enrolled. Call 800-997-1406.

● ● ● **Insurance Cards**

● ● ● Insurance cards have gone digital. Cards will only be available upon request. Log into myCigna.com or the mycigna app to obtain your card. You may also contact Cigna directly at 800-997-1406 to request a physical card be mailed to you.



*A true emergency is when an illness or injury places a person’s health or life in serious jeopardy and treatment cannot be delayed. Examples include difficulty breathing, chest pain, a head injury or ingestion of a toxic substance.

CIGNA PLAN COMPARISON

Plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Plan Year	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026
Medical Service Deductible	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000	Individual \$200 Family \$600	Individual \$850 Family \$1,700
Plan Year Out-of-Pocket Max	Individual \$8,700 Family \$17,400	Individual \$17,400 Family \$34,800	Individual \$8,700 Family \$17,400	Individual \$8,700 Family \$17,400
Prescription Plan Deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		Individual \$150 Family \$450 (except for certain preventive medications which are not subject to deductible.)	No
Health Reimbursement Account	Yes. The City pays the first \$500/individual or \$1,000/family. This amount is prorated for plans starting after March 31. Prorated amounts based on effective date: <ul style="list-style-type: none"> Apr. 1 – Jun. 30: \$375/individual or \$750/family Jul. 1 – Sep. 30: \$250/individual or \$500/family Oct. 1 - Dec. 31: \$125/individual or \$250/family 		No	No
Network Options	Includes Cigna's national network Out-of-network services provided with higher co-insurance and deductibles.		Choose from one of the provider groups. Only true emergencies* are covered out of the provider group.	Includes Cigna's national network. Only true emergencies* are covered out of network.
PCP	20% after deductible is met	40% after deductible is met	\$35	\$40
Virtual Care: MDLive/PCP/ Specialist	100%	N/A	\$0	\$0
Specialist	20% after deductible is met	40% after deductible is met	\$65	Tier I Specialist \$65 Non-Tier 1 Specialist \$80
Outpatient surgery	20% after deductible is met	40% after deductible is met	\$350 per surgery Maximum of \$700 per plan year after deductible is met	30% after deductible is met
Inpatient facility	20% after deductible is met	40% after deductible is met	\$600 per day Maximum of \$3,000 per plan year after deductible is met	30% after deductible is met
Emergency room	20% after deductible is met	20% after deductible is met	\$400	30% after deductible is met
Urgent care services	20% after deductible is met		\$65	\$75
Wellness Programs	Yes	Yes	Yes	Yes
Prescription Drug Plan	Yes	Yes	Yes	Yes

* A true emergency is when an illness or injury places a person's health or life in serious jeopardy and treatment cannot be delayed. Examples include difficulty breathing, chest pain, a head injury or ingestion of a toxic substance.

College students outside of the service area

If you are on the Limited Plan and have a dependent who is in college outside of the plan's service area, you will need to contact Cigna to set up Guesting services for access to care. Call Cigna at (800) 997-1406.

CIGNA PHARMACY PLAN

When it comes to filling your prescriptions, choice, convenience and cost are important to you. There are over 4,000 retail pharmacies in your network for 30-day prescriptions and 31,000 retail pharmacies for 90-Day prescriptions.

Free Medications

Preventive Generic Medications: Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, heart attack, stroke, diabetes, asthma, prenatal nutrient deficiency, etc. The City's prescription drug plan covers most of these medications at no cost to you. Go to myCigna.com website, app or call Cigna Express Scripts at 800-997-1406 to learn which medications are free. You can also use the Drug Cost tool to estimate costs of any medications that are not on the no cost list.

No Cost Smoking Cessation and Contraceptive Medications: The City's pharmacy plan covers prescription and over-the-counter smoking cessation and contraceptive products with no copay, coinsurance or deductible.

Patient Assurance Program: Certain preferred brand insulin drugs are eligible for a maximum copayment of \$25 for a 30-day supply and \$75 for a 90-day supply at participating in-network pharmacies.

Pharmacy Plan Features Comparison

Pharmacy plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Prescription deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		\$150 individual / \$450 family	No
Retail Generic	20% Plan pays 80% after the deductible is met	60% Plan pays 40% after the deductible is met	\$10 or cost	\$10 or cost
Retail Preferred			\$45	20% (\$45 min/\$100 max)
Retail Non-preferred			\$60	40% (\$55 min/\$150 max)
Retail Specialty	Specialty medications are 30-day supply only		\$100	40% (\$100 min/\$300 max)
Free mail-order prescriptions through Cigna Home Delivery Pharmacy	Generic and preferred brand diabetes, asthma, blood pressure, osteoporosis, prenatal vitamins, cholesterol, anxiety, depression, and bipolar related drugs and supplies.			

Participating Pharmacies: 30-day

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

Visit Cigna.com/Rxgonetwork to see a complete list of pharmacies in your network.

Participating Pharmacies: 90-day

- CVS/Target
- Walmart

Visit Cigna.com/Rxgonetwork to see a complete list of pharmacies in your network.

MEDICARE PLANS

The City of Houston contracts with KelseyCare Advantage and Humana to provide eligible retirees Medicare Advantage Plan coverage.

There are two Medicare Advantage Plan options:

- KelseyCare Advantage
- Humana ESA PPO

COH Medicare Advantage Plan Cost

In order to participate in the City of Houston's Medicare Advantage Plans, you and your eligible dependent(s), if applicable, must enroll for coverage under the Medicare Parts A and B with the Federal Government.

Monthly contributions for Medicare Advantage Plans

Tier	KelseyCare Advantage HMO	Humana Premier ESA PPO
Per person	\$42	\$55



Medicare Open Enrollment Checklist

- ☑ Enroll in Medicare Parts A & B with the Social Security Administration. Contact Medicare for questions about your Original Medicare coverage at 1-800-MEDICARE.
- ☑ Visit [CityofHoustonBenefits.org](https://www.cityofhoustonbenefits.org) for more information about your 2026 benefits. Use the resources to assist you with your decision making. You'll find a plan comparison, rate sheets, videos and plan summaries.
- ☑ Enroll in one of the City of Houston's Medicare Plans. Be sure that you have a physical address and not just a PO Box to ensure you receive all mailings.
- ☑ Review the benefits you've selected. Insurance cards will be mailed out from the vendors after December 15.
- ☑ The Eligibility and Enrollment Support Center is available to assist you with your questions during Open Enrollment.



ENROLLING IN A MEDICARE PLAN

Eligibility

As a retiree, you are eligible for coverage if:

- you are Medicare eligible;
- and you are covered by Medicare Parts A and B;
- or you were covered by a City of Houston medical plan on Jan. 1, 2010, and filed paperwork to opt out of a city plan. You may elect to re-enroll (opt back in) during this enrollment period. If you have Medicare Parts A and B, you can only opt back into a City-sponsored Medicare plan. Cigna is not an option.

Electing a Medicare Plan

Remember: When you or your dependent becomes Medicare eligible, you will need to contact Social Security Administration to be enrolled in Medicare Parts A (hospitalization) and B (medical; i.e., doctor visits). At that time, you need to elect a City-sponsored Medicare Advantage plan to participate in the City of Houston medical insurance coverage.

Here is what you need to do:

- Log in to benefitplace.houstontx.gov
- Once in Benefitplace, select **Get Started** from the home page.

Changing Medicare Plans

Each person who wants to disenroll or change to another one of the City of Houston's Medicare Advantage plans must opt out or switch to another Medicare plan by accessing Benefitplace at benefitplace.houstontx.gov, calling the Benefits Division at 832-393-6000, or emailing retireebenefits@houstontx.gov.



Logging into Benefitplace for the first time?

See pages 23-24 for step-by-step instructions on how to set up your Benefitplace log in.



For Benefitplace Quick Reference Guides and more visit, coemployees.org/medicare

HUMANA PREMIER ESA PPO

A Medicare Advantage plan is another way to provide Original Medicare Part A (hospital) and Part B (medical) benefits and more. Medicare Advantage plans are offered through private insurance companies that have been approved by Medicare. With an MA plan, you don't lose the coverage you get with Original Medicare. You get the same coverage as Original Medicare plus additional services not covered by Medicare, such as access to health and wellness programs. The Humana Medicare Advantage coverage includes Medicare prescription drug coverage (Medicare Part D); which includes a lower Maximum out of pocket amount for 2025. Therefore, you do not need a stand-alone Medicare Part D Plan.

Please see the information below about the City of Houston Humana Premier ESA PPO plan.

Additional Benefits

- Same cost share for in- and out-of-network services
- No referrals required
- SilverSneakers® fitness program
- Routine eye and hearing exams
- Eyewear: \$100 a year
- Hearing aids: \$500 every 36 months
- Transportation services to medical appointments: 24 one-way trips up to 60 miles per trip at \$0 copay
- Meal delivery after hospitalization
- Telehealth
- Post-Discharge Services (in-network provider must be used for this service)

Key Facts

- Access to in- and out-of-network providers.
- Pay the same cost share for any doctor or hospital, whether they are in or out of network.
- One plan, with one ID card, for both medical and prescription drug coverage. No need for a standalone Part D plan.
- No referrals required.
- Most services have a set copay, providing you with certainty in your out-of-pocket costs.
- Covers you nationally when traveling and emergency care is covered worldwide.

Important Information

Am I eligible?

You must have Medicare Part A and Part B to be eligible for the plan. The premiums for Medicare Part A and Part B are paid out of your Social Security benefits.

Can I keep my doctors?

You'll have access to an incredible network of over 500,000 providers, specialists, and hospitals. Many of your familiar and trusted favorites are part of the plan. You also have more than 61,000 participating pharmacies, so getting your prescriptions will always be convenient.

IMPORTANT: Kelsey Seybold does not accept Humana

Will the medicine I'm taking currently be covered under this plan?

Contact Humana Group Medicare Customer Care 866-371-2104 (TTY: 711), Monday – Friday, 7 a.m. – 8 p.m., Central time, or refer to the prescription lists on [Humana.com/pharmacy/medicare-drug-list](https://www.humana.com/pharmacy/medicare-drug-list)

What does ESA (Extended Service Area) mean?

You have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive

Medicare payment and accept your plan. You pay the same cost for any doctor or hospital, according to the costs listed on your plan benefits.

See Frequently Asked Questions page for more important information.

HUMANA FAQs

Q. What is a Medicare Advantage plan?

A. A Medicare Advantage plan is another way to provide Original Medicare Part A (hospital insurance) and Original Medicare Part B (medical insurance) benefits and more. It's called Medicare Part C. Medicare Advantage plans are offered through private insurance companies that have been approved by Medicare. With a Medicare Advantage plan, you don't lose the coverage you get with Original Medicare. You get the same coverage as Original Medicare plus additional services not covered by Medicare, such as access to health and wellness programs.

Q. What if my provider says they will not accept my plan?

A. If your provider says they will not accept your PPO plan, you can give your provider the "Member to Provider" information page in this packet. It explains how your PPO plan works. You can also call Humana Customer Care to have a Humana representative contact your provider and explain how your PPO plan works.

Q. Does the Humana Premier PPO Medicare Advantage plan offer prescription drug coverage?

A. Yes. You'll get both medical and prescription drug coverage all in one plan. Humana's comprehensive formulary will continue to cover prescriptions with minimal changes. For more information, visit www.humana.com/MedicalDrugList.

Q. Is the coverage gap "doughnut hole" eliminated from my prescription drug coverage in 2026.

A. Yes, As a part of changes resulting from the Inflation Reduction Act the coverage gap "doughnut hole" was eliminated.

Q. Can I keep my doctors?

A. You'll have access to an incredible network of over 500,000 providers, specialists, and hospitals. Many of your familiar and trusted favorites are part of the plan. You also have more than 61,000 participating pharmacies, so getting your prescriptions will always be convenient. **IMPORTANT: Kelsey Seybold does not accept Humana**

Q. Do I need a referral to see a specialist?

A. No. Referrals are not required.

Q. Do I need a primary care doctor?

A. No. A primary care doctor is not required, but encouraged.

Q. How do I find out if my doctor accepts the Humana Premier PPO plan?

A. Call our Customer Care team at 866-371-2104 (TTY: 711), Monday – Friday, 7 a.m. – 8 p.m., Central time.

Q. Once the plan becomes effective January 1, 2026, will I need to let my doctor know that I have changed plans?

A. Yes. You'll need to provide your new Humana ID card when you receive medical and prescription drug services. Your new ID card will take the place of your current red, white and blue ID card for Original Medicare and will be the only health ID card you will need to carry.

Q. What is my coverage if I am traveling internationally?

A. Humana will cover urgent and emergency care while you are traveling outside the U.S.

Q. Will the medicine I'm taking currently be covered under this plan?

A. Visit Humana Group Medicare Customer Care 866-371-2104 (TTY: 711), Monday – Friday, 7 a.m. – 8 p.m., Central time, or refer to the prescription lists at Humana.com/pharmacy/medicare-drug-list.

How To Locate a Provider

1. Go to <https://findcare.humana.com/>
2. Enter zip code, or city/state information
3. Choose **Get Started**
4. Select **Medical**
5. Choose network: **Medicare PPO/ Employer PPO Plus**

KELSEY CARE ADVANTAGE HMO

KelseyCare Advantage (HMO) is a Houston area 5-out-of-5 star rated copay-based plan. Members have open access to Kelsey-Seybold Clinic's premier multi-specialty physician group. If there is a medical condition that cannot be treated at Kelsey-Seybold, your Kelsey physician will coordinate your care with a contracted Affiliate Network provider. If you are referred outside of Kelsey, the cost-share is the same.

Additional Benefits

- No referrals required
 - Robust Telehealth Services
 - Access to Dispatch Health
 - Local Houston Member Services
 - Savings on Preferred Pharmacies
 - One Pass™ fitness benefit
- **Maximized Coordinated Care**
 - Medication Therapy Management Program
 - Medication Reconciliation Program
 - Integrated Medical Records
 - Care Management programs for Chronic Conditions

Key Facts

- Low copays
 - Same and Next-day Care
 - One Stop Shop Medical including On-site pharmacies, labs and imaging
 - Preventive Services covered at 100%
 - Free Transportation (20 one-way rides to medical appointments)
 - Hearing & Vision coverage
 - Access to all 40+ Kelsey-Seybold locations
- Over 70 Medical Specialties and over 900 employed doctors
 - \$0 copay for Primary Care visits
 - \$25 copay for Specialist office visit or \$15 for specialist video visit
 - \$200 in eye-wear allowance
 - Tier 6 - \$0 vaccines and chronic care medications
 - Worldwide Emergency Coverage

Prescriptions

- Mail-order pharmacy services are offered by Optum Home Delivery Pharmacy.
- The plan utilizes a closed formulary, or drug list. This means that certain drugs are not covered. The formulary is updated on a monthly basis with approval by CMS (Centers for Medicare & Medicaid Services).
- The pharmacies that offer preferred cost-sharing for City of Houston are Kelsey Pharmacies, HEB Pharmacies, CVS.

KelseyCare Advantage is contracted with MD Anderson however, members cannot self-refer. If a patient develops cancer, the patient would be evaluated and treated by a Kelsey-Seybold Oncologist. If Kelsey cannot treat their particular condition, we would refer the patient to a contracted facility for treatment. One of those facilities could be MD Anderson, or it may be another facility, it depends on the type of cancer.

New KelseyCare Advantage members and patients who are actively undergoing cancer treatment should complete a Transition of Care form for review. If approved, an authorization will be sent to the provider or facility where the treatment is being performed to continue the treatment.

KELSEYCARE ADVANTAGE HMO

Q. Are Medicare Advantage and Traditional Medicare the same thing?

- A. Medicare was originally designed in 1965 to provide affordable medical coverage to older Americans. Medicare began with Parts A and B, but evolved in the 1980s with an influx of private Medicare plans that today are called Medicare Advantage plans (Part C and D).

KelseyCare Advantage is a Medicare Advantage plan. You get all of the benefits of traditional Medicare as well as coverage for things that Traditional Medicare does not cover. In addition, this plan covers your Prescription Medications.

Q. What doctors can I go to on KelseyCare Advantage?

- A. As a KelseyCare Advantage member, you'll get open access to Kelsey-Seybold Clinic's premier multispecialty physician group, an extensive network of primary care providers and specialists.

You can visit any Kelsey provider at any location. Look for a Kelsey-Seybold Clinic location near you at www.kelsey-seybold.com/find-a-location. This page also lists which specialty services are offered at each location.

In addition to primary and specialty care, most Kelsey locations also have additional services:

Kelsey Pharmacies

Onsite Labs and Radiology

KelseyCare Advantage is also contracted with many Community Network Providers. Providers who are not located within a Kelsey-Seybold Clinic location, but at their own practice. You can find a list of those contracted providers by visiting www.kelseycareadvantage.com/COH.

Q. How do I transition my care to KelseyCare Advantage?

- A. We want to make your transition to KelseyCare Advantage as smooth as possible. Fill out a transition of care form, which can be found on our website or by calling Member Services. Our team will work with you to make sure the benefits are applied correctly. In addition, you have access to our continuity of care advocates who will support you throughout this transition.

Q. Does KelseyCare Advantage provide coverage outside the Houston area?

- A. KelseyCare Advantage offers benefits which allow members to connect with Kelsey-Seybold providers virtually. If you are traveling and feel ill, instead of going to an ER or Urgent Care, you can schedule a Video Visit or E-Visit with a Kelsey provider who has access to your personal medical history. If you need a prescription, the provider will send the details to any pharmacy. And just in case you need it, Emergency Care is covered Worldwide, and Urgent Care is covered within the United States.

Q. Are my medications covered?

- A. There are two ways to find out if your prescription medications are covered.

Search the City of Houston Drug List found at www.kelseycareadvantage.com/COH. Enter part of the drug name and then click Add to List. You can add all your medications and save the document for your reference.

Call Member Services at 713-442-2COH (2264) (TTY: 711) and ask them to look up your medications, make sure to have the spelling of the drug and the quantity information available.

Q. Can I get care and prescriptions while traveling?

- A. KelseyCare Advantage covers all your Virtual Health and Telemedicine. Get medical care delivered right to your smartphone, tablet or computer.

Whether you are traveling or just don't feel well enough to go out. You will receive care from a Kelsey-Seybold provider who has access to your personal medical record.

Need a prescription? The Kelsey provider will send your prescription to a location near you and you can get on with your day.

Q. Where can I find more information?

- A. Visit www.kelseycareadvantage.com/COH for more information.

MEDICARE PLAN COMPARISON

Benefit	Humana Premier ESA PPO	KelseyCare Advantage HMO
Service Area	National PPO You will pay the same cost-share for in- and out-of-network services	Brazoria, Chambers, Liberty, Waller, Ft. Bend, Harris, Montgomery, Galveston, Walker, Wharton, San Jacinto, Austin
Annual Deductibles	\$150 per year for some combined in- and out-of-network services	None
Maximum Annual Out-of-Pocket Costs	\$3,500 for in and out-of-network services combined	\$3,400
Lifetime Maximum	None	None
PCP	\$20 copay	\$0 copay
Specialist	\$20 copay	\$25 copay
Preventive care	\$0 copay	\$0 copay
Chiropractic	\$15 copay	\$15 copay
Podiatry	\$20 copay	\$15 copay
Inpatient Hospital	\$250 per stay	\$300 copay
Outpatient Surgery Hospital	\$0 copay	\$175 copay
Outpatient Surgery Ambulatory	\$0 copay	\$150 copay
Emergency Room	\$80 copay	\$120 copay
Ambulance	\$20 copay	\$100 copay
Urgent Care Center	\$20 copay	\$25 copay
Lab & X-Ray Diagnostic Radiology	\$20 copay	\$0 copay \$100 for CT, MRI / \$150 for PET scans
Therapeutic Radiology (treatment of cancer and other diseases with radiation)	\$20 copay	\$15 copay
Physical Therapy	\$20 copay	\$15 copay
Occupational Therapy	\$20 copay	\$15 copay
Immunizations	\$0 copay	\$0 copay
Home Health	\$0 copay	\$0 copay
Skilled Nursing	\$0 copay per day, day(s) 1-20; \$75 copay per day, day(s) 21-100 Limited to 100 days per Medicare Benefit Period	\$0/day - days 1-20 \$100/day - days 21-100 Covered 100 days per benefit period.
Renal Dialysis	\$20 copay	20% coinsurance
Durable Medical Equipment	20% coinsurance	10% coinsurance
Prosthetic Devices	20% coinsurance	20% coinsurance

MEDICARE PLAN COMPARISON

Benefit	Humana Premier ESA PPO	KelseyCare Advantage HMO
Diabetic Equipment	See diabetic supplies	20% coinsurance
Diabetic Supplies	\$0 copay	20% coinsurance
Diabetic Monitoring / Training	\$0 copay	\$0 copay
Diabetic - Injectable Insulin (30-day supply)	See prescription drug benefit	See prescription drug benefit
Hospice	Covered by Medicare at Medicare-certified facility	Covered by Medicare at Medicare-certified facility
Mental Health		
Inpatient Hospital	\$250 copay per stay	\$300 copay per stay
Outpatient Hospital	\$20 copay	Outpatient Surgery (Hospital) \$175 Outpatient Surgery (ASC) \$150
Key Extra Benefits		
Hearing	Routine hearing screening \$0 Hearing aid reimbursement \$500 every 36 months	\$0 Routine hearing exam Hearing aid discount up to 20% per year
Vision	\$0 per annual routine exam Diabetic eye exams \$0 Eyewear benefit (One per calendar year) Benefit toward the purchase of frame and pair of lenses or contact lenses (In-network member cost) Any retail amount over \$100 allowance (Out-of-network reimbursement) Up to \$100	\$0 Routine eye exam \$200 allowance towards glasses or contacts
Medical Dental (Medicare-covered services only; i.e. injury to mouth)	\$20 copay Non-routine care covered by Medicare	\$0 for Medicare-covered benefits
Routine Dental	Not covered	Not covered
Telehealth	Includes PCP, Behavioral Health or Urgent Care	\$0 PCP \$15 Specialist Kelsey-Seybold Virtual Health
Meal Delivery	Up to 28 meals (2x a day for 14 days) after in-patient hospital stay	Not covered
Fitness Benefit	One Pass™ fitness benefit	SilverSneakers® fitness benefit

MEDICARE PLAN PHARMACY

All of the City of Houston’s Medicare Advantage Plans include Part D, and offer comparable or better pharmacy benefits. The drug formularies established by Medicare for 2026 serves as the model for Medicare plan formularies. If requested from your chosen provider*, you will receive a formulary list when you enroll in a plan. You can also find out how much your prescriptions will cost by calling the plan, visiting the plan’s website or viewing the chart below.

* Note: Reference the back page for provider contact information.

Benefit	Humana Premier ESA PPO	KelseyCare Advantage HMO
Transportation Benefit	24 one-way trips, 60 miles each way	20 one-way trips to medical appointments
Deductible	\$0 Deductible	\$0 Deductible
Preferred Generic	\$2 in-network pharmacy	\$10 preferred pharmacy \$15 standard pharmacy
Non-preferred Generic	\$10 in-network pharmacy	\$15 preferred pharmacy \$20 standard pharmacy
Preferred Brand	\$40 in-network pharmacy	\$30 preferred pharmacy \$35 standard pharmacy
Non-Preferred Brand	\$75 in-network pharmacy	\$45 preferred pharmacy \$50 standard pharmacy
Specialty Drugs	\$75 in-network pharmacy	\$75 preferred pharmacy \$80 standard pharmacy
Mail Order 90-day Supply		
Preferred Generic	\$4 in-network pharmacy	\$30 preferred pharmacy \$45 standard pharmacy
Non-preferred Generic	\$20 in-network pharmacy	\$45 preferred pharmacy \$60 standard pharmacy
Preferred Brand	\$80 in-network pharmacy	\$90 preferred pharmacy \$105 standard pharmacy
Non-Preferred Brand	\$150 in-network pharmacy	\$135 preferred pharmacy \$150 standard pharmacy
Specialty Drugs	Limited to one-month supply	A long-term supply is not available
Medicare Part B drugs	N/A	15% coinsurance

DENTAL PLANS

Cigna Dental Care® (DHMO) Plan Facts

- No dollar maximums
- No deductibles
- No claim forms to file when using network dentists
- You will select a Cigna Dental Care network general dentist to manage all of your dental health care needs who will refer you to any network specialists. (Referrals are not required for pediatric dentists for children under age 7 and orthodontists.)

Total Cigna DPPO Plan Facts

- Freedom to visit any licensed dentist or specialist
- No specialty referrals required
- The plan will cover eligible dental expenses after you satisfy any applicable waiting periods and meet any deductibles
- The plan is based on coinsurance levels that determine the percentage of costs covered by the plan for different types of services

Retiree Monthly Dental Rates		
Tier	Cigna Dental Care® (DHMO)	Total Cigna DPPO
Retiree Only	\$8.90	\$33.74
Retiree + One	\$21.58	\$77.12
Retiree + Family	\$29.56	\$105.6

Plan Features		
Plan Year	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026
Service area	Throughout the United States except for 13 states*	Throughout the United States
Annual maximum benefit	No annual maximum benefit	\$2,000 for Class I, II, & III Expenses
Annual deductible	No annual deductible	\$50 per individual / \$150 per family
Primary dentist referrals for specialty care	Yes	No
Claim forms	No	In-Network: No / Out-of-Network: Yes
Preventive services: Cleaning and oral examinations, bitewing X-rays	Preventive services - \$0	Class I Expenses: Plan pays 100% No deductible
Basic services**: Extractions, root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling	Extraction, Coronal remnants: \$9 Periodontal scaling: \$14-\$24 Root canal therapy, molar: Premolar – \$300 / Anterior - \$200	Plan pays 80% after the deductible is met
Major services**: Initial fixed bridgework, crowns and dentures, replacement of bridgework	Crown, titanium : \$210 - \$300 Complete denture, maxillary: \$260 upper and lower each	Class III Expenses: Plan pays 50% after the deductible is met
Orthodontic services**: Covered services up to two years	\$40.00 - \$1,080.00 Coverage provided for twenty-four (24) months of active treatment.	Class IV Expenses: Plan pays 50% No Ortho Deductible Lifetime Maximum: \$1,000 Children & Adults

*DHMO NOT available in Alaska, Maine, Montana, New Hampshire, New Mexico, North Dakota, South Dakota, Vermont, and Wyoming.

** Refer to Cigna Dental Care Access DHMO Charge Summary and the Total Cigna DPPO Summary for more detailed information. You can find them online at cityofhoustonbenefits.org.

Important note

If you enroll in the DHMO, you are required to select a Primary Care Dentist (PCD). If your current dentist is not in the Cigna Dental Care Access (DHMO) network, you will be auto-assigned to a dentist near your zip code. After January 1, 2026, you may call Cigna at 800-997-1406 to select a different PCD from the Cigna network. PCD changes are effective the first of the following month.



Dental Insurance Cards

Insurance cards have gone digital. Cards will only be available upon request. Log into myCigna.com or the mycigna app to obtain your card. You may also contact Cigna directly at 800-997-1406 to request a physical card be mailed to you.

VISION PLAN

Eye health is another important component in your overall health. The City offers a stand-alone vision plan administered by Superior Vision.

Retiree Monthly Vision Rates	
Tier	Superior Vision
Retiree only	\$9.08
Retiree + children	\$16.42
Retiree + spouse	\$15.52
Retiree + family	\$24.62

Plan Features	
Plan year	January 1, 2026 - December 31, 2026
Annual routine eye exam	\$10
Yearly eyewear benefit for either eyeglasses or contact lenses	\$15 eyewear / \$25 contact lenses \$200 retail allowance for frames \$200 retail allowance for contact lenses
The following standard lens options are covered at 100 percent: single vision, bifocal, trifocal, lenticular, progressives, high index, polycarbonate, UV coating, photochromic, anti-reflective, scratch coat, and tints.	Included in yearly eyewear benefit
Lasik benefit	\$300 toward cost of Lasik



LIFE INSURANCE

Basic Life

ReliaStar Life Insurance Company is your new life insurance carrier. They are a subsidiary of Voya Financial. This group term life policy offers valuable support, with coverage options typically ranging from \$5,000, \$10,000 or \$15,000. Your specific coverage amount and premium are based on your original retirement date and past enrollment choices. Please note that certain long-standing policies, like some \$5,000 options, benefit from unique, grandfathered premium rates (e.g., \$0.20/month).

Important points to remember:

- This policy covers the retiree exclusively. It does not extend to spouses or dependent children.
- Cancellation is permanent. If you waive or cancel this benefit, re-enrollment is not possible later.
- Employee Assistance Program (EAP) services are available to retirees who are enrolled in the Basic Life insurance.

We urge you to consider this carefully before making any changes.

Additional Services:

Empathy helps families prepare for the future and navigate the emotional and practical challenges associated with loss, such as planning a funeral to the logistics of winding down an estate.

Bereavement Support

On-demand personalized services includes a custom Care Plan tailored to the family's unique needs, a dedicated Care Manager will work step-by-step with each family, and hands-on assistance from and access to the Care Team. Curated bereavement support includes:

- Obituary creator: A beautifully written obituary, crafted in minutes
- Grief resources: Guided meditations, audio companions, and a journaling tool
- Help claiming benefits: Resources and dedicated assistance for claiming survivor or other available benefits, such as Social Security or the Veteran's Administration
- Probate & estate administration: State-specific guidance and resources on probate process
- Pet loss: personalized guidance with support tools, helping you navigate the practical and emotional challenges of losing a pet.
- Account closing: Closing unneeded financial accounts, subscriptions, and memberships
- Family collaboration: Intuitive dashboard for family members to share tasks, resources, and progress
- Secure, scanned document storage: Storage for important papers in one secured location

Funeral Support

Compare top-rated, local funeral homes with personalized price quotes, all in one place, plus receive guidance from Empathy Care Managers for every aspect of funeral arrangements.

Estate Planning services

You will have access to the digital legacy planning platform LifeVault. Developed in collaboration with estate attorneys*, LifeVault is an intuitive platform employees can use to create and manage a legally-sound legacy plan for their future with secure encryption and simple, step-by-step guidance. The platform has several options including:

- Create legal documents like wills, powers of attorney, advanced healthcare directives, and more
- Securely store documents in one place
- Share access with family and advisors
- Access educational resources on legacy planning.



LEGAL NOTICES

This document reflects information as of the date listed herein. There is no promise, guarantee, or vested right to access health care coverage or a premium allowance. To the extent allowed by law or an agreement between the City of Houston and an employee association recognized as the exclusive bargaining agent for covered employees, the City of Houston has the discretion to amend, suspend, or terminate the health care plan at any time.

Plan Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage refer to the plan documents. SBCs and plan documents for each of the plans can be found on the HR website at cityofhoustonbenefits.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> to request a copy. You may obtain a printed copy of the SBC or plan documents at no charge by contacting the Benefits Division at 832-393-6000 and it will be sent to you within seven days.

Medicare

When an employee retires and becomes covered by Medicare, the employee and his/her Medicare covered dependents must enroll in a city-sponsored Medicare Advantage plan. In order to do so, you must first enroll in Medicare Parts A and B, and pay for Medicare Part B. All of the City-sponsored Medicare plans also include prescription drug plans, which provide more comprehensive prescription coverage than Medicare Part D, so it is not necessary to enroll in Part D. If you have any questions regarding Medicare you can contact the Social Security Administration at 800-772-1213 or online at SocialSecurity.gov. When you start thinking about retiring you can attend a retirement information seminar given by the Human Resources Benefits Department. This seminar will answer your questions about the city's retiree health benefit programs and Medicare. For details regarding the seminar, please contact 832-393-6000.

Notice of Privacy Practices

The City of Houston's group health plans are designed to protect your privacy. In fact, even though we provide health benefits coverage for you, we do not have access to your medical records. That information is maintained by your doctor and your health plan provider. Federal and state laws require us to maintain the privacy of any information regarding your health care and treatment that is personally identifiable to you, and that is transmitted or maintained by the plans, regardless of the form. This includes information and identifiable factors such as your name, age, and address.

A Notice of Privacy Practices is posted at houstontx.gov/hr and describes how medical information about you may be used and disclosed, and how you can get access to this information. The notice also explains the plans' privacy practices, legal duties, and your rights concerning your protected health information. You can visit the website to review and retrieve the privacy notice.

Important

If you are unable to access the privacy notice, or prefer a copy by mail, contact the privacy officer at one of the following:

Privacy Officer
City of Houston
Human Resources Department
611 Walker - 4th Floor
Houston, Texas 77002
privacyofficer@houstontx.gov
832-393-6199



CONTACTS

City of Houston Benefits Division

611 Walker, 4th Floor
Houston, Texas 77002
832-393-6000

benefits@houstontx.gov

retireebenefits@houstontx.gov

cityofhoustonbenefits.org

Cigna Medical Plans

Cigna Medical

800-997-1406

On-site Cigna Team:

832-393-6305 (A-F)

832-393-6192 (G-M)

832-393-6191 (N-S)

832-393-6193 (T-Z)

cityofhoustonerviceinquiries@cigna.com

myCigna.com

Cigna Mental Health and Substance Abuse

800-997-1406

myCigna.com

Cigna Express Scripts Pharmacy for Mail Order

800-997-1406

Medicare Plans

Humana Group Medicare Customer Care

866-371-2104 (TTY: 711)

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana.com

KelseyCare Advantage

7 days a week, 8 a.m. – 8 p.m. CST

713-442-2COH (2264)

www.kelseycareadvantage.com/COH

Dental Plans

Cigna Dental

800-997-1406

myCigna.com

Vision Plan

Superior Vision

800-507-3800

superiorvision.com

Life Insurance

ReliaStar Life Insurance Company (Subsidiary of Voya Financial)

800-955-7736

How to Log on to Benefitplace



Retirees and survivors will need to set up your account when you log in for the first time.

Step 1: Go to Benefitplace:

<https://benefitplace.houstontx.gov>

Step 2: Enter your Username, then choose “Reset Password”

Your username is COHBEN + your Employee ID (Here’s an example: COHBEN00123456)

REQUIRED: You must add ZEROS in front of your Employee ID to make sure it equals 8 numbers (Example: COHBEN00123456)

Step 3: Choose **Employee or Independent Worker**, then select **Next**.

Step 4: Provide your identifying information (Your last name, date of birth, last 4-digits of your SSN).

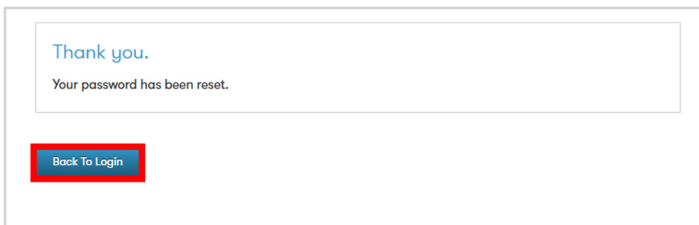
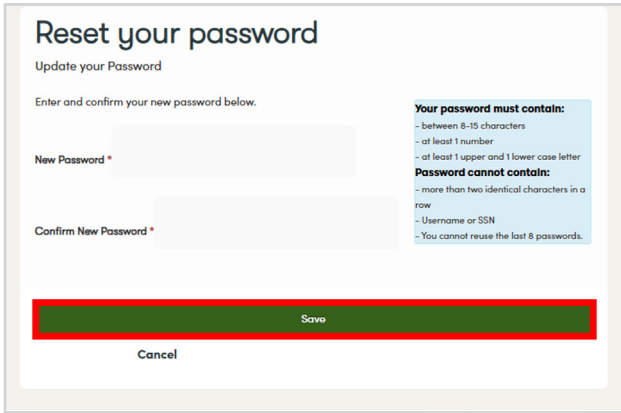
IMPORTANT: You must select the box next to “I’m not a robot”, then select **Next**.

Step 5: Select all images with the applicable objects, then choose **VERIFY**.

Step 6: Verify your identity by choosing responses to three unique identifying statements, along with your zip code. (Note: The following is an example for your reference.) Select **Next**.



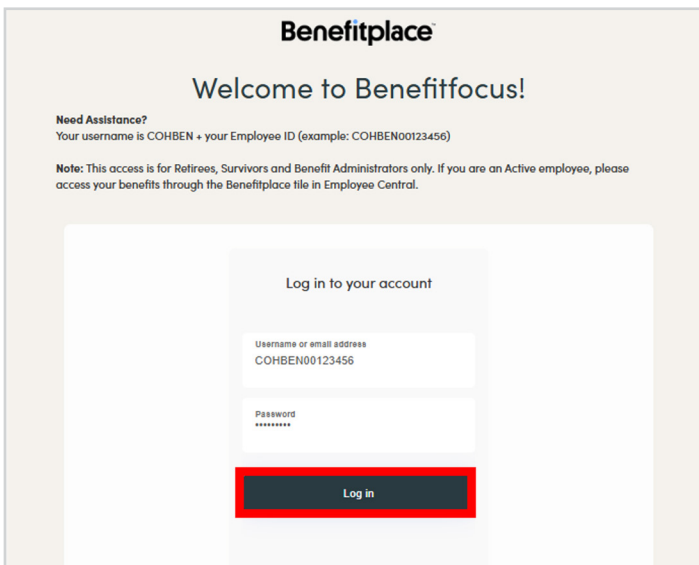
Step 7: Create New Password and choose **save**.



Step 8: Choose **Back To Login**.

Step 9: Log back into your account by entering your username (COHBEN + your Employee ID) and chosen password, then select **Log in**.

RECALL: You must add ZEROS in front of your



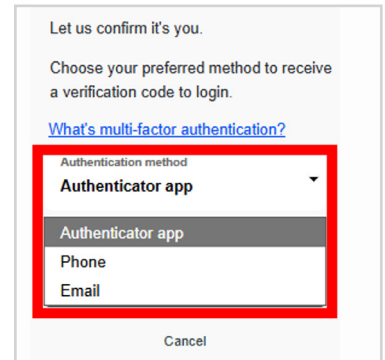
Employee ID to make sure it equals 8 numbers (Example: COHBEN00123456)

Step 10: You will be prompted to choose your preferred method to confirm your identity. Once you setup your verification method, you will receive a verification code to login to Benefitplace.

Verification options:

Microsoft Authenticator

(Recommended) - A Microsoft app available to download to your smart device (phone, tablet, etc.) to confirm your identity. This method is simple to use and can be leveraged for other apps or systems that also require multi-factor authentication. If this option is selected, download instructions will be provided.

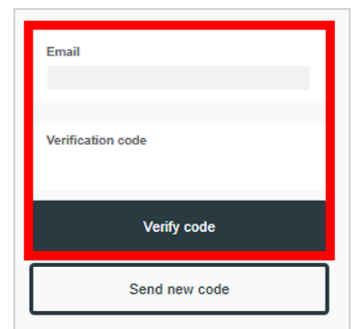


Email - A verification code will be sent to the email address provided. The verification code will need to be entered here to confirm your identity.

Phone - You can choose to receive a phone call or a text message. For a phone call, press pound (#) to confirm your identity. If you choose text message, you will be sent a verification code. It's important to note this method may be subject to rates and fees from your service provider.

Step 11: Enter the verification code received through your email in the verification code section, then select **Verify Code**.

Note: In this example, the preferred method is email.



Congratulations! You are now logged in to Benefitplace.

Should you have any questions or require assistance, our dedicated Benefits Team is ready to support you. We can be reached phone at 832-393-6000 or by email at: retireebenefits@houstontx.gov. Our office hours are Monday – Friday from 7:30 a.m. – 5:00 p.m.