



Discover Health

Open Enrollment for City of Houston employees

Employees and Retirees Under Age 65 plans comparison and contributions

CIGNA KelseyCare	Cigna Open Access	Consumer-Driven Health Plan In-network	Consumer-Driven Health Plan Out-of-network	Retirees of Texas Option Plus
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Bi-weekly contributions for employees

Employee only	\$22.50	\$35	\$13	N/A
Employee + spouse	\$90	\$140	\$52	N/A
Employee + children	\$67.50	\$105	\$39	N/A
Employee + family	\$135	\$210	\$78	N/A

Monthly contributions for retirees under age 65

Retiree only	\$242.18	\$403.64	\$201.82	\$403.64
Retiree + spouse	\$629.68	\$1,049.48	\$524.74	\$1,049.48
Retiree + children	\$387.50	\$645.84	\$322.92	\$645.84
Retiree + family	\$775.00	\$1,291.68	\$645.84	\$1,291.68

Health Reimbursement Account, plan deductibles and maximums

Health Reimbursement Account	No	- No	City contributes \$500 individual / \$1,000 family per year	Unlimited per individual	Unlimited per individual
Lifetime maximum	Unlimited per individual	Unlimited per individual	Unlimited per individual	Unlimited per individual	Unlimited per individual
Coinsurance	No	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No
Plan year deductible	No	Individual \$400 Family \$800	Individual \$1,500 Family \$3,000	Individual \$3,000 Family \$6,000	No
Plan year out-of-pocket max	Individual \$1,500 Family* \$3,000 Includes inpatient facility, outpatient facility and advanced radiological imaging copayments. Other copayments do not count.	Individual \$3,000 Family \$6,000 Includes only coinsurance. Copayments and deductibles do not count.	Individual \$5,000 Family \$10,000 Includes deductibles and coinsurance.	Individual \$10,000 Family \$20,000 Includes deductibles and coinsurance.	Individual \$1,500 Family* \$3,000 Includes inpatient facility, outpatient facility and advanced radiological imaging copayments. Other copayments do not count.
	*The Family Maximum is met when copayments for all covered family members reach \$3,000 with no single family member meeting more than \$1,500.	*The Family Maximum is met when copayments for all covered family members reach \$6,000 except that no single family member shall meet more than \$3,000.	*The Family Maximum is met when copayments for all covered family members reach \$10,000 except that no single family member shall meet more than \$5,000.	*The Family Maximum is met when copayments for all covered family members reach \$20,000 except that no single family member shall meet more than \$10,000.	*The Family Maximum is met when copayments for all covered family members reach \$3,000 except that no single family member shall meet more than \$1,500.

		Consumer-Driven Health Plan		Retirees of Texas Option Plus	
		In-network		Out-of-network	
Benefits					
Office visit copayment Specialist copayment applies to OB/GYN physician	Primary Care Physician You pay \$30 per visit	Primary Care Physician You pay \$35 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$30 per visit
	Specialist You pay \$60 per visit	CIGNA Care Network Specialist You pay \$60 per visit Non-CCN Specialist You pay \$75 per visit	No charge	You pay 20% Plan pays 80% after the deductible is met	Specialist You pay \$60 per visit
Surgery performed in a physician's office	No charge	No charge	No charge	No charge	No charge
Preventive care	No charge	No charge	No charge	No charge	No charge
Routine preventive care for children, immunizations, well-woman and well-man exam	No charge	No charge	No charge	No charge	No charge
Mammogram, PSA, Pap Smear, Colonoscopy - Preventive Care and Diagnostic Related Services	No charge	No charge	No charge	No charge	No charge
Inpatient hospital facility services					
Semi-private room and board and other non-physician services	\$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%
Outpatient services					
Outpatient surgery (facility services)	\$300 copayment per procedure, then plan pays 100%	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$300 copayment per procedure, then plan pays 100%
Physical, occupational, cognitive and speech therapy	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit	Primary Care Physician You pay \$35 per visit CIGNA Care Network Specialist You pay \$60 per visit Non-CCN Specialist You pay \$75 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit
Lab and X-ray					
Lab and X-ray • Physician's office	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit	Primary Care Physician You pay \$35 per visit CIGNA Care Network Specialist You pay \$60 per visit Non-CCN Specialist You pay \$75 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit
• Outpatient hospital facility	No charge	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge
• Independent lab facility	No charge	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge
• Independent x-ray and/or lab facility as part of an ER visit	No charge	You pay 20% Plan pays 80% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge

CIGNA KelseyCare		Consumer-Driven Health Plan		Retirees of Texas Option Plus
		In-network	Out-of-network	
Advanced radiological imaging MRI, MRA, CT Scan, PET Scan, etc.	You pay a per scan copayment of \$100	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	You pay a per scan copayment of \$100
• Inpatient facility	Covered under Inpatient Hospital – Facility Services			Covered under Inpatient Hospital – Facility Services
• Outpatient facility	You pay a per scan copayment of \$100			You pay a per scan copayment of \$100
• Emergency room				
Emergency and urgent care services				
Hospital emergency room	No charge after \$200 per visit copayment (copayment waived if admitted)	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$200 per visit copayment (copayment waived if admitted)
Ambulance	No charge after \$100 per day copayment	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$100 per day copayment
Urgent care services	No charge after \$60 per day copayment (copayment waived if admitted)	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$60 per day copayment (copayment waived if admitted)
Mental health and substance abuse services				
Inpatient facility	\$500 copayment per day (\$1,000 per participant per plan), then plan pays 100%	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$500 copayment per day (\$1,000 per participant per plan), then plan pays 100%
Outpatient facility or physician's office	\$60 per visit copayment	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$60 per visit copayment
Other health care services/facilities				
Vision care	No charge	No charge for In-Network Vision Providers; \$45 Exam allowance for Out-of-Network Providers	No charge	No charge
• Annual (Plan Year) Exam				
• Materials - frames, lenses, contact lenses	Not covered (20% savings available through CIGNA Vision Network Savings Program)	Not covered (20% savings available through CIGNA Vision Network Savings Program)	Not covered (20% savings available through CIGNA Vision Network Savings Program)	Not covered (20% savings available through CIGNA Vision Network Savings Program)

	CIGNA KelseyCare	Consumer-Driven Health Plan In-network	Consumer-Driven Health Plan Out-of-network	Retirees of Texas Option Plus
Maternity care services <ul style="list-style-type: none"> Initial visit to confirm pregnancy (OB/GYN is a specialist) All subsequent prenatal visits, postnatal visits and physician's delivery charges Delivery - facility 	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit	Primary Care Physician You pay \$35 per visit CIGNA Care Network Specialist You pay \$60 per visit Non-CCN Specialist You pay \$75 per visit	You pay 20% Plan pays 80% after the deductible is met	Primary Care Physician You pay \$30 per visit Specialist You pay \$60 per visit
	No charge	You pay 20% Plan pays 80% after the deductible is met	No charge	No charge
	\$500 copayment per day (\$1,000 per participant per plan year), then plan pays 100%	No charge after either the office visit copayment or the actual charge, whichever is less	No charge after either the office visit copayment or the actual charge, whichever is less	No charge
Allergy treatment/injections	No charge	No charge	No charge	No charge after either the office visit copayment or the actual charge, whichever is less
Allergy serum (dispensed by the physician in the office)	No charge	No charge	No charge	No charge
Skilled nursing facility, rehabilitation hospital and other facilities	No charge Plan year maximum - 60 days	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge Plan year maximum - 60 days
Home health care	No charge Plan year maximum - 60 days	You pay 20% Plan pays 80% after the deductible is met Plan year maximum - 60 days	You pay 40% Plan pays 60% after the deductible is met Plan year maximum - 60 days	No charge Plan year maximum - 60 days
Hospice	No charge	You pay 20% Plan pays 80%	You pay 40% Plan pays 60% after the deductible is met	No charge

Important!
 If there exists a conflict between this comparison 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.