

# Employee Benefit Summary

3/4 Time and 1/2 Time Employee Benefits  
2022



# Welcome

## City of Grand Junction Core Values:

### Leading the way with...

#### 1. Continuous improvement

Working together to be the best by challenging the status quo.

#### 2. Collaborative partnerships

We work together using all areas of expertise to achieve a common goal.

#### 3. Exemplary service

We excel at fulfilling the needs of our community through thoughtful interactions.

### Eligibility

1/2 and 3/4 time employees are eligible for all benefits outlined in this summary. You may enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply); Disabled children age 26 or older who meet certain criteria may continue on your health coverage

### Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Qualified Life Events include:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, registered domestic partner, or child
- You lose coverage under your spouse's/registered domestic partner's plan
- You gain access to state coverage under Medicaid or CHIP

### When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.  
If you fail to enroll on time, you will **NOT** have benefits coverage (except for City-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2022.

### Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the City to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Inside

## Medical Plans

## Sage Health and Wellness Center

## Dental Plan

## Vision Plan

## Health Savings Account (HSA)

## Flexible Spending Accounts (FSAs)

## MDLIVE Virtual Care

## Supplemental Life and AD&D Insurance

## Employee Assistance Program (EAP)

## Voluntary Benefits

## Retirement Benefits

## Valuable Extras

## Cost of Benefits

## Contact Information



# Medical Plans

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. The following is a brief description of each plan.

## Cigna Open Access Plus (OAP) Copay Plan

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you receive care in the Cigna OAP network. The calendar-year deductible must be met before certain services are covered.

## Cigna Open Access Plus (OAP) High Deductible Health Plan

Like the previously mentioned Copay plan, the High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you receive care in the Cigna OAP network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

## Health Savings Account (HSA)

Enrollment in the City's High Deductible Health Plan (HDHP) requires participation in a Medical Health Savings Account through Home Loan Bank. You will contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition to what you contribute, the City will contribute **\$750** annually to your HSA if you enroll in employee-only coverage and **\$1,500** annually if you enroll yourself and one or more family members (\$750 will be funded at the beginning of the year, then again in July).

◇ **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the HDHP plan document for full details.**

HSA Contribution Limit	2022
Employee Only	\$3,650
Family (employee + 1 or more)	\$7,300
Catch-up (age 55+)	\$1,000

**Important:** Your contributions, in addition to the City's contributions, may not exceed the annual IRS limits listed above. Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the City. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses - even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.



# Medical Plans (Cont'd)

Key Medical Benefits	Open Access Plus (OAP) Copay Plan	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$750 / \$1,500	\$4,000 / \$8,000
<b>Out-of-Pocket Maximum</b> (per calendar year)		
Individual / Family	\$3,500 / \$7,000	\$12,000 / \$24,000
<b>Covered Services</b>		
Office Visits (physician/specialist)	\$15 / \$30 copay	50% after deductible
Routine Preventive Care	No charge	Birth - 12: No Charge
Outpatient Diagnostic (lab/X-ray)	\$15 / \$30 copay	50% after deductible
Chiropractic (20 Visits)	\$15 copay	50% after deductible
Ambulance	20% after deductible	20% after deductible
Emergency Room	\$150 copay	\$150 copay
Urgent Care Facility	\$50 copay	50% after deductible
Inpatient Mental Health	20% after deductible	50% after deductible
Outpatient Mental Health	\$15 copay	50% after deductible
Inpatient Hospital Stay	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
<b>Prescription Drugs</b> (Tier 1/ Tier 2/ Tier 3/ Tier 4)		
Retail Pharmacy (30-day supply)	\$15 / \$40 / \$55 / 20% to max \$150	Not Covered
Mail Order (90-day supply)	\$38 / \$100 / \$138 / Not Covered	Not Covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you are subject to a separate deductible/out-of-pocket maximum and you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, each family member must meet their individual deductible.
3. Plan deductible counts towards your out-of-pocket maximum.
4. After each eligible family member meets their individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.



# Medical Plans (Cont'd)

Key Medical Benefits	Open Access Plus (OAP) High Deductible Health Plan	
	In-Network	Out-of-Network <sup>1</sup>
Deductible (per calendar year)		
Individual / Family	\$4,000 / \$8,000	\$9,000 / \$18,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$6,650 / \$13,300	\$12,000 / \$24,000
City Contribution to your Health Savings Account (HSA)		
\$750 annually if you enroll in employee-only coverage and \$1,500 annually if you enroll yourself and one or more family members (\$750 will be funded at the beginning of the year, then again in July)		
Individual / Family	\$750 / \$1,500	
Covered Services		
Office Visits (physician/specialist)	0% after deductible	50% after deductible
Routine Preventive Care	No charge	Birth - 12: No Charge 13+: Not Covered
Outpatient Diagnostic (lab/X-ray)	0% after deductible	50% after deductible
Chiropractic (20 Visits)	0% after deductible	50% after deductible
Ambulance	0% after deductible	0% after deductible
Emergency Room	0% after deductible	0% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Inpatient Mental Health	0% after deductible	50% after deductible
Outpatient Mental Health	0% after deductible	50% after deductible
Inpatient Hospital Stay	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Prescription Drugs (Tier 1/ Tier 2/ Tier 3/ Tier 4)		
Retail Pharmacy (30-day supply)	20% after deductible	Not covered
Mail Order (90-day supply)	20% after deductible (Tier 4 Not covered)	Not Covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the HDHP plan document for full details.

1. If you use an out-of-network provider, you are subject to a separate deductible/out-of-pocket maximum and you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, each family member must meet their individual deductible.
3. Plan deductible counts towards your out-of-pocket maximum.
4. After each eligible family member meets their individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.



# Dental Plans

**Delta Dental DPPO:** This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO plus Premier network.

Key Dental Benefits	Delta Dental DPPO plus Premier	
	PPO or Premier Provider	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$25 / \$75	\$25 / \$75
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$5,000	\$5,000
<b>Covered Services</b>		
<b>Preventive Services</b>	No charge	No charge
<b>Basic Services</b>	20% after deductible	20% after deductible
<b>Major Services</b>	50% after deductible	50% after deductible
<b>Orthodontia</b> (Up to age 26; \$5,000 lifetime max)	50% after deductible	50% after deductible

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

**PPO Provider:** Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

**Premier Provider:** Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Non-Participating Dentist:** Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less. Members are responsible for the difference between the Premier Maximum Plan Allowance (MPA) and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.



## Vision Plan

The **Vision Service Provider (VSP)** vision plan gives you the freedom to seek care from the vision provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Vision Service Provider (VSP)** network.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$45
<b>Materials Copay</b>	\$25	N/A
<b>Lenses</b> (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
<b>Frames</b> (once every 12 months)	Covered up to \$130; Covered up to \$150 for select frame brands	Up to \$70
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Up to \$60 copay; Covered up to \$130	Up to \$105

The City of Grand Junction partners with Marathon Health to provide a Health & Wellness Center. The Sage Health and Wellness Center provides employees and their families convenient access to primary healthcare services and mental health counseling. The Center can be your first stop for illnesses and injuries, as well as preventive care, routine physicals, health coaching, chronic condition management, and behavioral health support.

Services are available to all full-time and benefit eligible part-time employees and their dependents (ages two and older). You must be enrolled in one of the City's health plans in order to take advantage of the Sage Health & Wellness Center. If you are enrolled on the Copay plan there is no fee for visits at the Health & Wellness Center. Due to IRS regulations, if you are enrolled in the City's High Deductible Health Plan, you will pay \$25 per visit.

Schedule an appointment online at [my.marathon-health.com](https://my.marathon-health.com) or call the center directly at **970-628-0012**.

#### Visit the Center:

2525 N 8th Street  
Suite 102  
Grand Junction, CO 81501

#### Health/Medical Hours

Monday: Closed  
Tuesday: 8:30 a.m. - 5:00 p.m.  
Wednesday: 7:00 a.m. - 3:30 p.m.  
Thursday: 8:30 a.m. - 5:00 p.m.  
Friday: 7:00 a.m. - 1:00 p.m.

#### Behavioral Health Hours

Monday: Closed  
Tuesday: 7:00 a.m. - 5:30 p.m.  
Wednesday: Closed  
Thursday: 9:00 a.m. - 7:30 p.m.  
Friday: Closed

## Wellness Program

The City of Grand Junction envisions a thriving wellness culture that supports the well-being of our employees and their families. This vision is fully supported by the City Manager and Department Director team who encourage all employees to participate in the City's wellness program. The City's program offers a variety of annual wellness initiatives, challenges, activities, and classes designed to provide employees and family members with the tools and inspiration needed to achieve individual wellness goals.

### Health Rewards

Earn discounts on your 2023 health insurance premiums by participating in the 2022 Wellness Incentive Program. The City provides two options to complete the program:

#### Option ONE: \$25 Medical Insurance Premium Savings Each Month by completing:

- Biometric Screening
- Health History and Risk Assessment (HHRA) \*\*located on the Marathon Health ePortal
- Follow Up Appointment/Comprehensive Health Review (CHR) at Sage Health & Wellness or with your PCP

#### Option TWO: \$45 Medical Insurance Premium Savings Each Month by completing:

- Option ONE activities
  - Biometric Screening
  - Health History and Risk Assessment
  - Follow Up Appointment/Comprehensive Health Review (CHR) at Sage Health & Wellness or with your PCP
- And complete well-being activities from the choices provided through the program.

The Wellness Incentive Program runs from January 10th 2022 – November 30th, 2022. Maximum discount is \$45/month. All program requirements must be completed by November 30th, 2022.

### Back Pain Management Program (BPMP)

Created to promote outpatient physical therapy while strengthening the overall health of your back. The BPMP provides low-cost access to select Physical Therapists who can help diagnose and treat your condition. This is a benefit in addition to any physical therapy benefits included through the City's health plans.

To start treatment contact:

**SOAR Physical Therapy**  
2497 Power Rd. Unit 10  
Grand Junction, CO 81507  
970-263-4079

**Olsson Physical Therapy**  
403 Kennedy Ave., Suite 3  
Grand Junction, CO 81501  
970-256-0868

# Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Alerus (formerly 24HourFlex). FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Medical Health Care FSA

For 2022, you may contribute anywhere from \$120 to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

## Limited-Purpose Medical Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses. For 2022, you may contribute anywhere from \$120 to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26.

## Dependent Care FSA

For 2022, you may contribute anywhere from \$120 to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](https://www.irs.gov/pub/irs-pdf/p503.pdf).

# Cigna MDLIVE Virtual Care

**MDLIVE virtual care is now available for Cigna members.** Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care. Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.

To connect with an MDLIVE virtual provider, visit [myCigna.com](https://myCigna.com), locate the "Talk to a doctor or nurse 24/7" callout and click "Connect Now." Or Call MDLIVE 24/7 at 888.726.3171. The cost of a virtual visit is \$15 on the copay plan and up to \$55 on the HDHP.

To locate a Cigna Behavioral Health provider, visit [myCigna.com](https://myCigna.com), go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type," or call the number on the back of your Cigna ID card 24/7. The cost of a virtual behavioral health visit is \$30 on the copay plan. For those enrolled on the HDHP, the cost of service would vary by the level of provider. The options / pricing would be disclosed through the portal or mobile app prior to scheduling the service.

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Medical Health Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses through March 15, 2023, and must file claims by March 31, 2023.

## TRANSITION FROM FSA TO HSA

If you wish to transition to an HSA, you must deplete all funds in your FSA before you can contribute or receive the City HSA contribution.



# Life and AD&D Insurance

## Supplemental Life/AD&D Insurance

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Coverage reduces to 65% at age 65, 50% at age 70 and to 35% at age 75.

### Supplemental Life (Employee paid)

	Benefit Option	Guaranteed Issue*
<b>Employee</b>	\$10,000 increments; minimum of \$10,000 up to \$500,000, not to exceed 5x your salary	\$180,000
<b>Spouse/RDP</b>	\$5,000 increments; minimum of \$10,000 up to \$500,000 (not to exceed your additional life coverage)	\$30,000
<b>Child(ren)</b>	Under age 26 - \$2,000 increments; up to \$10,000	\$10,000

### Supplemental AD&D (Employee paid)

	Benefit Option	Guaranteed Issue*
<b>Employee</b>	\$10,000 increments; minimum of \$10,000 up to \$500,000	\$180,000
<b>Spouse/RDP</b>	\$5,000 increments; minimum of \$10,000 up to \$500,000 (not to exceed your additional life coverage)	\$30,000
<b>Child(ren)</b>	Under age 26 - \$2,000 increments; up to \$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

## Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. The City is proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Triad EAP.

**The EAP can help with the following issues, among others:**

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

### EAP Benefits

- Assistance for you and your household members
- Up to six in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

**Website:** [www.triadeap.com](http://www.triadeap.com)

**Username:** gj

**Password:** eap

**Phone:** 970-242-9536

**Toll Free:** 1-877-679-1100



# Voluntary Benefits

## Accident Insurance

Provided through Aflac, accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With Aflac critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## LifeLock

Identity theft has been the top consumer complaint filed with the FTC for 15 years straight. Victims spend an exorbitant amount of time and money dealing with the repercussions of identity theft. LifeLock provides employees and their families peace of mind by monitoring your identity from every angle, not just your Social Security number, but also credit cards, bank accounts and even social media accounts.

## Trustmark Life with Long-Term Care

Provides a life and long-term care benefit that can be paid as a death benefit, living benefit or a combination of both.

1. MetLife Accident and Critical Illness Impact Study, October 2013

2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.

3. National Hospital Discharge Survey: 2010

# Additional Benefits and Discounts

## Mesa County Home Program

City employees who are first time home buyers may be eligible to receive a \$1,000 matching grant through Workforce Home Benefit to help cover costs associated with buying a home. This is an employer-paid benefit.

## Employee Assistance Foundation (EAF)

Funded through tax deferred employee contributions, the Foundation was established to help current City employees or retirees in times of death, illness, financial hardship or catastrophe. Contributions may be deducted on individual tax returns, as EAF is a 501(c)(3) tax exempt charity.

## Grand Valley Transit

City employees can get a free Grand Valley Transit (GVT) pass so they can ride GVT busses for free! Obtain your pass at the City of Grand Junction Human Resources Office. You will need to bring your Employee ID badge to obtain a pass.

250 N. 5th St., Ste 208

Grand Junction, CO 81501

**Hours of Operation:** Monday - Friday, 8am-12pm or 1-5pm

**Phone:** 970-244-1512

**Website:** [www.gjcity.org](http://www.gjcity.org)

**Email:** [hr@gjcity.org](mailto:hr@gjcity.org)

## 529 College Savings Plan

Through CollegeInvest, the City offers access to a 529 College Savings plan. As a Colorado resident, every dollar you contribute to a 529 plan can be deducted from your Colorado State taxable income.

## Credit Union

City employees are eligible to join the Grand Junction Federal Credit Union.

## Employee Service Program

Employees are eligible to receive service awards for every five years of employment with the City.

## Discounts

- Crossroads Fitness (Wellness Program and Corporate Club Rates)
- Grand Junction Parks and Recreation
- Yoga - V
- Verizon Wireless
- Employee Computer Equipment Purchase Program through Dell MPP
- Discounted Movie Tickets for Regal Cinemas





# Retirement Benefits

## Deferred Compensation - 457 Plan

The MissionSquare 457 Plan is a voluntary retirement plan. Deferred compensation is a way for you to set aside money via payroll deductions on a pre-tax basis to save for retirement. The City does not match your 457 plan contribution. You may enroll, increase, or decrease these tax deferred deductions at any time. Currently there is no penalty for an eligible withdrawal.

The max contribution into the 457 plan is \$20,500. There is a catch-up provision if you are 55 or older of an additional \$6,500.

Benefits of the 457 Plan:

- You reduce your current income taxes while investing for retirement
- Your earnings accumulate tax-deferred
- You may be allowed to make additional “catch-up” contributions if you are 50 or older or within three years of your normal retirement age and already contributing the maximum to your plan

## Individual Retirement Account (IRA)

An MissionSquare Individual Retirement Account, or IRA, is a special tax-advantaged account that allows you to build savings for your retirement. One of the primary benefits of an IRA is that your investment’s earnings compound tax-deferred. Through MissionSquare and Vantagepoint, you can decide which type of IRA works best for you. The Traditional IRA and Roth IRA can help you address both current and future financial needs, but they differ significantly in their tax treatment of contributions and distributions.

For 2022, the maximum you can contribute to all of your traditional and Roth IRAs is the smaller of the \$6,000 (\$7,000 if you are 50 or older) or your taxable compensation for the year. The IRA contribution limit does not apply to rollover contributions or qualified reservist repayments.

## Retiree Health Program

All eligible grandfathered employees participating in the Retiree Health Benefit will contribute \$25 per pay period as a payroll deduction for the opportunity to continue participation in this benefit. This program provides access to qualified members between the ages of 55 and 65 or Medicare eligibility, whichever comes first, after leaving the City.



# Leave Programs

The City provides all Federal and State mandated leaves. An abbreviated list of the leave programs available to employees include:

- Bereavement Leave
- Paid Time Off
- Family and Medical Leave
- Military Leave
- Parental Leave

## Paid Time Off (PTO)

Employees will accrue the following amount of general leave to use for vacations, illness, and paid holidays. There is no waiting period for new employees to use their PTO once it is accrued.

Please refer to the City's Personnel Policy Manual for the most up to date accrual rates.

### 3/4 Time Employees

Years of Service	Bi-Weekly Accrual Hours	Annual Accrual Days
1 - 5 Years	7.154	23.25
6 - 10 Years	7.846	25.5
11 - 15 Years	8.538	27.75
16 or More	9.231	30

### 1/2 Time Employees

Years of Service	Bi-Weekly Accrual Hours	Annual Accrual Shifts
1 - 5 Years	4.769	15.5
6 - 10 Years	5.231	17
11 - 15 Years	5.692	18.5
16 or More	6.154	20

# 2022 Holiday Schedule

New Year's Day	Friday, December 31, 2021
Martin Luther King Jr. Day	Monday, January 19, 2022
President's Day	Monday, February 21, 2022
Memorial Day	Monday, May 30, 2022
Independence Day	Monday, July 4, 2022
Labor Day	Monday, September 5, 2022
Veteran's Day	Friday, November 11, 2022
Thanksgiving Day	Thursday, November 24, 2022
Day After Thanksgiving	Friday, November 25, 2022
Christmas Day	Monday, December 26, 2022



# Workers' Compensation

For non-emergency work related injuries requiring medical attention, employees are to obtain medical care through one of the City's designated occupational medical clinics, listed below. If you choose to seek your own medical care outside of the City's designated health care provider programs, you could be liable for all medical costs charged by a non-designated clinic.

An Employee Report of Injury Form and Designated Provider List must be provided to Human Resources in order for your medical bills to be authorized under Workers' Compensation Insurance. City policy requires all work-related incidents to be reported within 24 hours, regardless of severity.

Refer to CityWeb for the most up to date provider list and Employee Report of Injury form.

## Occupational Clinics (Monday - Friday, 8:00 a.m. to 5:00 p.m. only)

### Grand Valley Occupational Health

*Ted Sofish MD MPH*

2004 N 12th Street

Grand Junction, CO 81501

Phone: 970-256-6490

### St. Mary's Occupational Health

*Craig Stagg MD / James Harkreader, FNP*

2686 Patterson Road, Entrance #41

Grand Junction, CO 81506

Phone: 970-244-2001

## Additional Clinics with Evening and Weekend Hours (Call ahead to confirm hours)

### Community Care of the Grand Valley

1060 Orchard, Suite N

Grand Junction, CO 81501

Phone: 970-256-6345

### Western Valley Family Practice

2237 Redlands Parkway

Grand Junction, CO 81507

Phone: 970-243-1707

**Note:** In the case of an emergency situation, you should go to any physician or medical facility that is able to provide appropriate care. Once the emergency has resolved, follow-up care must be arranged through a designated medical provider. If you are away from Mesa County on City business at the time of injury, you can be treated by a qualified physician near your location. Once you return home, follow-up care must be scheduled with one of the designated providers, listed above.

The City contact and the administrator responsible for Workers' Compensation claims management (CIRSA) are:

### Human Resources

250 North 5th Street

Grand Junction, CO 81501

Phone: 970-256-4024

Fax: 970-256-4007

### CIRSA

365 Cherry Creek North Drive

Denver, CO 80209

Phone: 303-757-5475





# Cost of Benefits

## Medical – 3/4 Time Employees

Copay Plan	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$737.88	\$581.19	\$156.69	\$78.35
Employee + 1 dependent	\$1,473.70	\$1,160.75	\$312.95	\$156.47
Employee + 2 or more dependents	\$1,951.96	\$1,537.45	\$414.51	\$207.25
High Deductible Health Plan	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$564.23	\$466.19	\$98.03	\$49.02
Employee + 1 dependent	\$1,126.87	\$931.08	\$195.79	\$97.89
Employee + 2 or more dependents	\$1,492.58	\$1,233.25	\$259.33	\$129.66
<i>Calculations are estimated. Rounding differences may occur once premiums are uploaded to the payroll system.</i>				

## Medical – 1/2 Time Employees

Copay Plan	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$737.88	\$341.31	\$396.58	\$198.29
Employee + 1 dependent	\$1,473.70	\$681.66	\$792.04	\$396.02
Employee + 2 or more dependents	\$1,951.96	\$902.88	\$1,049.08	\$524.54
High Deductible Health Plan	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$564.23	\$260.98	\$303.24	\$151.62
Employee + 1 dependent	\$1,126.87	\$521.23	\$605.64	\$302.82
Employee + 2 or more dependents	\$1,492.58	\$690.39	\$802.19	\$401.09
<i>Calculations are estimated. Rounding differences may occur once premiums are uploaded to the payroll system.</i>				





# Cost of Benefits (Cont'd)

## Dental– 3/4 Time Employees

	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$42.95	\$19.33	\$23.62	\$11.81
Employee + 1	\$75.46	\$33.96	\$41.50	\$20.75
Employee + Children	\$101.46	\$45.66	\$55.80	\$27.90
Employee + Family	\$134.01	\$60.30	\$73.71	\$36.86

## Dental– 1/2 Time Employees

	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$42.95	\$12.89	\$30.06	\$15.03
Employee + 1	\$75.46	\$22.64	\$52.82	\$26.41
Employee + Children	\$101.46	\$30.44	\$71.02	\$35.51
Employee + Family	\$134.01	\$40.20	\$93.81	\$46.91

## Voluntary Vision– 3/4 and 1/2 Time Employees

	Total Monthly Premium	Employee (per 24 pay periods)
Employee Only	\$7.94	\$3.97
Employee + 1	\$13.54	\$6.77
Employee + Children	\$13.82	\$6.91
Employee + Family	\$22.26	\$11.13

## Accident Insurance

	Total Monthly Premium	Employee (per 24 pay periods)
Employee Only	\$14.45	\$7.23
Employee + Spouse	\$21.19	\$10.59
Employee + Child(ren)	\$25.10	\$12.55
Employee + Family	\$31.84	\$15.92

## Identity Theft

LifeLock Benefit Elite	Total Monthly Premium	Employee (per 24 pay periods)
Employee Only	\$8.50	\$4.25
Employee + Family	\$16.98	\$8.49
LifeLock Ultimate Plus	Total Monthly Premium	Employee (per 24 pay periods)
Employee Only	\$14.00	\$7.00
Employee + Family	\$27.98	\$13.99



## Supplemental Life & AD&D, Life with Long Term Care and Critical Illness

Rates are based on age and smoking status and can be requested through Human Resources.

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna Group # 3342872	(800) 244-6224	<a href="http://www.cigna.com">www.cigna.com</a> <a href="http://www.mycigna.com">www.mycigna.com</a>
Mail Order Prescriptions	Cigna Group # 3342872	(800) 835-3784	<a href="http://www.mycigna.com">www.mycigna.com</a>
Sage Health & Wellness Center	2525 N. 8th Street, Suite 102 Grand Junction, CO 81501	(970) 628-0012	<a href="http://my.marathon-health.com">my.marathon-health.com</a>
Virtual Care (Cigna Members Only)	Cigna MDLIVE	(888) 726-3171	<a href="http://www.mycigna.com">www.mycigna.com</a>
Dental	Delta Dental of Colorado Group # 11871	(303) 741-9305	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
Vision	Vision Service Plan (VSP) Group # 30088051	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSAs)	Alerus (Formerly 24HourFlex)	(800) 433-1685	<a href="http://www.alerusrb.com">www.alerusrb.com</a>
Health Savings Account (HSA)	Home Loan State Bank	(970) 243-6600	<a href="http://www.hlsb.com">www.hlsb.com</a>
Supplemental Life, AD&D Insurance	VOYA Financial	(800) 955-7736	<a href="http://www.voya.com">www.voya.com</a>
Life with Long Term Care	Trustmark	(720) 207-2347 (800) 615-4943	<a href="mailto:keanu.vela@hubinternational.com">keanu.vela@hubinternational.com</a> <a href="http://www.trustmarksolutions.com">www.trustmarksolutions.com</a>
MissionSquare Retirement	<b>MissionSquare 457:</b> #30064 <b>Roth IRA:</b> #705653 <b>Individual IRA:</b> #701487	(866) 749-5178	<a href="http://www.icmarc.org">www.icmarc.org</a>
Employee Assistance Program (EAP)	Triad EAP	(970) 242-9536 Toll free: (877) 679-1100	<a href="http://www.triadeap.com">www.triadeap.com</a> Username: gj Password: eap
Critical Illness Accident Insurance	Aflac Group # 21885	(720) 207-2347	<a href="mailto:keanu.vela@hubinternational.com">keanu.vela@hubinternational.com</a> <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Identity Theft	LifeLock	(720) 207-2347 (800) 543-3562	<a href="mailto:keanu.vela@hubinternational.com">keanu.vela@hubinternational.com</a> <a href="http://www.memberportal.lifelock.com">www.memberportal.lifelock.com</a>
Escalated Claim Support	HUB International	(720) 207-2354	<a href="mailto:shana.trujillo@hubinternational.com">shana.trujillo@hubinternational.com</a>

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The City will distribute all required notices annually.

