

# 2022 Open Enrollment Overview

Your benefits are an important part of your overall compensation. This overview was designed to answer some of the basic questions about your 2022 benefits.



**January 1 - December 31, 2022**

## 2022 Benefit Changes

### Health Insurance

- Two plan enhancements have been added: Phlebectomy (Varicose Vein Treatment) and Reduction Mammoplasty (Breast Reduction).
- One easy healthcare solution, Cigna's MDLive benefit will replace the current Telehealth benefit. This benefit will only be available to Full-Time and Regular Part-Time employees enrolled on the Cigna Health Plan.
- Earn discounts on your 2023 City 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 of with your PCP
    - And complete well-being activities from the choices provided through the program.
- Health Savings Account (HSA) maximum deferral limits for 2022 will increase \$50 for self-only to \$3,650 (net \$2,900) and \$100 for family to \$7,300 (net \$5,800). The net amount reflects the IRS maximum allowed reduced by the \$750 or \$1,500 matching City's contribution.

### Other Benefit Changes

- Eligible employees will see retiree health biweekly contributions increase from \$23 to \$25 per pay period.
- LifeLock Identity Theft has multiple plan enhancements with no premium increase.

## Medical Plans

Key Medical Benefits	OAP Copay Plan		OAP High Deductible Health Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible (per calendar year)</b>				
Individual / Family	\$750 / \$1,500	\$4,000 / \$8,000	\$4,000 / \$8,000	\$9,000 / \$18,000
<b>Out-of-Pocket Maximum (per calendar year)</b>				
Individual / Family	\$3,500 / \$7,000	\$12,000 / \$24,000	\$6,650 / \$13,300	\$12,000 / \$24,000
<b>Company Contribution to Your Health Savings Account (HSA) per calendar year: prorated for new hires/newly eligible</b>				
Individual / Family	N/A	N/A	\$750	\$1,500
<b>Covered Services</b>				
Office Visits (Physician / Specialist)	\$15 / \$30 copay	50% after deductible	0% after deductible	50% after deductible
Routine Preventive Care	No charge	Birth - 12: No Charge; 13+: Not Covered	No charge	Birth - 12: No Charge; 13+: Not Covered
Outpatient Diagnostic (Lab/X-Ray)	\$15 / \$30 copay	50% after deductible	0% after deductible	50% after deductible
Emergency Room	\$150 copay		0% after deductible	
Urgent Care Facility	\$50 copay	50% after deductible	0% after deductible	50% after deductible
Inpatient Hospital Stay	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Prescription Drugs (Tier 1 / Tier 2 / Tier3 / Tier 4)</b>				
Retail Pharmacy (30-day supply)	\$15 / \$40 / \$55 / 20% to max \$150	Not Covered	20% after deductible	Not covered
Mail Order (90-day supply)	\$38 / \$100 / \$138 / Not Covered	Not Covered	20% after deductible (Tier 4 Not covered)	Not Covered

**Coinurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.**

- If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
- If you enroll one or more family members, each family member must meet their individual deductible.
- Your Plan deductible counts towards your out-of-pocket maximum.
- 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.

# Cost of Benefits

## Medical – Full Time Employees and 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

## 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

## Dental

Full Time Employees	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$42.95	\$25.77	\$17.18	\$8.59
Employee + Spouse	\$75.46	\$45.28	\$30.18	\$15.09
Employee + Child(ren)	\$101.46	\$60.88	\$40.58	\$20.29
Employee + Family	\$134.01	\$80.41	\$53.60	\$26.80
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 + Spouse	\$75.46	\$33.96	\$41.50	\$20.75
Employee + Child(ren)	\$101.46	\$45.66	\$55.80	\$27.90
Employee + Family	\$134.01	\$60.30	\$73.71	\$36.86
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 + Spouse	\$75.46	\$22.64	\$52.82	\$26.41
Employee + Child(ren)	\$101.46	\$30.44	\$71.02	\$35.51
Employee + Family	\$134.01	\$40.20	\$93.81	\$46.91

## Voluntary Vision– All Employees

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

*Calculations are estimated. Rounding differences may occur once premiums are uploaded to the payroll system.*

**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 Company will distribute all required notices annually.

