

2023 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 2023 benefits.



January 1 - December 31, 2023

2023 Benefit Changes

Health Insurance

- Two plan enhancements have been added: Acupuncture and Therapeutic Massage (medically necessary); member cost share is a copay of \$15/\$30 on the Copay plan and deductible/coinsurance on the HDHP plan.
- Virtual Care from a traditional Primary Care Physician or Specialist (non-MDLive provider) will be at PCP/Specialist benefit rates.
- Out-Of-Network Outpatient Dialysis has been ended. Outpatient Dialysis continues to be covered in and Out-of-Area.
- Health Savings Account (HSA) maximum deferral limits for 2023 will increase for self-only to \$3,850 (net \$3,100) and for family to \$7,750 (net \$6,250). The net amount reflects the IRS maximum allowed reduced by the \$750 or \$1,500 matching City contribution.
- Eligible employees will see retiree health biweekly contributions increase from \$25 to \$27 per pay period.

Other Changes

- VSP enhancements with **no** rate increase:
 - Frames allowance increases to \$200 (currently \$130) Elective Contact Lens increases to \$180 Contacts (currently \$130)
- Voluntary Benefit Additions:
 - Pet Insurance
 - Discount Marketplace

Medical Plans [Refer to the 2023 Cigna Benefit Summary for the detailed schedule of benefits.](#)

Key Medical Benefits	OAP Copay Plan		OAP High Deductible Health Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$750 / \$1,500	\$4,000 / \$8,000	\$4,000 / \$8,000	\$9,000 / \$18,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$3,500 / \$7,000	\$12,000 / \$24,000	\$6,650 / \$13,300	\$12,000 / \$24,000
Company Contribution to Your Health Savings Account (HSA) per calendar year: prorated for new hires/newly eligible				
Individual / Family	N/A	N/A	\$750	\$1,500
Covered Services				
Office Visits (Physician / Specialist)	\$15 / \$30 copay	50% after deductible	0% after deductible	50% after deductible
Routine Preventive Care	No charge	50% after deductible	No charge	50% after deductible
Outpatient Diagnostic (Lab/X-Ray)	20% after deductible	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
Prescription Drugs (Tier 1 / Tier 2 / Tier3 / Tier 4)				
Retail Pharmacy (30-day supply)	\$15 / \$40 / \$55 / You pay 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

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that 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.
2. If you enroll one or more family members, each family member must meet their individual deductible.
3. Your 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.

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	\$743.80	\$585.14	\$158.66	\$79.33
Employee + 1 dependent	\$1,485.55	\$1,168.67	\$316.88	\$158.44
Employee + 2 or more dependents	\$1,967.65	\$1,547.93	\$419.72	\$209.86
High Deductible Health Plan	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$568.76	\$469.94	\$98.82	\$49.41
Employee + 1 dependent	\$1,135.92	\$938.55	\$197.37	\$98.68
Employee + 2 or more dependents	\$1,504.57	\$1,243.15	\$261.42	\$130.71

Medical – 1/2 Time Employees

Copay Plan	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$743.80	\$344.01	\$399.79	\$199.90
Employee + 1 dependent	\$1,485.55	\$687.07	\$798.48	\$399.24
Employee + 2 or more dependents	\$1,967.65	\$910.04	\$1,057.61	\$528.81
High Deductible Health Plan	Total Monthly Premium	City Pays Monthly	Employee Pays Monthly	Employee (per 24 pay periods)
Employee Only	\$568.76	\$285.55	\$283.21	\$141.60
Employee + 1 dependent	\$1,135.92	\$570.30	\$565.62	\$282.81
Employee + 2 or more dependents	\$1,504.57	\$755.38	\$749.19	\$374.59

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.