

# 2025 OPEN ENROLLMENT OVERVIEW

JANUARY 1 - DECEMBER 31, 2025



## 2025 PLAN HIGHLIGHTS

- The City is committed to providing comprehensive healthcare and excellent value by covering an average of 80% of premiums for health, dental, and vision insurance.
- For medications, employees can fill 90-day maintenance prescriptions through the mail order pharmacy, ExpressScripts, or any Walgreens pharmacy for two times the retail copay.
- The 2025 annual contribution limit to a Health Savings Account (HSA) will be \$4,300 for employee-only coverage, with the City contributing \$750 per year. Employees with family coverage have a contribution limit of \$8,550, and the City will contribute \$1,500 per year.
- The 2025 annual contribution limit to a Medical Flexible Spending Account (FSA) is \$3,300, and the contribution limit to a Dependent Care FSA is \$5,000. Please note these FSA limits are projected at the time of printing.
- Employees are required to use the myCigna app to access their Medical ID cards. The app also provides convenient access to your medical information and helps you find healthcare providers, pharmacies and more!

## SAGE HEALTH & WELLNESS CENTER

The Sage Health & Wellness Center has moved into a new, expanded space to better serve our employees and their families. In addition to its previous offerings, the center now includes physical therapy as part of its comprehensive healthcare services, which also feature primary care, behavioral health counseling, preventative care, routine physicals, and health coaching. This new space makes the center an even more accessible and convenient resource for a wide range of healthcare needs. Employees can also save on healthcare costs, with free visits for those enrolled in the Cigna CoPay plan and \$25 visits for non-preventative care for those enrolled in the Cigna High Deductible Health Plan.

**NEED HELP?** Please contact the Cigna Pre-Enrollment line at 888-806-5042 to help identify the plan that best meets the needs of you and your family.

SUMMARY OF COVERED BENEFITS	OPEN ACCESS PLUS (OAP) COPAY PLAN		OPEN ACCESS PLUS (OAP) HIGH DEDUCTIBLE HEALTH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>PLAN YEAR DEDUCTIBLE</b> <i>Individual/Family</i>	\$750/\$1,500	\$4,000/\$8,000	\$4,000 / \$8,000	\$9,000 / \$18,000
<b>OUT-OF-POCKET MAX</b> <i>Individual/Family</i>	\$3,500 / \$7,000	\$12,000 / \$24,000	\$6,650 / \$13,300	\$12,000 / \$24,000
<b>PREVENTIVE CARE</b>	No charge	50% after ded.	No charge	50% after ded.
<b>PHYSICIAN SERVICES</b> <i>PCP</i> <i>Specialist</i> <i>Virtual Care (MDLive)</i> <i>Urgent Care</i>	\$15 copay \$30 copay \$15/\$30 copay \$50 copay	50% after ded. 50% after ded. N/A 50% after ded.	0% after ded. 0% after ded. 0% after ded. 0% after ded.	50% after ded. 50% after ded. N/A 50% after ded.
<b>HOSPITAL SERVICES</b> <i>Inpatient</i> <i>Outpatient</i>	20% after ded. 20% after ded.	50% after ded. 50% after ded.	0% after ded. 0% after ded.	50% after ded. 50% after ded.
<b>EMERGENCY ROOM</b>	\$150 copay	\$150 copay	0% after ded.	0% after ded.
<b>CHIROPRACTIC CARE</b>	\$15 copay	50% after ded.	0% after ded.	50% after ded.
<b>PRESCRIPTION DRUGS</b> <i>Retail</i> <i>Tier 1</i> <i>Tier 2</i> <i>Tier 3</i> <i>Tier 4 (up to 30 days)</i>	\$15 \$40 \$55 20% to max \$150	Not Covered	20% after deductible	Not Covered
<b>PRESCRIPTION DRUGS</b> <i>Mail Order (up to 90-day supply)</i> <i>Tier 1</i> <i>Tier 2</i> <i>Tier 3</i> <i>Tier 4 (up to 30 days)</i>	\$38 \$100 \$138 20% to max of \$150	Not Covered	20% after deductible	Not Covered

If you enroll one or more family members, each family member must meet their individual deductible. Plan deductible counts toward 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. 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.

## WELLNESS PROGRAM

The City of Grand Junction offers employees a simple way to save up to \$540 on their health insurance premiums each year! The process is easy and only needs to be completed once per year. Your biometric results are private, strictly confidential, and fully protected under HIPAA regulations.

Make sure to complete these steps by November 30, 2025 to take advantage of this great benefit. To earn the additional savings, simply self-report your completed activities in the Marathon Health portal. By participating in this program, you not only support your health and well-being but also receive significant savings on your health insurance premiums!

To participate in the Wellness Incentive Program, log in to the Marathon Health portal at [my.marathon-health.com/login](https://my.marathon-health.com/login). The City offers two options to complete the program:

OPTION ONE	OPTION TWO
\$25 Medical Insurance Premium discount each month by completing these physical activities: <ul style="list-style-type: none"> <li>• Biometric Screening</li> <li>• Health History &amp; Risk Assessment (HHRA), located on the Marathon Health portal</li> <li>• Follow Up Appointment/Comprehensive Health Review (CHR) at Sage Health &amp; Wellness Center or with your PCP</li> </ul>	\$45 Medical Insurance Premium discount each month by completing: <ul style="list-style-type: none"> <li>• Option ONE activities</li> <li>• Complete and self-report five additional well-being activities in the following categories.               <ul style="list-style-type: none"> <li>• Financial</li> <li>• Career</li> <li>• Social</li> <li>• Overall Well-being</li> <li>• Mental</li> </ul> </li> </ul>

The Wellness Incentive Program runs from January 10 - November 30, 2025.

All program requirements for the 2026 plan year must be completed by November 30, 2025.

## MEDICAL, DENTAL AND VISION PREMIUMS

Medical				
Copay Plan	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
Employee Only	\$981.00	\$786.08	\$194.92	\$97.46
Employee + 1	\$1,959.30	\$1,569.98	\$389.32	\$194.66
Family	\$2,595.14	\$2,079.48	\$515.66	\$257.83
High Deductible Health Plan	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
Employee Only	\$750.14	\$628.68	\$121.46	\$60.73
Employee + 1	\$1,498.17	\$1,255.61	\$242.56	\$121.28
Family	\$1,984.38	\$1,663.10	\$321.28	\$160.64

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

Dental*				
	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
Employee Only	\$41.43	\$32.29	\$9.14	\$4.57
Employee + 1	\$76.24	\$59.46	\$16.78	\$8.39
Family	\$126.98	\$99.04	\$27.94	\$13.97

\* Executive Employees: Please contact Human Resources for 2025 dental rates.

Vision				
	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
Employee Only	\$7.94	\$6.18	\$1.76	\$0.88
Employee + 1	\$13.54	\$10.56	\$2.98	\$1.49
Family	\$21.58	\$16.82	\$4.76	\$2.38