

# 2024 OPEN ENROLLMENT OVERVIEW



JANUARY 1 - DECEMBER 31, 2024

## 2024 PLAN HIGHLIGHTS

- The City will be covering an additional 18% of your dental premiums and will also pay for 78% of your vision premium.
- 90-day maintenance medications can be filled using the mail order pharmacy ExpressScripts or any Walgreens pharmacy for two times the retail copay.
- Employees enrolled in the retiree health plan will have a contribution of \$29 per pay period.
- The 2024 maximum contribution to a Health Savings Account will increase to \$4,150 for employee-only coverage, and the City will contribute \$750 per year. The maximum contribution for family coverage is \$8,300, and the City will contribute \$1,500 per year.
- The 2024 maximum contribution to a Medical FSA (Flexible Spending Account) will increase to \$3,050; and the maximum contribution to a Dependent Care FSA will remain at \$5,000.
- Vision benefit enhancements include an enhanced feature frame & contact lens allowance, plus access to LightCare (blue-light filtering) & hearing aid discounts.

## SAGE HEALTH & WELLNESS CENTER

The center provides employees and their families convenient access to primary healthcare services and mental health counseling. The Sage Health & Wellness Center can be your first stop for illness and injuries, as well as preventive care, routine physicals, health coaching and more! If you are enrolled in the Cigna CoPay plan there is no fee for visits; if you're enrolled in the Cigna High Deductible Health Plan you will pay \$25 for non-preventive care visits. Also, in the Spring of 2024 the center will begin offering even more services such as physical therapy and case management!

**NEED HELP?** Please contact the Cigna Pre-Enrollment line at 888-806-5042 - they can help you 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
	\$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 envisions a thriving wellness culture that supports the health and 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 2025 medical premiums by participating in the 2024 Wellness Incentive Program. Log in to the Marathon portal at [my.marathon-health.com/login](https://my.marathon-health.com/login) or call 866-434-3255. The City provides 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 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, 2024. All program requirements must be completed by November 30th, 2024.

## MEDICAL, DENTAL AND VISION PREMIUMS

Medical				
Copay Plan	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
<b>Employee Only</b>	\$846.42	\$665.88	\$180.54	\$90.27
<b>Employee + 1 dependent</b>	\$1,690.51	\$1,329.92	\$360.59	\$180.29
<b>Employee + 2 or more dependents</b>	\$2,239.12	\$1,761.52	\$477.60	\$238.80
High Deductible Health Plan	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
<b>Employee Only</b>	\$647.23	\$534.77	\$112.46	\$56.23
<b>Employee + 1 dependent</b>	\$1,292.64	\$1,068.04	\$224.60	\$112.30
<b>Employee + 2 or more dependents</b>	\$1,712.15	\$1,414.65	\$297.50	\$148.75

*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)
<b>Employee Only</b>	\$42.95	\$33.49	\$9.46	\$4.73
<b>Employee + 1</b>	\$75.46	\$58.86	\$16.60	\$8.30
<b>Employee + Child(ren)</b>	\$101.46	\$79.14	\$22.32	\$11.16
<b>Employee + Family</b>	\$134.01	\$104.53	\$29.48	\$14.74

*\* Executive Employees: Please reach out to HR for 2024 dental rates.*

Vision				
	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
<b>Employee Only</b>	\$7.94	\$6.20	\$1.74	\$0.87
<b>Employee + 1</b>	\$13.54	\$10.56	\$2.98	\$1.49
<b>Employee + Child(ren)</b>	\$13.82	\$10.78	\$3.04	\$1.52
<b>Employee + Family</b>	\$22.26	\$17.36	\$4.90	\$2.45