

2026 OPEN ENROLLMENT OVERVIEW

JANUARY 1 - DECEMBER 31, 2026



2026 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.
- The 2026 annual contribution limit to a Health Savings Account (HSA) will be \$4,400 for employee-only coverage, the City will continue to contribute \$750 to your account. Employees with family coverage have a contribution limit of \$8,750, and the City will contribute \$1,500 to your account.
- The 2026 annual contribution limit for a Medical Flexible Spending Account (FSA) is \$3,400, and the contribution limit for a Dependent Care FSA has increased to \$7,500. Please note that 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 Omada Program supports Cigna members at risk for type 2 diabetes or heart disease with coaching and tools for healthier habits.
- The Healthy Pregnancies, Healthy Babies program provides resources and personalized support to keep mothers and babies healthy before and after birth. See page 7 of the Benefits Guide for more information.

SAGE HEALTH & WELLNESS CENTER

- Easy access to primary healthcare services, physical therapy, behavioral health counseling, and medical massage
- \$0 per visit for CoPay plan, \$25 per visit for HDHP plan
- Same day or next day appointments
- Dedicated provider who knows you by name
- Onsite services which include blood work, vaccines, labs, and medicine dispensing
- Chronic condition management for diabetes and high blood pressure

CIGNA PRE-ENROLLMENT LINE

Need help choosing a medical plan? Contact the Cigna Pre-Enrollment line at 888-806-5042.

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
PLAN YEAR DEDUCTIBLE Individual/Family	\$750/\$1,500	\$4,000/\$8,000	\$4,000 / \$8,000	\$9,000 / \$18,000
OUT-OF-POCKET MAX Individual/Family	\$3,500 / \$7,000	\$12,000 / \$24,000	\$6,650 / \$13,300	\$12,000 / \$24,000
PREVENTIVE CARE	No charge	50% after ded.	No charge	50% after ded.
PHYSICIAN SERVICES PCP Specialist Virtual Care (MDLive) Urgent Care	\$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.
HOSPITAL SERVICES Inpatient Outpatient	20% after ded. 20% after ded.	50% after ded. 50% after ded.	0% after ded. 0% after ded.	50% after ded. 50% after ded.
EMERGENCY ROOM	\$150 copay	\$150 copay	0% after ded.	0% after ded.
CHIROPRACTIC CARE	\$15 copay	50% after ded.	0% after ded.	50% after ded.
PRESCRIPTION DRUGS Retail Tier 1 Tier 2 Tier 3 Tier 4 (up to 30 days)	\$15 \$40 \$55 20% to max \$150	Not Covered	20% after deductible	Not Covered
PRESCRIPTION DRUGS Mail Order (up to 90-day supply) Tier 1 Tier 2 Tier 3 Tier 4 (up to 30 days)	\$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.

Log in to the Marathon Health portal at my.marathon-health.com/login and complete one of the two options by November 30, 2026.

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

The Wellness Incentive Program runs from January 10 – November 30, 2026.

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	\$1,128.15	\$903.99	\$224.16	\$112.08
Employee + 1	\$2,253.20	\$1,805.48	\$447.72	\$223.86
Family	\$2,984.41	\$2,391.40	\$593.01	\$296.50
High Deductible Health Plan	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
Employee Only	\$862.66	\$722.98	\$139.68	\$69.84
Employee + 1	\$1,722.90	\$1,443.95	\$278.94	\$139.47
Family	\$2,282.04	\$1,912.57	\$369.47	\$184.74
Rounding variances may occur upon uploading premiums to the payroll system.				
Dental*				
	Total Premium (Monthly)	City Pays (Monthly)	Employee Pays (Monthly)	Employee Pays (per 24 pay periods)
Employee Only	\$42.02	\$32.80	\$9.22	\$4.61
Employee + 1	\$77.33	\$60.35	\$16.98	\$8.49
Family	\$128.80	\$100.50	\$28.30	\$14.15
* Executive Employees: Please contact HR to obtain 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



This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.