2027
BENEFITS OVERVIEW
JANUARY 1 - DECEMBER 31

CITY OF Grand Junction COLORADO

2027 PLAN HIGHLIGHTS

- Changes to the 2027 Cigna medical plans are highlighted in **bold** below.
- While medical premiums are increasing in 2027, the City continues to pay about 80 cents of every premium dollar for medical, dental, and vision coverage.
- Employees enrolled in the High-Deductible Health Plan (HDHP) must open a Health Savings Account (HSA) and contribute at least $750 a year. The City will continue to contribute $750 for employee-only coverage and $1,500 for employee +1 or family coverage. The 2027 HSA contribution limit is $4,500 for employee-only coverage and $9,000 for employee +1 or family coverage. City contributions count toward the annual IRS limit.
- The 2027 contribution limit is $3,500 for a Medical Flexible Spending Account (FSA) and $7,500 for a Dependent Care FSA. Note: The Medical FSA limit is projected and pending final IRS confirmation.
- Medical ID cards are available only through the myCigna app.
- Both Cigna plans offer programs to support your health and well-being, including mental health, pregnancy, perimenopause, musculoskeletal health and diabetes management. See the 2027 Benefits Guide for more information.

SAGE HEALTH & WELLNESS CENTER

- Access to primary healthcare, physical therapy, behavioral health counseling, and medical massage.
- $0 per visit for the Copay plan, $25 per visit for the HDHP.
- Appointments are available Monday - Friday with dedicated providers who know you by name.
- Onsite lab work, vaccines, and medication dispensing, plus ongoing care for chronic conditions like diabetes and high blood pressure.

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*	**$6,650 / $13,300**	$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 **$30 copay**	50% after ded. 50% after ded. N/A 50% after ded.	**20% after ded.** **20% after ded.** **20% after ded.** **20% 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.	**20% after ded.** **20% after ded.**	50% after ded. 50% after ded.
EMERGENCY ROOM	**$300 copay**	**$300 copay**	**20% after ded.**	**20% after ded.**
CHIROPRACTIC CARE	$15 copay	50% after ded.	**20% after ded.**	50% after ded.
PRESCRIPTION DRUGS *Retail: Tier 1* *Retail: Tier 2* *Retail: Tier 3* *Retail: 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.

Login to the Marathon Health portal at my.marathon-health.com/login and complete one of the two options below.

OPTION ONE (2 points)	OPTION TWO (7 points)

Earn a $25 monthly medical insurance premium discount by completing the following wellness activities:
• Biometric Screening
• Health History & Risk Assessment (HHRA) - available through the Marathon Health portal
• Comprehensive Health Review (CHR) – complete a follow-up appointment at Sage Health & Wellness Center or with your PCP
	Earn a $45 monthly medical insurance premium discount by completing the following wellness activities:
	• Complete all Option ONE activities
	• Complete and self-report five additional well-being activities from the following categories:
	  • Financial
	  • Career
	  • Social
	  • Overall Well-being
	  • Behavioral / Mental Health

The Wellness Incentive Program runs from January 10 – November 30, 2027. Complete the program requirements during this period to qualify for the wellness incentive for the 2028 plan year.

MEDICAL, DENTAL AND VISION PREMIUMS

Medical				
Copay Plan	**Total Premium** (Monthly)	**City Pays** (Monthly)	**Employee Pays** (Monthly)	**Employee Pays** (24 pay periods)
Employee Only	$1,509.46	$1,209.54	$299.92	$149.96
Employee + 1	$3,014.77	$2,415.73	$599.04	$299.52
Family	$3,993.14	$3,199.70	$793.44	$396.72
High-Deductible Health Plan	**Total Premium** (Monthly)	**City Pays** (Monthly)	**Employee Pays** (Monthly)	**Employee Pays** (24 pay periods)
Employee Only	$1,154.24	$967.35	$186.89	$93.45
Employee + 1	$2,305.23	$1,932.01	$373.22	$186.61
Family	$3,053.37	$2,559.01	$494.36	$247.18
Note: Rounding variances may occur.				

Dental				
	Total Premium (Monthly)	**City Pays** (Monthly)	**Employee Pays** (Monthly)	**Employee Pays** (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

Vision				
	Total Premium (Monthly)	**City Pays** (Monthly)	**Employee Pays** (Monthly)	**Employee Pays** (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

CITY OF Grand Junction COLORADO

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 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.