2026

GRAND JUNCTION
HOUSING AUTHORITY

# BENEFITS GUIDE

January 1 – December 31, 2026

# TAKE A LOOK INSIDE

## Health



## Wealth



## Wellbeing



## Resources

# BENEFIT ELIGIBILITY

## Who is Eligible

The following individuals are eligible to participate in the Company's benefits program:

- Active, full-time employees working at least 30 hours a week on the **first of the month following your date of hire**
- Your legally married spouse or domestic partner
- Your dependent children up to age 26
- Your unmarried children aged 26 or older who are mentally or physically disabled and who rely on you for support and care

## Dependent Information

To enroll your eligible dependents in benefits, you must provide their full legal names, Social Security numbers and dates of birth, so keep this information handy when making your benefit elections online.

## Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical, dental, vision, and Health Care FSA coverage will end on the last day of the month in which you become ineligible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage.

Life and AD&D coverage will end on the day you become ineligible. Your life coverages are convertible.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

## Domestic Partner Disclaimer

### Is My Domestic Partner Eligible?

Your domestic partner is eligible for coverage under the Company's plans if you meet one of these requirements:

- You have an active registered domestic partnership with a governmental body, or
- You both meet all of the following:
  - Are age 18 or older and legally competent
  - Have cohabitated for at least six months
  - Are not married to anyone else (even if legally separated)
  - Are not related by blood
  - Have financial interdependence, as demonstrated by joint ownership of real estate, bank accounts, mortgage, credit obligations, mutual beneficiary designations or powers of attorney

Dependent children of your domestic partner are also eligible for coverage.

### Imputed Income and Tax Implications

If you add a family member to your coverage who is not considered a dependent under federal income tax law, your share of the cost of coverage must be paid on an after-tax basis. Your employer's share of the cost of benefits is also treated as taxable income, which is known as imputed income. The IRS considers health coverage for a domestic partner and/or their children a taxable benefit with imputed income that is subject to federal income tax and any other required payroll taxes.

### Required Documentation

Employees wishing to enroll a domestic partner for the first time will need to submit an Affidavit of Domestic Partnership to the Human Resources Department prior to completing their enrollment. Please contact HR at aoleary@giha.org for more information.

# BENEFIT ENROLLMENT

## Enrollment Periods

### Annual Open Enrollment

Each calendar year, the Company conducts an Open Enrollment. This is the time for you to re-evaluate your needs and elect benefit options for the new plan year.

### New Hire and Newly Eligible Employee Enrollment

Newly hired or newly eligible employees must complete their online enrollment within 30 days of their date of hire. Benefits will effective the first of the month following date of hire.

## Between Enrollment Periods

Generally, once you enroll, you cannot make changes to your enrollment selections until the next Open Enrollment period. You may make changes to your benefit elections outside of the annual Open Enrollment ONLY if you experience a Qualifying Life Event (QLE), as defined by the IRS. Benefit changes must also be consistent and made within 31 days of the QLE.

Qualifying life events (QLEs) that may allow you to make benefit changes:

- Change in legal marital status
  - Marriage
  - Divorce, legal separation, annulment
  - Death of your spouse
- Change in your eligibility
  - Taking or returning from a leave of absence
  - Change in work schedule or status that causes a gain or loss of eligibility
  - Change in family member's eligibility
  - Change in work schedule or status that causes them to gain or lose eligibility
- Change in the number of eligible children
  - Birth, adoption or death of a child
  - Child gains or loses eligibility for coverage under the plan
- They gain a benefit option or lose coverage
  - New coverage choices made during their employer's annual enrollment
  - You or your family member's COBRA coverage from another employer expires
  - You or your family member becomes eligible for or loses Medicare or Medicaid
  - You or your family member loses coverage under a governments or educational institution's plan

**Scan this code to watch a video about QLEs.**

# MEDICAL COVERAGE

## OAP Network

The Open Access Plus (OAP) plan, provided through Cigna gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

An OAP plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered "in-network." In general, you will pay less for in-network services than you would were you to seek care outside the network.

**How You Pay for Services**

- You pay a flat dollar amount–or copay–for covered health care treatments and services, such as doctor's office visits and prescription drugs.
- Once you satisfy your annual deductible, you will pay a percentage–or coinsurance–of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

## Local Plus Network

At the heart of the LocalPlus plans is a local network, limited to doctors, specialists and hospitals right where you live. You can save by receiving care in your local area or when in any LocalPlus Network area. The Local Plus Network does not include Community Hospital. You will have access to Cigna's national network of labs, x-ray and radiology offices, and dialysis centers. 75% potential savings through in-network national labs (LabCorp or Quest). You do not need a referral to see a specialist. You have nationwide in-network coverage in case of an emergency.

- Employees can access the Local Plus network in any area in the country where one exists. In areas where the Local Plus network is not available, employees and dependent family members can use doctors in the national AWAY FROM HOME CARE feature for coverage at the in-network cost.
- Employees who choose to go outside the Local Plus network when one is available (or outside the AWAY FROM HOME feature when Local Plus isn't available), may pay an out-of-network cost at a higher rate.

## HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through Cigna, is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit Publication 502.

**For more information on the HSA, see page 9 in this benefit guide.**

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

**How You Pay for Services**

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes copays for prescription drugs only. You must meet the annual deductible before prescription copays apply.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.

# MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. All plans are available with either the Local Plus or Open Access Plus Network. For complete coverage details, please refer to the Summary of Benefits & Coverage (SBC). **Note:** The deductibles and out-of-pocket maximums are per calendar year.

To find a provider go to www.cigna.com or download the Cigna app on your smartphone to manage your health plan. More information on page 17.

| Key Benefits | HSA Base 4500 | Mid 5000 | Buy Up 4000 |
|---|---|---|---|
| | In-Network[1] | In-Network[1] | In-Network[1] |
| **Deductible** (Individual/Family) | $4,500 / $9,000 | $5,000 / $10,000 | $4,000 / $8,000 |
| **Out-of-Pocket Max** (Individual/Family) | $7,500 / $15,000 | $7,750 / $15,500 | $7,500 / $15,000 |
| **Office Visits** (physician/specialist) | 0% after deductible | $40 / $80 copay | $40 / $80 copay |
| **Virtual Visits** | 0% after deductible | No Charge | No Charge |
| **Routine Preventive Care** | No Charge | No Charge | No Charge |
| **Diagnostics** (lab/X-ray) | 0% after deductible | 20% after deductible | 30% after deductible |
| **Complex Imaging** | 0% after deductible | 20% after deductible | 30% after deductible |
| **Ambulance** | 0% after deductible | 20% after deductible | 30% after deductible |
| **Emergency Room** | $500 copay + 0% after deductible | $300 copay + 20% after Deductible | $300 copay + 30% after Deductible |
| **Urgent Care Facility** | 0% after deductible | $75 copay | $100 copay |
| **Inpatient Hospital Stay** | 0% after deductible | 20% after deductible | 30% after deductible |
| **Outpatient Surgery** | 0% after deductible | 20% after deductible | 30% after deductible |
| **Prescription Drugs Retail 30-day supply** | Copays apply after deductible $10 / $50 / $100 / 20% | $10 / $50 / $80 / 20% | $10 / $50 / $80 / 20% |

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
1. Please see Summary of Benefits and Coverage for out-of-network benefit details on the OAP Plan. Although, it is always recommended to go in-network to maximize your benefits. The Local Plus Network does not include out-of-network coverage.

# DENTAL COVERAGE

## PPO

The dental Preferred Provider Organization (PPO) plan, provided through **Cigna** offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the PPO Network.

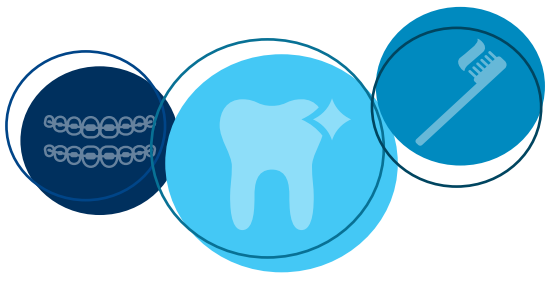
**To find an in-network provider, go to https://www.mycigna.com/ and select Find a Dentist, then enter your zip code to search for contracted dentists.**

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Benefit Summary. **Note:** The deductibles and annual benefit maximums are per calendar year.

| Key Benefits | Cigna PPO Dental Plan | |
|---|---|---|
| | PPO Dentist | Non-Participating Dentist[1] 90th% of Submitted Charges |
| **Deductible** (Individual/Family) | $50 Individual / $150 Family | |
| **Annual Benefit Maximum** (per person) | $2,000 | |
| **Preventive Services** | 0% | 20% |
| **Basic Services** | 20% after deductible | 50% after deductible |
| **Major Services** | 50% after deductible | 50% after deductible |
| **Orthodontic Services** (Child Only ) | 50%; $1,000 Lifetime Max | |

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you do not see a PPO provider, and your provider charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges. If you see a non-participating provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the full charges you are billed.



# VISION COVERAGE

## Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through **VSP**, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the VSP network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

**To find an in-network provider, go to www.vsp.com**

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Benefit Summary.

| Key Benefits | Vision Plan | |
|---|---|---|
| | In-Network | Out-of-Network Reimbursement |
| **Exam** (once every 12 months) | $20 copay | Up to $45 |
| **Materials Copay** | $20 copay | N/A |
| **Frames** (once every 24 months) | Allowance up to $180; 20% off balance | Up to $70 |
| **Lenses** (once every 12 months) | | |
| Single Vision | Materials copay | Up to $45 |
| Bifocal | Materials copay | Up to $45 |
| Trifocal | Materials copay | Up to $75 |
| **Contact Lenses** (in lieu of glasses; once every 12 months) | | |
| Medically Necessary | Covered in Full | Up to $70 |
| Elective | Allowance up to $150 | Up to $70 |

# HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HSA Base 4500 plan with either Local Plus or Open Access Plus, you have the ability to enroll in a Health Savings Account. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

### How the HSA works and how does this benefit me?

You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.

You may change your contributions at any time throughout the year.

You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

| Coverage Tier | 2026 |
|---|---|
| **Individual** | $4,400 |
| **Family** | $8,750 |
| **Catch-up Contributions** | $1,000 |

**Scan this code to watch a video about how an HSA works.**

### Key Feature of the HSA

*Triple-Tax Advantage*

You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.

HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

### Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

### Important Notes

You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a Qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.

Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through **Alerus**, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

**To manage your account, go to www.alerus.com or download the app and register for an account.**

| | *Health Care FSA (HCFSA) | Dependent Care FSA (DCFSA) |
|---|---|---|
| **Eligibility Requirements** | You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions | Available to all employees |
| **Examples of Qualified Expenses** | • Coinsurance<br>• Copayments<br>• Deductibles<br>• Dental treatment<br>• Eye exams/eyeglasses<br>• LASIK eye surgery<br>• Orthodontia<br>• Prescriptions | • Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers<br>• Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent |
| **Annual Contribution Limit** | $3,400 | $7,500 per family (or $3,750 each if you are married and file separate tax returns) |

*If you have a Health Savings Account, you can enroll in a Limited purpose FSA and use it for dental/vision expenses only.

### Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **You must enroll each year to participate.**
- **HCFSA:** Unused funds of up to $680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over $680 will **not** be returned to you or carried over to the following year.
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.

# LIFE INSURANCE

Life insurance, provided through **SunLife**, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

## Basic Life and AD&D (employer-paid)

| Coverage Tier | Benefit Amount | Benefit Reduction |
|---|---|---|
| **Employee** | 1.5 times your basic annual earnings, up to a maximum of $250,000 | Benefits are reduced to 65% at age 65, to 40% at age 70, and to 25% at age 75. |
| **Spouse** | $5,000 | Benefit may be reduced when the employee benefit amount is reduced. |
| **Child(ren)** | $2,500 up to age 19 (or 23 if full-time student) | Benefit may be reduced when the employee benefit amount is reduced. |

## Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members through **SunLife.**

| Coverage Tier | Benefit Amount | Guaranteed Issue Amount | Benefit Reduction |
|---|---|---|---|
| **Employee** | $10,000 increments up to $500,000 or the lesser of 5x salary | $100,000 | Benefits are reduced to 67% at age 70 and to 50% at age 75. |
| **Spouse** | $5,000 increments up to $100,000; not to exceed 50% employee amount | $30,000 | Coverage ends when your spouse turns age 70. |
| **Child(ren)** | $2,500 increments up to $10,000; not to exceed 50% employee amount | $10,000 | |

**Note:** 1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

## IMPUTED INCOME ON BASIC LIFE AD&D

Imputed income is the value of non-monetary compensation or benefits provided to you by the company, such as health insurance premiums and life insurance coverage. Even though these benefits are not received in cash form, they are considered part of your overall compensation package and are subject to taxation.

Under federal tax law, if the total coverage of your company-paid basic life insurance is more than $50,000, the premium paid for the coverage above $50,000 is considered imputed income and will be added to your W-2 earnings. You must pay federal, state and Social Security taxes on this amount.

# DISABILITY INSURANCE

Disability insurance, provided through **SunLife**, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

## Short-Term Disability

| Provided at NO COST to you. | |
|---|---|
| **Benefit** | 60% of base salary |
| **Maximum weekly benefit** | $2,000 |
| **When benefit begins** | As of 15th day of disability |
| **When benefit ends** | 11 weeks |

## Long-Term Disability

| Provided at NO COST to you. | |
|---|---|
| **Benefit** | 60% of base salary |
| **Maximum monthly benefit** | $5,000 |
| **When benefit begins** | As of 90th day of disability |
| **When benefit ends** | Your Social Security Normal Retirement Age |

**Note:** Class 2 shown. Multiple Classes with different benefit amounts exist.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at **NO COST** to you through **Triad EAP**.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

### EAP Benefits

Assistance for you and your household members

Up to 8 in-person or virtual sessions with a counselor per event, per year, per individual

Unlimited toll-free phone access and online resources

**To learn more, visit triadeap.com**
**Company Code: gjha**
**For questions, contact 877-679-1100**

*Access your benefits 24/7/365 through your member portal with online requests and chat options.

# APPLETON CLINICS

As a member of Appleton Clinics, you will have access to all of their primary care services as often as you need. You'll also receive members-only wholesale pricing on laboratory and prescription medicine offered in their in-house pharmacy.

**Here is an overview of the member services provided at no cost:**

- Unlimited Doctor visits
- Text/Email/Call Doctor Directly
- Kids are Free
- Complete Annual Physical
- Well Woman Exam
- Plain X-Rays
- Stiches
- Wart Removal
- EKG Monitoring
- Pulmonary Function Tests
- Breathing Treatments
- Hearing Screening Vision Screening
- Basic Casts
- Urinalysis
- Lesion Removal
- Cryotherapy

**Here is an overview of the member services provided at Wholesale Pricing:**

- Strep Tests
- STD Screening
- Generic Prescriptions
- Bloodwork
- Flu Shots
- Routine Injections
- Skin Biopsies
- IV fluid Hydration
- Advanced Imaging
- Mammograms

Corporate Membership cost is $125 per adult per month. Adult members may add up to two children (under 26 years old) free per family. Additional children are only $10 per month each.

**Website**: www.appletonclinics.com/co-home
**Phone**: 970-242-1566
**Office Address**: 607 25 Rd #201, Grand Junction, CO 81505

**What if I don't have medical insurance?**

You can still join Appleton Clinics! Many of their patients do not have medical insurance, but they still joined Appleton Clinics for affordable access to their primary healthcare services. Although we recommend carrying medical insurance for the medical services they don't provide (specialists, surgery, hospitalizations, etc.), you are still more than welcome to join Appleton Clinics!

AppletonClinics™

# VOLUNTARY BENEFITS

## Guardian for Grand Junction Housing Authority Resources

The reality is that health insurance isn't designed to cover everything, which can leave you with unexpected medical bills. That's why there's The Guardian. We can help with the expenses that health insurance doesn't cover.

### Accident Insurance

Individual accident insurance can help with unexpected expenses associated with an accidental injury, so you can focus on getting better.

### Cancer/Specified-Disease

The Guardian cancer/specified-disease policy provides robust benefits so you can seek the treatment you need while easing the financial concerns that often accompany it– before, during and after diagnosis.

### Hospital Confinement Indemnity

Health insurance isn't meant to cover all expenses associated with hospitalization – like deductibles and copays. The Guardian hospital insurance can help minimize those out-of-pocket costs so you can focus on recovery.

### Critical Illness (Specified Health Event)

An The Guardian specified health event policy is designed to help with the costs of treatment if you experience a covered health event.

### Short-Term Disability

What if you couldn't work due to injury or illness? The Guardian Short-Term Disability insurance helps replace some of your income and keeps working when you can't.

### Term Life

With The Guardian's term life insurance, you can rest easy knowing that your family can have financial security when they need it most.

**Contact HUB's voluntary benefits advisor to learn more about our products.**

**Brandy McGraw**

**(720) 207-2347**

**brandy.mcgraw@hubinternational.com**

Guardian®

# 401(A), 457 & ROTH RETIREMENT SAVINGS ACCOUNT

According to experts, you should aim to have 70–80% of your pre-retirement income saved by the time you retire. With help from the 401(a) and the optional 457 or Roth provided through **MissionSquar**e, you can help secure your financial future. Whether retirement is decades away or just around the corner, the time to save for retirement is today.

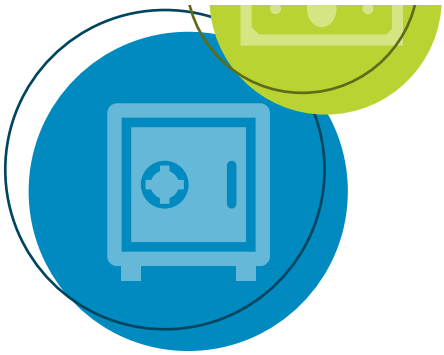
### Employer Match and Vesting

To help the account grow, we match your contributions as outlined in the following chart:

| ICMA | GJHA** | Employee |
|---|---|---|
| 401(a) – **Mandatory Participation** | 9.65% of gross pay | 7.65% of gross pay |
| 457 — **Optional** | $0.00<br>No employer match | Optional<br>May contribute a flat amount or percentage |
| Roth- **Optional** | $0.00<br>No employer match | Optional<br>May contribute a flat amount or percentage |

**Your earnings from this job are not covered under Social Security. For more information, Social Security publications and additional information, including information about exceptions, are available at www.socialsecurity.gov.

MissionSquare RETIREMENT



# CIGNA VIRTUAL VISITS

## Carrier: MDLIVE Online

Our telehealth program is a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions. It's just one more way our organization invests in you and your family.

**Why Use Telehealth?**

*It's Affordable*

A trip to the ER, urgent care center or doctor's office can easily set you back hundreds of dollars in out-of-pocket costs. A call to our telehealth program will cost you varied amounts depending on your plan elected. HDHP Base: 0% after deductible for PCP / 0% after deductible for Specialist.

HSA Base 4500: 0% after deductible for PCP / 0% after deductible for Specialist.

All other plans: Covered at 100% as long as you use MDLIVE

*It's Convenient*

Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. Whether you are at home or work or on the road, a medical professional is available 24/7/365 so you can get the care you need when and where it's convenient for you. Even better: There is no time limit to the consult, giving you plenty of time to ask questions and resolve your issue.

*It's Easy to Use*

A telehealth medical professional is never more than a phone call, click or tap away! Call 888-726-3171 or visit mycigna.com.

**Scan this code to watch a video about how telehealth works.**

*Get Care in Minutes*

It takes just a few minutes to set up your medical history online. Once you submit a request, it often takes less than 10 minutes for a doctor to call you back.

*Common Reasons to Call*

- Allergies
- Anxiety issues
- Back problems
- Bronchitis
- Cold and flu symptoms
- Ear infections
- Diarrhea or constipation
- Headaches and migraines
- Rash and skin problems
- Sore throat and stuffy nose
- Sprains and strains
- Urinary tract infections

# CIGNA
# FIND A PROVIDER

### Find a Medical Provider

1. Log on to www.mycigna.com
2. Enter a provider name to view important provider information, including a listing of the plans the specific provider accepts. You must call and check with the provider before scheduling your appointment or receiving services to confirm the physician is still participating in Cigna's network.

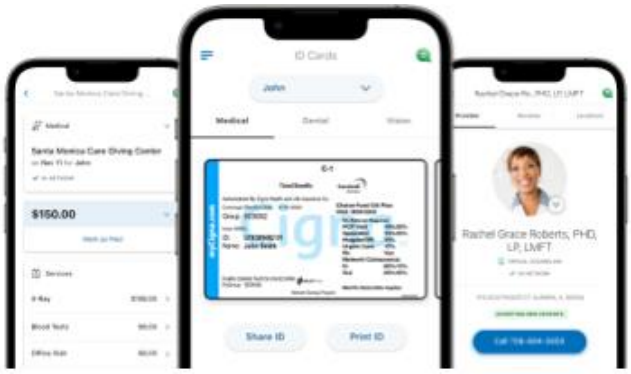
### Access to Your Healthcare

After you are enrolled in a Grand Junction Housing Authority Health medical plan

- Log onto www.mycigna.com
- Register to access self-service tools
- Find resources to help manage your medical benefits
- Download the myCigna® app

Download on the App Store | GET IT ON Google Play

- With easy one-touch secure sign on, you can access your digital ID cards, manage your health information, update your profile, and more.




**Scan this code to watch a video about choosing a provider.**

# PLAN CONTRIBUTIONS

GJHA generously contributes $712.18 per month to each health plan. Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

## Medical Employee Per Paycheck

| CIGNA Coverage Network: Local Plus | Employee Per Paycheck / Semi-Monthly Contributions | | |
|---|---|---|---|
| | HSA Base 4500 – Local Plus | Mid 5000 – Local Plus | Buy Up 4000 – Local Plus |
| **Employee Only** | $14.67 | $67.54 | $72.94 |
| **Employee + Spouse** | $450.31 | $565.31 | $577.05 |
| **Employee + Child(ren)** | $421.76 | $532.70 | $544.02 |
| **Employee + Family** | $910.79 | $1091.47 | $1109.91 |

| CIGNA Coverage Network : Open Access Plus | Employee Per Paycheck/Semi-Monthly Contributions | | |
|---|---|---|---|
| | HSA Base 4500 – OAP | Mid 5000 – OAP | Buy Up 4000 – OAP |
| **Employee Only** | $40.15 | $91.63 | $96.71 |
| **Employee + Spouse** | $505.72 | $617.70 | $628.74 |
| **Employee + Child(ren)** | $475.21 | $583.23 | $593.88 |
| **Employee + Family** | $997.84 | $1173.76 | $1191.12 |

If you enroll in a medical plan, GJHA offers a $125 monthly employer contribution to be applied towards Appleton Clinics membership, Dental, Vision, The Guardian products, or a Gym Membership.

If you decline medical coverage, GJHA offers a $250 monthly employer contribution towards Appleton Clinics membership, Dental, Vision, The Guardian products, or a Gym Membership.

## Appleton Clinics

| Membership Cost | Monthly Contributions |
|---|---|
| | Appleton Clinics |
| **Each Adult Member** | $125 |
| **More than 2 Children** | +$10 each additional child after first two |

# PLAN CONTRIBUTIONS

GJHA generously contributes $712.18 to each health plan. Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

## Dental

| Cigna Dental Coverage | Per Paycheck / Semi-Monthly Contributions |
|---|---|
| | Cigna Dental Plan |
| Employee Only | $19.00 |
| Employee + Spouse | $36.02 |
| Employee + Child(ren) | $40.63 |
| Employee + Family | $65.33 |

## Vision

| VSP Coverage | Per Paycheck / Semi-Monthly Contributions |
|---|---|
| | VSP Vision Plan |
| Employee Only | $6.73 |
| Employee + Spouse | $10.77 |
| Employee + Child(ren) | $11.00 |
| Employee + Family | $17.73 |

# IMPORTANT CONTACTS

| Benefit | Carrier | Group Number | Phone Number | Website/Email |
|---|---|---|---|---|
| Medical | Cigna | 657444 | (866) 494-2111 | mycigna.com |
| Unlimited Primary Care | Appleton Clinic | Grand Junction Housing Authority | (970) 242-1566 | www.appletonclinics.com/ |
| FSA Administrator | Alerus | 101600 | (800) 279-3200. | www.alerus.com |
| Dental | Cigna | 657444 | (866) 494-2111 | mycigna.com |
| Vision | VSP | 30060947 | (800) 877-7195 | www.vsp.com |
| Life & AD&D | SunLife | 903264 | (800) 786-5433 | www.sunlife.com |
| Disability | SunLife | 903264 | (800) 786-5433 | www.sunlife.com |
| Accident, Critical Illness, Hospital Indemnity | The Guardian / HUB International | Grand Junction Housing Authority | (720) 207-2347 | brandy.mcgraw@hubinternational.com |
| EAP | Triad | Company Code: **gjha** | (877) 679-1100 | www.triadeap.com |
| Account Manager | HUB International / Sammie Haas | Grand Junction Housing Authority | (720) 943-3020 | Samantha.haas@hubinternational.com |
| Human Resources | Ashleigh O'Leary | N/A | (970) 208-9515 | aoleary@gjha.org |

## ANNUAL NOTICES

Check https://www.employeenavigator.com/ for annual notices.

## BENEFIT SUMMARIES

Check https://www.employeenavigator.com/ for benefit summaries.

## BENEFIT PRESENTATION

Go to
https://www.brainshark.com/hubintl/vu?pi=zJjzw8vfmzdowNz0
Or scan this QR code to watch the benefit presentation or share it with your family to view and learn more about the benefits available to you.

GRAND JUNCTION
HOUSING AUTHORITY