

**Medical Benefit Plans with Anthem**  
**Dental Plan with Delta Dental**  
**Vision Plan with VSP**  
**Employee Out of Pocket Contributions (per month)**  
**Effective January 1, 2022**

<b>Medical Plans</b>			
<b>Anthem EPO 4000</b>	<b>Total Premium</b>	<b>GJHA</b>	<b>Employee</b>
<b>Employee</b>	551.81	623.28	0
<b>Employee + Spouse</b>	993.26	623.28	369.98
<b>Employee + Child(ren)</b>	1,213.98	623.28	590.7
<b>Family</b>	1,710.61	623.28	1087.33

<b>Anthem EPO 4500</b>	<b>Total Premium</b>	<b>GJHA</b>	<b>Employee</b>
<b>Employee</b>	540.12	623.28	0
<b>Employee + Spouse</b>	972.21	623.28	348.93
<b>Employee + Child(ren)</b>	1,188.25	623.28	564.97
<b>Family</b>	1,674.36	623.28	1051.08

<b>Anthem EPO 6000</b>	<b>Total Premium</b>	<b>GJHA</b>	<b>Employee</b>
<b>Employee</b>	535.87	623.28	0
<b>Employee + Spouse</b>	964.57	623.28	341.29
<b>Employee + Child(ren)</b>	1,178.91	623.28	555.63
<b>Family</b>	1,661.20	623.28	1037.92

<b>Anthem PPO 4000</b>	<b>Total Premium</b>	<b>GJHA</b>	<b>Employee</b>
<b>Employee</b>	600.48	623.28	0
<b>Employee + Spouse</b>	1,080.86	623.28	457.58
<b>Employee + Child(ren)</b>	1,321.05	623.28	697.77
<b>Family</b>	1,861.48	623.28	1238.2

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If employee enrolls in a health plan, employee is provided an additional \$99 per month to spend towards ala carte choices of: Appleton Clinic Membership(corporate), Dental, Vision, AFLAC, or Pre-Approved Wellness Center Membership Dues (in this order). If employee does not enroll in a health plan, employee is provided \$250 per month to spend towards ala carte benefit choices listed above.

<b>Dental</b>			
Delta PPO plus Premier	Premium	GJHA	Employee
Employee	\$37.29	\$0.00	\$0.00
Employee + Spouse	\$70.69	\$0.00	\$70.69
Employee + Child(ren)	\$79.75	\$0.00	\$79.75
Family	\$128.23	\$0.00	\$128.23

<b>Vision</b>			
VSP	Premium	GJHA	Employee
Employee	\$13.75	\$0.00	\$0.00
Employee + Spouse	\$22.01	\$0.00	\$22.01
Employee + Child(ren)	\$22.47	\$0.00	\$22.47
Family	\$36.22	\$0.00	\$36.22

<b>Retirement</b>			
ICMA	Social Security	GJHA	Employee
401a – Mandatory Participation	0 – We do not pay	9.65% of gross pay	7.65% of gross pay

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	into Social Security		
457 – Optional	N/A	0 – No Match	Optional – Can contribute flat amount or %

In addition, the Grand Junction Housing Authority provides Employer-paid Life and Accidental Dismemberment Insurance, through Sun Life Financial at no cost to you! Dependent coverage is contributory, meaning that you are responsible for paying all or a portion of the cost for dependent coverage.

Benefit Amount		
For You	For your spouse	For your child(ren)
One and one-half times your basic annual earnings, up to a maximum of \$250,000—with no medical questions asked up to the Guaranteed Issue amount of \$250,000.	\$5,000 with no medical questions asked.	\$2,500 benefit amount A full benefit is payable for a dependent child who is 6 months to 19 years old or to 23 years old if a full-time student. A reduced benefit of \$250 is payable for a child from 14 days to 6 months.