

**Medical Benefit Plans with Anthem  
Dental Plan with Delta Dental  
Vision Plan with VSP  
Employee Out of Pocket Contributions (per month)  
Effective January 1, 2021**

| <b>Medical Plans</b>         |                      |             |                 |
|------------------------------|----------------------|-------------|-----------------|
| <b>Anthem EPO 4000</b>       | <b>Total Premium</b> | <b>GJHA</b> | <b>Employee</b> |
| <b>Employee</b>              | 505.95               | 593.6       | 0               |
| <b>Employee + Spouse</b>     | 910.73               | 593.6       | 317.13          |
| <b>Employee + Child(ren)</b> | 1,113.11             | 593.6       | 519.51          |
| <b>Family</b>                | 1,568.47             | 593.6       | 974.87          |

| <b>Anthem EPO 4500</b>       | <b>Total Premium</b> | <b>GJHA</b> | <b>Employee</b> |
|------------------------------|----------------------|-------------|-----------------|
| <b>Employee</b>              | 496.71               | 593.6       | 0               |
| <b>Employee + Spouse</b>     | 894.06               | 593.6       | 300.46          |
| <b>Employee + Child(ren)</b> | 1,092.75             | 593.6       | 499.15          |
| <b>Family</b>                | 1,539.78             | 593.6       | 946.18          |

| <b>Anthem EPO 6000</b>       | <b>Total Premium</b> | <b>GJHA</b> | <b>Employee</b> |
|------------------------------|----------------------|-------------|-----------------|
| <b>Employee</b>              | 492.54               | 593.6       | 0               |
| <b>Employee + Spouse</b>     | 886.56               | 593.6       | 292.96          |
| <b>Employee + Child(ren)</b> | 1,083.57             | 593.6       | 489.97          |
| <b>Family</b>                | 1,526.87             | 593.6       | 933.27          |

| <b>Anthem PPO 4000</b>       | <b>Total Premium</b> | <b>GJHA</b> | <b>Employee</b> |
|------------------------------|----------------------|-------------|-----------------|
| <b>Employee</b>              | 547.23               | 593.6       | 0               |
| <b>Employee + Spouse</b>     | 985.03               | 593.6       | 391.43          |
| <b>Employee + Child(ren)</b> | 1,203.93             | 593.6       | 610.33          |
| <b>Family</b>                | 1,696.44             | 593.6       | 1102.84         |

**Medical Benefit Plans with Anthem**  
**Dental Plan with Delta Dental**  
**Vision Plan with VSP**  
**Employee Out of Pocket Contributions (per month)**  
**Effective January 1, 2021**

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 |

**Medical Benefit Plans with Anthem  
Dental Plan with Delta Dental  
Vision Plan with VSP  
Employee Out of Pocket Contributions (per month)  
Effective January 1, 2021**

|                |                      |              |  |
|----------------|----------------------|--------------|--|
|                | 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. |