

# CEBT

## Employer Administrative Guide



*This document provides important information to assist with administration of the CEBT program, including determining eligibility, enrolling newly eligible employees and their dependents, as well as making changes to existing coverage. It is intended only to highlight some of the pertinent provisions of the plans and the plan documents will control in all instances.*

## Table of Contents

WHAT IS CEBT? .....	4
WHO IS WILLIS OF COLORADO?.....	4
WHAT ARE THE ROLES OF UMR, CNIC, CVS/CAREMARK, & VSP?.....	4
BENEFIT PLANS OFFERED BY CEBT.....	5
ELIGIBILITY.....	5
WAITING PERIOD.....	6
PACKAGED COVERAGE REQUIREMENT .....	6
CEBT REQUIRES 100% PARTICIPATION OF ALL ELIGIBLE EMPLOYEES.....	6
RETIREEES.....	7
NEWLY ACQUIRED DEPENDENT(S) .....	8
CEBT ENROLLMENT / CHANGE CARDS.....	8
OPEN ENROLLMENT .....	10
SWITCHING MEDICAL PLANS.....	10
HEALTH INSURANCE PORTABILITY AND ACCOUNTIBILITY ACT (HIPAA) ....	10
VOLUNTARY VISION AND/OR DENTAL PLANS .....	11
TERMINATIONS.....	11
CERTIFICATE OF COVERAGE .....	12
COBRA .....	12
LIFE INSURANCE .....	13
PORTABILITY OR CONVERSION OF LIFE INSURANCE.....	13
WAIVER OF LIFE PREMIUM .....	13

ACCELERATED DEATH BENEFIT ..... 14

DEATH CLAIM..... 14

PREMIUM BILLING ..... 14

LEAVE OF ABSENCE/SABBATICAL ..... 15

BENEFIT BOOKLETS & CLAIM FORMS ..... 15

IDENTIFICATION CARDS..... 15

HOW TO CONTACT WILLIS ..... 16

## **WHAT IS CEBT?**

CEBT is a self-funded trust that provides employee benefits to Colorado school districts, BOCES, cities, counties, special districts, and other public entities. CEBT offers medical, dental, vision, and life coverage. A Board of Trustees representing member groups governs CEBT. There are currently 250+ participating employers with more than 16,000 employees and their families covered across Colorado.

## **WHO IS WILLIS OF COLORADO?**

Willis of Colorado (Willis), is the exclusive broker and administrator for CEBT. Located in Denver, it provides the day-to-day customer service to plan members, handles enrollment and billing, makes periodic visits to participating groups to answer any questions on site, and markets CEBT to prospective new employer groups. Willis can be contacted at 303-773-1373 or toll-free at 800-332-1168.

## **WHAT ARE THE ROLES OF UMR, CNIC, CVS/CAREMARK, & VSP?**

CEBT has contracted with these managed health care companies primarily to provide third-party claim payment services. Each employer chooses either UMR or CNIC, which determines the medical provider network available to your employees.

UMR provides claim payment services and access to the United Healthcare medical provider network for CEBT members who have medical and/or certain dental or vision plans.

CNIC provides claim payment services and access to the Rocky Mountain Health Plans ASO medical provider network for CEBT members who have medical and/or certain dental or vision plans.

CVS/Caremark provides pharmacy claim payment services and access to its provider network for all CEBT members who have medical coverage.

Vision Service Plan, or VSP, provides provider network and claim payment services for CEBT's voluntary vision plan.

Much of the day-to-day correspondence you receive, such as Explanations of Benefits (EOB), requests for further information, and other communications will come directly from either UMR or CNIC. Additionally, employees will receive ID cards from either UMR or CNIC and a separate ID card from CVS/Caremark for access to the pharmacy benefits. VSP does not issue ID cards and benefits are accessed through the provider

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using the member's social security number.

### **BENEFIT PLANS OFFERED BY CEBT**

- EPO (Exclusive Provider Organization)
- PPO (Preferred Provider Organization)
- HD (High Deductible)
- HRP (Hospital Reimbursement Plan)
- Dental (Employer-paid or Voluntary)
- Vision (Employer-paid or Voluntary)
- Life insurance (Employer-paid (required) and Voluntary)

### **ELIGIBILITY**

Each employer determines its own eligibility requirements for its employees subject to the following: the employee must be actively working, be eligible for at least 50% of the employer contribution to the plan and regularly work at least 20 hours per week (or be at least a .5 FTE for employers, such as schools, that operate on unique calendars).

Legal spouses and, as of July 1, 2011, children (including step, foster, and adopted) up to age 26 are also eligible for coverage. **If the employee elects not to cover eligible dependents at the time of initial enrollment, the employer must advise the employee at the time of declination that if coverage is desired in the future, the dependents will not be allowed to come onto the plan until open enrollment or through a HIPAA-qualified event.**

At the time a dependent loses eligibility, coverage automatically terminates and the individual is eligible for continuation of coverage under COBRA.

Subject to packaging requirements, an employee may drop coverage on their dependent(s) at any time by completing a *CEBT Enrollment / Change Card* (as described later in this document); however, employees and/or dependents may only be dropped from Voluntary Dental and/or Vision coverage at open enrollment and are subject to a two-year waiting period prior to re-enrollment. **If the employee elects to drop dependents from any coverage, the employer must advise the employee at the time of the change that if coverage is desired in the future, the dependents will not be allowed to come onto the plan until open enrollment or through a**

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## **HIPAA-qualified event.**

### **WAITING PERIOD**

The employer determines the period of time which newly eligible employees must wait before their coverage in the plan becomes effective. The employer selects the waiting period applicable to all employees when accepting the Participation Agreement.

The three waiting period options for the employer to choose from are outlined below.

The employee's effective date will be:

1. the first day of the month following the date of eligibility;  
or
2. the first day of the month following thirty (30) days of eligibility;  
or
3. the first day of the following month if hired on or before the fifteenth (15<sup>th</sup>); the first day of the month following thirty (30) days if hired after the fifteenth (15<sup>th</sup>).

If there is a probationary period involved, please do not include this in the Date of Full-Time Eligibility given on the enrollment card.

### **PACKAGED COVERAGE REQUIREMENT**

Unless prior arrangements have been made (such as outlined in the employer's participation agreement or during the group's initial enrollment), CEBT offers medical, employer-paid dental, employer-paid vision, and employer-paid life coverage as a package. This means that the family coverage status must be the same for all of these plans. For example, if an employee elects family medical coverage, where available, the family must also enroll in employer-paid dental, employer-paid vision, and employer-paid life coverage. Likewise, any adds or changes must be made toward the package. The change requirement applies to employees who were "grandfathered" at initial enrollment and making a change waives the "grandfathered" status. Employers wishing to be unpackaged should check with your Willis service representative for requirements.

### **CEBT REQUIRES 100% PARTICIPATION OF ALL ELIGIBLE EMPLOYEES**

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**Life Insurance** - All employees eligible for at least 50% of the employer contribution toward their benefit plan must enroll in the employer-paid life coverage. If an employee is not eligible for at least 50% of the employer contribution, then the employee is not eligible for the life coverage.

**Medical, Dental, Vision** – All employees eligible for 100% of the employer contribution toward their benefit plan must enroll in the employer-paid benefit package, which may include medical, employer-paid dental, and/or employer-paid vision coverage. **This requirement applies even if 100% of the employer contribution does not cover the full cost of the benefit package.** If the employer offers the HRP plan, employees who have other primary coverage may elect the HRP plan to satisfy this requirement.

Employees eligible for at least 50% (but less than 100%) of the employer contribution may choose to enroll but are not required to do so. **In these cases, the employer must advise employees that if coverage is desired in the future, the employee will not be allowed to come onto the plan until open enrollment or through a HIPAA-qualified event.**

Return of monthly contributions by the employer to the eligible employee not participating in the plan is not allowed.

## **RETIREEES**

If the employer has elected to offer retiree coverage, all employees who retire after October 1, 1993 and choose to maintain their coverage through their former employer on a retiree basis may do so subject to the following conditions:

- The retiree must be at least fifty (50) years of age.
- The retiree must have a minimum of ten (10) years of continuous coverage accumulated with any CEBT group;
- or
- The retiree must have been employed by the participating CEBT group continuously for a minimum of fifteen (15) years.

In all cases, in order to be eligible, the retiree must be covered by CEBT through the date of retirement, and can continue only up to age sixty-five (65). A retiree will be subject to their employer's retiree benefit should a more restrictive policy apply.

Retirees cannot continue life coverage under the CEBT policy, but may be eligible for portability or conversion to an individual life policy within thirty-one (31) days of the loss of coverage.

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## **NEWLY ACQUIRED DEPENDENT(S)**

Newly acquired dependent(s) (by birth, marriage, adoption, etc.) become effective on the date of eligibility and packaging requirements apply. A change of enrollment form to add the newly acquired dependent(s) must be submitted to Willis within thirty (30) days of the eligibility date. Failure to do so makes the dependent(s) ineligible to join the plan until open enrollment or through a HIPAA-qualified event.

An employee seeking to add a common law spouse must complete a "Certification of Spouse" and send it to Willis along with a completed change card. The addition of the spouse will be effective on the date of signature on the "Certificate of Spouse" form.

Any change in the premium deposit due for the addition of newly acquired dependents becomes payable the first of the month following the effective date, unless the effective date is the first day of the month, in which case the additional premium deposit becomes payable on the effective date. For example, if an employee is married on July 6, the spouse is effective as of the date of marriage; however, any change in premium will not become payable until August 1. Likewise, if the date of marriage was July 1, the change in premium will be payable as of July 1.

## **CEBT ENROLLMENT / CHANGE CARDS**

A *CEBT Enrollment / Change Card* must be completed and submitted to Willis every time an employee enrolls, wants to make any change (to coverage and/or dependents) or makes any other changes that affect their coverage record (name, beneficiary, etc.). The form documents the coverage elections made by the employee. Change cards should be submitted to Willis from the employer and generally will not be accepted directly from employees. **The only changes that do not require submission of a *CEBT Enrollment / Change Card* are changes of address and terminations; however, these must still be submitted to Willis in writing.**

The employer should notify the employee that all claims are processed in accordance with the information provided on the *CEBT Enrollment / Change Card*. Please ensure the employee completes **ALL** applicable sections of the *CEBT Enrollment / Change Card*. Special attention should be paid to the accuracy and legibility of the employee's

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social security number, complete address (street, city, state and zip code), date of birth, beneficiary, dependent coverage election and type of coverage elected. All dependent information (including social security numbers) on the center portion of the enrollment card must be included if enrolling dependents.

Newborns must be enrolled within 31 days of birth, which is often prior to the issuance of a social security number. If this is the case the newborn may be enrolled, but the employee is responsible for submitting the social security number as a change once it is issued.

If using the two-part enrollment form, the white copy should be forwarded to Willis and the yellow copy should be retained for your records. If using a form from [www.cebt.org](http://www.cebt.org), please be sure to include the employer branch number then send the signed original to Willis and retain a copy for your records.

All enrollment cards and/or change cards received by Willis will be processed as soon as possible after they are received. Errors because of inadequate information or misinformation on the enrollment card can cause delays in enrollment, as well as possible delays in claims processing.

The employer should mark the corresponding box at the top of the form to indicate whether the form is for a New Enrollee or Change of Enrollment as well as complete the shaded area at the top of the card (Name of Employer, Date of Full-Time Eligibility, Salary, Effective Date of Coverage, and Branch #). The effective date should be the date the employee and/or their dependent(s) are to be (or are no longer to be) covered.

***New Enrollments:*** Mark the New Enrollee box, complete the shaded areas, and complete all sections, 1 through 12.

***Adding Dependents:*** Mark the Change of Enrollment box, complete the shaded areas, and complete sections 1 through 4, and 8 through 12. Please remember social security numbers are required for all dependents.

***Dropping Dependents:*** Mark the Change of Enrollment box, complete the shaded areas, and complete sections 1 through 4 and 8 through 12. **Dependents' coverage is terminated by omission from section 9, so list only the dependents who are to remain covered.** If the spouse and/or all children are to be terminated, leave section 9 blank and indicate Employee Only coverage in section 8. If the employee's spouse is being dropped due to divorce, the date of the divorce must be indicated in section 10, as coverage must terminate on this date.

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**Name Change:** Mark the Change of Enrollment box, complete the shaded areas, and complete sections 1 through 4 and 10 through 12. For reference, please write previous name under the signature line.

**Address Change:** If address changes are reported using the *CEBT Enrollment / Change Card*, mark the Change of Enrollment box, complete the shaded areas, and complete sections 1 through 4 and 10 through 12. Address changes may also be submitted in other written forms including email or fax.

**Beneficiary Change:** Mark the Change of Enrollment box, complete the shaded areas, and complete sections 1 through 7 and 10 through 12.

**A life insurance beneficiary must be designated on the enrollment card and Willis generally will not process enrollment unless one is designated. Beneficiary changes may be made at any time and are effective as of the date signed in section 12. In all cases, payment of all life benefits will be handled according to the terms of the life certificate.**

## **OPEN ENROLLMENT**

There is an annual open enrollment period, generally offered sometime between mid-April and mid-May, with the actual dates and duration at each employer's discretion. Change cards are due to Willis toward the end of May. All changes are effective as of July 1. Information for this open enrollment, including the specific due dates, will be provided in advance each year.

## **SWITCHING MEDICAL PLANS**

If the employer offers more than one CEBT medical plan, employees are allowed to switch from one plan to another only during the open enrollment period with an effective date of July 1. This also applies to COBRA participants.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTIBILITY ACT (HIPAA)**

On July 1, 1997, HIPAA became effective; therefore, if an eligible dependent involuntarily loses coverage, he or she may be enrolled under the employee's CEBT coverage. The dependent must provide proof that the prior coverage was lost involuntarily and it must be provided to Willis within the thirty (30) day period from the time coverage was lost. Satisfactory proof of prior coverage is a letter from the dependent's employer (on company letterhead) stating the type of group coverage, who was covered and the reason for termination of the coverage. For this purpose, a loss of

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coverage due to voluntarily leaving employment qualifies as an involuntary loss of coverage. Applicable packaging requirements apply and there may be no gap in coverage. A Certificate of Credible Coverage is required with the date the prior coverage ended to give credit toward any applicable pre-existing limitation period.

IMPORTANT: Anyone enrolled under COBRA from a previous carrier will not be eligible as a dependent until said COBRA time has been exhausted.

### **VOLUNTARY VISION AND/OR DENTAL PLANS**

Groups offering voluntary vision and/or dental plans must maintain enrollment of at least 25% of all eligible employees in the program. Enrollment guidelines are the same as all other products except they do not have to be packaged. Changes may be made to the voluntary plans only at open enrollment or if qualifying events are covered by Section 125 guidelines. Any individual, employee or dependents, dropped from voluntary coverage must wait for the first open enrollment following two (2) years from the date coverage was dropped before re-enrollment.

### **TERMINATIONS**

When an employee terminates employment, notification of the termination date must be communicated in writing to Willis in order to ensure accuracy of the billing and to properly process any pending claims. To indicate termination of an employee, mark through their name and premium amount on the current month's billing or otherwise notify Willis in writing as soon as you are aware of the need to terminate.

Please note that a provision of the federal health care reform prohibits rescinding coverage retroactively unless there is fraud or misrepresentation. Some interpretations of the legislation indicate that retroactive terminations are not allowed under any other circumstances; however, at this time it doesn't appear that the intent of the legislation is to interfere with the normal course of business which should include the appropriate termination of employees who are ineligible.

*Beginning July 1, 2011 the timeframe for processing terminations will be limited to the current billing cycle only.* For example, terminations on the July 2011 billing will be effective June 30, 2011 or later. This permits the opportunity to appropriately terminate those employees who became ineligible in June 2011. Likewise if you intended to terminate someone at the end of May and they were overlooked until the July billing period, you can terminate coverage as of June 30, 2011 and payment will be due for June.

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All employees terminating for reasons other than gross misconduct are eligible for continuation under COBRA (see COBRA section below).

## **CERTIFICATE OF COVERAGE**

It is the employer's responsibility to issue a "Certificate of Group Health Insurance Coverage" to anyone, employees and/or dependents, terminating from CEBT health coverage (regular or under COBRA). The form is available at [www.CEBT.org](http://www.CEBT.org) under "Commonly Used Forms" and is required in order to provide evidence of prior health coverage to their next insurance carrier. Please ask your Willis representative if you have any questions when completing this form.

## **COBRA**

In April 1986, Congress passed an act commonly known as COBRA, which allows continuation of group coverage for employees and/or covered dependent(s) that lose their health coverage under the group plan.

For more detailed information governing COBRA participation refer to the summary plan description.

**The employer is responsible for all COBRA administration including all required notifications and collecting the premium from the COBRA enrollees.** CEBT does not accept personal checks from its members. COBRA charges will appear in a separate section of the billing for tracking purposes and the total is included with the amount due from the employer

The employer must provide each employee and spouse who becomes covered under the plan a general notice describing COBRA rights. The general notice is included in the enrollment packet and must be provided within the first 90 days of coverage..

It is the employer's responsibility to provide a copy of the "Notice of Right to Continue" and a "Right to Continue Group Health Coverage Return Notice" to all individuals who lose their CEBT coverage, including dependents who are no longer eligible for coverage for any reason. It is recommended that this notice be sent certified mail or, if the notice is handed to the employee, have the employee sign a receipt indicating they received the notice. In any event, the employer must retain proof that the notices were given.

If possible, all terminated employees should complete the "Right to Continue Group Health Coverage Return Notice". This is also used as the COBRA enrollment form for those wishing to continue coverage and is the only form that will be accepted. The

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employer should provide the notice within thirty (30) days following the date of the qualifying event. It must be returned by the employee within sixty (60) days of notification; if it is not returned, the right to continue coverage is lost. Employers cannot require payment with the election form; however, the initial premium payment must be made within 45 days of the date COBRA is elected. The employer determines the due date for all future payments and it must give a 30-day grace period for *each* monthly payment. There can be no lapse in coverage. This "Return Notice" should be sent to Willis as soon as possible to ensure timely enrollment. A copy of the notice should be retained by the employer for their records.

**The new guidelines for handling terminations are of particular importance for your COBRA administration. While your employer responsibilities for COBRA notifications remain unchanged under health care reform, the revised processes for terminations apply.** Employers have the right to terminate coverage during election and grace periods as long as it is reinstated with no break when an affirmative election is made or a payment is received. Please notify Willis of all terminations or missed payments immediately to help avoid having to pay for coverage longer than necessary.

If an individual is enrolled in Medicare at the time he or she loses coverage, they are eligible to enroll under COBRA; however, if an individual is enrolled under COBRA and subsequently enrolls in Medicare, the coverage under COBRA must be terminated.

As a courtesy, Willis will generally notify the employer when the COBRA continuation period is exhausted. Please forward this information to the enrollee as it is received.

## **LIFE INSURANCE**

The life insurance certificate includes complete details of the life coverage including portability or conversion options, waiver of premium, the accelerated death benefit, and qualifying disabilities.

## **PORTABILITY OR CONVERSION OF LIFE INSURANCE**

Terminating employees cannot continue life coverage under the CEBT policy, but may be eligible for portability or conversion to an individual life policy within thirty-one (31) days of the loss of coverage.

## **WAIVER OF LIFE PREMIUM**

Employees determined to be totally disabled may be eligible for a waiver of the life

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premium. Contact our office for more information when you feel you have a qualifying employee.

### **ACCELERATED DEATH BENEFIT**

Employees with eminent terminal illness can apply for an accelerated benefit from their life insurance. Contact our office for more information if you feel you have a qualifying employee.

### **DEATH CLAIM**

Willis is here to help if you need to file a life or dismemberment claim. When a death occurs, a “Life Insurance/Accidental Death & Dismemberment Claim Form” must be filed. The following must be completed and submitted to Willis, for submission to the life insurance carrier:

- Life Insurance / Accidental Death & Dismemberment Claim Form
- Proof of Death – Certified Copy of Death Certificate with raised seal
- If accidental death, any newspaper clippings or police reports that are applicable

### **PREMIUM BILLING**

To ensure accurate reconciliation and record keeping there is certain information, including a copy of the billing and the signed Leave of Absence (LOA) form, which Willis must receive from the employer with the monthly premium payment.

As noted in the Terminations section above, retroactive rescissions of coverage are not permitted so terminations of coverage are permitted for the current billing period only. **It is ultimately each employer’s responsibility to carefully scrutinize all billings in order to confirm accuracy.** Report any changes or discrepancies to Willis promptly for review and adjustments as appropriate.

The employer will receive a monthly billing, usually by way of email. Please notify your Willis representative if you prefer an alternative method. Please indicate all changes (i.e., additions, terminations, changes in premium, etc.) directly on the billing. Doing so and returning a copy of the billing with the premium deposit is the primary means of ensuring an accurate reconciliation. Willis will reconcile the records according to the information and data received. Sending payment as billed allows for the most efficient reconciliation of the monthly billing, although adjustment of the amounts due is

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acceptable with appropriate notations as to the reason. The next monthly invoice billing will reflect all changes received prior to the billing date. Any changes after the billing date will be reflected on the next month's billing.

Premium deposit payments are due on the tenth (10<sup>th</sup>) of each month for that month. A payment is considered late after the fifteenth (15<sup>th</sup>) of the month. Late payments are eligible for assessment of a 1.5% penalty against the total month's premium, in accordance with the CEBT participation agreement.

### **LEAVE OF ABSENCE/SABBATICAL**

A separate "Leave of Absence" (LOA) report will be included with the monthly billing. This must be initialed and returned with the copy of the billing and the premium payment *even if there are no changes or employees on the report.*

All persons not actively at work for leave of absence, sabbatical or worker's compensation reasons must be listed on the report. Employees listed on the report must remain on the report until they are actively back at work or terminated.

If the employee is on an approved sabbatical leave or is on a work related disability and the employer must pay for their benefit, the CEBT coverage can be continued for up to two years. If an employee is on an approved leave of absence or temporary layoff, the coverage can continue for up to one year. Timeframes are determined from the LOA report. Employees not returning to work at the end of the specified leave time are eligible to continuation under COBRA.

### **BENEFIT BOOKLETS & CLAIM FORMS**

CEBT benefit booklets and claim forms are available on the CEBT website: [www.CEBT.org](http://www.CEBT.org).

### **IDENTIFICATION CARDS**

Medical and prescription identification cards are mailed directly to the covered employee. The medical ID card is also used for employer-paid dental, voluntary dental and employer-paid vision coverage. Please note the quantity of cards issued and names printed on the cards differs between UMR and CNIC.

Vision Service Plan (VSP) does not issue ID cards for the voluntary vision plan; the employee's social security number should be provided to the VSP provider to access voluntary vision benefits.

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An employee needing new or additional cards should call Willis customer service for assistance.

### **HOW TO CONTACT WILLIS**

Willis is always here to assist. Please call us any time for the answers to any questions you may have regarding billing or enrollment, etc.

**Phone: 1-800-332-1168 or 303-773-1373**

**FAX: 303-773-1685**

**Mailing address:**

**CEBT**

**c/o Willis of Colorado**

**2000 S. Colorado Blvd., Tower II, Suite 900**

**Denver, CO 80222**

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*Rev. Jan. 2012*