

YOUR EMPLOYEE BENEFITS

BENEFIT PLANS EFFECTIVE

JANUARY 1, 2027 - DECEMBER 31, 2027

CEBT
Benefit by Trust

GILPIN COUNTY
EST. 1861
COLORADO

BENEFITS BUILT FOR YOU

At Gilpin County, your well-being matters. Our comprehensive benefits program is designed to support your physical, emotional, and financial health. This guide will help you understand your benefits, learn how to use them, and feel confident accessing care when you need it.

Please review the guide carefully for the 2027 plan year so you can make informed decisions about the options that best fit your needs. If viewing electronically, you can click items in the Table of Contents to navigate directly to each section.

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CEBT
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WELCOME TO YOUR CEBT BENEFITS

Getting Started

Download the 'CEBT Health' Plan App

Access digital ID cards, view benefits, find providers, and manage your coverage.

Visit our website cebt.org

Explore plan information, forms, resources, and helpful FAQs.

Need Help?

800-332-1168
303-773-1373

CEBT Customer Service is here to assist with questions, claim support, provider guidance, and more.

CEBT is your trusted partner for medical, dental, vision, life insurance, and more. As a CEBT member, you receive a comprehensive suite of benefits designed to support your health, well-being, and overall peace of mind.

Employees enrolled in the CEBT health plan enjoy not only their core benefits—medical, dental, vision, and life—but also a wide range of **Value Added Benefits** created to enhance your physical, mental, and financial well-being.

With CEBT, you gain access to additional programs and services available at **LITTLE TO NO COST**, including:

- $0–Low-Cost Surgical and Infusion Care – **Lantern**
- 24/7 Virtual Medical Care – **Teladoc**
- Cost & Quality Transparency Tools – **Valenz Bluebook**
- Chronic Condition Support Programs – **Omada**
- Mental Health Services & Coaching – **Modern Health**
- Employee Assistance Program (EAP) – **AllOne Health**
- Travel Emergency Assistance – **The Standard**
- Cancer & Maternity Resource Services – **UMR**
- ...and more!

These added benefits make caring for yourself and your family easier, more convenient, and often more affordable.

More information on these benefits can be found HERE

WHO IS ELIGIBLE?

As a Gilpin County employee, you are eligible for benefits if you work at least 30 hours per week. Benefits are effective on the **first day of the month following 30 days of eligibility**. You may enroll your eligible dependents for coverage once you are eligible, which could include your legal spouse, civil union partner, and children up to age 26.

CHANGING YOUR BENEFITS

New Employees: As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

Qualifying Events and Dropping Dependents: Generally, you may make or change your benefit elections only as a new hire or during the annual open enrollment period. However, you may drop a dependent at any time (coverage will continue through the end of that month), or you may update your benefit elections during the year if you experience one of the following qualifying life events:

Change in marital status

- Marriage
- Death of spouse
- Divorce or Legal separation

Change in the number of dependents

- Marriage
- Birth
- Death
- Adoption of a child or placement of a child for adoption

Change in coverage status

- Loss or gain of other coverage by the employee or dependent

Change in individual coverage status due to aging out

- In the event that an employee loses eligibility on their parent's plan, due to aging out (26)

You have 30 days from the date of a qualifying life event to make changes to your coverage. Depending on the event, you may be required to provide supporting documentation (e.g., a marriage license or birth certificate). Documentation is not required if you are only removing a dependent from your current plan. However, documentation is always required when adding dependents outside of open enrollment.



ANNUAL OPEN ENROLLMENT

2027 Open Enrollment dates: **11/5 - 11/15** Open Enrollment this year is **PASSIVE**.

PASSIVE enrollment means you only need to complete online enrollment if you want to make changes to your benefits. If you wish to keep everything the same, no action is required.
To complete Open Enrollment, please register for CEBT's online enrollment system at **CEBT.org/for-employees** to make your 2027 benefit elections for medical, dental, vision, and life coverage. Changes will become effective January 1, 2027.

GETTING STARTED WITH ENROLLMENT

Registration / Login

First-Time Users

1. Visit: **cebt.org**. Select "New Community User/Register."
2. Complete all required fields on the registration page.
   *Use your work email or the email on file with your employer.
3. Click "Create."
4. You'll receive an email shortly with a login link.

Returning Users

1. Select "Existing Community User Login." You do not need to register again.
2. If you forgot your password, click "Forgot Your Password" beneath the login button.
3. Create a new password, confirm it, and click "Change Password."

Begin Enrollment



1. Click Open Enrollment to start your elections.
2. Review your options and select a plan in each tab (Medical, Dental, Vision, etc.).
3. Click Next or move to the next tab.
4. Check the box next to any dependent you want to add—repeat this in each benefit tab.
5. You may choose to waive coverage if desired.
6. Employer-paid benefits will be preselected and cannot be changed.
7. Choose Save Progress & Complete Later or Preview Benefits & Complete Enrollment when finished.

Wondering Which Plan to Choose?

Refer to the benefit descriptions for a comparison of the different plan designs.



Please contact your HR Administrator or Benefits Specialist for any questions.

Need to Add Dependent?

1. Scroll down on the benefits page and click "Add a New Dependent."
2. Fill in the required information.
3. Press "Save Dependent."



Add a Beneficiary

Add additional beneficiaries by selecting the + sign and entering their name, relationship, and percentage. The total percentage for all primary or all contingent beneficiaries must equal 100%. Enter numbers only—no symbols.

Preview & Submit Enrollment

Select "Preview Benefits" to review your benefits before submitting. Select "Save & Finish" to submit enrollment.

Upload Dependent Verification

After selecting "Save & Finish," you'll be prompted to upload documents. Upload proof of dependent eligibility for any new dependents (e.g., birth certificate, marriage certificate, adoption papers). Documentation must be submitted within 30 days. If you don't have it at enrollment, select "Skip and Continue" and provide the documents later to HR or upload them when you log back in.

Review & Print Elections

Select "Summarize Coverages" to review your enrollment. Print your election summary for your records or future reference.

What Is CEBT?

The Colorado Employer Benefit Trust (CEBT) is a self-funded, governmental multiple-employer trust that provides health, dental, vision, and life benefits to more than 440 public entities and over 37,000 employees and dependents across Colorado.

Who Is WTW?

Willis Towers Watson (WTW) is the broker and administrator for CEBT. WTW provides customer service support for claims and benefits questions at (800) 332-1168 or (303) 773-1373, makes on-site visits to participating groups, assists prospective new members, and manages eligibility and premium billing between the Trust and employers.

WHAT ARE THE ROLES OF UMR, KAISER, CVS CAREMARK, DELTA DENTAL & VISION SERVICE PLAN (VSP)?

CEBT has contracted with these managed health care companies to provide claims processing and provider network access:

UMR provides third-party claim payment services and access to the United Healthcare provider networks for CEBT members who have medical coverage.

Kaiser provides third-party claim payment services and access to the Kaiser provider networks for CEBT members who have medical coverage.

CVS Caremark provides pharmacy payment and access to its provider network for CEBT members with medical coverage through United Healthcare.

Delta Dental of Colorado provides third-party dental claim payment services and access to its Dental PPO and Premier networks.

Vision Service Plan (VSP) provides the vision payment and access to their provider network for CEBT members who have vision coverage.

Much of your day-to-day correspondence, such as Explanations of Benefits (EOB) and requests for further information, will come from **UMR or Kaiser Permanente**. Additionally, you will receive ID cards from **UMR or Kaiser Permanente**, CVS Caremark, and Delta Dental, but not from VSP. VSP does not utilize cards.

NEED HELP WITH A CLAIM?

CEBT has a dedicated team of customer service representatives to assist clients with benefits questions. For help with any of the following, please call (303) 773-1373:

- Benefit information
- Claim status
- Claim resolution
- Explanation of benefits
- Deductibles
- Ordering ID cards

HOURS
Mon–Thu: 7:30am–4:30pm
Fri: 7:30am–4:00pm

NUMBER
(303) 773-1373

CEBT HEALTH PLAN APP: BENEFITS AT YOUR FINGERTIPS!

The CEBT mobile app gives you simple and convenient access to manage your health care benefits on the go. On the app, you can:

ENROLL IN BENEFITS
Enroll in your benefits, view current plans and dependents, download benefits summaries, and process life event/open enrollment changes.

FIND A PROVIDER
Search for in-network providers and easily navigate to find more information regarding CEBT's Valued Partners.

VIEW & ORDER ID CARDS
Keep a version of your ID cards handy - Access or print your digital ID cards and order new ID cards.

CONNECT WITH CUSTOMER SERVICE
Ask a CEBT customer service representative benefit or claim questions through opening a case.

DOWNLOAD THE 'CEBT HEALTH PLAN' APP



KEY BENEFIT TERMS

Benefit Year: The 12 months over which the benefits are paid and accumulated. The deductible and out-of-pocket maximums are accumulated over the Benefit Year and are reset to zero at the beginning of the next Benefit Year. For CEBT, the benefit year is January 1 – December 31.

Plan Year: The 12 months over which the plan you choose is in force. The plan year runs from January 1 – December 31.

Deductible: The amount you owe for health care services before your health insurance or plan begins to pay. (For example: John has a health plan with a $1,500 annual deductible. He falls off his roof and needs three knee surgeries; the first is $800. Because John hasn't paid anything toward his deductible this year, he is responsible for 100% of his first surgery. $800 is applied to his deductible.)

Copay: A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. The copay does not apply towards meeting the deductible but does count towards the out-of-pocket maximum.

Coinsurance: Your share of the costs of a covered health service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after you have met any deductible you owe. (For example: John's second surgery costs $3,200. Because he's paid $800 of his $1,500 annual deductible, John is responsible for the first $700 to meet his deductible. His plan will then cover 80% of the remaining cost, for a total of $2,000 [$2,500 x 80%].)

KEY BENEFIT TERMS CONTINUED

Out-Of-Pocket Maximum (OOPM): The most you pay in a calendar year before your health plan begins to pay 100% of the allowed amount.

Items that count towards the out-of-pocket maximum:

- Copays
- Deductibles
- Co-insurance payments

Items that **DO NOT** count towards the out-of-pocket maximum:

- Your premium
- Balance-billed charges
- Charges your plan does not cover (e.g., plastic surgery, excluded services, etc.)

Example: John's third surgery costs $12,000; his plan has a $4,000 OOPM. Because John already paid $2,000 toward his OOPM for his first two surgeries, he only needs to spend $2,000 before he hits his OOPM ($4,000 - $2,000). The plan pays the remaining $10,000 ($8,000 - $2,000).

In-Network: Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for out-of-network providers.

Out-of-Network: A health plan will cover treatment for doctors, clinics, hospitals, and other providers who are out-of-network, but members will pay more out-of-pocket to use out-of-network providers than for in-network providers.

Primary Care Physician (PCP): A physician who provides the first contact for a person with a health concern as well as continuing care for varied medical conditions, not limited by cause, organ system, or diagnosis.

Explanation of Benefits (EOB): A statement sent by a health insurance company to covered individuals, which explains the medical treatments and/or services that were paid on their behalf.

Formulary: A list of prescription drugs covered by the health plan.

U&C – Usual and Customary: The amount that the plan allows for a specific procedure or service. Also known as R&C (Reasonable and Customary). The member can be billed for these charges.

Balance Billing: When a provider bills you for the difference between the provider's charge and what your health plan pays. A participating provider cannot balance bill you for covered services under its contract. Balance billed amounts do not apply toward your deductible or OOPM.

CEBT Benefit by Trust

MEDICAL COVERAGE

United Healthcare · UMR A UnitedHealthcare Company · KAISER PERMANENTE®

Employees of Gilpin County have the option to choose from two different medical plan options PPO4 and KP-DHMO 1500 offered through the Colorado Employer Benefit Trust (CEBT). Each plan includes comprehensive health care benefits, including free preventive care services and prescription drug coverage. These plans use the United Healthcare Choice Plus and Kaiser Permanente networks. This is the network of doctors you will want to stay within to access your in-network benefits.

Before you enroll in medical coverage, take some time to fully understand how each plan works. The tables below summarize the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Before You Choose a Plan, Consider This:



Do you prefer to pay more for medical out of your paycheck, but less when you need care?



What planned medical services do you expect to need in the upcoming year?



Do you or any of your covered family members take any prescription medications on a regular basis?

MEDICAL PLAN OPTIONS OVERVIEW

Below is a simplified breakdown of each plan type offered.

PPO Plan

- Copays apply to standard services (office visits, specialists, etc.).
- For high-cost services (hospital stays, outpatient care, advanced imaging), you must meet the deductible before paying coinsurance.
- After reaching the out-of-pocket maximum, the plan pays 100%.

KAISER PLAN OPTIONS

Kaiser DHMO Plan

- Copays for basic services (office visits, specialists, etc.)
- High-cost services require meeting the full deductible, then coinsurance applies
- Once you meet the out-of-pocket maximum, the plan pays 100%
- In-network only



CEBT MEDICAL PLANS

The tables below summarizes the benefits of each medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

MEDICAL BASE PLAN	PPO4	KP-DHMO 1500
Network	United Healthcare Choice Plus	Kaiser Permanente
Office Visit (Primary|Specialty)	$40 Copay | $40 Copay	$40 Copay | $50 Copay
Deductible (Single|Family)	$1,500 | $3,000 Embedded	$1,500 | $3,000 *Embedded
Coinsurance (In|Out)	20% In | *40% Out	20% In network only
Out of Pocket Single (In|Out)	$4,000 | $8,000	$4,000
Out of Pocket Family (In|Out)	$8,000 | $16,000	$8,000
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max | Amb Surg Center $550 Copay
Rx Retail	Generic $20 Preferred $40 Non-Preferred $60	Generic $20 Preferred $40 Non-Preferred $60 Specialty 20% coins up to $250
Rx Mail Order	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%
Chiropractic	*$40 Copay | 20 Visits per year	$40 Copay | 20 Visits per year
Teladoc	Covered 100%	N/A
Telehealth	$40 Copay	Covered 100%
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	Office setting: $40 Copay Outpatient setting: Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Lab	$40 Copay	Office setting: $0 Copay Outpatient setting: Deductible + 20% to OOP Max
Urgent Care	$75 Copay	$55 Copay
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

CEBT MEDICAL PLANS

This comparison of coverage is intended only as a general description for the principle in network features of the benefit plans. If there are questions about a particular benefit or the coverage tier, please refer to the full plan document that is posted on the www.cebt.org website for specific coverage details.

*Charges are subject to Usual & Customary (U&C). These charges are considered in excess of the Reasonable Reimbursement, the Recognized Amount, the Usual and Customary charge, the Negotiated Rate, or the fee schedule. Exclusions under this category do not apply to payments that may be required under the No Surprises Act.

Preventative Services will be processed following the Federal Patient Protection and Affordable Care Act. For more information on these services go to https://cebt.org/benefit-booklets.

PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit. PPO Plan deductibles fall under the definition of an Embedded deductible where any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.

The member must use a contracted Kaiser Permanente provider for all care. Out of network providers are only covered if the charges are for emergency treatment. If this is not done, there is no guarantee that the charges will be covered. Kaiser Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act. For a full list go to https://healthy.kaiserpermanente.org/colorado/learn/preventive-service

PRESCRIPTION DRUG COVERAGE

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare PPO4 plan. You can access CVS pharmacies at King Soopers, Safeway, Walmart, Walgreens, etc. To view medications or learn more, visit the **CVS Caremark** page through the CEBT website.

For a 90-day mail-order supply of maintenance medications (blood pressure, cholesterol, etc.), call CVS at (866) 885-4944 or have your doctor send the prescription to the CVS mail-order pharmacy. You receive a 90-day supply for the cost of a 60-day supply—three months for the price of two!

Prescription Drugs (Retail 30-day Supply)	Prescription Drugs (Mail-Order 90-day Supply)	Average Cost Savings
$20 Copay (Generic)	$40 Copay (Generic)	$80
$40 copay – (Preferred)	$80 Copay (Preferred)	$160
$60 Copay (Non-Preferred/Specialty)	$120 Copay (Non-Preferred/Specialty)	$240

Ways to Save Time and Money on Medications

👉 **Register** at **Caremark.com**

Create an online account to access tools, alerts, and personalized ways to save on your prescriptions.

Use In-Network Pharmacies

- Fill prescriptions at in-network retail pharmacies listed on Caremark.com.
- Using an out-of-network pharmacy means you pay 100% of the cost.

Check Which Medications Are Covered

- Visit Caremark.com to view your plan's covered drug list and find the most cost-effective options.

Compare Prices with "Check Drug Cost"

- Use this tool on Caremark.com to compare medications side-by-side and choose the most affordable option.

Choose Delivery by Mail

- Get a 90-day supply with no-cost shipping, tracking updates, and secure packaging that is tamper-proof, weather-proof, and temperature-controlled.
- Prefer in-person pickup? You can also receive your medications at any CVS Pharmacy.

PrudentRx

PrudentRx is a copay assistance program built into your Caremark prescription benefits under the CEBT PPO plans, **reducing out-of-pocket costs to $0** for certain specialty medications. If you're eligible, PrudentRx will contact you to assist with enrollment.

PRESCRIPTION DRUG COVERAGE

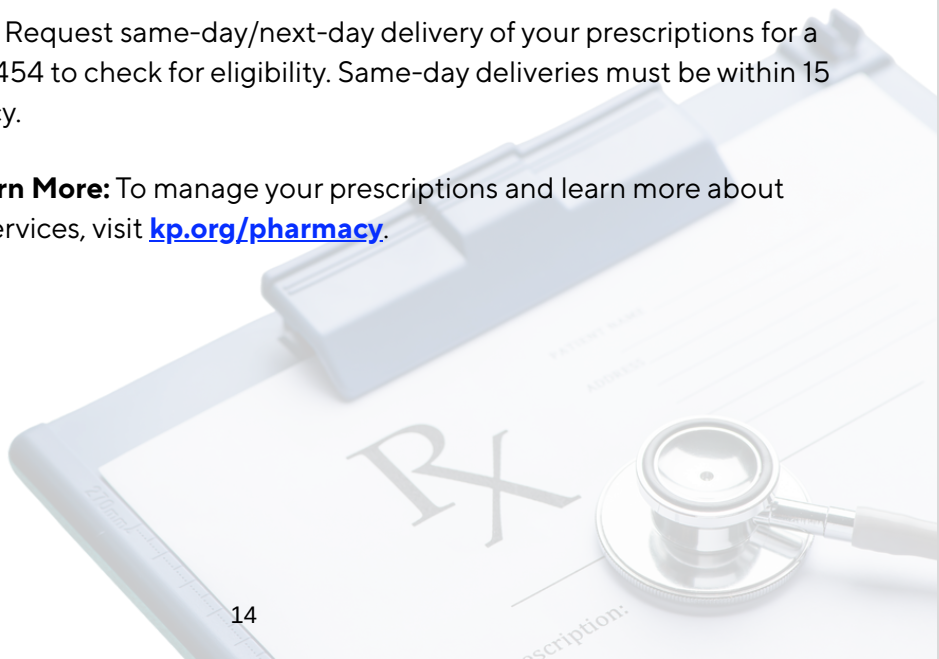
If you are enrolled in the Kaiser plan KP-DHMO 1500, Kaiser will manage your prescription needs. Most Kaiser Permanente medical offices offer primary care, laboratory, X-ray, and pharmacy services in one location, allowing you to see your physician and receive additional services in a single visit. You will not receive a separate pharmacy ID card—your medical ID card also serves as your pharmacy card.

Prescription Drugs Retail: 30-Day Supply	Prescription Drugs Mail Order: 90-Day Supply
$20 Copay – Generic Brand	$40 Copay – Generic Brand
$40 Copay - Preferred Brand	$80 Copay - Preferred Brand
$60 Copay - Non-Preferred Brand	$120 Copay - Non- Preferred Brand
Specialty Drugs 20%	Specialty Drugs 20%

Pharmacy and Other Services

You have many ways to fill and manage prescriptions when it's most convenient for you:

- **Prescription Delivery:** Get most prescriptions delivered within a few days with no shipping costs. You can fill them online at **kp.org**, through the mobile app, or by calling the Kaiser Permanente pharmacy at (866) 523-6059 (TTY 711), or at **kp.org/refill**.
- **In Person:** Fill prescriptions at any Kaiser Permanente medical office pharmacy. Order refills online for pickup at **kp.org/refill**. Eligible members can use affiliated pharmacies.
- **By Phone:** Each Kaiser Permanente medical office has a 24-hour refill phone number. You can find the number under "Pharmacy Services" on each medical office's page at **kp.org**.
- **Same-Day/Next-Day Delivery:** Request same-day/next-day delivery of your prescriptions for a flat fee. Simply call (888) 626-0454 to check for eligibility. Same-day deliveries must be within 15 miles of a participating pharmacy.
- **Manage Prescriptions and Learn More:** To manage your prescriptions and learn more about Kaiser Permanente pharmacy services, visit **kp.org/pharmacy**.



DENTAL PLAN A

Regular dental exams and cleanings help detect dental issues early, before they become painful and expensive. Maintaining healthy teeth and gums can help prevent tooth decay and support your overall health.

CEBT uses the Delta Dental network. You can access three different network levels: **PPO Dentist, Premier Dentist, and Non-Participating Dentist**. Although you can visit any dentist of your choosing, it's in your best interest to find a Delta Dental provider (PPO dentist or Premier dentist) to receive the best benefits, savings, discounts, and protection from balance-billing for covered services.

Official plan documents can be found on the **Benefits Booklets** page on the CEBT website. Locate a Delta Dental network dentist and learn about the different network levels at **deltadental.com**.

Description	Coverage
Annual Max	$2,000
Deductible (Single l Family)	$50 l $150
Preventative Services	Covered 100% | routine exams & cleanings two times per calendar year, bitewing x-rays once per calendar year, full mouth x-rays eligible once in a 5-year period
Basic Services	Covered 80% l emergency treatment, space maintainers, simple extractions, anesthesia & restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered 50% l crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% l Lifetime max of $2,000 (includes adults and dependent children through age 26)

Prevention First

Delta Dental knows that regular dental visits improve your oral and overall health. With their exclusive **PREVENTION FIRST** program, diagnostic and preventive visits will not count against your annual maximum, so your benefits go further by extending your annual maximum dollars.

Right Start 4 Kids (RS4K)

A plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic, preventive, basic, and major services with no deductible, when seeing in-network providers.* **RS4K**

**Adult coinsurance levels apply for out-of-network providers. Orthodontic services are available but not eligible for the RS4K 100% coverage level.*

VISION PLAN C

CEBT offers vision benefits through VSP, which provides coverage for routine eye exams and pays for all or part of the cost of glasses or contact lenses. Although you can choose any provider, you will save money by staying within the VSP network. You can find a list of local, in-network providers at **VSP.com**. Please note that the benefit year is a rolling 12 months. While the table below summarizes the plan, official plan documents can be found on the **Benefits Booklets** page on the CEBT website.

Even with perfect vision, an annual eye exam is important. From an eye exam, doctors can find signs of high blood pressure, diabetes, and 200+ other major diseases.

Carrier

Carrier l Network	VSP
Benefit Frequency	• Exam, Lenses and Frames eligible every 12 months • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. • Extra $20 to spend on featured frame brands. Go to **vsp.com/offers** for details.
Routine Exam	$10 Copay

Lenses

Lenses	VSP
Single	$10 Copay
Bifocal	$10 Copay
Trifocal	$10 Copay
Lenticular	$10 Copay
Frames	$175 Allowance
Contacts	$175 Allowance

Exclusions: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen, or broken lenses and/or frames, services, and supplies for which you or your dependent are not required to pay, services and supplies are not listed. This is only intended to highlight some of the pertinent functions of the plan and is not a comprehensive picture of the plan's provisions

THE COST OF YOUR BENEFITS

Below is the monthly cost for medical, dental, and vision insurance.

PPO4			
	Total Cost	**Employer Cost**	**Employee Cost**
EE	$1,186.00	$1,067.40	$118.60
EE + Spouse	$2,489.00	$2,240.10	$248.90
EE + Children	$2,191.00	$1,971.90	$219.10
Family	$3,436.00	$3,092.40	$343.60
KP-DHMO 1500			
	Total Cost	**Employer Cost**	**Employee Cost**
EE	$1,065.00	$958.50	$106.50
EE + Spouse	$2,239.00	$2,015.10	$223.90
EE + Children	$1,972.00	$1,774.80	$197.20
Family	$3,093.00	$2,783.70	$309.30

DENTAL			
	Total Cost	**Employer Cost**	**Employee Cost**
EE	$49.00	$49.00	$0.00
EE + Spouse	$100.00	$67.00	$33.00
EE + Children	$124.00	$62.00	$62.00
Family	$167.00	$83.50	$83.50
VISION			
	Total Cost	**Employer Cost**	**Employee Cost**
EE	**$8.00**	$8.00	$0.00
EE + Spouse	**$16.00**	$12.80	$3.20
EE + Children	**$17.00**	$13.60	$3.40
Family	**$28.00**	$22.40	$5.60

HEALTH REIMBURSEMENT ACCOUNT

An HRA is an employer-owned and funded account used to reimburse medical expenses (copays, deductibles, coinsurance). The HRA is administered by UMR. Visit **www.umr.com** to learn more and to submit claims.

The HRA benefit will apply to all medical out of pocket charges for the first **$3,000** of covered charges and then employees will pay up to the next **$1,000** of any out-of-pocket expenses.

For employees with dependents, the HRA will cover the first **$3,000** of medical out-of-pocket charges for each covered member then employees will pay up to the next **$2,000** of out-of-pocket expenses. The maximum benefit per individual is $3,000 and $6,000 per family annually. Benefits of an HRA:

Benefits of an HRA:

- Personal Healthcare Freedom – Individuals have greater choice over their healthcare decisions and can use available funds to cover eligible out-of-pocket medical expenses.
- Does Not Affect Income – Employer's contributions do not count towards the employee's gross income.
- Tax-free Reimbursement – When an employee files a claim for a qualified medical expense, the reimbursement is tax-free.

Employee goes to the doctor 4 times during plan year	No cost to employee HRA would cover 100% of the charges
Employee is hospitalized for 10 days and bill is $280,000	HRA would pay $3,000 of charges, employee would pay $1,000
Employee has 2 MRI's, monthly specialty medication and spouse has 3rd child	Employee total out of pocket = $8,000 HRA will cover $6,000 Total employee responsibility =$2,000 All other covered children are covered at 100%

Important information about HRAs

Your HRA is effective from January 1, 2026-December 31, 2026. Claims for reimbursement must be submitted to UMR either by using your HRA debit card, or submitting the claim to www.umr.com or the mobile app.



CEBT VALUE ADDED BENEFITS - DON'T MISS OUT ON **$0-TO-LOW-COST** CARE!

Your CEBT medical plan includes Value Added Benefits that can help you save time, save money, and even access care at little to no cost. These extra perks are already included in your coverage. Many members don't realize they're available.

Want to learn more? Visit the **Partners/Providers** page at cebt.org, call **(303) 773-1373,** or Scan the QR code for direct access.

Below is a complete list of CEBT's Value Added Benefits. The checked items show the benefits you're eligible for. You can access the fliers by clicking on the blue titles below or scan the QR codes to visit the websites.

KAISER PERMANENTE

KP.org Access: Create an account on kp.org so that you can view EOBs, schedule or cancel appointments, view lab results, access self-care apps, refill prescriptions, chat with your doctor, pharmacist, or financial counselor, access your ID card, and much more. To access:

- Website: ***kp.org/registernow*** (Have your ID card handy)
- Download the app

LANTERN - SURGERY & INFUSION CARE

This benefit is not available to Kaiser members.

Lantern Surgery Care is a supplemental benefit for non-emergency surgeries, helping CEBT members plan and pay for over 1,500 procedures with access to affordable care and concierge service.

Lantern Infusion Care offers lower rates for in-home or ambulatory infusion treatments with no cost share on PPO plans. Members receive personalized support from a clinical care team throughout their infusion therapy. To access:

- Website: ***my.lanterncare.com*** (select login to create account); Call: (855) 200-6675

TELADOC HEALTH - TELEMEDICINE

This benefit is not available to Kaiser members.

Teladoc gives members 24/7 access to U.S. board-certified doctors through phone, video, or mobile app visits for non-emergency illnesses, including flu, allergies, sinus infections, and more. To access:

- Website: ***teladoc.com/register***; Call: 1 (855) 656-7243

**Do not check the box that says, "I received a Teladoc Health code."*
**You must enter your UMR medical ID#, so have your card handy. If there is NO MATCH found, call the phone#.*

- Download the app

VALENZ BLUEBOOK - COST TRANSPARENCY TOOL

This benefit is not available to Kaiser members.

Valenz Bluebook helps members find fair-price procedures and earn rewards of $25-$1,500 for using green or fair-price providers. To access:

- Website: ***healthcarebluebook.com/cc/CEBT*** (Log in by entering your Last Name and Date of Birth.)

OMADA - DISEASE MANAGEMENT PROGRAM

This benefit is not available to Kaiser members.

Omada is a virtual care program offering coaching, devices, peer support, and personalized plans to help members reach health goals. It includes programs for pre-diabetes, diabetes, hypertension, and musculoskeletal issues. To access:

- Website: ***omadahealth.com/cebt*** (Click on "Am I eligible" button to fill out the form); Call: (888) 409-8687

MODERN HEALTH - MENTAL WELLBEING

Modern Health offers personalized mental health support for members and dependents ages 6+ enrolled in a medical plan, including 8 therapy and 8 coaching sessions per year, plus unlimited digital resources. To access:

- Website: ***my.modernhealth.com*** (use work email and company name: CEBT)
- Download the app

ALLONE HEALTH - EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Allone Health EAP offers 6 free counseling sessions per year for CEBT members and dependents under 26, covering issues like divorce, parenting, grief, and conflict. It also includes 6 free life coaching sessions, legal review, and financial counseling. To access:

- Website: ***allonehealth.com/portal*** (go to Member Portal and click on "Sign Up," use Company Code: CEBT; Call: (970) 242-9536 or (877) 679-1100

THE STANDARD - TRAVEL ASSISTANCE

The Standard-Travel Assistance is a comprehensive program offering travel assistance, including medical care, credit card/passport replacement, prescription refills, and more. To access:

- Website: ***cebt.org/the-standard-insurance***
- Call (800) 872-1414, Text (609) 334-0807, Download "Assist America" app and use Reference code 01-AA-STD-5201

VIA BENEFITS - MEDICARE-ELIGIBLE AND POST-EMPLOYMENT BENEFITS CONCIERGE

Medicare-Eligible and Post-employment benefit concierge service to assist former CEBT members with enrolling in medical, pharmacy, dental and/or vision coverage. To access:

- Website: ***marketplace.viabenefits.com/ColoradoPublicEmployers***; Call (833) 414-1452

UMR - CANCER RESOURCE SERVICES & MATERNITY CARE

This benefit is not available to Kaiser members.

UMR Cancer Resource Services offers support and guidance for CEBT members with complex cancer diagnoses, connecting them to Cancer Centers of Excellence.

- Website: ***cebt.org/umr***; Call (866) 494-4502

UMR Maternity CARE educates on reducing your risk of complications and preparing for a successful, full-term pregnancy and healthy baby. To access:

- Website: ***cebt.org/umr***; Call 1(888) 438-8105

KAISER MENTAL HEALTH BENEFITS

If you are enrolled in a Kaiser plan, you have access to these additional benefits. To learn more, visit the Partners/Providers page on **cebt.org** and select "Kaiser Permanente," or click **here** for more information.

Virtual Care

Kaiser Permanente members can get care from virtually anywhere. Save a trip to the doctor's office by scheduling a phone or video visit with your doctor or mental health specialist. Phone or video visits can be scheduled with your primary care provider or another doctor, often the same day, for many common conditions.
You make the call from the comfort and convenience of home, work, or on the go. Visit **kp.org/getcare** for all the convenient virtual care options available at no additional cost.

Wellness Apps

Kaiser Permanente members have access to two different emotional wellness apps available at no cost.

Calm
Calm is the number one app for meditation and sleep—designed to help lower stress, anxiety, and more. This app gives access to guided meditations, sleep stories for deeper and more restful sleep, and exclusive music tracks for focus and relaxation.

Headspace
Headspace offers help with sleep, stress, focus, and more through self-guided resources and one-on-one coaching. Headspace can help you create healthy habits that support emotional wellness. You have access to live text-based emotional support coaching available 24/7, meditation and mindfulness exercises, and guided programs for managing stress and improving sleep.

Visit the **Self Care Apps** from Kaiser Permanente to learn more.





SAVINGS

LIFE AND AD&D COVERAGE

Life insurance is an important aspect of financial security, especially if others depend on you. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit to your designated beneficiary or beneficiaries in the event of accidental death or dismemberment.

Gilpin County provides Basic Life and AD&D Insurance to all eligible employees at no cost to employees through The Standard.

Life Insurance

This benefit is payable to the designated beneficiary upon the death of the insured.

Accidental Death & Dismemberment Coverage

This insurance provides specified benefits for a covered, accidental bodily injury that directly causes dismemberment (i.e. the loss of a hand, foot, or eye). If death occurs from an accident, both the Life and the AD&D benefit would be payable.

Description	Benefit
Life / AD&D Benefit Amount	$50,000
Benefit Reduction	40% at age 65, 65% at age 70, 75% at age 75, 80% at age 80

Supplemental Life and AD&D

Depending on your situation, you may want supplemental life coverage beyond basic life and AD&D insurance to protect those who depend on you financially. Gilpin County gives you the option to purchase supplemental insurance for yourself and your dependents through The Standard. (You must have supplemental coverage for yourself if you want to purchase it for your dependents.) The rates are age-banded, with benefits reducing at age 65. Refer to the voluntary life booklet from your employer (also available on cebt.org) to learn more and view the costs for this coverage.

Employee: $10,000 increments up to $500,000 — Guarantee issue amount: $150,000

Spouse: $5,000 increments up to $250,000 — Guarantee issue amount: $30,000

Dependent children: $20,000

DISABILITY COVERAGE

Gilpin County provides short-term disability (STD) and long-term disability (LTD) insurance through The Standard to all benefit-eligible employees.

STD insurance pays a weekly benefit to you if you cannot work because of a covered, non-occupational illness or injury.

LTD insurance is designed to help you meet your financial needs and provide financial protection for insured members by paying a monthly benefit in the event of a covered disability.

Short-Term Disability Insurance	
Benefit Amount	60% of pre-disability earnings
Weekly Minimum Benefit	$15 per week
Weekly Maximum Benefit	$1,000 per week
Benefit Waiting Period	14 days
Premiums Paid By	**Gilpin County**

Long-Term Disability Insurance	
Benefit Amount	60% of pre-disability earnings
Weekly Minimum Benefit	The greater of $100 or 10% of an employee's gross disability payment
Monthly Maximum Benefit	$5,000 per month
Benefit Waiting Period	90 days
Premiums Paid By	**Gilpin County**

CONTACT INFORMATION

For questions about your benefits or the material in this guide, please contact Human Resources:

Chanda Johnson - Human Resources Director
Phone: (303)261-2955 Email: crjohnson@gilpincounty.org

Medical, Dental, Vision, Life/AD&D - CEBT Customer Service	
Member Services	(303) 773-1373 or (800) 332-1168
Website	www.cebt.org

Medical - Kaiser Permanente	
Member Services	(303) 338-3800 or (800) 632-9700
Website	www.kp.org
Appointments & Advice	(303) 338-4545
Mail Order Pharmacy	(866) 523-6059

CVS Caremark	
Mail Order	(866) 885-4944
Website	www.caremark.com

Teladoc	
Member Services	(800) Teladoc or (800) 835-2362
Website	www.Teladoc.com/CEBT

Valenz Bluebook	
Member Services	(800) 341-0504
Website	https://www.healthcarebluebook.com/cc/cebt/

Lantern	
Member Services	(855) 200-6675
Website	my.lanterncare.com

AllOne Health Employee Assistance Program	
Member Services	(877) 679-1100 or (970) 242-9536
Company Code	cebt
Website	www.allonehealth.com/portal

CONTACT INFORMATION

Modern Health	
Member Services	help@modernhealth.com
Website	my.joinmodernhealth.com

Omada Health - Digital Disease Management Program	
Member Services	(888) 409-8687
Website	https://go.omadahealth.com/cebt

UMR Cancer Resource Services Program	
Member Services	(866) 494-4502

UMR Health Reimbursement Account	
Member Services	(800) 826-9781
Website	www.umr.com

The Standard - Group Life and Disability	
Short and Long Term Disability	(800) 368-2859
Group Life and AD&D	(800) 628-8600
EAP	(888) 293-6948
Website	workhealthlife.com/Standard3
The Standard- Travel Assistance	
Member Services	(800) 872-1414 (phone) / (609) 334-0807 (text)
Email	medservices@assistamerica.com
Policy #	645869

Via Benefits	
Pre-65 Website	marketplace.viabenefits.com/ColoradoPublicEmployers
Post-65 Website	my.viabenefits.com/ColoradoPublicEmployers
Phone	(833) 414-1452

CEBT HEALTH PLAN REGULATORY NOTICES

Federal notice requirements obligate employers and health plan sponsors to provide benefit-eligible employees with information about their rights, opportunities, and obligations under their health benefit plan. This information is available on the **CEBT website**, and the notices listed include direct links to the documents for easy accessibility.

BENEFIT BOOKLETS

All Benefit Booklets can be found on our website at **cebt.org/benefit-booklets**.

- **Summary Plan Description (SPD)**: the full written plan document for each separate plan.
- **Summary of Benefits and Coverage (SBC)**: a summary outlining the primary benefits of each separate plan as required by the Affordable Care Act.

HIPAA NOTICE OF PRIVACY POLICY

This notice describes CEBT's policies and practices with respect to disclosing Protected Health Information (PHI). This notice can be found on our website at **cebt.org/resource-center**.

COBRA GENERAL RIGHTS NOTICE

This notice provides newly covered individuals with their rights to COBRA continuation coverage in the event their coverage should terminate. This notice can be found on our website at **cebt.org/resource-center**.

The following notices are located here: (https://cebt.org/resources/resource-center)

ANNUAL & OTHER REGULATORY NOTICES

The Annual Notice is a booklet of compiled notices that are distributed annually to meet the employer and Plan Sponsor federal notice requirements. The notices included in this booklet are:

- Patient Protection Disclosure
- Women's Health and Cancer Rights Act
- The Newborns' and Mothers' Health Protection Act
- Genetic Information Nondiscrimination (GINA) Act
- Notice of Adverse Benefit Determination
- Notice of Final Internal Adverse Benefit Determination
- Notice of External Review Decision
- HIPAA Special Enrollment Notice
- Premium Assistance Under Medicaid and Children's Health Insurance Program (CHIP)
- COBRA Continuation of Coverage Rights
- HIPAA Notice of Privacy Practices
- Medicare Part D Notice of Creditable Coverage
- Marketplace Coverage Options

Other Regulatory Notices include:

- Section 1557-Nondiscrimination Notice
- CEBT 2022 No Surprise Billing Notice
- Medicaid and the Children's Health Insurance Program (CHIP) Notice



This benefit summary provides selected highlights of the Gilpin County employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Gilpin County reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.