



YOUR EMPLOYEE BENEFITS

BENEFIT PLANS EFFECTIVE

JANUARY 1, 20xx-DECEMBER 31, 20xx
JULY 1, 20xx - JUNE 30, 20xx



BENEFITS BUILT FOR YOU

At (**Employer Name**), 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 (**20XX**) 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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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 Primary & Preventive Care - **CEBT Health & Wellness Centers / Marathon Health**
- \$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 (**Employer Name**) employee, you are eligible for benefits if you work at least 20 hours per week or are a part-time variable employee working an average of 30 hours per week during the predetermined Affordable Care Act period. Benefits are effective on the (first day of the month following your date of hire). 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

20xx Open Enrollment dates: **(insert dates)** Open Enrollment this year is **(ACTIVE/PASSIVE)**.

ACTIVE enrollment means all employees must log in and complete online enrollment—even if you are keeping your benefits the same—in order to have coverage for the new plan year.

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](https://cebt.org/for-employees) to make your **20XX** benefit elections for medical, dental, vision, and life coverage. Changes will become effective **(insert effective dates)**.

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.

[Benefit Description](#)



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.

NEW GROUP ENROLLMENT

To enroll in new benefits, everybody must go in and complete online enrollment to have benefits for the new plan year. To complete this, you will receive a link from your employer to register for CEBT's online enrollment system to make your **20xx** benefit elections for medical, dental, vision, and life coverage. Changes will become effective (**insert effective dates**).

SELF REGISTRATION

1. Employees will receive a registration link via email from their Employer.
2. Click on the link and fill in the required fields on the registration page.
3. Press "register" and you will receive an email at the email address you provided shortly after with a link to login and create a password.

VERIFY INFORMATION & BEGIN ENROLLMENT

1. Select the New Hire/New Group Enrollment button to begin enrollment.
2. Review profile details and enter any information that your employer did not complete.
3. Press "Save and Select Benefits."

MAKE YOUR ELECTIONS

Review the benefit options available and choose a plan for each selection.

ADD A DEPENDENT TO YOUR PLAN

Include dependents on coverage by checking the box next to the dependent you wish to add. You will need to do this as you move through each benefit tab.

ADD A BENEFICIARY

For some of your benefit selections, you can add a beneficiary. Add multiple beneficiaries by selecting the + sign and inputting their name, relationship, and percentage. The total percentage of all primary or contingent beneficiaries should equal 100%.

PREVIEW AND SUBMIT ENROLLMENT

1. Select "Preview Benefits & Complete Enrollment" to review your benefit selections before submitting.
2. If you need to make corrections, select "Make a Change"; otherwise, select "Save & Finish."

REVIEW AND PRINT ELECTIONS

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

FOLLOWING ELECTION SUBMISSION

1. If you have added dependents, you will see a notification to upload proof of dependent documents. ***IMPORTANT: You can skip this step during your group's initial enrollment and do NOT need to upload proof docs for your dependents (in the future, for any new dependents, you will need to upload proof documents).**
2. Other Insurance Verification—Please skip this step during your initial enrollment. Once your medical ID number is populated, you can update your dependent's Other Insurance information through umr.com or by calling our customer service unit at **1 (800) 332-1168**.



NEED TO ADD A DEPENDENT?

1. Click on "Add New Dependent"
2. Fill in required information
3. Press "Save Dependent"

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

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

Your Dedicated CEBT Health & Wellness Centers - Your First Stop for Care!

Your employer cares about your health and wellbeing. That’s why, as a CEBT medical plan member, you and your covered family members (spouses and dependents ages 2+) receive **exclusive access** to [CEBT Health & Wellness Centers](#)—a core part of your benefits.


These centers are designed to be your first stop for care, offering convenient, high-quality **primary and preventive services just for you**. By starting your care journey here, you benefit from personalized, proactive support that’s built to keep you healthy—not just treat you when you’re sick.

Care When You Need It

Helping you stay healthier long-term and reducing the need for medical leave:

- Same-day or next-day appointments are often available
- Diagnosis and medications in a single visit, in many cases
- Ongoing support for preventive care, vaccines, screenings, and chronic condition management

AVAILABLE SERVICES

<ul style="list-style-type: none">  Primary & Preventive Care  Sick Care  Family Care (ages 2+)  Lab Services  Vaccines & Screenings 	<ul style="list-style-type: none">  Chronic condition management  Mental health support  Minor injuries  Health coaching 	<p style="text-align: center;"> And more!</p> <p> For a full list of services, locations, & numbers, click HERE or scan the QR code</p> 
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Smart Care at Little or No Cost

- Most visits are \$0 out of pocket, creating \$0 claims for both you and your organization
- HDHP members pay just \$45 for non-preventive, in-person care.

This model helps reduce unnecessary claims, manage overall healthcare costs, and keep premiums more affordable.

Choosing CEBT Health & Wellness Centers means using a core benefit that puts your health first—offering faster, more personalized care and helping you feel your best while strengthening the sustainability of the health plan for you, your family, and the entire organization.

LOCATIONS:	Widefield: 930 Leta Drive, CO Springs, 80911	Rifle: 707 Wapiti Ave. #201-A Rifle, 81650	Glenwood: 1901 Grand Ave. #200 Glenwood Springs, 81601
	Loveland: 2889 N Garfield Loveland, 80538	Gypsum: 35 Lindbergh Dr. #110 Gypsum, 81637	Greeley: 4675 W 20 th St Rd, Unit B Greeley, 80634





Scan the QR to visit the CEBT Health & Wellness Centers Site!

Virtual Services Are Available!



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 July 1 – June 30.

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.

Co-Insurance: 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.

Health Savings Account (HSA): A tax-advantaged medical savings account available to those who are enrolled in a high-deductible health Plan (HDHP). The funds contributed are not subject to federal income tax. These funds may be used for a variety of medical, dental, and vision expenses. For a full list, visit www.irs.gov in IRS Publication 502.

Flexible Spending Account (FSA): An account employees put money into that they can then use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money, which means you'll save an amount equal to the taxes you would have paid on the money you set aside.

Health Reimbursement Account (HRA): An HRA is an employer-owned and employer-funded account to help reimburse medical expenses (e.g., copays, deductibles, and coinsurance). Unlike an HSA, you, as the employee, cannot contribute to the account, and it is not portable.

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.



MEDICAL COVERAGE



Employees of **(employer name)** have the option to choose from three different medical plan options **(insert medical plans)** 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 **(insert network name)** network. 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?

Surest Plan Option

With the Surest plan, members see up-front prices before getting care. Surest data scientists assign lower copays to high-value providers with strong outcomes.

Visit join.surest.com/CEBT and use the Access Code **(insert code)** to see the benefits and decide if this is the best plan option for you.

CLARITY

- Clear, up-front copays
- No deductible or coinsurance
- Lower copays for efficient, effective care

EXPERIENCE

- Easy-to-use digital tools with instant answers
- Large provider network (same UHC Choice Plus network CEBT uses)

SAVINGS

- Spend less out of pocket
- Make smarter provider and treatment choices

Register to get started: Download the Surest app or visit Benefits.Surest.com.

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%.

HDHP (High-Deductible Health Plan)

- You pay 100% of medical costs up to the deductible, using: Your HSA, or Out-of-pocket funds
- Preventive care is fully covered.
- After the deductible, the plan pays according to its benefit schedule.

EPO Plan

- In-network services only (no coverage out-of-network).
- Copays apply until you reach the out-of-pocket maximum, then the plan pays 100%.



PPO Select Plan

A simplified, coordinated care experience using Tier 1 and Tier 2 providers.

Costs & Benefits

- Lower overall out-of-pocket costs
- \$0 copays for Tier 1 primary care visits
- \$0 copays for urgent care (Tier 1 & Tier 2)
- Best value generally comes from Tier 1 providers

Experience

- Highly coordinated care through PCPs
- 24/7 online doctor visits
- Large local and nationwide Select provider network

Network Information

- Uses the Select Colorado Network (14 counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld)
- Care outside the 14-county area = Tier 1
- Dependent students can enroll even if outside the service area

Tier 1 Providers:

UCHealth, SCL Health, Children's Hospital Colorado, CU Medicine, Monument Health, New West Physicians, Optum Care, Pediatric Care Network

Tier 2 Providers:

Banner providers

Select your PCP during open enrollment, or one will be assigned. Your PCP will appear on your ID card.

EPO Select Plan

Similar structure to PPO Select, but EPO rules apply (no out-of-network coverage).

Costs & Benefits

- Lower out-of-pocket costs
- \$0 copays for Tier 1 PCP visits
- \$0 copays for urgent care in Tier 1 & Tier 2
- Tier 1 offers the richest benefits

Experience

- Coordinated care through PCPs
- 24/7 online doctor visits
- Large provider network locally and nationwide

Network Information

- Uses the same Select Colorado Network (same counties as PPO Select)
- Care outside the 14-county region = Tier 1
- Student dependents may live outside the service area

Tier 1 Providers:

UCHealth, SCL Health, Children's Hospital Colorado, CU Medicine, Monument Health, New West Physicians, Optum Care, Pediatric Care Network

Tier 2 Providers:

Banner providers

Select your PCP during open enrollment or one will be assigned.

KAISER PLAN OPTIONS

Kaiser HMO Plan

- In-network coverage only
- Copays apply for services until you hit the out-of-pocket maximum
- After that, the plan pays 100%

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

Kaiser HDHP Plan

- You pay 100% of costs up to the deductible
- Preventive care is covered at 100%
- After the deductible, services follow the plan's benefit schedule
- Compatible with an HSA



CEBT MEDICAL PLANS

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.

MEDICAL BASE PLAN	Plan 1	Plan 2	Plan 3
Network			
Office Visit (Primary Specialty)			
Deductible (Single Family)			
Coinsurance (In Out)			
Out of Pocket Single (In Out)			
Out of Pocket Family (In Out)			
Inpatient Hospital			
Outpatient Hospital			
Rx Retail			
Rx Mail Order			
Preventative Visit			
Chiropractic			
Teladoc			
Telehealth			
Advanced Imaging			
X-ray			
Lab			
Urgent Care			
Emergency Care			

Medical Plan Disclosures

(Use the summary of disclosures from the Medical Benefits Comparison generated out of Salesforce. Ensure all links are updated/work properly)



PRESCRIPTION DRUG COVERAGE

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare plans (insert plan names). 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 and EPO 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



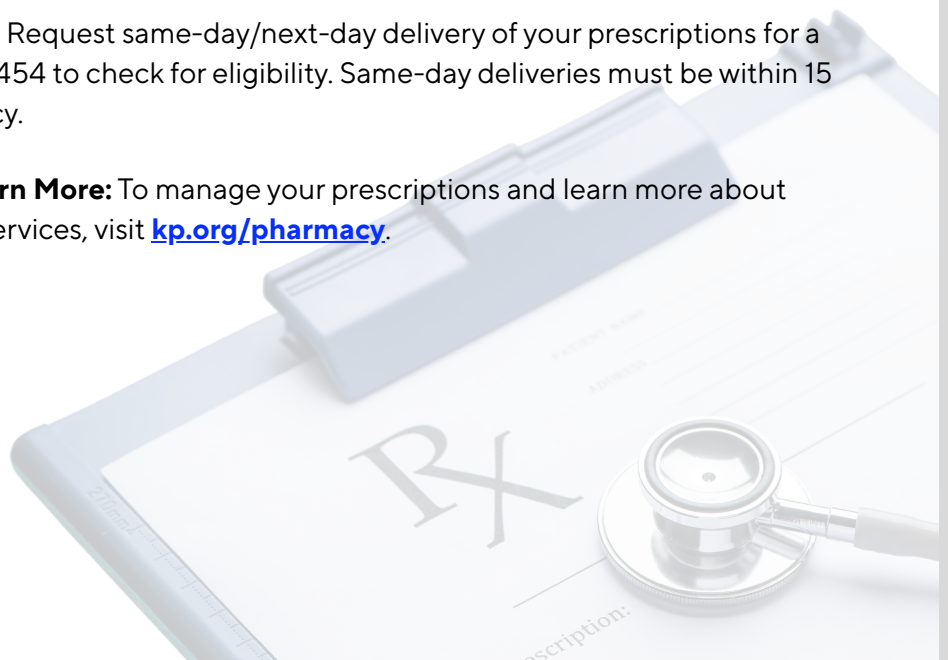
If you are enrolled in the Kaiser plan (**insert plan names**), Kaiser will manage your prescription needs. Most Kaiser Permanente medical offices offer primary care, laboratory, X-ray, and pharmacy services in one location, allowing you to see your physician and receive additional services in a single 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	\$80 Copay - 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.



PRESCRIPTION DRUG COVERAGE



The pharmacy benefit manager on the **(insert Surest plan)** is Optum.

Compare Costs

Sign in to your member account on the Surest app or Benefits.Surest.com. You can:

- Search for prescriptions by name to see coverage details.
- Check prices (copays) for your covered prescriptions.
- Choose from pharmacies in the broad, national OptumRx network of retail pharmacies or Optum Home Delivery for mail-orders.

Shopping around is part of the intuitive Surest plan design. When you can check prices in advance and compare options, you may even find opportunities to save. If the cost at the pharmacy is less than the assigned copay, you'll pay the lower cost.

Formulary Tiers: Standard and Specialty (Complex) Drugs

The purpose of tiers is to avoid high costs when an equally effective generic alternative exists. This lowest-net-cost philosophy can help drive down costs.

Formulary Tiers	Description
Tier 1/Specialty Tier 1	Preferred generics and some lower-cost brand products (typically the least costly at the pharmacy)
Tier 2/Specialty Tier 2	Preferred brand-name drugs that are typically less costly and some higher-cost, non-preferred generics
Tier 3/Specialty Tier 3	Non-preferred products (may include some higher-cost, non-preferred generics)

Optum Home Delivery

Receive a 3-month supply of ongoing maintenance medications with free standard shipping, mailed to your home. There are three ways to get your medications mailed:

1. Go to OptumRx.com
2. Call a health care advisor at (800) 357-1371
3. Ask your doctor to send a prescription to OptumRx

Sign up for automatic refills at no additional cost. You'll receive a notification when it's time to refill your 3-month supply, and your order will be charged to your account.

90-Day Supply

Get a 90-day supply of non-specialty medications at in-network retail pharmacies for the same copay as mail-order.

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 Family)	\$50 \$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% emergency treatment, space maintainers, simple extractions, anesthesia & restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% 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.*

DENTAL PLAN B



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	\$1,500
Deductible (Single Family)	\$50 \$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% emergency treatment, space maintainers, simple extractions, anesthesia & restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% Lifetime max of \$1,500 (includes dependent children through age 19)

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.*

DENTAL PLAN C



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	\$1,500
Deductible (Single Family)	\$50 \$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% emergency treatment, space maintainers, simple extractions, anesthesia & restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered 50% crowns, partial or full dentures, implants
Orthodontia Services	Not Covered

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 A



The vision plan provides coverage for routine eye exams and pays for part or all of the cost of glasses or contact lenses. You can choose any provider for your vision care as this plan has no network. Please note that the benefit year runs on a calendar year. The table below summarizes key features of the vision 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 Network	UMR No Network
Benefit Frequency	<ul style="list-style-type: none">• Exam eligible once every calendar year• Lenses and frames eligible every two calendar years• *If there is prescription change, lenses are eligible once per calendar year. You must choose between lenses/frames, contacts, or eye surgery during the same two calendar year period.
Routine Exam	\$75 Allowance

Lenses

Lenses	UMR No Network
Single	\$75 Allowance
Bifocal	\$100 Allowance
Trifocal	\$150 Allowance
Lenticular	\$125 Allowance
Frames	\$150 Allowance
Contacts	\$150 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

VISION PLAN B



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](https://www.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 Network	VSP
Benefit Frequency	<ul style="list-style-type: none">• Exam and Lenses eligible every 12 months• Frames eligible every 24 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	\$15 Copay

Lenses

Lenses	UMR No Network
Single	\$15 Copay
Bifocal	\$15 Copay
Trifocal	\$15 Copay
Lenticular	\$15 Copay
Frames	\$160 Allowance
Contacts	\$160 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

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 Network	VSP
Benefit Frequency	<ul style="list-style-type: none"> 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	UMR No Network
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.

Plan 1		
	Employer Cost	Employee Cost
EE	\$	\$
EE + Spouse	\$	\$
EE + Children	\$	\$
Family	\$	\$
Plan 2		
	Employer Cost	Employee Cost
EE	\$	\$
EE + Spouse	\$	\$
EE + Children	\$	\$
Family	\$	\$
Plan 3		
	Employer Cost	Employee Cost
EE	\$	\$
EE + Spouse	\$	\$
EE + Children	\$	\$
Family	\$	\$

DENTAL		
	Employer Cost	Employee Cost
EE	\$	\$
EE + Spouse	\$	\$
EE + Children	\$	\$
Family	\$	\$

VISION		
	Employer Cost	Employee Cost
EE	\$0.00	\$
EE + Spouse	\$0.00	\$
EE + Children	\$0.00	\$
Family	\$0.00	\$

HEALTH SAVINGS ACCOUNT

If you enroll in the **(insert HDHP plan name)**, you may be eligible to open and fund a health savings account (HSA) through **(insert carrier name)**.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. **(insert employer name)** will contribute the following to an HSA account annually: **(insert employer contribution amounts)**.

The employer contribution will be applied to your HSA regardless of your decision to contribute. The HSA maximum contribution is **\$4,400** for employee-only coverage and **\$8,750** for all other tiers for the **2026** plan year. Individuals age 55 or older can contribute an extra **\$1,000** as a catch-up contribution.

Create and log in to your account at **(insert carrier web address link)** to view your account balance, savings, eligible expenses, forms, transaction history, and more.

FLEXIBLE SAVINGS ACCOUNT

(Insert employer name) offers three flexible spending account (FSA) options—the health care FSA, the limited purpose FSA, and the dependent care FSA—which allow you to pay for eligible expenses with pre-tax dollars. The FSAs are administered by **(insert carrier name)**.

Create an account at **(insert carrier link address)** to check your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

Health Care FSA

Eligible expenses include deductibles, copays, and other health-related expenses not covered by medical, dental, or vision plans. The health care FSA maximum contribution is **\$3,400** for the **2026** plan year. The Health Care FSA can only be paired with the **(insert plan names)**. (ANY NON HD PLANS)

Limited Purpose FSA

A Limited Purpose FSA is a pre-tax account that lets you pay for dental and vision expenses. You can save money on expenses like dental checkups, vision exams, eyeglasses, and more. The limited-purpose FSA maximum contribution is the same as a traditional health care FSA: **\$3,400** for the **2026** plan year. The Limited Purpose FSA is available to those enrolled in the **(insert plan name)** with an HSA. (HD PLANS ONLY)

Dependent Care FSA

Eligible expenses include daycare facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). You may contribute up to **\$7,500** to your dependent care FSA for the **2026** plan year if you are married and file a joint return or if you file a single or head of household return.

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 **(insert vendor name)**. Visit **(insert vendor website)** to learn more and to submit claims.

Employees enrolled in the **(insert plan name)** will pay the first **(insert employee responsibility amount)** of covered charges. The HRA will then pay up to the next **(insert HRA reimbursement amount)** of any out-of-pocket expenses. For employees with dependents, each individual covered under the plan must pay the first **(insert employee responsibility amount)** of medical out-of-pocket charges, and the HRA will pay the remaining **(insert HRA reimbursement amount)**. The maximum benefit per individual is **(insert max individual benefit)**, and the maximum benefit per family is **(insert max family benefit)** annually.

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.

Coverage Level	Employee Responsibility	HRA Reimbursement
Employee Only	First \$2,000	Next \$3,000
Employee + One or More Coverage	First \$2,000 per individual (max \$3,000)	Last \$3,000 per individual (max \$6,000)

(*This table is an example only, update with group specific HRA structure and remove this disclosure)



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 (**excluding Kaiser members**). 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.

[CEBT HEALTH & WELLNESS CENTERS](#)

Marathon Health, also known as CEBT Health & Wellness Centers, offers near-site health and wellness centers for employer groups near CEBT locations in Rifle, Glenwood Springs, Gypsum, Loveland, Greeley, and Widefield. These centers provide primary care and wellness services with waived or reduced copays. To access:

- Website: my.marathon-health.com
- Register and click on appointments dropdown or Schedule an Appointment



[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, EPO, and Surest plans and after deductible on HDHP 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.)
- Download the app (select "Log in with mobile code", and use mobile code: CEBT)



[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 - POST-EMPLOYMENT BENEFITS CONCIERGE](#)

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 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



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.





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.

(**Employer name**) provides Basic Life and AD&D Insurance and Dependent Life 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	\$20,000
Benefit Reduction	40% at age 65, 65% at age 70, 75% at age 75, 80% at age 80
Dependent Life	\$5,000 for Spouse \$2,000 per Child (from live birth through age 25)

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. (employer name) 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

(**Employer name**) provides short-term disability (STD) and long-term disability (LTD) insurance through (**vendor**) 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 (STD)

Basic Short-Term Disability Insurance	
Benefit Amount	60% of pre-disability earnings
Weekly Minimum Benefit	\$25 per week
Weekly Maximum Benefit	\$1,000 per week
Benefit Waiting Period	30 days
Premiums Paid By	(employer name)

Basic 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	\$6,000 per month
Benefit Waiting Period	90 days
Premiums Paid By	(employer name)



RETIREMENT

Whether retirement is on the horizon or just around the corner, savings goals and investment objectives can help you meet your goals and objectives.

As a benefited (**employer name**) employee, you are automatically enrolled in the (**employer name**) 401(a) Money Purchase Pension Plan through Mission Square Retirement. A 401(a) Money Purchase Pension Plan is a Defined Contribution plan requiring mandatory participation from all employees.

VESTING is a process used by many government agencies. It is the period of time during which an employee accrues non-forfeitable rights over employer contributions. The (**input employer name**) vests employer contribution at a rate of **xx%** for every completed year of service.

Position	Employee Contribution	(Employer)Contribution	Vesting Period
Employee	4%	6%	5 years
Sworn Employee	10%	11.5%	7 years
Director	4%	7%	Immediate

VOLUNTARY RETIREMENT PLANS

Deferred Compensation (457) - This is a voluntary retirement savings plan allowing employees to contribute additional funds for retirement, either on a pre-tax or post-tax (Roth) basis. You may defer up to \$23,500 of compensation for 2025. The limit on catch-up contributions for 2025 is \$7,500 (over age 50).

Roth IRA - This is a voluntary retirement savings plan allowing employees to contribute to an Individual Roth IRA via after-tax payroll deduction. For 2025, employees under age 50 can contribute up to \$7,000, while employees over age 50 can contribute up to \$8,000.



VOLUNTARY BENEFITS

Accident & Critical Illness

No one plans on having an accident or a critical illness. That's why insurance like Accident & Critical Illness coverage can help you through a major medical event.

When you are injured or diagnosed with a covered illness, you will receive a cash benefit based on the percentage payable for the condition. You then determine how to use that cash and can spend it as you see fit.

If you're on the HDHP plan, unforeseen out-of-pocket expenses and major medical costs can be especially expensive. These types of programs can help cover incurred expenses.

Hospital Insurance

An unplanned hospital visit can leave you with expenses not covered by major medical. **(Insert carrier name)** pays you cash to help you with the expenses that are not covered by health insurance, so you can worry less about covering your everyday needs. Learn more about this voluntary benefit at [\(insert linked webpage\)](#).

Cancer Insurance

If cancer affects someone in your family, this plan may help ease the financial impact. Benefit payments are made directly to you, allowing you to pay for expenses like copays, hospital stays, house payments, and car payments.

(Insert carrier name) cancer insurance is here to help you and your family cope better, both financially and emotionally, if a positive diagnosis of cancer ever occurs. Added comfort and protection give you the freedom to focus on more important things. Learn more about this voluntary benefit at [\(insert linked webpage\)](#).

Legal Shield & ID Shield

(Employer Name) offers the opportunity to enroll in a legal and ID theft protection program as a voluntary benefit. Please see below for more information about each benefit. For information on enrolling, please contact your HR administrator.

EMPLOYER SPECIFIC BENEFITS

Insert text here to describe additional benefits employer might want you to include in their guide outside of CEBT. Keep it brief and link to where they can find more information (i.e. other carrier's website).

CONTACT INFORMATION

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

(input contact name) _____

Phone: _____ Email: _____

Medical, Dental, Vision, Life/AD&D - CEBT Customer Service

Member Services	(303) 773-1373 or (800) 332-1168
Website	www.cebt.org

Surest Medical Plan

Member Services	(866) 683-6440
Website	Benefits.Surest.com

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
Access Code	CEBT
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

Health Savings Account and Health Reimbursement Account - Rocky Mountain Reserve	
Member Services	(888) 722-1223
Website	https://rockymountainreserve.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

CONTACT INFORMATION

CEBT Health and Wellness Centers	
Rifle Address	707 Wapiti Ave #201A Rifle, CO 81650
Rifle Phone#	(970) 440-8085
Gypsum Address	35 Lindbergh Drive #110, Gypsum, CO 81637
Gypsum Phone#	(970) 431-2871
Glenwood Springs Address	1901 Grand Ave #200, Glenwood Springs, CO 81601
Glenwood Springs Phone#	(970) 440-8087
Greeley Address	4675 W. 20th Street Road, Unit B Greeley, CO 80634
Greeley Phone#	(970) 373-4625
Loveland Address	2889 N. Garfield Ave, Loveland, CO 80538
Loveland Phone#	(970) 744-2866
Widefield Address	930 Leta Drive, Colorado Springs, CO 80911
Widefield Phone#	719-551-5808

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

Add Employer Logo Here

This benefit summary provides selected highlights of the **(employer name)** 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. **(employer name)** 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.