

YOUR EMPLOYEE BENEFITS

BENEFIT PLANS EFFECTIVE
JANUARY 1, 2027-DECEMBER 31, 2027

Johnstown COLORADO

CEBT
Benefit by Trust

BENEFITS BUILT FOR YOU

At Town of Johnstown, 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
Benefit by Trust

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 Town of Johnstown employee, you are eligible for benefits if you work at least 20 hours per week. You are eligible for full time benefits if you work at least 30 hours per week. 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

2027 Open Enrollment dates: October 21st - November 6th. Open Enrollment this year is **PASSIVE**, except for HSA and FSA plans.

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.

Changes will become effective January 1, 2027.

GETTING STARTED WITH ENROLLMENT

Begin by going to **www.WorkforceNow.ADP.com**, and navigating to: Myself > Benefits > Enrollments.

View your current benefits

Once logged in you can view current benefits by selecting the "View Benefits" button.

Begin Enrollment

Select the "Start Enrollment" button in order to choose plan elections for the upcoming plan year.

Need to Add a Dependent?

Click on "Manage Info" under the Dependents and Beneficiaries section. You can also add dependents after you begin enrollment.

Dependent Verification is required within 30 days. Acceptable documentation may include marriage/birth/death certificate, or adoption paperwork. If you do not have it at the time of enrollment press "Skip and Continue" and submit to your HR administrator within 30 days.

Make your Elections

Review the benefit options available and choose a plan. Refer to the benefit descriptions for a comparison of the different plan designs.

See Your Costs

At the top of the screen you will see costs per paycheck. You can also see what the Town pays for you.

Preview and Submit Enrollment

Select "Submit Enrollment" to finalize your elections.

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, 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.

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. Additionally, you will receive ID cards from UMR, 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 & WELLNESS CENTERS WITH Marathon Health

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

- 🩺 Primary & Preventive Care
- 🤒 Sick Care
- 👨‍👧 Family Care (ages 2+)
- 🧪 Lab Services
- 💉 Vaccines & Screenings
- 👩 Chronic condition management
- 💙 Mental health support
- 🩹 Minor injuries
- ✅ Health coaching
- ➕ And more!

👉 For a full list of services, locations, & numbers, click **HERE** or scan the QR code

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:

Loveland:
2889 N Garfield
Loveland, 80538

Greeley:
4675 W 20th 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 and download benefits summaries.

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.

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.

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.

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

Employees of Town of Johnstown have the option to choose from three different medical plan options (PPO Select 1, PPO4, HD3500) 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 Select Colorado network on the PPO Select 1 plan, and the United Healthcare Choice Plus network on the PPO4 and HD3500. These are the networks 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 on the following pages summarize the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents at www.cebt.org/benefit-booklets 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 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.

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.

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	PPO Select 1	PPO4
Network	Select Colorado	United Healthcare Choice Plus
Office Visit (Primary|Specialty)	PCP: (T1) $0 Copay; (T2) Ded + 50% to OOP Max | Spec: (T1) $100 Copay; (T2) Ded + 50% to OOP Max	$40 Copay | $40 Copay
Deductible (Single|Family)	Single (T1) $1,500 (T2) $3,000 | Family (T1) $3,000, (T2) $6,000 *Embedded	$1,500 | $3,000 Embedded
Coinsurance (In|Out)	(T1) 20% | (T2) 50%	20% In | *40% Out
Out of Pocket Single (In|Out)	(T1) $4,000 | (T2) $8,000	$4,000 | $8,000
Out of Pocket Family (In|Out)	(T1) $8,000 | (T2) $16,000	$8,000 | $16,000
Inpatient Hospital	(T1) Ded + 20% to OOP Max (T2) Ded + 50% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	(T1) Ded + 20% to OOP Max (T2) Ded + 50% to OOP Max	Deductible + 20% to OOP Max
Rx Retail	Generic $20 | Preferred $40 | Non-Preferred $60	Generic $20 | Preferred $40 | Non-Preferred $60
Rx Mail Order	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%
Chiropractic	*$45 Copay | 20 Visits per year	*$40 Copay | 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	Covered 100%	$40 Copay
Advanced Imaging	T1 & T2 | $500 Copay	Deductible + 20% to OOP Max
X-ray	T1 & T2 | $25 Copay outpatient setting	$40 Copay office setting | Outpatient setting Deductible + 20% to OOP Max
Lab	T1 & T2 | $25 Copay outpatient setting	$40 Copay
Urgent Care	Covered 100%	$75 Copay
Emergency Care	T1 & T2 | Ded + 20% to OOP Max	Deductible + 20% to OOP Max

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	HD3500
Network	United Healthcare Choice Plus
Office Visit (Primary|Specialty)	Deductible + 20% to OOP Max
Deductible (Single|Family)	$3,500 | $7,000 Embedded
Coinsurance (In|Out)	20% In | *40% Out
Out of Pocket Single (In|Out)	$5,000 | $10,000
Out of Pocket Family (In|Out)	$10,000 | $20,000 Embedded
Inpatient Hospital	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max
Rx Retail	Deductible then: Generic $20 | Preferred $40 | Non-Preferred $60
Rx Mail Order	2 X Copay
Preventative Visit	Covered 100%
Chiropractic	*Deductible + 20% to OOP Max | 20 Visits per year
Teladoc	Covered 100%
Telehealth	Deductible + 20% to OOP Max
Advanced Imaging	Deductible + 20% to OOP Max
X-ray	Deductible + 20% to OOP Max
Lab	Deductible + 20% to OOP Max
Urgent Care	Deductible + 20% to OOP Max
Emergency Care	Deductible + 20% to OOP Max

Medical Plan Disclosures

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**.

Embedded - Under this deductible definition, 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.

Non-Embedded - Also referred to as an aggregate deductible. Under this arrangement, the total family deductible must be paid out-of-pocket before health insurance starts paying for the health care services incurred by any family member. Usually applies in High Deductible Health plan. The individual deductible doesn’t apply if there are multiple people covered by the plan (Employee +1, Employee + Spouse, Family Coverage, etc.)

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.

PRESCRIPTION DRUG COVERAGE

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare plans PPO Select 1, PPO4, and HD3500. 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

*copay applies after deductible on HDHP plans

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.

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 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**. 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 I Network	VSP
Benefit Frequency	• 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	VSP
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

THE COST OF YOUR BENEFITS

Below, you will find the costs for medical, dental, and vision insurance. The Town pays at least 90% of the premiums for both you and your family. The following table shows your pretax cost monthly. Your premiums are deducted 24 times per year on the first two paychecks in each calendar month.

Full Time Employees

PPO Select 1		
	Employer Cost	**Employee Cost**
EE	$1,027.00	$30.00
EE + Spouse	$2,093.00	$60.00
EE + Children	$1,931.00	$60.00
Family	$2,527.00	$60.00
PPO4		
	Employer Cost	**Employee Cost**
EE	$1,143.90	$127.10
EE + Spouse	$2,328.30	$258.70
EE + Children	$2,151.90	$239.10
Family	$2,794.50	$310.50
HD3500		
	Employer Cost	**Employee Cost**
EE	$933.30	$103.70*
EE + Spouse	$1,906.20	$211.80**
EE + Children	$1,759.50	$195.50**
Family	$2,287.80	$254.20**

**The Town will contribute $300 per month ($150 per paycheck) to your HSA while you are enrolled in a high-deductible plan as an individual.*
***The Town will contribute $500 per month ($250 per paycheck) to your HSA while you are enrolled in a high-deductible plan with other family members.*

DENTAL			VISION		
	Employer Cost	**Employee Cost**		**Employer Cost**	**Employee Cost**
EE	$39.60	$4.40	**EE**	$5.40	$0.60
EE + Spouse	$81.00	$9.00	**EE + Spouse**	$10.80	$1.20
EE + Children	$100.80	$11.20	**EE + Children**	$11.70	$1.30
Family	$135.90	$15.10	**Family**	$19.80	$2.20

THE COST OF YOUR BENEFITS

Part Time Employees (20-29 hours per week)

PPO Select 1		
	Employer Cost	**Employee Cost**
EE	$997.00	$60.00
EE + Spouse	$2,033.00	$120.00
EE + Children	$1,871.00	$120.00
Family	$2,467.00	$120.00

DENTAL			VISION		
	Employer Cost	**Employee Cost**		**Employer Cost**	**Employee Cost**
EE	$35.20	$8.80	**EE**	$4.80	$1.20
EE + Spouse	$72.00	$18.00	**EE + Spouse**	$9.60	$2.40
EE + Children	$89.60	$22.40	**EE + Children**	$10.40	$2.60
Family	$120.80	$30.20	**Family**	$17.60	$4.40

HEALTH SAVINGS ACCOUNT

If you enroll in the HD3500, you are eligible to open and fund a health savings account (HSA) through Rocky Mountain Reserve.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Town of Johnstown will contribute **$300 per month for individual coverage** and **$500 per month for family coverage**.

The employer contribution will be applied to your HSA regardless of your decision to contribute. The HSA maximum contribution is $4,500 for employee-only coverage and $9,000 for all other tiers for the 2027 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 **rockymountainreserve.com** to view your account balance, savings, eligible expenses, forms, transaction history, and more.

Know the Rules

- **Eligibility:** You must be enrolled in a qualified High Deductible Health Plan (HD3500) in order to make contributions to your HSA.
- **Enrollment:** You can enroll in an HSA during your employer's open enrollment period. Contribution amounts can be changed throughout the year as desired.
- **Contribution Limit:** The amount you can contribute is limited by the IRS and changes each year. Those age 55 and older can make a $1,000 catch-up contribution each year to their own HSA account.
- **Eligible Expenses:** An HSA can only be used for eligible medical expenses not covered by your insurance. If money is withdrawn for anything else it may be subject to taxes and penalties. Eligible expenses for yourself, spouse, and/or dependents all qualify.
- **Portability:** Your HSA funds and account belong to you. You do not need to spend them in a certain time period and they remain yours even if you change employment, change medical coverage, move, etc.
- **Medicare:** Once enrolled in Medicare, participants are no longer eligible to contribute to an HSA. However, the funds in the HSA are still owned by the account holder and can be used to pay for medical expenses tax-free.

Tax Savings: Triple Tax Advantaged

1. Tax-free Contributions: When you make qualified HSA contributions, any money you put into an HSA is done pre-tax.
2. Tax-free Growth: Your HSA balance can be saved and invested. Any earnings grow tax-free.
3. Tax-free Withdrawals: When you take money from your HSA account to pay for eligible medical expenses the money comes out tax-free.

HSA Investing

Maximize the power of your HSA by investing. HSA investments supercharge your HSA into a long-term savings and wealth building tool. Only a $500 minimum balance is required to start investing. Set up automated transfers into your investment account.

FLEXIBLE SPENDING ACCOUNT

Town of Johnstown offers three flexible spending account (FSA) options— health care FSA, limited purpose FSA, and dependent care FSA—which allow you to pay for eligible expenses with pre-tax dollars. The FSAs are administered by Rocky Mountain Reserve.
Create an account at **rockymountainreserve.com** 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 **$1,000** for the **2027** plan year. You can rollover the projected amount of up to $700 into the next year if you have leftover funds. The runout period goes until January 31, 2028 (the final day to submit claims for services that took place during the plan year). The Health Care FSA cannot be paired with the HD3500 plan.

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: **$1,000** for the **2027** plan year. You can rollover a projected amount of $700 if you have leftover funds. The runout period goes until January 31, 2028 (the final day to submit claims for services that took place during the plan year). The Limited Purpose FSA is available to those enrolled in the HD3500 with an HSA.

Dependent Care FSA

A Dependent Care Flexible Spending Account (DCFSA) is a pre-tax benefit that allows you to set aside money from your paycheck to use for eligible dependent care expenses. Any money you set aside comes out of your paycheck before taxes, this means you pay no income tax on your DCFSA money. You may contribute up to $7,500 to your dependent care FSA for the 2027 plan year if you are married and file a joint return or if you file a single or head of household return.

What expenses qualify?

Care must be for a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. Care must be necessary for you (and your spouse if you are married) to be gainfully employed or going to school. Eligible expenses include daycare facility fees, before- and after-school care, preschool, day camps, and in-home babysitting fees (income must be reported by your care provider).

Using Your Funds

Rocky Mountain Reserve provides two options to use your funds. To access your account, navigate to **user.rmrbenefits.com** to register or download the Mobile App RMR Benefits.

Pay With Your Debit Card

Payments come directly from your FSA, no need to pay out-of-pocket first. The RMR card intelligently allocates funds between your accounts. Don't forget to save your receipts! Occasionally you will be asked to provide RMR with your receipt, per IRS rules.

Pay Out-of-Pocket and Get Reimbursed

Submit claims easily right from your phone or computer using the mobile app or by logging in through a browser. Funds can be sent quickly via Direct Deposit, Venmo*, or Paypal*
*additional fees apply for instant reimbursement options.

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. You can access the flyers 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

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 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

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

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

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

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

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.

Town of Johnstown 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	1.5 x Annual Salary up to a maximum of $450,000
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. Town of Johnstown 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

Town of Johnstown provides short-term disability (STD) and long-term disability (LTD) insurance through Guardian 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.

GuardianResources (Employee Assistance Program)
Guardian's Employee Assistance Program provides confidential counseling, specialized guidance, and valuable resources to help you handle any of life's challenges, big or small. Visit guidanceresources.com to get started.

Short-Term Disability Insurance	
Benefit Amount	60% of salary
Weekly Maximum Benefit	$1,384 per week
Benefits Begin	Day 15
Maximum Payment Period	11 weeks
Premiums Paid By	Town of Johnstown

Long-Term Disability Insurance	
Benefit Amount	60% of salary
Monthly Maximum Benefit	$6,000 per month
Benefits Begin	Day 91
Maximum payment Period	SSNRA (Social Security Normal Retirement Age)
Premiums Paid By	Town of Johnstown

CRA RETIREMENT PLAN

Colorado Retirement Association empowers Colorado local government employees to save for retirement. Your employer-sponsored CRA retirement plan offers unique advantages such as personalized retirement counseling, flexible investment strategies and top-notch investment funds that are professionally selected and monitored.

401 (A) Plan (Excludes Sworn Police Staff)

- **Mandatory Participation** – You are enrolled immediately if you work in a benefitted position.
- **Plan Contributions** – You contribute 3%, and your employer contributes 6%, of your gross income toward retirement. Your contribution is pre-tax.
- **Immediate Vesting** – Your employer's contributions will be immediately 100% vested. Employee contributions are immediately 100% vested.
- **Discretionary Employer Matching Contribution** – Additional employer contributions of up to 6% based on employee deferral into the 457(b) plan, for a total of 12%.

457 (B) Plan

- **Voluntary Participation** – You can enroll in this plan as soon as you are hired or at anytime after that.
- **Plan Contributions** – You choose how much you want to contribute on a pre-tax or after-tax (Roth) basis, and you can change your selection at any time.
- **100% Vested** – Your and your employer's contributions are immediately 100% vested.
- **IRS Limits** – The maximum amount you can contribute is defined annually by the U.S. Internal Revenue Service.

Investment Options

CRA offers both custom target date portfolios as well as individual investment funds to create your own personal portfolio. See the full list of options at **https://www.cra-online.org/your-plans/investment-fund-details-and-options/**.

Rollovers

You can rollover a range of other retirement income into your CRA account. Types of plans that you can move into your CRA account include: 401(a), 401(k), 403(b), 457(b) and most IRAs.

To get started, see your employer to complete a participant enrollment form for the respective plans.



FIRE & POLICE PENSION ASSOCIATION (FPPA)

The Fire & Police Pension Association (FPPA) provides retirement and disability benefits for eligible sworn police officers in Colorado. The Town of Johnstown participates in the Statewide Defined Benefit Plan – Supplemental Social Security Component (SWDB-SS) and the Statewide Death & Disability Plan (SWD&D).

These plans are designed to offer long-term financial security through a combination of employer and employee contributions, providing both guaranteed pension and critical protection benefits.

Eligibility

All sworn police staff and cadets are required to participate in FPPA, effective on their first day of employment. Enrollment is automatic and includes both the retirement and death & disability components.

Key FPPA Benefits

- **Defined Benefit Retirement (SWDB-SS)**: A guaranteed monthly pension based on your years of service and highest average salary,supplemented by Social Security.
- **Disability & Survivor Protection (SWD&D):** Coverage for duty-related and non-duty-related disabilities, plus survivor benefits for eligible beneficiaries.
- **DROP (Deferred Retirement Option Plan):** Allows eligible members to continue working while accumulating retirement benefits in a separate account.

Contribution Breakdown

Contributions are automatically deducted from your paycheck and matched by the Town to fund your retirement and protection benefits.

Plan Component	Employee Contribution	Town Contribution	Total
SWDB-SS (Retirement)	6.0%	5.75%	11.75%
SWD&D (Death & Disability)	2.1%	2.1%	4.2%

Learn more at **fppaco.org**.

Additional Retirement Savings: 457 Plan

The Town of Johnstown also offers a **457 Deferred Compensation Plan** with Empower to help you save even more for retirement.

- Town Match: 2:1 — For every dollar you contribute, the Town contributes two dollars, up to the match limit of 6%.
- Pre-tax or Roth options available
- Flexible investment choices

VOLUNTARY BENEFITS - GUARDIAN

Critical Illness Insurance

Critical illness insurance may help you cover expenses not covered by your health insurance. Critical illness insurance provides financial support following the diagnosis of a covered critical illness. The lump sum benefit is paid to you, so you can focus more on recovery, less on expenses. This is a supplemental policy for people who already have health insurance. It provides you with an additional lump sum benefits to cover things like deductibles, treatments, and living costs.

CRITICAL ILLNESS			
Spouse & Employee coverage are the same cost for each perosn (premium is based on EE's age)			
Age	**$10,000.00**	**$20,000.00**	**$30,000.00**
<25-29	$2.10	$4.20	$6.30
30-39	$4.60	$9.20	$13.80
40-49	$10.20	$20.40	$30.60
50-59	$21.10	$42.20	$63.30
60-69	$36.50	$73.00	$109.50
70+	$58.10	$116.20	$174.30

Accident Insurance

Accident insurance is an extra layer of protection that gives you a lump sum benefit payment to help cover out-of-pocket expenses. Nobody can predict when an accident might happen. That's why accident insurance is a great add-on policy for people who want to supplement the heath and disability insurance coverage they already have individually or through an employer.

ACCIDENT		
	Employee Cost (Monthly)	**Employee Cost (Per Paycheck)**
Employee	$9.90	$4.95
Employee + Spouse	$15.68	$7.84
Employee + Children	$15.96	$7.98
Employee + Family	$21.74	$10.87

Hosptial Indemnity Insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery. Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Caregiving Support Services

Employees like you juggle complex responsibilities both at work and at home. The caregiving support offered through Guardian + Wellthy is tailored to your individual needs. From navigating parenthood to arranging in-home care for a loved one, you're covered with this service that's integrated directly into your Guardian hospital indemnity insurance.

Fertility Health and Family-building Support

Navigating fertility, family-building, or hormonal health can feel overwhelming. Through your Guardian Hospital Indemnity Insurance, you have access to educational resources including 'live' expert sessions to keep you informed along your journey.

Visit **guardianwell.com** for more information.

HOSPITAL INDEMNITY		
	Employee Cost (Monthly)	**Employee Cost (Per Paycheck)**
Employee	$19.84	$9.92
Employee + Spouse	$42.17	$21.09
Employee + Children	$34.09	$17.05
Employee + Family	$56.42	$28.21

Additional Services available through Guardian

Guidance Resources

Guardian's Employee Assistance Program provides confidential counseling, specialized guidance, and valuable resources to help you handle any of life's challenges, big or small.

Global Emergency Assistance Services

Connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days.

Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

EstateGuidance Online Will Preparation

EstateGuidance makes drafting a will easy with online tools that walk you through the process in minutes. You can also draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

Minimal costs may apply.

CONTACT INFORMATION

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

Jaci Schmidt **(970) 578-9624** humanresources@johnstownco.gov

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

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

CEBT Health and Wellness Centers	
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

Colorado Retirement Association	
Member Services	(800) 352-0313
Website	cra-online.org

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

FPPA	
Member Services	(866)332-3772
Website	www.fppaco.org

Guardian	
Member Services	(888) 600-1600
Website	guardianlife.com
STD/LTD Policy #	01103670
Accident Policy #	00103670
Critical Illness Policy #	00103670
Hospital Indemnity Policy #	00103670

CONTACT INFORMATION

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

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

Rocky Mountain Reserve	
Member Services	(888) 722-1223
Email	support@rmrbenefits.com
Website	https://rockymountainreserve.com

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

The Standard - Group Life	
Group Life and AD&D	(800) 628-8600
Website	workhealthlife.com/Standard3
The Standard - Travel Assistance	
Member Services	(800) 872-1414 (phone) / (609) 334-0807 (text)
Email	medservices@assistamerica.com
Policy #	645869

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

UMR Maternity CARE Program	
Member Services	(888) 438-8105

CONTACT INFORMATION

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

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

Johnstown
COLORADO

This benefit summary provides selected highlights of the Town of Johnstown 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. Town of Johnstown 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.