



CEBT EMPLOYER ADMINISTRATIVE GUIDE

This document is designed to support the administration of the CEBT program by providing key information related to determining employee eligibility, enrolling newly eligible employees and their dependents, and updating existing coverage. It serves as a summary of select provisions of the plans; however, in all cases, the official plan documents shall govern.

Table of Contents

WHAT IS CEBT?	3
WHO IS WILLIS TOWERS WATSON (WTW)?	3
WHAT ARE THE ROLES OF EACH VENDOR PARTNER	3
BENEFIT PLANS OFFERED BY CEBT	3
ELIGIBILITY	4
ELIGIBILITY WAITING PERIOD	4
BENEFIT PACKAGING	4
CEBT PARTICIPATION REQUIREMENTS	5
NEWLY ACQUIRED DEPENDENT(S)	5
RETIREEES	5
CEBT ENROLLMENT	6
CEBT COMMUNITY ENROLLMENT	6
OPEN ENROLLMENT	6
IDENTIFICATION CARDS	7
HIPAA QUALIFYING EVENTS	7
HIPAA SPECIAL ENROLLMENT RIGHTS	7
MEDICAID/STATE CHILD HEALTH INSURANCE PLAN	8
VISION AND DENTAL PLANS	8
PREMIUM BILLING / INVOICING	8
TERMINATIONS	9
SURVIVORSHIP CONTINUATION	9
LEAVE OF ABSENCE / SABBATICAL	9
EVIDENCE OF GROUP HEALTH COVERAGE	9
COBRA (ALERUS)	9
LIFE INSURANCE	11
PORTABILITY OR CONVERSION OF LIFE INSURANCE	11
WAIVER OF LIFE PREMIUM	11
ACCELERATED DEATH BENEFIT	11
DEATH CLAIM	11
ANNUAL EMPLOYER ACA REPORTING	11
BENEFIT BOOKLETS & CLAIM FORMS	12
HOW TO CONTACT WILLIS TOWERS WATSON	12

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

WHAT IS CEBT?

CEBT is a non-profit, self-funded Trust that provides employee benefits to Colorado school districts, Boards of Cooperative Educational Services (BOCES), cities, counties, special districts, and other public entities. CEBT offers medical, dental, vision, and life coverages. A Board of seven (7) Trustees represent member groups governing CEBT. There are currently 400+ participating employer groups with more than 35,000 employees and family members covered across Colorado.

WHO IS WILLIS TOWERS WATSON (WTW)?

Willis Towers Watson (WTW) is the exclusive broker and administrator for CEBT. Located in Denver, they provide the day-to-day customer service to Plan members, as well as enrollment and billing services for each employer group. In addition to these core services, WTW representatives make periodic on-site visits to participating groups answering benefit and eligibility questions as well as facilitating new and open enrollment meetings. WTW can be contacted at (303) 773-1373 or toll-free at (800) 332-1168.

WHAT ARE THE ROLES OF UMR, Kaiser, CVS/CAREMARK, Delta Dental & VSP?

CEBT has contracted with these managed health care companies primarily to provide third-party claim payment services and access to provider networks. Each employer chooses the medical provider network available to employees.

UMR provides claim payment services and access to the United Healthcare medical provider network for CEBT members enrolled in medical and/or the Vision A plans.

Kaiser can be chosen as a fully insured medical plan/network option to provide medical claims payment and Kaiser Network access for groups within the Kaiser Service areas.

CVS Health/Caremark provides pharmacy claim payment services and access to its provider network for all CEBT members who have medical coverage, except for those enrolled in a Kaiser medical plan.

Delta Dental of Colorado provides access to their PPO and Premier Provider networks, and claim payment services for all dental plan options.

Vision Service Plan (VSP) provides provider network and claim payment services for CEBT's Vision B & C plans.

Much of the day-to-day correspondence received, such as Explanations of Benefits (EOB), requests for additional information (i.e. Other Insurance and/or Third Party Liability), coverage ID cards, and other communications will come directly from the claim paying TPAs (i.e. UMR, Kaiser, etc.)

BENEFIT PLANS OFFERED BY CEBT

- EPO (Exclusive Provider Organization)
- PPO (Preferred Provider Organization)
- HDHP (HSA compatible High Deductible Health Plan)
- HRP (Hospital Reimbursement Plan)
- Kaiser HMO (Health Maintenance Organization)
- Kaiser DHMO (Deductible Health Maintenance Organization)
- Kaiser HDHP (HSA compatible High Deductible Health Plan)
- Dental (Options A, B & C)
- Vision (Options A, B & C)
- Life Insurance (Basic (required) and Voluntary)

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

ELIGIBILITY

Each employer determines their own eligibility requirements for their employees, subject to the following:

- The employee must be actively working;
- Be eligible for at least 50% of the employer contribution to the Plan; AND
- Regularly work at least 20 hours per week (or be at least a .5 FTE for employers, such as schools, that operate on unique calendars).

The employee's legal dependents are also eligible for coverage. Dependents of the employee include legal spouses, Civil Union partners, and dependent children (including: the employee's blood-related, step, foster, and adopted children; children placed in the employee's legal guardianship, children placed for adoption with the employee, and children of the employee's Civil Union partner). Proof of dependency is required upon enrollment of any dependent. Acceptable forms of documentation to show proof of dependency include (but are not limited to): birth and adoption certificates, marriage and Civil Union certificates, and common law marriage affidavits.

In the event that a dependent loses eligibility due to age or divorce, coverage automatically terminates at the end of the month in which the date of event occurs, and the individual is eligible for continuation of coverage under COBRA for up to 36 months.

Medicare eligible employees age 65+ are permitted to drop Medical, Dental and/or Vision, *only by choice of the employee*. If the employee is actively working, a minimum of the Life coverage is required to be maintained.

If the employee elects not to cover eligible dependents at the time of initial enrollment or drops dependents from any product at a future time, the employer must advise the employee at the time of the change that if coverage is desired in the future, the dependents will only be allowed to come back onto the Plan during an open enrollment period, or through a HIPAA qualifying event.

ELIGIBILITY WAITING PERIOD

The employer determines the period of time in which a newly eligible employee must wait before their coverage becomes effective. The eligibility waiting period, chosen by the employer upon completing the Participation Agreement, is applicable to all new employees as well as existing employees who have had a change in status (i.e. moving from part time to full time) which would make them newly *eligible*. There are three waiting period options to choose from, outlined below. The employee's coverage effective date will be:

1. The first day of the month following hire or eligibility date;
 2. The first day of the month following either thirty (30), sixty (60) or ninety (90) days from date of hire or eligibility
- Or
3. The first day of the following month if hired or eligible on or before the fifteenth (15th); or the first day of the second month following the date of eligibility if eligibility qualification is after the fifteenth (15th).

If there is a probationary period involved with a new hire or change of work status, please do not include this in the Date of Full-Time Eligibility.

BENEFIT PACKAGING

If an employer group requires employees to enroll into a specific medical, dental and/or vision package, it will be the responsibility of the employer to verify the elected enrollment before submission to ensure the employees are enrolling themselves and/or their covered dependent(s) into the correct package of benefits outlined by each individual employer. **WTW will process all enrollments as marked and signed or submitted online by the employee.**

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

PARTICIPATION REQUIREMENTS

Life Insurance – All employees eligible for at least 50% of the full employer contribution toward their benefit plan must enroll in Basic life coverage. If an employee is not eligible for at least 50% of the employer contribution or working less than 20 hours, then the employee is not eligible for life coverage.

Medical Coverage – Effective 7/1/2022 newly eligible employees can opt out of medical coverage as long as the employer has at least 60% participation in medical.

HRP – If an employer offers the HRP and has opted to maintain 100% participation, employees who have other primary medical coverage will be required to elect the HRP to satisfy the 100% requirement. If an employer has opted out of 100% participation, members effective on HRP prior to 7/1/2022 must remain on HRP until they are no longer eligible under the plan (i.e. termination or loss of eligibility)

In a case where an employee chooses HRP coverage, the employer must advise the employee that if full medical coverage is desired in the future, they will only be allowed to change their plan option during the employer's open enrollment period, or through a HIPAA qualifying event.

Documentation will be required to show proof of qualifying event. Acceptable forms of documentation are, but not limited to: Certificate of Credible Coverage (COCC) from other carrier, open enrollment or termination letter from employer or carrier. The HRP plan is a COBRA eligible plan and continuation paperwork will be sent to any employee terminating under this plan option.

Dental and Vision Coverages - A minimum of 25% participation is required in all Dental and Vision plans.

NEWLY ACQUIRED DEPENDENT(S)

Newly acquired dependent(s) through a life changing event such as: marriage, Civil Union partnership, birth, adoption (or placements for adoption) are eligible for coverage effective on the date of the event provided the employee enrolls the dependent(s) within thirty (30) days of the event. Change of enrollment (by way of change form or online submission) and proof of dependency documents must be submitted to WTW within thirty (30) days of the event. Failure to do so makes the dependent(s) ineligible to join the Plan until open enrollment or through another HIPAA qualifying event. Acceptable forms of documentation to show proof of dependency include (but are not limited to): birth and adoption certificates, marriage and Civil Union certificates, and common law marriage affidavits. WTW understands that these forms are not always easily obtainable. Although copies of the listed certificates are preferable, a signed and dated letter from the employee certifying that the dependents being added are legal dependents and eligible for coverage is acceptable.

An employee seeking to add a common law spouse must complete an Affidavit of Common Law Marriage, found on the CEBT website. The *notarized* Affidavit must be sent to WTW with a completed enrollment change form, or by attaching the form in the Community Portal if done through online enrollment. The Common Law spouse will be effective determined based on the eligibility rules under the plan.

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

RETIREES

If the employer elects to offer Retiree Coverage (chosen within the Participation Agreement), all employees who retire and choose to maintain coverage through their former employer on a retiree basis may do so subject to the following conditions, in addition to any other requirements the employer may impose:

- The retiree must be at least fifty (50) years of age.

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

AND

- The retiree must have a minimum of ten (10) years of continuous coverage accumulated with any CEBT group
- Or
- The retiree must have been employed by the participating CEBT group continuously for a minimum of fifteen (15) years

In all cases, in order to be eligible, the retiree must be covered by CEBT through the date of retirement and can continue only up to age sixty-five (65). A retiree will be subject to their employer's retiree benefit should a more restrictive policy apply. When an employee retires, they will have the option to choose from either Retiree Coverage or COBRA. If they choose Retiree Coverage, the employee will forfeit their right to COBRA continuation. Upon retirement, the employee's coverage will remain in effect through the end of the month in which they retire, and if they choose the Retiree Benefit, the coverage will be effective on the first of the month following date of retirement.

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

CEBT ENROLLMENT

In 2017 CEBT implemented an online enrollment system called CEBT Community. This system allows employees as well as employers to easily process and submit electronic enrollment transactions.

In CEBT's efforts to move to a more paperless enrollment format, all employer groups are defaulted into an online enrollment set-up unless otherwise specified by the employer group.

Enrollment must be completed and submitted to WTW every time an employee enrolls, makes a change to coverage and/or dependents, or makes any other change that affects their coverage or demographic information.

It is important that the employee or group administrator complete **ALL** applicable sections for enrollment. Special attention should be paid to the accuracy and legibility (if using paper forms) of the employee's social security number, complete address (street, city, state and zip code), date of birth, beneficiary, dependent information and coverage, and type of coverage being elected.

If an employee has or adopts a child, the child will be automatically covered during the first 31 days following birth or placement for adoption, in the absence of any other coverage. To remain covered, enrollment for newborns and adopted children must be submitted within 31 days of birth or placement for adoption. For newborns, this is often prior to the issuance of a birth certificate and social security number. If this is the case the newborn may be enrolled, and the employee is responsible for providing the birth certificate and social security number once they are issued.

CEBT COMMUNITY PORTAL ENROLLMENT

Employers have the ability to enter and submit enrollment electronically on behalf of their employees. All data and information is entered into the Community and received by WTW on a real time basis, being a more secure way of submitting employee's information. Employee demographics and plan information are available to each employer at the specific employer group level in the Community.

Training tutorials and instructional flyers for both employers and employees are available on the CEBT website under the Community Tab. Watching the training videos is highly recommended as they cover the basics of navigation as well as processes for different types of transactions such as: New Hires, Open Enrollment, Life Event Changes etc. WTW is available upon request to assist with system set up and activation of admins and employees.

OPEN ENROLLMENT

CEBT offers two open enrollment periods, January or July. This is chosen by the employer through the Participation Agreement, which aligns with the employer chosen rate renewal period. Each open enrollment period is generally offered sometime between April and mid-May for groups with a July Renewal period, or between September and

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

mid-November for groups with a January renewal. The actual dates and duration are at the discretion of each employer.

Open enrollment elections are due to WTW toward the end of May (July renewal periods), or November (January renewal periods). All changes are effective on the selected renewal period date (i.e July 1 or January 1). Information for each open enrollment, including the specific due dates will be provided in advance each year.

Although there are two renewal periods offered, CEBT has a "Plan Year" which begins July 1, regardless of which renewal date is chosen by the employer. This means that most Federal or State mandated Plan changes will go into effect on July 1, pursuant to CEBT's "Plan Year". However, benefits such as deductible and out-of-pocket will run on a calendar year basis.

IDENTIFICATION CARDS

Medical, Dental and Prescription identification cards are mailed directly to the covered employee. The UMR medical ID card is also used for Vision Plan A coverage. For individuals covered under any medical plan other than Kaiser, a separate ID card for prescription coverage through CVS Caremark will be mailed and dental identification cards will be issued by Delta Dental of Colorado for all Dental Plan options. An employee in need of new or additional cards should call WTW customer service for assistance.

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

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) – QUALIFYING EVENTS

If an eligible employee or dependent previously declined coverage under CEBT and then had a HIPAA qualifying event. They may be eligible to change their coverage elections in the following HIPAA Qualifying circumstances:

1. *Involuntarily* loss of coverage,
2. Gain other coverage outside of CEBT allowing the individual to drop their CEBT coverage,
3. Marriage/Divorce will allow the employee to add or drop dependent spouse coverage,
4. Birth/Adoption will allow the employee to add or drop dependent children coverage

Medicare/Medicaid eligibility will allow the individual to drop CEBT coverage due to their enrollment or status for eligibility in one of these federal plans.

SPECIAL ENROLLMENT PROVISION

Under the Health Insurance Portability and Accountability Act, an eligible person is given special enrollment rights if the person experiences a loss of other health coverage or a change in family status, as explained below. The coverage choices that will be offered will be the same choices offered to other, similarly situated Employees.

Note: Retirees are not eligible for special enrollment due to loss of other coverage. Similarly, Retirees not currently participating in the Plan will not be eligible to enroll upon acquiring new dependents.

HIPAA SPECIAL ENROLLMENT RIGHTS

If there is a special enrollment event, there will be a new enrollment date provided for the employee to enter the Plan as shown below. At that time, the employee will be able to enroll in a medical plan without being subject to the late enrollee provisions. If the group offers more than one benefit option, the employee will be able to select from all options for which they are eligible.

LOSS OF COVERAGE

If an employee declines coverage under this plan or chooses the HRP in favor of other group or individual health coverage, or COBRA continuation, and coverage under that other plan ends:

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

1. Due to termination or exhaustion of COBRA continuation coverage;
2. Due to loss of eligibility, for any reason; or
3. Employer contributions cease toward the cost of the other coverage;

Then a special enrollment event has occurred. At that time, an employee or dependent may be enrolled in this plan as follows:

1. When the employee has a loss of coverage, the employee and any dependent may enroll. The dependent does not have to have had a loss of coverage at that time to be enrolled;
2. When a dependent has a loss of coverage, that dependent, the employee and any other eligible dependent may enroll. The employee and other dependents do not have to have had a loss of coverage at that time to enroll.

In the event of loss of coverage that qualifies for enrollment under CEBT, the employee and/or dependent(s) must provide proof of loss of coverage to WTW within thirty (30) days of the qualified loss of other coverage. Satisfactory proof of loss is a letter from the dependent's employer (on company letterhead) indicating the type of group coverage that the employee was enrolled, who was covered, the reason for termination of coverage, and the date of termination. For this purpose, a loss of coverage due to voluntarily leaving employment is qualified as an involuntary loss of coverage.

MEDICAID/STATE CHILD HEALTH INSURANCE PLAN

If an employee or their dependents were covered under a Medicaid plan or State Child Health Insurance Plan (CHIP) and coverage is now being terminated due to a loss of eligibility, a special enrollment event will occur on the date Medicaid or CHIP coverage ends.

The employee must request coverage under the Plan within 60 days after the date of termination of such coverage. Coverage will be effective on the date the other coverage ends. If an application is received more than 60 days after the date the Medicaid or CHIP coverage ends, enrollment would be considered as late and could be declined until the next open enrollment period.

VISION AND DENTAL PLANS

Groups offering a vision and/or dental plan must maintain enrollment of at least 25% of all eligible employees in the program. An employee and/or their eligible dependents may only add or drop coverage at open enrollment, or if there is an eligible qualifying event. Valid documentation is required to show proof of a qualifying event in order to allow a change outside open enrollment. Please note: any change to vision and/or dental must fall within the packaging guidelines of their employer, if applicable. **Packaging rules and requirements should be monitored and managed by the employer.**

PREMIUM BILLING / INVOICING

To ensure accurate reconciliation and record keeping, a balancing sheet or a copy of the invoice, is required from the employer along with the monthly premium payment if the grand total is not paid in full.

It is ultimately each employer's responsibility to carefully scrutinize all invoices to confirm accuracy. Please report any changes or discrepancies to WTW promptly for review and adjustments as appropriate.

The employer will receive notification that the monthly invoice is ready for viewing on the CEBT Community Portal, by way of an auto-generated email. Please notify your WTW representative of any and all current email addresses in which the email should be sent.

Due to system limitations as well as managing accurate historical information, monthly invoices are unable to be adjusted and re-run for a particular month. In the event of adjustments or inaccuracies, changes will be reflected on the following month's invoice.

Please indicate all changes (i.e. additions, terminations, changes in premium, etc.) directly on the invoice or

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

balancing sheet provided. Doing so and returning a copy of either of these documents with the premium deposit is the primary means of ensuring an accurate reconciliation. WTW will reconcile the records according to the information and data received. **Sending payment as billed allows for the most efficient reconciliation of the monthly invoice**, although adjustment of the amounts due is acceptable with appropriate notations as to the reason. The next monthly invoice will reflect all changes received prior to the invoice date. Any changes after the invoice date will be reflected on the next month's invoice.

Premium deposits can be made via check, ACH, or wire transfer. Checks should be made payable to CEBT and mailed to the CEBT Lock Box (See page 12 for this information). If you prefer to pay via ACH or wire transfer, please contact your WTW billing representative.

Premium deposit payments are due on the tenth (10th) of each month for that month and is considered late after the fifteenth (15th) of the month. If payment is not received by the end of the month in which it is due, CEBT may, at its own discretion, cease payment of claims until payment is made.

TERMINATIONS

When an employee terminates employment, notification of the termination date must be communicated as soon as possible, preferably through the CEBT Community Portal or by way of email. When using the CEBT Community Portal, terminations will be processed by entering the last date of employment or last date of eligible coverage in the Personal Information section of the employee's page.

An employee may terminate or drop coverage for themselves, or their covered dependents from medical, dental and/or vision at any time. Bear in mind (as stated in above) that if dropped, they may only be re-enrolled at a later time during open enrollment, or due to a qualifying life event.

Please note that the Plan reserves the right to approve any retroactive changes in coverage. Any retroactive change must be reviewed, and approval will be **contingent on the status of any paid claims**. All employees terminating employment for reasons other than gross misconduct are eligible for continuation under COBRA (see COBRA section below). The HRP plan is a COBRA eligible plan and continuation paperwork will be provided to individuals who are enrolled in this plan.

SURVIVORSHIP CONTINUATION BENEFIT

If there is dependent coverage in force on the date of death for an employee, the employee's coverage will terminate at the end of the month in which the event occurred. The survivorship coverage will take effect the first of the month following the event date. The coverage in force upon termination of the employee's coverage will continue for the surviving dependents. Survivorship Continuation will end on the earliest of the following:

1. The date in which surviving dependents become covered under any other group or individual health plan;
2. The end of two consecutive years following the employee's death.

This continuation will run concurrently with any continuation of coverage required by COBRA. Any required premium contributions will be waived for the surviving dependents during this period.

LEAVE OF ABSENCE (LOA)/SABBATICAL

It is the employer's responsibility to manage and maintain all LOA records and to notify WTW of the employees' coverage eligibility.

If the employee is on an approved sabbatical leave or is on a work-related disability, the Plan contribution must be paid as part of the employer's monthly invoice; how the contribution is split between the employee and employer is at the employer's discretion. During an approved sabbatical, the CEBT coverage can be continued for up to two years. During an approved leave of absence or temporary layoff, the coverage can continue for up to one year. Employees not returning to work at the end of the specified leave time are eligible for continuation under COBRA.

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

EVIDENCE OF GROUP HEALTH COVERAGE

It is the employer's responsibility to issue an "Evidence of Group Health Coverage" Form to employees and/or dependents terminating from CEBT health coverage at such employee's/dependents' request. This Form is available at www.CEBT.org under "Forms" and may be required in the event that an employee and/or dependent needs to provide proof of a HIPAA qualifying event to another carrier.

Please ask your WTW representative if you have any questions when completing this Form.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA provides for continuation of group health coverage for employees and/or covered dependent(s) that lose their health coverage under the group plan. For more detailed information governing COBRA participation refer to the Summary Plan Description.

CEBT is partnered with Alerus as the COBRA Administrator for all CEBT Plan products and will administer the submission of notices upon termination of a Qualified Beneficiary (covered employee or dependent). Please note that any product outside of CEBT will need to be administered separately.

The employer is still responsible to provide all newly enrolled employees the "General Rights Notice" describing their COBRA rights. This notice is located on the CEBT Website as well as in the CEBT Community Portal in the Resource Center tab. This notice must be provided to the employee within the first 90 days of coverage. All COBRA qualified termination events and the Specific Rights Notice will be handled by Alerus after the approval of a termination request from the employer group.

An employee that is covered under the Plan has a right to elect COBRA if coverage is lost or cost increases due to:

1. A reduction in the employee's hours of work; or
2. The termination of the employee's employment. This will not apply if termination is due to gross misconduct on the employee's part.

The spouse of an employee that is covered by the Plan has a right to elect COBRA if coverage is lost or cost increases due to:

1. A reduction in the employee's hours of work;
2. The termination of the employee's employment. This will not apply if termination is due to gross misconduct on the employee's part;
3. The death of the employee;
4. The end of the spouse's marriage to the employee. The marriage must end due to dissolution, annulment, divorce, or legal separation; or
5. The employee becoming entitled to Medicare.

The dependent child of an employee that is covered by this plan has a right to elect COBRA if coverage is lost or cost increases due to:

1. A reduction in the employee's hours of work;
2. The termination of the employee's employment. This will not apply if termination is due to gross misconduct on the employee's part
3. The death of the employee;
4. The end of the employee's marriage. The marriage must end due to dissolution, annulment, divorce or legal separation;
5. The employee becoming entitled to Medicare; or
6. The child reaches the dependent age of 26 and is no longer considered a dependent as defined by the Plan (with the exception of a disabled child).

Events that are *not considered* qualified COBRA events are:

1. Voluntary drop of coverage at Open Enrollment
2. Voluntary reduction of hours
3. Gaining Other Coverage

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

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

under COBRA must be terminated.

All communications after the termination of a Qualified Beneficiary will be handled between Alerus and the Qualified Beneficiary.

Payment address:

Alerus Retirement and Benefits
PO Box 3850
Omaha, NE 68103-3850

All other correspondence:

PO Box 64533
St. Paul, MN 55164-0535

Alerus Member Services
(800) 761-1934 or by email at
cobra@alorus.com
Monday through Friday 7:30 am to 4:30 pm MST

*****The information above is intended for the use of the Qualified Beneficiary. All employer inquiries will need to be directed to WTW.***

If the employer has agreed to pay some or all of a former employees COBRA premium due to a severance package, or another type of termination agreement, the employer group will need to notify WTW of the subsidy. In the cases where premium is being paid by the employer, these amounts will be shown on the monthly invoice and will need to be paid to CEBT by check or ACH.

In the event of an employer subsidy, WTW will need to know the following information:

1. Subsidy amount that includes the premium plus the 2% administration fee
2. Length of time the subsidy will be paid
3. Benefits for which the subsidy applies to (i.e. Medical, Dental, and/or Vision)

LIFE INSURANCE (including accidental death and dismemberment benefits)

The life insurance certificate (which can be found at www.CEBT.org) includes complete details of the life coverage including portability or conversion options, waiver of premium, the accelerated death benefit, and qualifying disabilities.

PORTABILITY OR CONVERSION OF LIFE INSURANCE

Terminating employees cannot continue life coverage under the CEBT policy, however they may be eligible for portability or conversion to an individual life policy within thirty-one (31) days of the loss of coverage. Please contact your WTW representative for more information about eligibility related to Portability and Conversion.

WAIVER OF LIFE PREMIUM

Employees determined to be totally disabled may be eligible to continue the life insurance with no further payment of premium. Contact WTW for more information if you feel you have a qualifying employee.

ACCELERATED DEATH BENEFIT

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

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

DEATH CLAIM

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

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

ANNUAL EMPLOYER ACA REPORTING

Employers are required to report certain information pertaining to all covered employees and their covered dependents to the IRS and to their employees. CEBT will assist employers with the information needed for these filings.

BENEFIT BOOKLETS & CLAIM FORMS

CEBT benefit booklets and claim forms are available on the CEBT website: www.CEBT.org.

HOW TO CONTACT WTW

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

WTW Customer Service will be able to help employees, employers and providers with questions related to claims, benefits, or eligibility verification. The WTW Membership Premium and Accounting (MPA) unit will help Employers/HR/Payroll Administrators with questions related to monthly premium billing or eligibility verification.

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

FAX: 303-773-1685

Mailing address:

CEBT

c/o WTW

555 17th Street, Suite 2050

Denver, CO 80202

Premium Deposit Lock Box

address:

CEBT

PO BOX 912631

DENVER, CO 80291-2631

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