



**YOUR
EMPLOYEE
BENEFITS**

BENEFIT PLANS EFFECTIVE
JULY 1, 2026 - JUNE 30, 2027



THOMPSON
SCHOOL DISTRICT



BENEFITS BUILT FOR YOU

At Thompson School District R-2J, 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 2026-2027 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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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](#)

OVERVIEW OF TSD BENEFIT OFFERINGS

Thompson School District (TSD) offers group health, dental, prescription, long-term disability and life insurance coverage for all eligible full-time employees, part time employees (working 50% or more) and eligible dependents who wish to participate. Employees working less than 50% per day are not eligible. The district will pay individual premiums for each full-time employee for health, dental, prescription and disability insurance not to exceed amounts set by the Board annually, and a pro-rata share of those premiums for such employees working 50% or more. The district will pay the single life insurance premium for all employees working 50% or more. The employee's portions of premiums, if applicable, shall be paid by salary deduction.

The district provides and funds its contributions for up to twelve months of coverage for its regular and temporary employees who begin work at the beginning of the school year or who are hired before January 1st and complete their assignment. (For example, for employees who complete their contract the insurance coverage will begin October 1st, for employees who begin work in August, and will end September 30th of the following year.) Employees whose assignments are based on the school calendar may be paid either on a 10 or 12-month basis and coverage will continue through September 30th. The example for employees on a 260-day assignment: Insurance coverage will begin September 1st (if the employee starts work in July) and will end July 31st, if the employee completes his assignment.

Insurance ends on June 30th for employees hired on a temporary assignment, beginning on or after January 1st.

WHO IS ELIGIBLE?

As a Thompson School District employee, you are eligible for benefits if you receive a regular employment assignment of 50% or greater and your assignment is at least 45 days or more. 110 Transitional or special contracts do not meet the definition for employee eligibility. Insurance benefits coverage ends on June 30, for temporary employees (FTE over 50% or more) hired after January 1, whose assignment will end at the end of the school year.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your Legal Spouse
- Civil Union Partner
- Your children up to age 26, regardless of student, marital or tax dependent status (includes a stepchild, legally-adopted child, a child placed with you for adoption or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves

Effective Date of Insurance Coverage

Benefits are effective on the first day of the month following 30 days of employment. This includes new employees, newly eligible employees and eligible employees whose assignment percentage has changed. Failure of an eligible employee to complete the carrier-approved application for participation in the medical and/or dental/life insurance programs shall constitute enrollment in the life insurance program only and shall constitute a waiver of enrollment in the medical/dental insurance. Employees would be able to enroll at the next open enrollment period or with a qualifying event.

CHANGING YOUR BENEFITS

New Employees: As a new employee, you must enroll in benefits within 30 days of your date of hire. If you are a full-time employee and do not complete the enrollment process, you will be automatically enrolled in Life Insurance and Long-Term Disability only. If you are a part-time employee and do not complete the enrollment process, it will be seen as a waiver of the right to enroll in the health benefits, and you would only be enrolled in the life insurance policy. You would need to wait until the next annual enrollment period to enroll or make changes.

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)

FMLA Leave Status or COBRA Continuation

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. Per IRS regulations, change requests submitted after 30 days cannot be accepted.

Termination of Coverage

Unless your coverage is extended or continued as permitted under the Plan, your coverage will end depending on your completion of assignment and classification.



ANNUAL OPEN ENROLLMENT

2026 Open Enrollment dates: April 27th - May 11th, 2026. Open Enrollment this year is **ACTIVE**.

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

To complete Open Enrollment, please register for CEBT's online enrollment system at [CEBT.org/for-employees](https://cebt.org/for-employees) to make your **2026-2027** benefit elections for medical, dental, vision, and life coverage. Changes will become effective **July 1, 2026**.

GETTING STARTED WITH ENROLLMENT

Registration / Login

First-Time Users

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

Returning Users

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

Begin Enrollment



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

Wondering Which Plan to Choose?


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

Benefit Description



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

Need to Add Dependent?

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

Add a Beneficiary

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

Preview & Submit Enrollment

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

Upload Dependent Verification

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

Review & Print Elections

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

What Is CEBT?

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

Who Is WTW?

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

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

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

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

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

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

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

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

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

NEED HELP WITH A CLAIM?

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

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



HOURS

Mon–Thu: 7:30am–4:30pm

Fri: 7:30am–4:00pm



PHONE NUMBER

(303) 773-1373

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

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

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





Care When You Need It





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


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

AVAILABLE SERVICES

+ And more!

-  Primary & Preventive Care
-  Sick Care
-  Family Care (ages 2+)
-  Lab Services
-  Vaccines & Screenings

-  Chronic condition management
-  Mental health support
-  Minor injuries
-  Health coaching

 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

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, download benefits summaries, and process life event/open enrollment changes.
- 
FIND A PROVIDER
 Search for in-network providers and easily navigate to find more information regarding CEBT's Valued Partners.
- 
VIEW & ORDER ID CARDS
 Keep a version of your ID cards handy - Access or print your digital ID cards and order new ID cards.
- 
CONNECT WITH CUSTOMER SERVICE
 Ask a CEBT customer service representative benefit or claim questions through opening a case.

DOWNLOAD THE
'CEBT HEALTH PLAN'
APP



KEY BENEFIT TERMS

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

Plan Year: The 12 months over which the plan you choose is in force. The plan year runs from July 1 – June 30.

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

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

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

KEY BENEFIT TERMS CONTINUED

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

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

- Copays
- Deductibles
- Co-insurance payments

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

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

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

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

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

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

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.



MEDICAL COVERAGE



Employees of Thompson School District R-2J have the option to choose from three different medical plan options (PPO Select 2, PPO6, and Kaiser DHMO 2500) 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, United Healthcare Choice Plus and Kaiser Permanente networks. This is the network of doctors you will want to stay within to access your in-network benefits.

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

Before You Choose a Plan, Consider This:



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



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



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

MEDICAL PLAN OPTIONS OVERVIEW

Below is a simplified breakdown of each plan type offered.

PPO Select 2

The PPO Select 2 Plan features a two-tier provider system for individuals to access medical care. Tier 1 providers are a part of the high performing SelectColorado network and include UCHealth, Children’s Hospital, Optum, Intermountain, CU Medicine, New West Physicians and Monument Health. The network extends over a 14 county (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, and Weld) area of Colorado. If you receive care outside of one of these counties claims will be processed as Tier 1, as well as any Emergency services. Election of a primary care provider is required on this plan and will be listed on your medical ID card. All SelectColorado network providers not designated as Tier 1 will be designated as Tier 2. Tier 2 providers are part of the UHC Choice Plus network. To search for providers, visit the Partners and Providers tab on the [CEBT website](#), click on the UMR/United Healthcare option, and select [Select Providers](#).

PPO6

The PPO6 is a Preferred Provider Organization plan that uses the UHC Choice Plus network of contracted doctors and hospitals to choose from whenever care is needed. While you have access to out-of-network benefits on this plan, it is a good idea to find providers that are contracted with UnitedHealthcare to access your best level of benefits. You have a choice to go “in-network” with a provider in the United Choice Plus network which will include lower (negotiated) cost-sharing or “out-of-network” and pay a higher portion of the claims (with no discount).

After you meet your annual deductible, you are responsible for paying a portion of the remaining eligible expenses (your coinsurance) up to your annual out of pocket maximum (OOP). Once your OOP has been met, you are covered at 100% for the remaining calendar year. To locate in-state, in-network providers go to the [Partners and Providers](#) tab on the CEBT website, click on UMR/United Healthcare and select [United Healthcare Providers](#).

Kaiser DHMO 2500

The Kaiser DHMO 2500 is a deductible plan offered with services provided by Kaiser Permanente facilities and providers as well as Banner McKee physicians and hospitals in the Loveland area. There is no coverage offered outside the service area other than urgent or emergency care. You must select a primary care physician (PCP) for each covered member.

Your Kaiser Permanente doctors and providers have your medical history at their fingertips to provide you with coordinated care and a wide range of programs and tools to help you stay in control of your health. The plan offers preventive care services – like routine physical exams, mammograms, and cholesterol screenings – at no cost or copay, when you stay in-network. Please visit [kp.org](#) to locate a Kaiser Permanente provider.



Preventative Services

CEBT covers a variety of preventative services. Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms. Eligible charges for the items below will be covered at 100% through an in-network provider. If services are received through an out of network provider charges are subject to the plan deductible and coinsurance. Some services include:

- Alcohol and Depression Screening
- Blood Pressure Screening
- Cholesterol Tests (lipid profile- total cholesterol, LDL, HDL and triglycerides)
- Colonoscopy or other colorectal cancer screening
- Diabetes (Type 2) screening
- Obesity Screening
- Reproductive Health Screenings
- Sexually Transmitted Infections (STI) prevention counseling
- Routine Vision Exam
- Tobacco Use screening and cessation intervention
- Vaccinations

For a complete list of [covered preventative care](#), please visit the Preventative Services lists on the CEBT website.

Understanding How Your Plan Works

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- In-network providers: You will always pay less if you see a provider within the medical network.
- Pharmacy coverage: Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.
 - Generic – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
 - Brand preferred – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
 - Brand non-preferred – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and preferred brand drugs.
 - Specialty – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.
- Mail order pharmacy: If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 90-day supply of your medication.

CEBT MEDICAL PLANS

The tables below summarize the benefits of each medical plan.

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

MEDICAL BASE PLAN	PPO Select 2	PPO6
Network	Select Colorado	United Healthcare Choice Plus
Office Visit (Primary Specialty)	PCP: Tier 1 \$0 Copay; Tier 2 Ded + 50% to OOP Max Spec: Tier 1 \$100 Copay; Tier 2 Ded + 50% to OOP Max	\$50 Copay \$50 Copay
Deductible (Single Family)	Sing Tier 1 \$2,000, Tier 2 \$4,000 Fam Tier 1 \$5,000, Tier 2 \$8,000 *Embedded	\$3,000 \$6,000 Embedded
Coinsurance (In Out)	Tier 1 20% Tier 2 50%	20% In *40% Out
Out of Pocket Single (In Out)	Tier 1 \$4,500 Tier 2 \$9,000	\$5,000 \$10,000
Out of Pocket Family (In Out)	Tier 1 \$9,000 Tier 2 \$18,000	\$10,000 \$20,000
Inpatient Hospital	Tier 1 Deductible + 20% to OOP Max Tier 2 Deductible + 50% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Tier 1 Deductible + 20% to OOP Max Tier 2 Deductible + 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	*\$50 Copay 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	Covered 100%	\$50 Copay
Advanced Imaging	Tier 1 & 2 \$500 Copay	Deductible + 20% to OOP Max
X-ray	Tier 1 & 2 \$25 Copay outpatient setting	\$50 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Lab	Tier 1 & 2 \$25 Copay outpatient setting	\$50 Copay
Urgent Care	Covered 100%	\$75 Copay
Emergency Care	Tier 1 & 2 Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

MEDICAL BASE PLAN	KP DHMO 2500
Network	Kaiser Permanente
Office Visit (Primary Specialty)	\$45 Copay \$55 Copay
Deductible (Single Family)	\$2,500 \$5,000 *Embedded
Coinsurance (In Out)	20% In network only
Out of Pocket Single (In Out)	\$4,500
Out of Pocket Family (In Out)	\$9,000
Inpatient Hospital	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max Amb Surg Center \$600 Copay
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60 Specialty 20% coins up to \$250
Rx Mail Order	2 X Copay
Preventative Visit	Covered 100%
Chiropractic	\$40 Copay 20 Visit per year
Teladoc	N/A
Telehealth	Covered 100%
Advanced Imaging	Deductible + 20% to OOP Max
X-ray	Deductible + 20% to OOP Max
Lab	\$0 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Urgent Care	\$60 Copay
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>.

PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

PPO Plan deductibles fall under the definition of an Embedded deductible where any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.

The member must use a contracted Kaiser Permanente provider for all care. Out of network providers are only covered if the charges are for emergency treatment. If this is not done, there is no guarantee that the charges will be covered.

Kaiser Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act. For a full list go to <https://healthy.kaiserpermanente.org/colorado/learn/preventive-services>

PRESCRIPTION DRUG COVERAGE

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare plans PPO Select 2 and PPO6. You can access CVS pharmacies at King Soopers, Safeway, Walmart, Walgreens, etc. To view medications or learn more, visit the [CVS Caremark](#) page through the CEBT website.

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

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

Ways to Save Time and Money on Medications

Register at [Caremark.com](#)

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

Use In-Network Pharmacies

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

Check Which Medications Are Covered

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

Compare Prices with “Check Drug Cost”

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

Choose Delivery by Mail

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

PrudentRx

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

PRESCRIPTION DRUG COVERAGE



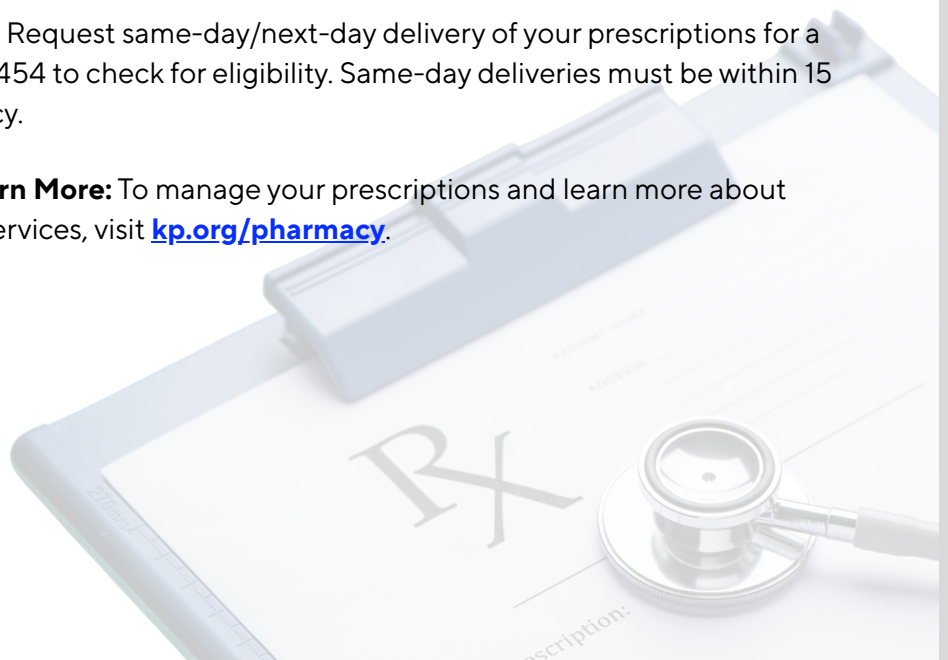
If you are enrolled in the Kaiser plan KP DHMO 2500, Kaiser will manage your prescription needs. Most Kaiser Permanente medical offices offer primary care, laboratory, X-ray, and pharmacy services in one location, allowing you to see your physician and receive additional services in a single visit. You will not receive a separate pharmacy ID card—your medical ID card also serves as your pharmacy card.

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

Pharmacy and Other Services

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

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



DENTAL PLAN A



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

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

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

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

Prevention First

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

Right Start 4 Kids (RS4K)

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

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

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

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

Carrier

Carrier Network	VSP
Benefit Frequency	<ul style="list-style-type: none"> Exam, Lenses and Frames eligible every 12 months 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
Routine Exam	\$10 Copay

Lenses

Lenses	UMR No Network
Single	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Lenticular	\$10 Copay
Frames	\$175 Allowance
Contacts	\$175 Allowance

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

THE COST OF YOUR BENEFITS

Below, you will find the monthly costs for full time employees for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. A rate calculator can be found at <https://staff.tsd.org/hr/benefits/2627-rate-information>.

PPO Select 2		
	Employer Cost	Employee Cost
EE	\$979	\$0
EE + Spouse	\$979	\$969
EE + Children	\$979	\$821
Family	\$979	\$1245
2 EE Family	\$1958	\$266
PPO6		
	Employer Cost	Employee Cost
EE	\$979	\$71
EE + Spouse	\$979	\$1116
EE + Children	\$979	\$955
Family	\$979	\$1411
2 EE Family	\$1958	\$432
KP DHMO 2500		
	Employer Cost	Employee Cost
EE	\$979	\$54
EE + Spouse	\$979	\$1076
EE + Children	\$979	\$925
Family	\$979	\$1369
2 EE Family	\$1958	\$390

DENTAL		
	Employer Cost	Employee Cost
EE	\$46	\$0
EE + Spouse	\$46	\$48
EE + Children	\$46	\$67
Family	\$46	\$84

VISION		
	Employer Cost	Employee Cost
EE	\$0	\$10
EE + Spouse	\$0	\$12
EE + Children	\$0	\$11
Family	\$0	\$20

THE COST OF YOUR BENEFITS

Disability Insurance

The disability insurance premium is district-paid for full-time employees. Rates for part-time employees are based on percentage of contract or notice of assignment. The District benefit for a part-time employee's monthly premium is calculated by multiplying \$13.72 (the total monthly premium for disability insurance) by the percentage of the employee's contract or notice of assignment. The difference is what the part-time employee pays through a payroll deduction.

Example: A part-time employee working a 75% assignment - $\$13.72 \times .75 = \10.29 = district contribution. Total monthly premium for disability = $\$13.72 - \$10.29 = \$3.43$ employee monthly deduction.

Part-Time Employee Medical/Dental Insurance Calculation

Part-time employees who work at least 20 hours a week (.50 FTE) and have at least a 45-day assignment or contract can enroll in benefits coverage. Rates for part-time employees are based on percentage of contract or notice of assignment. The district monthly single premium cost are:

- PPO Select 2 - \$979
- PPO6 - \$1,050
- Kaiser - \$1,033

FLEXIBLE SAVINGS ACCOUNT

Thompson School District offers two flexible spending account (FSA) options—the health care FSA and the dependent care FSA—which allow you to pay for eligible expenses with pre-tax dollars. The FSAs are administered by **American Fidelity**.

Your FSA elections are effective from July 1, 2026- June 30, 2027. Please plan your contributions carefully. Your Health Care FSA only allows you to carry over \$640 in unused funds to the following plan year. Any unused money over that amount remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.

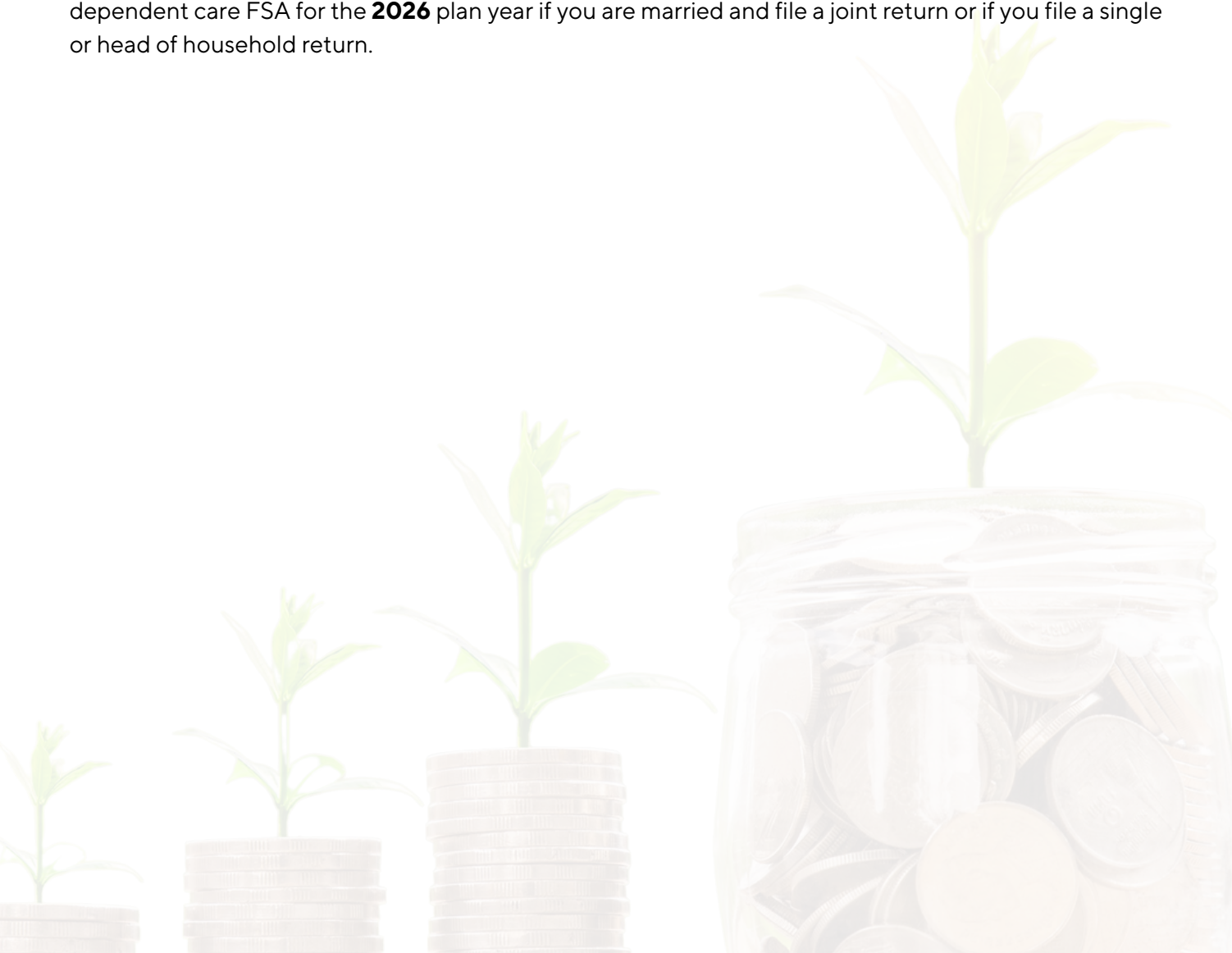
For more information, visit americanfidelity.com.

Health Care FSA

Eligible expenses include deductibles, copays, and other health-related expenses not covered by medical, dental, or vision plans. The health care FSA maximum contribution is **\$3,400** for the **2026** plan year.

Dependent Care FSA

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



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

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

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



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

[CEBT HEALTH & WELLNESS CENTERS](#)

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

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



[LANTERN - SURGERY & INFUSION CARE](#)

This benefit is not available to Kaiser members.

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

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

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



[TELADOC HEALTH - TELEMEDICINE](#)

This benefit is not available to Kaiser members.

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

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

**Do not check the box that says, "I received a Teladoc Health code."*

**You must enter your UMR medical ID#, so have your card handy. If there is NO MATCH found, call the phone#.*

- Download the app



[VALENZ BLUEBOOK - COST TRANSPARENCY TOOL](#)

This benefit is not available to Kaiser members.

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

- Website: healthcarebluebook.com/cc/CEBT (Log in by entering your Last Name and Date of Birth.)
- Download the app (select "Log in with mobile code", and use mobile code: CEBT)



[OMADA - DISEASE MANAGEMENT PROGRAM](#)

This benefit is not available to Kaiser members.

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

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



MODERN HEALTH - MENTAL WELLBEING

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

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



ALLONE HEALTH - EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

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



THE STANDARD - TRAVEL ASSISTANCE

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

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



VIA BENEFITS - POST-EMPLOYMENT BENEFITS CONCIERGE

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

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



UMR - CANCER RESOURCE SERVICES & MATERNITY CARE

This benefit is not available to Kaiser members.

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

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

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

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



KAISER PERMANENTE

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

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



KAISER MENTAL HEALTH BENEFITS

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

Virtual Care

Kaiser Permanente members can get care from virtually anywhere. Save a trip to the doctor's office by scheduling a phone or video visit with your doctor or mental health specialist.

Phone or video visits can be scheduled with your primary care provider or another doctor, often the same day, for many common conditions.

You make the call from the comfort and convenience of home, work, or on the go. Visit kp.org/getcare for all the convenient virtual care options available at no additional cost.

Wellness Apps

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

Calm

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

Headspace

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

Visit the [Self Care Apps](#) from Kaiser Permanente to learn more.





LIFE AND AD&D COVERAGE

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

Thompson School District R-2J provides Basic Life and AD&D Insurance and Dependent Life Insurance to all eligible employees at no cost to employees through The Standard.

Life Insurance

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

Accidental Death & Dismemberment Coverage

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

Description	Benefit
Life / AD&D Benefit Amount	All employees: \$20,000 Administrators: The lesser of 1.5 times your Basic Yearly Earnings or \$450,000 Superintendents: The lesser of 2.5 times your Basic Yearly Earnings or \$450,000
Benefit Reduction	40% at age 65, 65% at age 70, 75% at age 75, 80% at age 80
Dependent Life	\$5,000 for Spouse \$2,000 per Child (from live birth through age 25)

DISABILITY COVERAGE

Thompson School District provides long-term disability (LTD) insurance through [The Standard](#) to all benefit-eligible employees.

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.

Definition of a member

You are a member if you are a regular full-time employee of Thompson School District R2J, actively working at least 37.5 hours each week, and a citizen or resident of the United States or Canada OR a regular part-time employee of Thompson School District R2J, actively working at least 18.75 hours but less than 37.5 hours each week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Eligibility Waiting Period

You are eligible on the first day of the month that follows or coincides with 30 days of membership. You will need to provide acceptable evidence of good health if you elect coverage after initially becoming eligible.

Basic Long-Term Disability Insurance

Benefit Amount	66 2/3% of the first \$9,000 of monthly pre-disability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Weekly Minimum Benefit	The greater of \$100 or 10% of an employee's gross disability payment
Monthly Maximum Benefit	\$6,000 per month
Benefit Waiting Period	60 days
Premiums Paid By	Thompson School District



RETIREMENT

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

As a benefited Thompson School District employee, you are enrolled in the Colorado Public Employees' Retirement Association (PERA) defined benefit retirement plan, sometimes called a pension plan. Instead of paying into Social Security, you contribute a mandatory percentage of your gross wages into PERA and the school contributes to PERA to help fund the system. After working five years of PERA covered employment, you become vested in the pension plan and are eligible to receive retirement payments once you reach retirement age.

When you make a contribution, you are really paying yourself. Every dollar you contribute is yours and it goes into your PERA account. Your account balance grows every time you contribute. You can log on to your [PERA account](#) online or view your annual statement to see just how much you have contributed. Your account also earns interest. If you change jobs and leave your account at PERA, it continues to earn interest until you take your retirement benefit later in life. Meanwhile, your employer also makes contributions to PERA every time you get paid. These contributions do not go into your account but instead are combined with the contributions from hundreds of PERA employers across Colorado and added to PERA's trust funds. PERA invests these trust funds, which contain billions of dollars. The growth of these investments helps fund your retirement. In a lot of ways, your PERA account might seem like a savings account during your working years. But it's much more than that. It's a pension- which means you'll receive a monthly retirement payment for life when you finally do retire.

For more information about PERA, please contact them at (800) 759-7372 or visit at copera.org.



AMERICAN FIDELITY: VOLUNTARY BENEFITS

Term Life Insurance

Term life insurance provides protection for a 10-, 20-, or 30- year period. Rates are based on issue age and are guaranteed to remain level during the initial term period you choose. Term life insurance does not have the flexibility of cash value.

Whole Life Insurance

Whole life insurance is designed to provide coverage for your whole life. Rates are based on issue age and guaranteed to remain level for the life of the policy to age 121. Whole life insurance provides cash value, which can be used to pay for loans, premiums, or other purposes.

Talk to your American Fidelity account manager about which life insurance policy is right for you or go to americanfidelity.com for more information.

Accident Insurance

No one plans on having an accident. That's why insurance like Accident coverage can help you in the event you experience a major medical event. This is a supplemental benefit offered through American Fidelity. So how does it work? When you're injured, you will receive a cash benefit payable to you based on the percentage payable for the condition. You then determine how to use that cash and may spend as you like. It provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses. Learn more at americanfidelity.com/info/accident.

Cancer Insurance

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

- Family Coverage available
- Various plan benefits, including wellness and early detection, and mammograms
- Radiation, chemo, and hormone therapy
- Covers transportation and lodging

Learn more at americanfidelity.com/info/cancer.

Critical Illness Insurance

Critical Illness Insurance provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up – like rent, mortgage, car payments, etc. – while you are ill. With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits. Learn more about this supplemental benefit at americanfidelity.com/info/critical-illness.

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides a fixed lump-sum payment that can help cover hospital expenses not covered by insurance, or to pay for expenses while you, your spouse/domestic partner, and/or dependents are in the hospital. Learn more about AF Hospital assist at americanfidelity.com/info/hospital-indemnity.

Annuities

Whether retirement is way down the road or just around the corner, it's important to have savings goals and specific investment objectives. To help you meet your goals and objectives, American Fidelity offers a variety of voluntary options to help supplement your future income and help achieve your financial goals.

- **403(b)**: this plan allows you to reduce your federal taxable income by the amount you choose to contribute.
- **457(b)**: this plan is a deferred compensation plan that allows eligible employees to save for retirement by deferring compensation with pre-tax dollars
- **Individual Retirement Accounts (IRAs)**: with a Traditional IRA, contributions are made with pre-tax or after-tax dollars that can grow tax- deferred. With a Roth IRA, contributions are made with after-tax dollars, and it offers the possibility of withdrawing account earnings on a tax-free basis.

When it comes to your retirement, it's important to save early and often. Learn more about retirement savings plans at americanfidelity.com/info/annuities.

TSD EXTENDED LEAVE PLANS

Family and Medical Leave Act

Thompson School District administers the Family and Medical Leave Act (FMLA) in accordance with federal law. For forms and details on receiving FMLA benefits, contact the Human Resources Benefits and Leave Specialist at (970) 613-5774 or complete the [Leave Request form](#).

Sick Leave Bank

One benefit for Thompson School District employees is the option of participation in the Sick Leave Bank. Membership in the Sick Leave Bank provides financial protection for employees who have experienced a loss of salary due to a serious medical condition, as defined by the Family and Medical Leave Act (FMLA), which prevents the member from performing his or her job. The treatment/surgery must be necessary under the American Medical Association guidelines. Benefits of the bank are restricted to the illness or injury of the employee.

Membership in the Sick Leave Bank is automatic unless the employee chooses to opt out by the deadline each school year. For forms and details on receiving Sick Leave Bank benefits, or information on opting out of membership, contact the Human Resources Benefits and Leave Specialist at (970) 613-5774.

Donate-A-Day

Employees who need additional leave beyond their available leave days in order to care for a member of their immediate family may apply for Donate-A-Day. (For a definition of "immediate family," refer to the Memorandum of Understanding or Classified Staff Personnel Handbook available on the intranet.) For forms and details on Donate-A-Day, contact the Human Resources Benefits and Leave Specialist at (970) 613-5774.

Leaves of Absence

Employees who need to take extended time off work for medical or personal reasons, childcare, military service, or teaching abroad opportunities can find details in the Memorandum of Understanding or Classified Staff Personnel Handbook available on the intranet. For forms or details, contact the Human Resources Benefits and Leave Specialist at (970) 613-5774.

FREQUENTLY ASKED QUESTIONS

Can I make changes to my health insurance?

Changes, outside of a “qualifying event” (see below), can only be made during open enrollment. While you can drop a dependent at any time, the district requires proof that the dropped person has insurance. These regulations are in place to ensure compliance with the IRS guidelines.

When is health insurance coverage effective?

Health insurance coverage becomes effective on the first of the month following 30 days of eligibility/employment. For example, if the date of hire is August 20, insurance benefits are effective October 1. Changes made during Open Enrollment are effective July 1.

Are part-time employees eligible for health insurance coverage?

Employees working at least a 50% assignment and on at least a 45-day contract or notice of assignment are eligible for the district-paid life insurance coverage, long-term disability and health/dental coverage. Part-time employees pay a portion of the monthly premium for insurance coverage based on the number of hours worked.

Can I enroll in dental or vision insurance only?

Yes, TSD medical and dental are unpackaged. When the employee enrolls in benefits, they can decide whether they want medical, dental, or vision coverage, or a combination.

When is my insurance premium deducted from my monthly paycheck?

All monthly insurance premiums are withheld from the employee’s paycheck on a pretax basis unless the employee elects to “opt out” by completing the Online CEBT Community enrollment to have insurance premiums withheld on an after-tax basis, e.g., employees nearing retirement or those individuals who, for a variety of reasons, want to report the highest possible earnings. These premium deductions are withheld the month prior to the coverage date.

If I am a Kaiser member, can I go to any doctor or facility?

As a Kaiser member, you must use a contracted Kaiser Permanente provider for all care. In our region, some Banner Health physicians are contracted providers. Out of network providers are only covered if the charges are for emergency treatment. If this is not done, there is no guarantee that the charges will be covered.

Do I receive insurance cards?

Insurance cards are mailed to your home address that is on file. If you are enrolled in a PPO plan, you will receive a CEBT/UMR card for your medical, a Delta Dental card for dental, as well as a CVS/Caremark card for prescriptions. If you are enrolled in Kaiser DHMO2500, you will receive a Kaiser card for your medical and prescription and a Delta Dental card for your dental coverage. VSP does not issue insurance cards. Employees can order replacement cards by contacting a customer service representative at WTW @ (800) 332-1168 or by logging into the CEBT mobile app.

FREQUENTLY ASKED QUESTIONS

How can employees access information/claim forms about health, dental, and life insurance?

General coverage/enrollment questions: www.cebt.org (directories, order cards), TSD Insurance Benefits Specialist (970) 613-5004. Specific billing/coverage questions: CEBT Customer Service @ (800) 332-1168. Thompson School District benefits staff does not have access to specific claims information.

What is a Flexible Spending Account?

A tax-advantaged account that allows an employee to set aside a portion of earnings to pay for qualified medical and/or dependent expenses. Your designated amount is deducted from an employee's pay into your FSA account and is not subject to payroll taxes, resulting in substantial payroll tax savings.

Is an annual election or waiver of participation required for FSA?

Yes, according to Internal Revenue Service regulations, eligible employees must complete an election or waiver form annually.

Are there individuals who should not participate in the flexible spending account program?

Yes, employees who wouldn't want to participate include those nearing retirement (3 to 5 years out), employees who don't have eligible expenses for these programs (no dependent day care, less than \$300 annually in miscellaneous medical, dental and vision expenses, etc.) and those who, for a number of reasons, may want to report the highest gross salary possible (i.e., for loan purposes, disability issues, etc.)

How do I get reimbursed for eligible expenses through my FSA?

Both accounts are administered by American Fidelity and funds cannot be transferred from one FSA to another. When you have eligible medical, dental or vision expenses, you may pay for them using your American Fidelity debit card, you can authorize American Fidelity to pay the provider on your behalf or you can pay via another method and request reimbursement. If requested, you can document the expense by sending a copy of your Explanation of Benefits (EOB) from UMR, Kaiser, VSP to American Fidelity.

For eligible dependent care expenses (daycare, summer camp, etc.), you must pay your provider and then request reimbursement by submitting a receipt to American Fidelity as documentation. You are unable to use the FSA debit card to pay for dependent care expenses. Be sure your receipt includes the following information: the date(s) of service, the expense amount and the name, address and tax identification number of the provider.

FREQUENTLY ASKED QUESTIONS

What happens to my FSA account if I leave my job during the year?

If you leave the district during the calendar year, you may continue to submit requests for reimbursements as follows:

Health Care FSA: You may continue to submit reimbursement requests for eligible expenses incurred prior to termination. Coverage will end on your final date of employment unless you elect to continue participation on an after-tax basis through COBRA.

Dependent Care FSA: Coverage will end on your final date of employment but you may submit requests for eligible expenses incurred through the end of the calendar year (up to the balance in your account).

Who do I contact for general FSA questions and information?

American Fidelity at (800) 365-9247 or americanfidelity.com. The online system allows employees to access forms, set-up their information on-line to monitor accounts, check balances, and receive emails notices. American Fidelity also has a mobile app.

When is TSD Open Enrollment?

The District's health insurance online open enrollment period is at the end of April-beginning of May. During that time, District employees, LOA employees and retirees may switch health insurance plans, change their level of coverage, or enroll for coverage. The effective date of any changes made during this period will be July 1.

What is a "qualifying event"?

The following are "qualifying events": new hire, involuntary loss of alternative coverage, marriage, birth, adoption, divorce, or death.

What do I do when I get married?

Notifying HR of your marriage does not automatically get your spouse enrolled in your health insurance. Please contact the Insurance Benefits Specialist (970) 613-5004 for assistance with enrolling your spouse. You must add within 30 days of your marriage. The effective date of your new spouse's insurance is the date of your marriage. Enrollment is not complete until the district receives a copy of your marriage license. Note: Your name on your health insurance must be the same as your name with the district.

How do I enroll my newborn?

The newborn should be enrolled on your insurance as soon as possible. You must go onto the [CEBT Online Community](#) and add your new baby or reach out to Insurance Benefits Specialist (970) 613-5004. You have 30 days from the birth to enroll the newborn. A copy of the birth certificate is needed. DO NOT WAIT ADDING YOUR BABY BECAUSE YOU DO NOT HAVE THE BABY'S BIRTH CERTIFICATE OR SS#.

FREQUENTLY ASKED QUESTIONS

My child is turning 26 – what happens?

Your child can remain on your policy until the last day of the month they turn 26. Proof they are a college student is no longer needed. They have the option to remain on your policy until age 26.

What should I do if I divorce?

Please contact the Insurance Benefits Specialist (970) 613-5004 for assistance with removing your spouse from your coverage. This must be done once the divorce is finalized or if you are legally separated. You have 30 days from the date your divorce or legal separation to remove your ex. A copy of the divorce decree or legal separation agreement (first page with names and last name with date) should be sent along with your spouse's current address.

What do I do when someone on the policy dies?

Please contact the Insurance Benefits Specialist (970) 613-5004 for assistance when anyone covered on the policy passes. In the event our employee (active or retired) passes the district will offer the "Surviving Spouse" the opportunity to continue coverage at 100% of the cost. District Subsidized coverage ends the date of the death.

How do I access CEBT Community Online?

Community can be accessed from either the district benefits website or CEBT's website. If you are a new enrollee, you will receive an email that will link to the system.

CONTACT INFORMATION

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

Tracy Dockter - Insurance Benefits Specialist

Phone: (970) 613-5004 Email: tracy.dockter@tsd.org

Dorothy Barnhart - Director, Benefits & Risk Management

Phone: (970) 613-5006 Email: Dorothy.barnhart@tsd.org

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

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

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

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

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

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

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

CONTACT INFORMATION

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

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

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

American Fidelity - FSA, DCFSA, Cancer, Accident, Life, Hospital Indemnity, Annuities	
Ryan Giltenan	ryan.giltenan@americanfidelity.com
Member Services	(800) 365-9247 / (970) 744-1669
Website	enroll.americanfidelity.com/6858653D/

The Standard - Group Life and Disability	
Long Term Disability	(800) 368-2859
Group Life and AD&D	(800) 628-8600
EAP	(888) 293-6948
Website	workhealthlife.com/Standard3

The Standard- Travel Assistance	
Member Services	(800) 872-1414 (phone) / (609) 334-0807 (text)
Email	medservices@assistamerica.com
Policy #	645869

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

CEBT Health 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

CEBT HEALTH PLAN REGULATORY NOTICES

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

BENEFIT BOOKLETS

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

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

HIPAA NOTICE OF PRIVACY POLICY

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

COBRA GENERAL RIGHTS NOTICE

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



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

ANNUAL & OTHER REGULATORY NOTICES

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

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

Other Regulatory Notices include:

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



This benefit summary provides selected highlights of the Thompson School District R-2J 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. Thompson School District R-2J 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.