

A GUIDE TO YOUR **BENEFITS**

Benefit Plans Effective
July 1, 2025 – June 30, 2026



Welcome!

At Belle Creek Charter School, we care about you. That’s why we offer a comprehensive suite of benefits that support physical, emotional, and financial health. This guide will help you understand your benefits, know how to use them, and be equipped to access them when necessary.

Review this guide regarding your benefits for the 2025-2026 plan year and make informed decisions about what is best for you. If you are viewing this guide electronically, you can click within the Table of Contents to navigate to the corresponding section.

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Who Is Eligible?

As a Belle Creek Charter School employee, you are eligible for medical, dental, and vision benefits if you work at least 30 hours per week. Employees who work 40 hours per week are also provided basic life and AD&D insurance, short-term disability, and long-term disability at no cost. Benefits are effective on the first of the month following 30 days of employment. You may enroll your eligible dependents for coverage once you are eligible, which could include your legal spouse, civil union partner, and children up to age 26.



Changing Your Benefits

New Employees

As a new employee, you must enroll in benefits within 30 days of your date of hire, or you will need to wait until the next open enrollment period to enroll (unless a qualifying life event occurs).

Qualifying Events and Dropping Dependents

Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may drop a dependent at any time and they will be covered through the end of the month, or you can change 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 number of dependents**
 - Marriage
 - Birth or death
 - Adoption of 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**
 - If an employee loses eligibility on their parent's plan (i.e. aging out at 26)

You have 30 days from the qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event (e.g. marriage license, birth certificate, etc.). You do not need to provide documentation if your only change is to drop a dependent(s) off your current plan, but documentation will always be required if you are adding dependents outside of open enrollment.

Annual Open Enrollment

2025 Open Enrollment dates: **April 28th – May 31st**. Open Enrollment this year is **PASSIVE**.

PASSIVE enrollment means you only need to go in and complete online enrollment if you want to make changes to your benefits. If you want everything to remain the same, no action is necessary. 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 2025-2026 benefit elections for medical, dental, vision, and life coverage. Changes will become effective **July 1, 2025**.

Getting Started with Enrollment

Registration/Login

Go to cebt.org/for-employees and click on the "Community/Online Enrollment" tab.

First time users: select "New Community User/Register" option to register. Fill in the required fields on the registration page. Please use your work email address, or the email address you have on file with your employer. Press "create" and you will receive an email shortly after with a link to login.

Returning employees: select "Existing Community User Login" to access the community login page. You will not need to register. If you forgot your password, click "Forgot Your Password" underneath the login button. Create a password, confirm, and select "Change Password."

View Current Benefits

Once logged in, you can view current benefits by selecting the "Your Benefits" tab.

Begin Enrollment

Select the "Open Enrollment" button to choose plan elections for the upcoming plan year.

Verify Information

Review profile details and add or correct any information. Next, press "Save and Select Benefits."

Need To Add a Dependent?

1. Scroll down on the benefits page and click on "Add New Dependent."
2. Fill in required information.
3. Press "Save Dependent"
4. Include dependents on coverage by checking the box next to the dependent you wish to add. You will need to do this as you move through each benefit tab.

Make Your Elections

Review the benefit options available and choose a plan.

Preview and Submit Enrollment

1. Select "Preview Benefits & Complete Enrollment" to review benefits before submitting.
2. Select "Save & Finish" to submit enrollment or "Make a Change" to revise your elections.

Upload Dependent Verification

Upload proof of dependent documentation for any dependent added to your benefits (e.g. birth certificate, marriage certificate, adoption papers, common law certificate, civil union certificate, etc.), and press "Upload." Dependent verification is required within 30 days. If you do not have it at enrollment, press "Skip and Continue" and submit verification to your HR administrator.

Other Insurance Information

After you have uploaded dependent verification and submitted your elections, click the link under "Other Insurance Verifications," which will take you to the CEBT Contact Us page. Select the "Other Insurance Information" option. From here, answer the question regarding other coverage you or your dependents may have. Fill in the required information.

Review and Print Elections

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



Overview of CEBT

What Is CEBT?

The Colorado Employer Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits to over 450 public entities, covering over 37,000 employees and dependents across the state of Colorado. The CEBT plan offers health, dental, vision, and life coverage to the participating groups.

Who Is WTW?

Willis Towers Watson (WTW) is the broker/administrator for CEBT. It provides customer service for plan participants to obtain answers on any questions about claims and benefits at (303) 773-1373 or (800) 332-1168. WTW representatives can make periodic visits to the participating groups to answer questions. In addition, WTW markets for prospective new members and handles the eligibility and premium invoice process between CEBT and participating employers.

What Are the Roles of UMR, Kaiser, CVS Caremark, Delta Dental, and Vision Service Plan (VSP)?

CEBT contracts with these managed health care companies for 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 the pharmacy payment and access to their provider network for CEBT members who have medical coverage using the United Healthcare provider network.

Delta Dental of Colorado provides third party dental claim payment services and access to their 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.

Most day-to-day correspondence (e.g. Explanation of Benefits, information requests, etc.) 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 VSP as they do not utilize cards.

Need Help with a Claim?

CEBT has a team of 10 customer service representatives to assist CEBT clients with benefits questions, housed right here in WTW offices. Their hours of operation are Monday through Friday

from 7:30 am to 4:30 pm (except Friday, when they close at 4:00 pm.) If you need assistance in any of the following areas, please call the customer service line at **(303) 773-1373**:

- Benefit Information
- Claim Resolution
- Claim Status
- Explanation of Benefits
- Deductibles
- Ordering ID Cards

The CEBT Mobile App

Benefits at Your Fingertips

The CEBT Mobile App provides simple, convenient access to your health care benefits on-the-go, where you can:

Enroll in Benefits: Enroll in your benefits, view current plans and dependents, download benefits summaries, and process open enrollment changes due to qualifying life events.

Find a Provider: Explore in-network providers and find information on CEBT's valued partners.

View and Order ID Cards: Keep a digital version of your ID cards handy, access or print your digital ID cards, and order new ones if necessary.

Connect with Customer Service: Ask a CEBT customer service representative about your benefit or claim questions by opening a case.



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 [$\$2,500 \times 80\%$].)*

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 providers who are out-of-network.

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

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

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

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

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

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

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

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



Medical

Employees of Belle Creek Charter School have the option to choose from three different medical plan options (**PPO3, HDHP 2, and KP-DHMO 1000**) offered through the Colorado Employer Benefit Trust (CEBT). Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. The PPO3 and HDHP 2 plans use the United Healthcare Choice Plus network and the KP-DHMO 1000 plan uses the Kaiser Permanente network. This is the network of doctors you will want to stay within to access your in-network benefits.

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

Before You Choose a Plan, Consider This:

- Do you prefer to pay more for medical out of your paycheck but less when you need care?
- What planned medical services do you expect to need in the upcoming year?
- Do you or your covered dependents take any prescription medications regularly?



PPO Plan

On a PPO Plan (Preferred Provider Organization), you will pay a copay for certain services like office visits, specialist visits, and other smaller ticket services. Higher cost services such as inpatient hospital stays, outpatient hospital care, and advanced imaging are subject to meeting the full deductible first and then the plan will help pay the remaining portion of the cost through coinsurance. After the out of pocket maximum has been met, the plan will begin to pay 100% for covered services.

HD Plan

On an HDHP (high deductible health plan), you pay for 100% of your medical services up to the deductible using funds from your Health Savings Account (HSA) or out of your pocket (although preventive care is 100% covered). Once your deductible is met, services are covered under the plan's benefit schedule.

Kaiser DHMO Plan

On a Kaiser DHMO Plan you will pay a copay for certain services like office visits, specialist visits, and other smaller ticket services. Higher cost services such as inpatient hospital stays, outpatient hospital care, and advanced imaging are subject to meeting the full deductible first and then the plan will help pay the remaining portion of the cost through coinsurance. After the out of pocket maximum has been met, the plan will begin to pay 100% for covered services. Benefits are eligible with in network providers only.

Medical Base Plan	PPO3	HDHP 2
Network	United Healthcare Choice Plus	United Healthcare Choice Plus
Office Visit (Primary Specialty)	\$35 Copay \$35 Copay	Deductible + 20% to OOP Max
Deductible (Single Family)	\$1,000 \$2,000 Embedded	\$2,000 \$4,000 Non-Embedded
Coinsurance (In Out)	20% In *40% Out	20% In *40% Out
Out of Pocket Single (In Out)	\$3,000 \$6,000	\$4,000 \$8,000 Non-Embedded
Out of Pocket Family (In Out)	\$6,000 \$12,000	\$8,000 \$16,000 Non-Embedded
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60	Deductible then: Generic \$20 Preferred \$40 Non-Preferred \$60
Rx Mail Order	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%
Chiropractic	\$35 Copay 20 Visits per year	*Deductible + 20% to OOP Max 20 Visits per year
Teladoc	Covered 100%	\$49 Fee
Telehealth	\$35 Copay	Deductible + 20% to OOP Max
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$35 Copay office setting Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Lab	\$35 Copay	Deductible + 20% to OOP Max
Urgent Care	\$75 Copay	Deductible + 20% to OOP Max
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

Medical Base Plan	KP DHMO 1000
Network	Kaiser Permanente
Office Visit (Primary Specialty)	\$35 Copay \$35 Copay
Deductible (Single Family)	\$1,000 \$2,000 *Embedded
Coinsurance (In Out)	20% In network only
Out of Pocket Single (In Out)	\$3,500
Out of Pocket Family (In Out)	\$7,000
Inpatient Hospital	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max Amb Surg Center \$500 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	\$35 Copay 20 Visits 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	\$35 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 cebt.org/benefit-booklets.

Embedded - Under this deductible definition, any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.

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

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

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

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.



Prescription

CVS Caremark

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare plans PPO3 and HDHP 2. CVS is not the only pharmacy you have access to – you can use King Soopers, Safeway, Walmart, Walgreens, etc. To view commonly prescribed and specialty medications or learn about your pharmacy benefits, 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
\$20 Copay (Generic Brand)	\$40 Copay (Generic Brand)
\$40 Copay (Preferred Brand)	\$80 Copay (Preferred Brand)
\$60 Copay (Non-Preferred Brand/Specialty)	\$120 Copay (Non-Preferred Brand/Specialty)

Six Tips to Save Time and Money on Medications

- **Register at [Caremark.com](#).** Stay up to date on new and unique ways to save.
- **Use in-network retail pharmacies.** Network pharmacies are included in your prescription plan to keep costs down. If you fill prescriptions out-of-network, you pay 100% of the cost. Find a network pharmacy before you fill prescriptions at [Caremark.com](#).
- **Know which medications are covered.** Your plan’s list of covered medications can help indicate the most cost-effective options. Find what your plan covers at [Caremark.com](#).
- **Use the “Check Drug Cost” tool on Caremark.com.** Compare your medications side-by-side to see where you could be saving.
- **Choose “Delivery by Mail” or “Pick Up.”** We deliver your 90-day supply with no-cost shipping and tracking status updates in safe, discreet packages that are tamper-proof, weather-proof, and temperature-controlled. Alternatively, you can pick up prescriptions at any CVS Pharmacy. Either way, you experience the same quality, price, and convenience.

Kaiser Permanente

If you are enrolled in one of the Kaiser plans (KP-DHMO 1000), Kaiser will manage your prescriptions. Most Kaiser Permanente medical offices house primary care, laboratory, x-ray, and pharmacy services all under one roof, so you can visit your physician and manage many of your other needs in a single trip. You will not receive a separate pharmacy ID card because your medical card will also be your pharmacy ID card.

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

Pharmacy and Other Services

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

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



Dental Plan A

Regular dental exams and cleanings allow for early detection of dental issues before they become painful and expensive. Maintaining healthy teeth and gums can prevent tooth decay and contribute to 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) 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 and 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 and 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 visits to the dentist 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.*

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



Vision Plan C

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

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

Carrier

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

Lenses

Lenses	Per Pair
Single	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Lenticular	\$10 Copay
Frames	\$175 Allowance
Contacts	\$175 Allowance

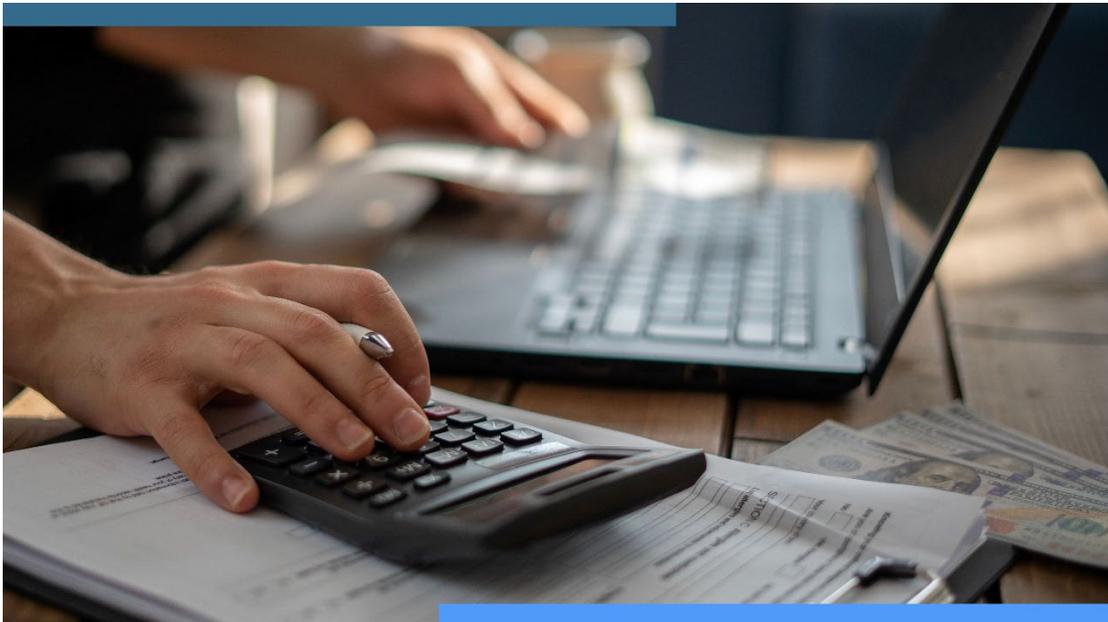
Exclusions: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen, or broken lenses and/or frames, services, and supplies for which you or your dependent are not required to pay, services and supplies are not listed. This is only intended 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 medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Coverage Level	PPO3	HDHP 2	KP-DHMO 1000	Dental	Vision
Employee Only	\$15	\$15	\$0	\$0	\$9
Employee + Spouse	\$442	\$442	\$268	\$38	\$18
Employee + Child(ren)	\$179	\$179	\$27	\$55	\$19
Employee + Family	\$615	\$615	\$384	\$87	\$31





Health Savings Account

If you enroll in the HDHP 2 medical plan, you may be eligible to open and fund a health savings account (HSA) through Rocky Mountain Reserve.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Belle Creek Charter School will be contributing the following into an HSA account annually: \$1,140 to employee-only HSAs, \$2,400 to Employee + Spouse, \$2,100 to EE+Child(ren) and \$3,192 towards Family tiers.

The employer contribution will be applied to your HSA regardless of your decision to contribute. The HSA maximum contribution is **\$4,300** for employee-only coverage and **\$8,550** for all other tiers for the **2025** plan year. Individuals over the age of 55 can contribute an extra **\$1,000** as a catch-up contribution.

Create and login to your account at [Rocky Mountain Reserve](#) to view your account balance, savings, eligible expenses, forms, transaction history, and more.



Flexible Spending Accounts

Belle Creek Charter Schools 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 Rocky Mountain Reserve

Create an account at [Rocky Mountain Reserve](#) to check your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

Health Care FSA

Eligible expenses include deductibles, copays, and other health-related expenses that are not paid by the medical, dental, or vision plans. The health care FSA maximum contribution is **\$3,300** for the **2025** 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 **\$5,000** to your dependent care FSA for the **2025** 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

The benefits below are available to CEBT members enrolled in a medical plan. These benefits are not eligible for those enrolled in a Kaiser plan. To learn more, visit the Partners/Providers page on cebt.org or contact customer service at (303) 773-1373.

Lantern

Lantern (previously known as SurgeryPlus) is a supplemental benefit for non-emergency surgeries that provides high-quality care, concierge-level member service, and lower costs. CEBT wants members to get the best care possible and will limit or waive member's out-of-pocket costs if you use Lantern. **HDHPs need to meet a minimum towards their deductible by the end of the year*

NEW! Infusion Care through Lantern, coming July 1

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.

Teladoc

Teladoc provides 24/7/365 access to U.S. board certified doctors through convenient phone or video consults for members on the PPO3 and HDHP2 plans. It's an affordable alternative to costly urgent care and ER visits when you need immediate care. CEBT pays for the full cost of the consult so there is no copay for members. **There is a \$49 fee for members enrolled in an HDHP plan*

Healthcare Bluebook

Healthcare Bluebook is a cost transparency tool allowing members to shop for healthcare and get rewarded. If a member uses the service and visits a green or fair price provider, they could receive a reward in the form of a debit card ranging from \$25-\$1,500.

Omada

Omada is a virtual care program combining data-powered human coaching, connected devices, peer support, and tailored curriculum to help members achieve their health goals and make sustainable lifestyle changes. The digital care solution offers four programs that focus on pre-diabetes (prevention), diabetes, hypertension, and musculoskeletal issues.

Cancer Resource Services

Following a cancer diagnosis, members can receive personal support from Cancer Resource Services (CRS) through UMR. Tenured oncology nurses provide guidance, direction, and support as well as access to quality Cancer Centers of Excellence (COE).

Maternity Care Program

Whether members are considering having a baby or already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. Call (888) 438-8105 to enroll.



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.

Belle Creek Charter School provides Basic Life and AD&D Insurance to all eligible employees at no cost to employees through The Standard.

Life Insurance

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

Accidental Death & Dismemberment Coverage

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

Description	Benefit
Life / AD&D Benefit Amount	\$20,000
Benefit Reduction	40% at age 65, 65% at age 70, 75% at age 75, 80% at age 80



Disability Coverage

Belle Creek Charter School provides short-term disability (STD) and long-term disability (LTD) insurance through Mutual of Omaha to all benefit-eligible employees.

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

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

Short Term Disability Insurance (STD)

Description	Benefit
Benefit Amount	60% of pre-disability earnings
Benefit Duration	Up to 12 weeks
Weekly Maximum Benefit	\$1,000 per week
Benefit Waiting Period	7 days for illness or injury
Premiums Paid By	Belle Creek Charter School

Long Term Disability Insurance (LTD)

Description	Benefit
Benefit Amount	60% of pre-disability earnings
Benefit Duration	SSNRA if disabled up to age 62 (62 and older: the benefit period will be based on a reduced duration schedule)
Monthly Maximum Benefit	\$4,300 per month
Elimination Period	90 days
Premiums Paid By	Belle Creek Charter School



Retirement

PERA

As a benefited Belle Creek Charter School employee, you are enrolled in the Colorado Public Employees' Retirement Association (PERA) defined benefit retirement plan, sometimes called a pension plan.

How does a pension work? What happens to your contributions once they get to PERA, and how do you get them back?

You and your employer make monthly contributions:

- Every time you are paid, a portion of your paycheck automatically goes into your PERA retirement account. This money is always yours, even if you leave your job covered by PERA.
- As an employer in PERA's School Division, Belle Creek Charter School also contributes to PERA and PERA invests those dollars for you and all PERA members.
- At Belle Creek Charter School, PERA serves as a substitute for Social Security. This means every time you are paid, a portion of your paycheck goes to PERA and not to Social Security.

When you retire, you'll receive monthly payments for life:

- When the time comes to retire, you will receive a monthly check from PERA for the rest of your life.
- Your benefit is determined by the amount of time you work at your PERA-covered job, your age when you retire, and the average of your highest average salaries.
- Log on to your PERA Account to learn when you can retire and see an estimate of your future monthly income.

Changing jobs:

- If you get a new job at an employer that has PERA coverage, you will continue to build for your future retirement.
- If you leave for a new job that is not covered under PERA, you can still collect a benefit in retirement if you leave your account with PERA, or you can choose to take a refund of your contributions, interest and a potential match.

Additional benefits of your PERA membership:

- Survivor Benefits (at no additional cost)
- Disability Benefits (at no additional cost)
- Life Insurance (at affordable group rates)

- PERAPlus 401(K) voluntary retirement account allows you to contribute additional dollars from your salary to save more for retirement.

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

Security Benefit

Security Benefit is an additional retirement savings tool offered to Belle Creek Charter School employees. Plans include 403b, 457, Traditional Roth, and Roth IRA plans. These plans are voluntary and can be changed or updated year-round. In working with Security Benefit for your retirement needs you will get access to a personal financial planner to help you evaluate and navigate all areas of retirement and financial planning.

To learn more about this benefit, please reach out to one of our representatives:

- Brian Stark (303) 907 2510 or by email at brians@triumphcapitalmanagement.com
- Cory Robinson (303) 594-2093 or by email at coryr@triumphcapitalmanagement.com



Voluntary Benefits

Aflac

Belle Creek Charter School provides you with the option to enroll in Aflac's voluntary plans. These plans let you stop worrying about expenses and focus on recovery. Our plans are customizable to your situation. The plans are affordable, provide rate stability, and do not coordinate with other insurance. Plans include accident, hospital, and cancer protection. Learn more about the plans listed below by visiting [Aflac's Coverage Dashboard](#) page.

Accident Insurance

Accident insurance policies help provide support when life's most unexpected moments arrive. Supplemental accident insurance is meant to be purchased in addition to your primary policy. It helps pay the bills that your major medical insurance doesn't completely cover.

This helps provide peace of mind when new and unexpected injury costs occur. Aflac works by paying benefits regardless of your current plan. This gives you extra support and financial relief during these covered accidents.

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.

Hospital Insurance

An unplanned hospital visit can leave you with expenses not covered by major medical. Aflac pays you cash to help you with the expenses that health insurance doesn't cover so you can worry less about covering your everyday needs.

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. Aflac cancer insurance is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. Added comfort and protection means the freedom to focus on more important things.

Horace Mann

Belle Creek Charter School provides a diverse range of voluntary benefits through Horace Mann, designed to safeguard your present assets. These offerings encompass auto insurance, home and renters insurance, life insurance, and supplementary insurance coverage. Additionally, Horace Mann offers support for planning a prosperous future, including solutions for student loans, budgeting tools, credit assistance, and various retirement or investment opportunities.

For more information, please contact Jerry Glunz at (720) 283-1219 or by email at jerry.glunz@horacemann.com.



Auto
Insurance



Home/renters
Insurance



Life
Insurance



Supplemental
Insurance



Student Loan
Solutions



Budget



Credit



Retirement

PACE: Professional Association of Colorado Educators

PACE is a national association that promotes professionalism, excellence, and collaboration for educators offering an affordable membership for \$19.50 per month. This provides educators with:

- \$2,000,000 professional liability insurance
- Legal assistance for employment rights issues
- Scholarships and classroom grants
- Professional development resources, publications, and newsletters

- A non-partisan voice on education policy

For more information, go to www.coloradoteachers.org or call (877) 640-7223.



CEBT Mental Health Benefits

To learn more about these benefits, visit the [Partners/Providers](#) page on cebt.org or contact customer service at (303) 773-1373.

AllOne Health Employee Assistance Program (EAP)

AllOne Health (previously known as Triad) is your Employee Assistance Program offering six free counseling sessions (per year, per incident) for CEBT members and dependents ages 6 to 26. Common reasons to be seen include divorce, parenting, relationships, grief, and conflict. Additionally, AllOne offers six free life coaching sessions, legal review, and financial counseling. This benefit is available to all full-time employees.

Modern Health

Modern Health is a comprehensive, personalized mental health care platform offering self-guided, community-based, and one-on-one support for members (and dependents ages 6+) who are enrolled in a CEBT medical plan. Members have access to eight therapy and eight coaching sessions per calendar year, plus unlimited access to Modern Health digital resources.

Talkspace

Talkspace is an online therapy tool for members enrolled in a United Healthcare medical plan. You can find a therapist through the online matching tool and start your first appointment within hours. Choose between live, face-to-face video visits or messaging your therapist. Messaging is available five days a week to ensure you can get the care you need no matter your schedule. Normal cost share applies, TalkSpace is an in-network provider.





Kaiser Value Added 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 three different emotional wellness apps available at no cost.

Calm

Calm is the number one app for meditation and sleep. This app gives access to guided meditations, sleeps stories, and mindful movement videos.

Ginger

Ginger offers 1-on-1 emotional support coaching and self-care activities to help with many common challenges with coaches available by text 24/7.

myStrength

myStrength offers personalized programs designed to help you set mental health goals, learn coping skills, and track your progress over time to ensure positive changes.

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

Additional CEBT Benefits

To learn more about these benefits, visit the Partners/Providers page on cebt.org or contact customer service at (303) 773-1373.

Via Benefits

Via Benefits offers a post-employment benefit concierge service to assist former employees that have terminated (or are planning to terminate) from CEBT coverage with enrolling in medical, pharmacy, dental, and/or vision coverage.

Plans offered include Pre-65 plans from the individual marketplace as well as Post-65 Medicare Advantage plans and Medicare Supplemental plans. Former employees will now have more options and flexibility to choose coverage that is right for them, secure long-term stability, and unlock potential for cost savings. This service is available at no cost to you.

Travel Assistance

The unexpected can happen on the road: passports get lost or stolen or lost; unforeseen events or circumstances derail travel plans; medical problems surface at the most inconvenient times.

Travel Assistance can help you navigate these issues and more at any time of the day or night. You and your spouse are covered with Travel Assistance — and so are your dependents through age 25 — with your group insurance from Standard Insurance Company (The Standard).





Contact Information

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

Melissa Gustus **Phone:** (303) 498-8101 **Email:** mgustus@brightoncharter.org

Reah DiRito **Phone:** (303) 498-8101 **Email:** rdirito@erawarriors.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

Healthcare Bluebook

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

Lantern (formerly SurgeryPlus)

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

AllOne Health Employee Assistance Program (EAP) (formerly Triad)

Member Services	(877) 679-1100 or (970) 242-9536
Company Code	cebt
Website	www.triadeap.com

Omada Health – Digital Disease Management Program

Member Services	(888) 409-8687
Website	www.go.omadahealth.com/cebt

UMR Cancer Resource Services

Member Services	(866) 494-4502
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HSA and FSA – Rocky Mountain Reserve

Member Services	(888) 722-1223
Website	www.rockymountainreserve.com

The Standard – Group Life

Group Life and AD&D	(800) 628-8600
Website	www.standard.com/contact-us

The Standard – Travel Assistance

Member Services	(800) 872-1414 (Phone) / (609) 334-0807 (Text)
Email	medservices@assistamerica.com
Policy Number	645869

Via Benefits

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

Modern Health

Member Services	help@modernhealth.com
Website	www.my.modernhealth.com

PERA

Member Services	(800) 759-7372
Website	www.copera.org

Aflac

Email	Amy_drilling@us.aflac.com
Phone Number	(303) 645-0741

Horace Mann

Email	Jerry.Glunz@horacemann.com
Phone Number	(720) 283-1219

Security Benefit

Contact	Brian Stark
Email	brians@triumphcapitalmanagement.com
Phone Number	(303) 907-2510
Contact	Cory Robinson
Email	coryr@triumphcapitalmanagement.com
Phone Number	(303) 594-2093

PACE

Website	www.coloradoteachers.org
Phone Number	(877) 640-7223



CEBT Health Plan Regulatory Notices

Federal notice requirements obligate employers and health plan sponsors to supply benefit eligible employees with information on their rights, opportunities, and obligations regarding 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.

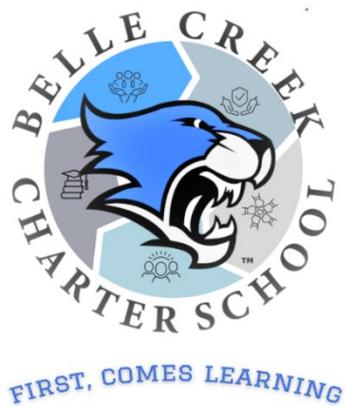
Annual and Other Regulatory Notices

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 Belle Creek Charter School 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 Belle Creek Charter School. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between information provided in 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. Belle Creek Charter School 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.