

YOUR EMPLOYEE BENEFITS

BENEFIT PLANS EFFECTIVE

JANUARY 1, 2027-DECEMBER 31, 2027

CITY OF LONE TREE COLORADO

CEBT Benefit by Trust

BENEFITS BUILT FOR YOU

At the City of Lone Tree, your well-being matters. Our comprehensive benefits program is designed to support your physical, emotional, and financial health. This guide will help you understand your benefits, learn how to use them, and feel confident accessing care when you need it.

Please review the guide carefully for the 2027 plan year so you can make informed decisions about the options that best fit your needs. If viewing electronically, you can click items in the Table of Contents to navigate directly to each section.

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CEBT
Benefit by Trust

WELCOME TO YOUR CEBT BENEFITS

Getting Started

Download the 'CEBT Health' Plan App

Access digital ID cards, view benefits, find providers, and manage your coverage.

Visit our website cebt.org

Explore plan information, forms, resources, and helpful FAQs.

Need Help?

800-332-1168
303-773-1373

CEBT Customer Service is here to assist with questions, claim support, provider guidance, and more.

CEBT is your trusted partner for medical, dental, vision, life insurance, and more. As a CEBT member, you receive a comprehensive suite of benefits designed to support your health, well-being, and overall peace of mind.

Employees enrolled in the CEBT health plan enjoy not only their core benefits—medical, dental, vision, and life—but also a wide range of **Value Added Benefits** created to enhance your physical, mental, and financial well-being.

With CEBT, you gain access to additional programs and services available at little to no cost depending on the medical plan:

- $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.

NEW GROUP ENROLLMENT - CITY OF LONE TREE

To enroll in new benefits, everybody must complete online enrollment to have benefits for the new plan year. To complete this, you will receive a link from the City of Lone Tree to register for CEBT's online enrollment system to make your 2027 benefit elections for medical, dental, vision, and life coverage. Changes will become effective January 1, 2027.

SELF REGISTRATION

Employees will visit **www.cebt.org**

VERIFY INFORMATION & BEGIN ENROLLMENT

1. Select the Community/Online Enrollment button to begin enrollment.
2. Click "For Employees" then click "New Community User/Register."
3. Fill in the fields on the registration page and press "Create."
4. You will receive an email shortly after with a link to login.
5. Once logged in, click on the "New Hire/New Group Enrollment" button to start your enrollment.



MAKE YOUR ELECTIONS

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

ADD A DEPENDENT TO YOUR PLAN

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

NEED TO ADD A DEPENDENT?

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

ADD A BENEFICIARY

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

PREVIEW AND SUBMIT ENROLLMENT

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

REVIEW AND PRINT ELECTIONS

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

FOLLOWING ELECTION SUBMISSION

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

Please contact your HR Team for any questions.

WHO IS ELIGIBLE?

As a City of Lone Tree employee, you are eligible for benefits if you work on average, at least 30 hours per week. Benefits are effective on the first day of the month following date of hire. You may enroll your eligible dependents for coverage once you are eligible, which could include your spouse and children up to age 26.

CHANGING YOUR BENEFITS

New Employees: As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

Qualifying Events and Dropping Dependents: Generally, you may make or change your benefit elections only as a new hire or during the annual open enrollment period. However, you may drop a dependent at any time (coverage will continue through the end of that month), or you may update your benefit elections during the year if you experience one of the following qualifying life events:

Change in marital status

- Marriage
- Death of spouse
- Divorce or Legal separation

Change in the number of dependents

- Marriage
- Birth
- Death
- Adoption of a child or placement of a child for adoption

Change in coverage status

- Loss or gain of other coverage by the employee or dependent

Change in individual coverage status due to aging out

- In the event that an employee loses eligibility on their parent's plan, due to aging out (26)

You have 30 days from the date of a qualifying life event to make changes to your coverage directly in the CEBT portal. 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.



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 450 public entities and over 38,000 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 Permanente provides third-party claim payment services and access to the Kaiser provider networks for CEBT members who have medical coverage.

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

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

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

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

NEED HELP WITH A CLAIM?

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

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



HOURS

Mon–Thu: 7:30am–4:30pm
Fri: 7:30am–4:00pm



NUMBER

(303) 773-1373

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 any 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 January 1 – December 31.

Deductible: The amount you owe for health care services before your health insurance or plan begins to pay. (For example: John has a health plan with a $2,500 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, if applicable, but does count towards the out-of-pocket maximum.

Coinsurance: Your share of the costs of a covered health service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after you have met any deductible you owe. (For example: John's second surgery costs $3,200. Because he's paid $800 of his $2,500 annual deductible, John is responsible for the first $1,700 to meet his deductible. His plan will then cover 80% of the remaining cost, for a total of $1,200 [$1,500 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 $2,800 toward his OOPM for his first two surgeries, he only needs to spend $1,200 before he hits his OOPM ($4,000 - $2,800). The plan pays the remaining $10,800 ($12,000 - $1,200).

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

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

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

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

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

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

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

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

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

CEBT Benefit by Trust

MEDICAL COVERAGE

United Healthcare · UMR A UnitedHealthcare Company · KAISER PERMANENTE

Employees of City of Lone Tree have the option to choose from four different medical plan options **United Healthcare PPO, United Healthcare EPO, KP HMO and KP HDHP** offered through the Colorado Employer Benefit Trust (CEBT). Each plan includes comprehensive health care benefits, including prescription drug coverage and free preventive care services. These plans use the United Healthcare Choice Plus and 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:



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

PPO Plan

- Copays apply to standard services (office visits, specialists, etc.).
- For high-cost services (hospital stays, outpatient care, advanced imaging), you must meet the deductible before paying coinsurance.
- After reaching the out-of-pocket maximum, the plan pays 100%.

EPO Plan

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

KAISER PLAN OPTIONS

Kaiser HMO Plan

- In-network coverage only.
- Copays apply for services until you hit the out-of-pocket maximum. After that, the plan pays 100%.
- No deductible.

Kaiser HDHP Plan

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



CEBT MEDICAL PLANS

The tables below summarizes the benefits of each medical plan.

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

MEDICAL BASE PLAN	PPO5	EPO4
Network	United Healthcare Choice Plus	United Healthcare Choice Plus
Office Visit (Primary|Specialty)	$45 Copay | $45 Copay	$45 Copay | $60 Copay
Deductible (Single|Family)	$2,500 | $5,000 Combined	Copay where indicated
Coinsurance (In|Out)	20% In | *40% Out	N/A
Out of Pocket Single (In|Out)	$4,500 | $9,000	$5,500
Out of Pocket Family (In|Out)	$9,000 | $18,000	$11,000
Inpatient Hospital	Deductible + 20% to OOP Max	$1,500 Copay
Outpatient Hospital	Deductible + 20% to OOP Max	$1,000 Copay | Amb Surg Center $500 Copay
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	*$45 Copay | 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	$45 Copay	Applicable copay applies
Advanced Imaging	Deductible + 20% to OOP Max	$750 Copay Freestanding facilities $400 Copay
X-ray	$45 Copay office setting Outpatient setting subject to Deductible + 20% to OOP Max	$50 Copay
Lab	$45 Copay	$45 Copay
Urgent Care	$75 Copay	$75 Copay
Emergency Care	Deductible + 20% to OOP Max	*$250 Copay

CEBT MEDICAL PLANS

The tables below summarizes the benefits of each medical plan.

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

MEDICAL BASE PLAN	KP-HMO 15	KP-HDHP 2000 (High Deductible Plan)
Network	Kaiser Permanente	Kaiser Permanente
Office Visit (Primary|Specialty)	$15 Copay | $30 Copay	Deductible then covered 100%
Deductible (Single|Family)	Copay where indicated	$2,000 | $4,000 *Non-Embedded
Coinsurance (In|Out)	N/A	0% In network only
Out of Pocket Single (In|Out)	$2,000	$2,000
Out of Pocket Family (In|Out)	$4,000	$4,000
Inpatient Hospital	$750 Copay	Deductible then covered 100%
Outpatient Hospital	Plan Hospital $500 Copay Amb Surg Center $200 Copay	Deductible then covered 100%
Rx Retail	Generic $20 Preferred $40 Non-Preferred $60 Specialty 20% coins up to $250	Deductible then covered 100%
Rx Mail Order	2 X Copay	Deductible then covered 100%
Preventative Visit	Covered 100%	Covered 100%
Chiropractic	$15 Copay 20 Visits per year	*Deductible then 100% 20 Visits per year
Teladoc	N/A	N/A
Telehealth	Covered 100%	Deductible then covered 100%
Advanced Imaging	$100 Copay per test	Deductible then covered 100%
X-ray	Diagnostic $0 Copay Therapeutic $30 Copay	Deductible then covered 100%
Lab	Covered 100%	Deductible then covered 100%
Urgent Care	$50 Copay	Deductible then covered 100%
Emergency Care	$250 Copay	Deductible then covered 100%

CEBT MEDICAL PLANS

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.**

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



CLAIMS EXAMPLES

Physician Services	HDHP	PPO5	KP-HMO 15	EPO4
Claim (Cost)				
	All services with the exception of preventive care are subject to the plan's deductible and out of pocket maximum. You will pay the full price of services until your deductible is met at which point the plan will pay 100% of all services through the end of the plan year	Member pays applicable copay	Member pays applicable copay	Member pays applicable copay
Office Visit ($102)	$102	$45 Copay	$15 Copay	$45 Copay
Specialist Visit ($242)	$242	$45 Copay	$30 Copay	$60 Copay

Prescription Drugs	HDHP	PPO5	KP-HMO 15	EPO4
Claim (Cost)				
	Member pays full cost of the prescription until deductible is met. Once deductible is met, plan pays 100% of services until the end of the plan year	Member pays applicable copay, if the cost of the prescription is less than the copay amout, employee will pay the lesser amount	Member pays applicable copay. Specialty prescriptions have a 4th tier, member pays 20% coinsurance up to $250	Member pays applicable copay. If the cost of the prescription is less than the copay amout, employee will pay the lesser amount
Generic	0% after deductible	$20 Copay	$20 Copay	$20 Copay
Preferred	0% after deductible	$40 Copay	$40 Copay	$40 Copay
Non-Preferred	0% after deductible	$60 Copay	$60 Copay	$60 Copay
Specialty	0% after deductible	$60 Copay	20% Coins up to $250	$60 Copay

Inpatient Hospital Stay	HDHP	PPO5	KP-HMO 15	EPO4
Claim (cost)				
	Member pays the full amout of the deductible	Member pays $4,500 between deductible and coinsurance	Member pays $750 Copay per admissin	Member pays a $1,500 Copay
Example of Total Cost: $14,000 Inpatient Hospital Bill	$14,000 (total bill) -$2,000 (minus individual deductible) -$12,000 balance (covered at 100% because the deductible has been met)	$14,000 (total bill) -$2,500 (deductible) = $11,500 (balance) Member pays 20% of remaining balance (this would be $2,300 but it's capped at $2,000 because they've reached their $4,500 out-of-pocket maximum)	$750 Copay Employee pays $750 toward the service; this applies to the out-of-pocket maximum. Future services will continue to apply to the $2,000 out-of-pocket maximum until it has been met.	$1,500 Copay Member pays $1,500 toward the service; this applies to the out-of-pocket maximum. Future services will continue to apply to the $5,500 out-of-pocket maximum until it has been met.

PRESCRIPTION DRUG COVERAGE

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare PPO5 and EPO4 plans . You can access CVS pharmacies at King Soopers, Safeway, Walmart, Walgreens, etc. To view medications or learn more, visit the **CVS Caremark** page through the CEBT website.

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

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

Ways to Save Time and Money on Medications

👉 Register at Caremark.com

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

Use In-Network Pharmacies

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

Check Which Medications Are Covered

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

Compare Prices with "Check Drug Cost"

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

Choose Delivery by Mail

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

PrudentRx

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

PRESCRIPTION DRUG COVERAGE

If you are enrolled in the Kaiser plan KP-HMO 15 AND KP-HDHP 2000, 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 KP medical ID card also serves as your pharmacy card.

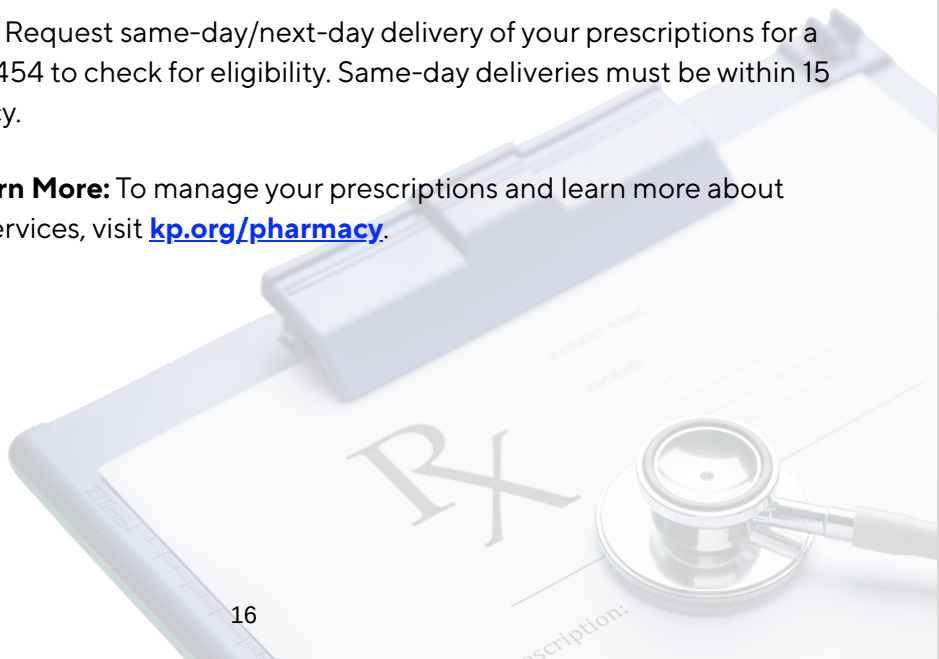
Prescription Drugs Retail: 30-Day Supply	Prescription Drugs Mail Order: 90-Day Supply
$20 Copay* – Generic Brand	$40 Copay* – Generic Brand
$40 Copay* - Preferred Brand	$80 Copay* - Preferred Brand
$60 Copay* - Non-Preferred Brand	$80 Copay* - Preferred Brand
Specialty Drugs 20%*	Specialty Drugs 20%*

*copay applies after deductible on HDHP plans

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

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	Dental Plan A Coverage
Annual Max	$2,000
Deductible (Single l Family)	$50 l $150
Preventative Services	Covered 100% | routine exams & cleanings two times per calendar year, bitewing x-rays once per calendar year, full mouth x-rays eligible once in a 5-year period
Basic Services	Covered 80% | 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.*

VISION PLAN

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

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

Carrier

Carrier I Network	VSP Plan C
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	VSP Plan C
Single	$10 Copay
Bifocal	$10 Copay
Trifocal	$10 Copay
Lenticular	$10 Copay
Frames	$175 Allowance
Contacts	$175 Allowance

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

THE COST OF YOUR BENEFITS

Below is the **semi-monthly** cost for medical, dental, and vision insurance.

United Healthcare PPO5		
	Employer Cost	**Employee Cost**
EE	$387.64	$25.86
EE + Spouse	$710.77	$190.73
EE + Children	$595.84	$140.16
Family	$946.75	$322.75
United Healthcare EPO4		
	Employer Cost	**Employee Cost**
EE	$387.64	$63.86
EE + Spouse	$710.77	$273.73
EE + Children	$595.84	$207.66
Family	$946.75	$439.25
KP-HMO 15		
	Employer Cost	**Employee Cost**
EE	$387.64	$52.86
EE + Spouse	$710.77	$249.73
EE + Children	$595.84	$188.16
Family	$946.75	$405.75
KP-HDHP 2000		
	Employer Cost	**Employee Cost**
EE	$338.19	$41.81
EE + Spouse	$629.68	$198.82
EE + Children	$527.69	$148.81
Family	$839.90	$326.60
DENTAL		
	Employer Cost	**Employee Cost**
EE	$22.00	$0.00
EE + Spouse	$36.47	$8.53
EE + Children	$47.39	$8.11
Family	$56.46	$18.04
VISION		
	Employer Cost	**Employee Cost**
EE	$4.50	$0.00
EE + Spouse	$8.16	$0.84
EE + Children	$8.66	$0.84
Family	$12.51	$2.99

HEALTH SAVINGS ACCOUNT

If you enroll in the KP-HDHP 2000, 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. The City of Lone Tree will contribute the following to an HSA account annually: **$500 for Employee Only Coverage and $1,500 for Employee + Dependent coverage.**

The employer contribution will be applied to your HSA regardless of your decision to contribute. The HSA maximum contribution is **$4,500** for employee-only coverage and **$9,000** for all other tiers for the **2027** plan year. Individuals age 55 or older can contribute an extra **$1,000** as a catch-up contribution.

Create and log in to your account at **https://www.rockymountainreserve.com/** to view your account balance, savings, eligible expenses, forms, transaction history, and more.

FLEXIBLE SPENDING ACCOUNT

City of Lone Tree offers **three** flexible spending account (FSA) options—the health care FSA, the limited purpose FSA, and the dependent care FSA—which allow you to pay for eligible expenses with pre-tax dollars. The FSAs are administered by **Rocky Mountain Reserve**.

Create an account at **https://www.rockymountainreserve.com/** to check your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

Health Care FSA

Eligible expenses include deductibles, copays, and other health-related expenses not covered by medical, dental, or vision plans. The health care FSA maximum contribution is **$3,500*** for the **2027** plan year. The Health Care FSA can only be paired with the PPO5, EPO4, and KP-HMO 15.

Limited Purpose FSA

A Limited Purpose FSA is a pre-tax account that lets you pay for dental and vision expenses. You can save money on expenses like dental checkups, vision exams, eyeglasses, and more. The limited-purpose FSA maximum contribution is the same as a traditional health care FSA: **$3,500** for the **2027** plan year. The Limited Purpose FSA is available to those enrolled in the KP-HDHP 2000 with an HSA.

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 **2027** plan year if you are married and file a joint return or if you file a single or head of household return.

*These are the projected IRS limits for 2027

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

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

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

Below is a complete list of CEBT's Value Added Benefits. 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.

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

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

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

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

LANTERN - SURGERY & INFUSION CARE

This benefit is not available to Kaiser members.

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

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

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

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 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."

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.

The City of Lone Tree 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	$100,000 (Full-Time) $20,000 (Part-Time*)
Benefit Reduction	40% at age 65, 65% at age 70, 75% at age 75, 80% at age 80

*Part-Time life insurance benefit requires minimum of 20 hours worked per week

Supplemental Life and AD&D

Depending on your situation, you may want supplemental life coverage beyond basic life and AD&D insurance to protect those who depend on you financially. The City of Lone Tree gives you the option to purchase supplemental insurance for yourself and your dependents through The Standard. Please note that you must have supplemental coverage for yourself if you want to purchase it for your dependents. The rates are age-banded, with benefits reducing at age 65. Refer to the voluntary life booklet from your employer (also available on cebt.org) to learn more and view the costs for this coverage.

Employee: $10,000 increments up to $500,000 — Guarantee issue amount: $150,000

Spouse: $5,000 increments up to $250,000 — Guarantee issue amount: $30,000

Dependent children: $20,000

RETIREMENT (SWORN POSITIONS)

REQUIRED FPPA RETIREMENT

The Fire and Police Members' Benefit Fund (the Common Fund) is established pursuant to Title 31, Artical 31, Part 3 of the Colorado Revised Statuses, as amended. As trustee of the Common Fund, the Fire and Police Pension Association of Colorado (FPPA) collects, invests, administers and disburses monies on behalf of firefighters and police officers throughout the State of Colorado. Members are required to contribute a fixed percentage of their salary to the retirement fund. The required employee percentage for 2027 is 12 percent. The required employer contribution is 15.7 percent of pay to the retirement fund for 2027.

VOLUNTARY 457 DEFERRED COMPENSATION PLAN FPPA

A 457 Deferred Compensation Plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal, and in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket. Participants have the option of choosing between various mutual funds offered and managed by Fidelity Investments. The maximum contribution for **2027 is $25,500*.**

The 457 Plan for FPPA permits Roth deferrals which are made on an after-tax bases. Roth deferrals and associated earnings can be withdrawn tax-free in retirement if the requirements for a "qualified distribution" are met. With the Roth contribution option available in the 457 plan, an employee can designate a portion (or all) of their contributions to the plan as Roth.

*projected 2027 IRS limits

RETIREMENT (NON-SWORN POSITIONS)

REQUIRED PERA RETIREMENT PLAN

The PERA retirement trust fund provides retirement and other benefits to the employees of more than 500 government agencies and public entities in the state of Colorado. For the City of Lone Tree non-sworn staff, PERA serves as a substitute for Social Security. Colorado PERA provides benefits to you when you retire or are disabled or to your survivors after your death. Benefits are pre-funded, which means while a member is working, they're required to contribute a fixed percentage of their salary to the retirement trust funds. The required employee percentage is 9 percent for 2027. The required employer contribution is 16.84 percent of pay to the trust fund for 2027.

*Projected IRS limits for 2027

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ADDITIONAL VOLUNTARY RETIREMENT PLANS

(available to all positions)

401(k) - PERAPlus Plan

As part of the PERAPlus Program, Colorado PERA's 401(k) Plan offers you the opportunity to plan for a secure financial future. The PERA Plus 401(k) Plan offers tax benefits to participants by allowing you to automatically save a portion of your salary before taxes and invest it in your choice of investment funds. The maximum contribution for **2027 is $25,500*.**

PERAPlus 457 Plan

The PERAPlus 457 Plan is a voluntary retirement savings plan available to City of Lone Tree employees. Participants may choose between Traditional and Roth contributions or use a combination of both. Traditional 457 contributions are made on a pre-tax basis, which can reduce taxable income today. Contributions and earnings grow tax-deferred, and taxes are paid when funds are withdrawn in retirement. Roth 457 contributions are made with after-tax dollars, allowing contributions and earnings to grow tax-free and providing tax-free withdrawals in retirement.

A key difference between a PERAPlus 401(k) and the PERAPlus 457 Plan is that participants can access their account after separation from employment without a 10% early withdrawal penalty before age 59½. Traditional 457 withdrawals will still be subject to income taxes. The maximum contribution for **2027 is $25,500.***

Participants in 401(k) or 457 retirement plans who are age 60, 61, 62, or 63 by 12/31/27 can take advantage of the Super Catch-Up Contribution, which is $11,750*. If you qualify for the new Super-Catch-Up contribution and would like to change your current election please reach out to HR.

*Projected IRS limits for 2027

Accident

Accident Insurance is available 24 hours a day, 7 days a week. If you have minor accidents or major accidents, you are paid for your initial visit, follow ups, surgery, hospital stays, and more. Aflac does not coordinate or offset with any other coverage you may have. It also includes a wellness benefit of $50 for all covered member including children.

High Option - 24 Hour Plan	Semi-Monthly (24pp/yr)
Employee Only	$7.23
Employee + Spouse	$10.60
Employee + Child(ren)	$12.56
Family	$15.93

Critical Illness

Lump sum coverage available up to $50,000 for you. Your spouse can elect half of the coverage you elect up to $25,000. Protection includes coverage for cancer, heart attack, stroke, major organ transplant, renal failure, bone marrow transplant, coronary artery bypass surgery, and wellness benefits. It also includes a wellness benefit of $50 for employee and spouse. Please see HR for Critical Illness rates.

Group Hospital Indemnity Plan

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. This benefit can be used to pay out-of-pocket medical expenses, help your daily living expenses, and cover unpaid time off work.

Group Hospital Indemnity Plan	Semi-Monthly (24pp/yr)
Employee Only	$20.88
Employee + Spouse	$41.41
Employee + Child(ren)	$34.14
Family	$54.67

EMPLOYER SPECIFIC BENEFITS

Paid Time Off

Currently, PTO is an earned benefit based on employement status, length of service, and hours worked. Full-time and part-time (working at least 30 hours per week) employees earn PTO per hour worked (not including overtime, premium pay or outside hours). The schedule of PTO earnings is based on the employees' length of service and hours worked per pay period. The PTO accrual rates by years of service are shown in the table below (based on standard schedule of 80 hours/pay period).

Years Of Service	Accrual Rate Per Hour	Maximum Accrual
0 through the completion of the employee's 5th year	.08076 (168 annually) Not to exceed 6.46 per pay period	336
Start of the employee's 6th year through the completion of 10th year	.09230 (192 annually) Not to exceed 7.38 per pay period	384
Start of employee's 11th year	.010384 (216 annually) Not to exceed 8.30 per pay period	432

Holidays

The City of Lone Tree recognized the following Holidays in 2027:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

*Holiday hours do not carry over from one year to the next.

EMPLOYER SPECIFIC BENEFITS

Wellness Program

The City of Lone Tree Wellness Program encompasses a variety of wellness offerings available to all City employees. Your health and financial well-being are very important to us. This program is meant to be a fun and rewarding way to encourage overall wellness. All components of the program are voluntary and optional.

Healthy Work Place

- BeWell Wellness Program including quarterly wellness challenges
- Filtered water in all break kitchens
- Complimentary coffee/tea
- First-aid stations that include otc medications
- AED in all City office locations
- Gym on premises
- Access to the Lone Tree Recreation Center

Financial Wellness

- Employees have access to UMB MyPerks at umb.com/cityoflonetree: Financial education center, which provides resources to help make informed financial decisions.
- The City hosts Financial Wellness Education events with our benefit providers that include one-on-one financial consultations, bank statement reviews, sessions and lectures concerning topics like retirement planning, wealth building, budget, home buying, and savings
- Personal retirement, investment, and pension consultations are available through PERA and FPPA.
- Retirement and savings accounts are available to employees including Health Savings, 457, 401(k), and Roth options.

Ongoing Health Events

- Blood Drives
- Step/Wellness Challenges
- Bike to Work Day

EMPLOYER SPECIFIC BENEFITS

COLORADO
Family and Medical Leave Insurance Program (FAMLI)
Department of Labor and Employment

Colorado Family and Medical Leave Insurance Program (FAMLI)
Paid family and medical leave benefits are available to most Colorado employees who have a qualifying condition and who earned at least $2,500 over the previous year for work performed in Colorado.

The City of Lone Tree provides other coverage for employees and has exercised the right to opt-out of FAMLI , meaning that the City has declined to participate and will not make contriubtions to the program. However, employees may individually opt into the program by contacting the FAMLI division at CDLE_FAMLI_info@state.co.us or 866-263-2654.

Any City employee who chooses to opt into the program will be responsible for remitting premiums directly to the State of Colorado. The City of Lone Tree wil not be deducting the premim from paychecks or handling any related reporting. See https://famli.colorado.gov for more information.

Tuition Reimbursement
After one year of service, full-time employees may be eligible to receive tuition reimbursement for continuing education. The maximum reimbursement is $2,500 per calendar year.

RTD EcoPass
The digital pass allows for unlimited rides on all RTD services. In addition, the guaranteed ride home program provides employees with an emergency ride home of up to 100 miles one-way. This would cover any employee who used any sustainable form of transportation to get to work.

See Human Resources for more information on how to access this RTD benefit.

CONTACT INFORMATION

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

Marina Jove Ph: (720) 509-1152 Email: marina.jove@cityoflonetree.com
Kathy Monahan Ph: (720) 509-1262 Email: kathy.monahan@cityoflonetree.com
Sunday Sotomayor Ph: (720) 509-1292 Email: sunday.sotomayor@cityoflonetree.com

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

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

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
Website	https://www.healthcarebluebook.com/cc/cebt/

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

CONTACT INFORMATION

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

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

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

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

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

Aflac	
Group Hospital Indemnity	Group ID: 44766 Plan: 282829
Accident and Critical Illness	Policy: 10757
Phone	(800) 433-3036
Website	www.aflacgroup.com

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

CONTACT INFORMATION

My Perks	
Website	www.umb.com/cityoflonetree

PERA / 401(K)	
Policy #	846
Phone	(800)759-7372
Website	www.copera.org

FPPA / FPPA 457	
Policy #	02681
Phone	(800)332-3772
Website	www.fppaco.org

Lone Tree Recreation Center	
Phone	(303) 708-3510
Website	www.umb.com/cityoflonetree

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 City of Lone Tree 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. City of Lone Tree 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.