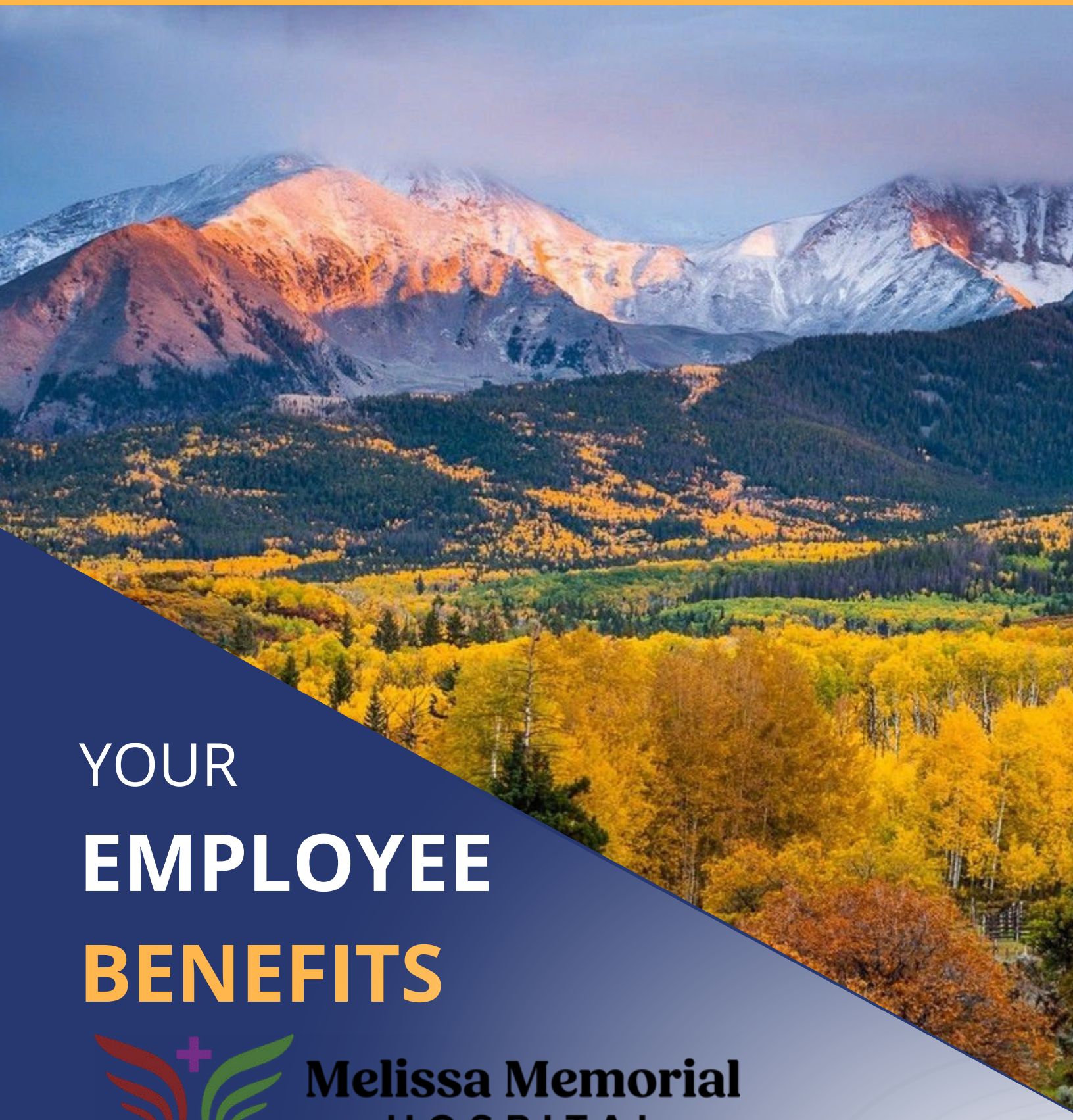


# YOUR EMPLOYEE BENEFITS

Melissa Memorial HOSPITAL

**BENEFIT PLANS EFFECTIVE**

JANUARY 1, 2027-DECEMBER 31, 2027

CEBT
Benefit by Trust

# BENEFITS BUILT FOR YOU

At Melissa Memorial Hospital, 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
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# WELCOME TO YOUR CEBT BENEFITS

## Getting Started

### Download the 'CEBT Health' Plan App

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

### Visit our website cebt.org

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

### Need Help?

**800-332-1168**
**303-773-1373**

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

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

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

With CEBT, you gain access to additional programs and services available at **LITTLE TO NO COST**, including:

- $0–Low-Cost Surgical and Infusion Care – **Lantern**
- 24/7 Virtual Medical Care – **Teladoc**
- Cost & Quality Transparency Tools – **Valenz Bluebook**
- Chronic Condition Support Programs – **Omada**
- Mental Health Services & Coaching – **Modern Health**
- Employee Assistance Program (EAP) – **AllOne Health**
- Travel Emergency Assistance – **The Standard**
- Cancer & Maternity Resource Services – **UMR**
- ...and more!

These added benefits make caring for yourself and your family easier, more convenient, and often more affordable.

**More information on these benefits can be found HERE**

## WHO IS ELIGIBLE?

As a Melissa Memorial Hospital employee, you are eligible for benefits if you work at least 30 hours per week. Benefits are effective on the first day of the month following 30 days of eligibility. You may enroll your eligible dependents for coverage once you are eligible, which could include your legal spouse, civil union partner, and children up to age 26.

## CHANGING YOUR BENEFITS

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

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

**Change in marital status**

- Marriage
- Death of spouse
- Divorce or Legal separation

**Change in the number of dependents**

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

**Change in coverage status**

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

**Change in individual coverage status due to aging out**

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

You have 30 days from the date of a qualifying life event to make changes to your coverage. Depending on the event, you may be required to provide supporting documentation (e.g., a marriage license or birth certificate). Documentation is not required if you are only removing a dependent from your current plan. However, documentation is always required when adding dependents outside of open enrollment.



# ANNUAL OPEN ENROLLMENT

2027 Open Enrollment dates: November 16th - November 30th. Open Enrollment this year is ACTIVE.

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

To complete Open Enrollment, please register for CEBT's online enrollment system at **CEBT.org/for-employees** to make your **2027** benefit elections for medical, dental, vision, and life coverage. Changes will become effective January 1, 2027.

# GETTING STARTED WITH ENROLLMENT

## Registration / Login

**First-Time Users**

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

**Returning Users**

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

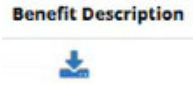
## Begin Enrollment




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

### Wondering Which Plan to Choose?

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




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

### Need to Add Dependent?

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




### Add a Beneficiary

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

### Preview & Submit Enrollment

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

### Upload Dependent Verification

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

### Review & Print Elections

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

## What Is CEBT?

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

## Who Is WTW?

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

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

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

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

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

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

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

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

## NEED HELP WITH A CLAIM?

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

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

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

**NUMBER**
(303) 773-1373

# CEBT HEALTH PLAN APP: BENEFITS AT YOUR FINGERTIPS!

The CEBT mobile app gives you simple and convenient access to manage your health care benefits on the go. On the app, you can:

### ENROLL IN BENEFITS
Enroll in your benefits, view current plans and dependents, download benefits summaries, and process life event/open enrollment changes.

### FIND A PROVIDER
Search for in-network providers and easily navigate to find more information regarding CEBT's Valued Partners.

### VIEW & ORDER ID CARDS
Keep a version of your ID cards handy - Access or print your digital ID cards and order new ID cards.

### CONNECT WITH CUSTOMER SERVICE
Ask a CEBT customer service representative benefit or claim questions through opening a case.

**DOWNLOAD THE 'CEBT HEALTH PLAN' APP**



## KEY BENEFIT TERMS

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

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

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

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

# KEY BENEFIT TERMS CONTINUED

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

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

- Copays
- Deductibles
- Co-insurance payments

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

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

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

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

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

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

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

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

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

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

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

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

CEBT Benefit by Trust

## MEDICAL COVERAGE

United Healthcare

UMR
A UnitedHealthcare Company

Employees of Melissa Memorial Hospital have the option to choose from four different medical plan options (PPO5, PPO7, EPO4, and HDHP2) offered through the Colorado Employer Benefit Trust (CEBT). Each plan includes comprehensive health care benefits, including free preventive care services and prescription drug coverage. These plans use the United Healthcare Choice Plus 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 any of your covered family members take any prescription medications on a regular basis?**

# MEDICAL PLAN OPTIONS OVERVIEW

Below is a simplified breakdown of each plan type offered.

## PPO Plan

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

## HDHP (High-Deductible Health Plan)

- You pay 100% of medical costs up to the deductible, using: Your HSA, or Out-of-pocket funds
- Preventive care is fully covered.
- After the deductible, the plan pays according to its benefit schedule.

## 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%.



# 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 | PPO7 |
|---|---|---|
| **Network** | United Healthcare Choice Plus | United Healthcare Choice Plus |
| **Office Visit (Primary\|Specialty)** | $45 Copay \| $45 Copay | $55 Copay \| $55 Copay |
| **Deductible (Single\|Family)** | $2,500 \| $5,000 Embedded | $4,000 \| $8,000 Embedded |
| **Coinsurance (In\|Out)** | 20% In \| *40% Out | 20% In \| *40% Out |
| **Out of Pocket Single (In\|Out)** | $4,500 \| $9,000 | $5,000 \| $10,000 |
| **Out of Pocket Family (In\|Out)** | $9,000 \| $18,000 | $10,000 \| $20,000 |
| **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 | 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 | *$55 Copay \| 20 Visits per year |
| **Teladoc** | Covered 100% | Covered 100% |
| **Telehealth** | $45 Copay | $55 Copay |
| **Advanced Imaging** | Deductible + 20% to OOP Max | Deductible + 20% to OOP Max |
| **X-ray** | $45 Copay office setting \| Outpatient setting Deductible + 20% to OOP Max | $55 Copay office setting \| Outpatient setting Deductible + 20% to OOP Max |
| **Lab** | $45 Copay | $55 Copay |
| **Urgent Care** | $75 Copay | $75 Copay |
| **Emergency Care** | Deductible + 20% to OOP Max | Deductible + 20% to OOP Max |

# CEBT MEDICAL PLANS

The tables below summarizes the benefits of each medical plan.

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

| MEDICAL BASE PLAN | EPO4 | HDHP2 |
|---|---|---|
| **Network** | United Healthcare Choice Plus | United Healthcare Choice Plus |
| **Office Visit (Primary\|Specialty)** | $45 Copay \| $60 Copay | Deductible + 20% to OOP Max |
| **Deductible (Single\|Family)** | Copay where indicated | $2,000 \| $4,000 Non-Embedded |
| **Coinsurance (In\|Out)** | N/A | 20% In \| *40% Out |
| **Out of Pocket Single (In\|Out)** | $5,500 | $4,000 \| $8,000 |
| **Out of Pocket Family (In\|Out)** | $11,000 | $8,000 \| $16,000 Non-Embedded |
| **Inpatient Hospital** | $1,500 Copay | Deductible + 20% to OOP Max |
| **Outpatient Hospital** | $1,000 Copay \| Amb Surg Center $500 Copay | 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** | *$45 Copay \| 20 Visits per year | *Deductible + 20% to OOP Max \| 20 Visits per year |
| **Teladoc** | Covered 100% | Covered 100% |
| **Telehealth** | Applicable copay applies | Deductible + 20% to OOP Max |
| **Advanced Imaging** | $750 Copay \| Freestanding facilities $400 Copay | Deductible + 20% to OOP Max |
| **X-ray** | $50 Copay | Deductible + 20% to OOP Max |
| **Lab** | $45 Copay | Deductible + 20% to OOP Max |
| **Urgent Care** | $75 Copay | Deductible + 20% to OOP Max |
| **Emergency Care** | *$250 Copay | Deductible + 20% to OOP Max |

## Medical Plan Disclosures

This comparison of coverage is intended only as a general description for the principle in network features of the benefit plans. If there are questions about a particular benefit or the coverage tier, please refer to the full plan document that is posted on the **www.cebt.org** website for specific coverage details.

*Charges are subject to Usual & Customary (U&C). These charges are considered in excess of the Reasonable Reimbursement, the Recognized Amount, the Usual and Customary charge, the Negotiated Rate, or the fee schedule. Exclusions under this category do not apply to payments that may be required under the No Surprises Act.

Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act. For more information on these services go to **https://cebt.org/benefit-booklets**.

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

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

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.)

EPO NOTE: The member must use a contracted 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.

# PRESCRIPTION DRUG COVERAGE

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare plans PPO5, PPO7, EPO4 and HDHP2. You can access CVS pharmacies at King Soopers, Safeway, Walmart, Walgreens, etc. To view medications or learn more, visit the **CVS Caremark** page through the CEBT website.

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

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

*copay applies after deductible on HDHP plans

## Ways to Save Time and Money on Medications

👉 **Register** at **Caremark.com**

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

**Use In-Network Pharmacies**

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

**Check Which Medications Are Covered**

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

**Compare Prices with "Check Drug Cost"**

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

**Choose Delivery by Mail**

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

## PrudentRx

PrudentRx is a copay assistance program built into your Caremark prescription benefits under the CEBT PPO 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.

## DENTAL PLAN B

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

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

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

| Description | Coverage |
|---|---|
| Annual Max | $1,500 |
| Deductible (Single l Family) | $50 l $150 |
| Preventative Services | Covered 100% \| routine exams & cleanings two times per calendar year, bitewing x-rays once per calendar year, full mouth x-rays eligible once in a 5-year period |
| Basic Services | Covered 80% l emergency treatment, space maintainers, simple extractions, anesthesia & restorative fillings, oral surgery, endodontics, periodontics, root canal |
| Major Services | Covered 50% l crowns, partial or full dentures, implants |
| Orthodontia Services | Covered at 50% l Lifetime max of $1,500 (includes dependent children through age 19) |

### Prevention First

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

### Right Start 4 Kids (RS4K)

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

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

# VISION PLAN B

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

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

## Carrier

| Carrier I Network | VSP |
|---|---|
| Benefit Frequency | • Exam and Lenses eligible every 12 months<br>• Frames eligible every 24 months<br>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.<br>• Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. |
| Routine Exam | $15 Copay |

## Lenses

| Lenses | VSP |
|---|---|
| Single | $15 Copay |
| Bifocal | $15 Copay |
| Trifocal | $15 Copay |
| Lenticular | $15 Copay |
| Frames | $160 Allowance |
| Contacts | $160 Allowance |

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

# THE COST OF YOUR BENEFITS

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

| PPO5 | | |
|---|---|---|
| | **Employer Cost** | **Employee Cost** |
| **EE** | $1,117.00 | $0.00 |
| **EE + Spouse** | $1,602.25 | $862.75 |
| **EE + Children** | $1,530.10 | $823.90 |
| **Family** | $1,819.35 | $979.65 |
| **PPO7** | | |
| | **Employer Cost** | **Employee Cost** |
| **EE** | $948.00 | $0.00 |
| **EE + Spouse** | $1,356.55 | $730.45 |
| **EE + Children** | $1,292.85 | $696.15 |
| **Family** | $1,541.15 | $829.85 |
| **EPO4** | | |
| | **Employer Cost** | **Employee Cost** |
| **EE** | $1,104.00 | $0.00 |
| **EE + Spouse** | $1,578.20 | $849.80 |
| **EE + Children** | $1,506.05 | $810.95 |
| **Family** | $1,788.80 | $963.20 |
| **HDHP2** | | |
| | **Employer Cost** | **Employee Cost** |
| **EE** | $1,016.00 | $0.00 |
| **EE + Spouse** | $1,287.00 | $950.00 |
| **EE + Children** | $1,388.40 | $747.60 |
| **Family** | $1,651.65 | $889.35 |

| DENTAL | | | VISION | | |
|---|---|---|---|---|---|
| | **Employer Cost** | **Employee Cost** | | **Employer Cost** | **Employee Cost** |
| **EE** | $0 | $37 | **EE** | $0 | $6 |
| **EE + Spouse** | $0 | $76 | **EE + Spouse** | $0 | $11 |
| **EE + Children** | $0 | $104 | **EE + Children** | $0 | $12 |
| **Family** | $0 | $140 | **Family** | $0 | $20 |

# HEALTH SAVINGS ACCOUNT

If you enroll in the HDHP2, you may be eligible to open and fund a health savings account (HSA) through the Bank of Colorado.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Melissa Memorial Hospital will contribute **$83.33 per month for individual coverage** and **$125 per month for family coverage** to an HSA account.

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 **bankofcolorado.com** to view your account balance, savings, eligible expenses, forms, transaction history, and more.

# FLEXIBLE SPENDING ACCOUNT

Melissa Memorial Hospital offers two flexible spending account (FSA) options—Health Care FSA and Dependent Care FSA—which allow you to pay for eligible expenses with pre-tax dollars. The FSAs are administered by Advantage Benefits Plus. Your FSA elections are effective January 1, 2027 - December 31, 2027. For more information about your FSA please visit **abplusonline.com**

## Health Care FSA

Eligible expenses include deductibles, copays, and other health-related expenses not covered by medical, dental, or vision plans. The health care FSA maximum contribution is $3,400 for the 2026 plan year. The Health Care FSA can only be paired with the PPO5, PPO7 or EPO4 plans. You have a grace period on your healthcare FSA that extends the time you can use your FSA funds beyond the end of the plan year. Grace period funds are available to spend until March 15th of the following year and can be claimed until March 31st.

## Dependent Care FSA

Eligible expenses include daycare facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). You may contribute up to **$7,500** to your dependent care FSA for the **2026** plan year if you are married and file a joint return or if you file a single or head of household return. Your Dependent Care FSA comes with a run out period, which means you have 90 days after the plan year ends to submit eligible claims. Any unused money remaining in your account(s) will be forfeited. This is known as the "use it or lose it" rule and is governed by the Internal Revenue Service regulations.

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

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

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

Below is a complete list of CEBT's Value Added Benefits. You can access the flyers by clicking on the blue titles below or scan the QR codes to visit the websites.

## LANTERN - SURGERY & INFUSION CARE

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

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

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

## TELADOC HEALTH - TELEMEDICINE

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

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

**Do not check the box that says, "I received a Teladoc Health code."*
**You must enter your UMR medical ID#, so have your card handy. If there is NO MATCH found, call the phone#.*

- Download the app

## VALENZ BLUEBOOK - COST TRANSPARENCY TOOL

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

- Website: ***healthcarebluebook.com/cc/CEBT*** (Log in by entering your Last Name and Date of Birth.)

## OMADA - DISEASE MANAGEMENT PROGRAM

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

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

## MODERN HEALTH - MENTAL WELLBEING

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

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

## ALLONE HEALTH - EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

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

## THE STANDARD - TRAVEL ASSISTANCE

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

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

## VIA BENEFITS - MEDICARE-ELIGIBLE AND POST-EMPLOYMENT BENEFITS CONCIERGE

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

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

## UMR - CANCER RESOURCE SERVICES & MATERNITY CARE

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

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

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

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

# LIFE AND AD&D COVERAGE

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

Melissa Memorial Hospital provides Basic Life and AD&D Insurance and Dependent Life Insurance to all eligible employees at no cost to employees through The Standard.

## Life Insurance

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

## Accidental Death & Dismemberment Coverage

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

| Description | Benefit |
|---|---|
| **Life / AD&D Benefit Amount** | Class 1: $250,000<br>Class 2: $20,000 |
| **Benefit Reduction** | 40% at age 65,<br>65% at age 70,<br>75% at age 75,<br>80% at age 80 |
| **Dependent Life** | $5,000 for Spouse<br>$2,000 per Child (from live birth through age 25) |

## 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. Melissa Memorial Hospital gives you the option to purchase supplemental insurance for yourself and your dependents through The Standard. (You must have supplemental coverage for yourself if you want to purchase it for your dependents.) The rates are age-banded, with benefits reducing at age 65. Refer to the voluntary life booklet from your employer (also available on cebt.org) to learn more and view the costs for this coverage.

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

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

**Dependent children**: $20,000

# RETIREMENT

Are you ready to retire? MMH encourages employees to plan for their financial future by offering a 457 plan through One America. There are two types of elective deferrals, pre-tax deferrals and Roth deferrals. Employees can choose either plan, or both! You have the option of a percentage or a fixed amount deduction for each plan. All full-time and part-time employees are eligible for the plan. You are eligible to participate in the plan after 90 days (3 months) of your hire date. Employees can choose either plan, or both plans together.

## Deferral Types

*Pre-Tax deferrals*

If you make pre-tax deferrals, your taxable income is reduced by the deferral contributions so you pay less in federal income taxes. Later, when the Plan distributes the deferrals and earnings, you will pay the taxes on those deferrals and the earnings. Federal income taxes on the pre-tax deferral contributions and on the earnings are only postponed.

*Roth deferrals*

If you elect to make Roth deferrals, the deferrals are subject to federal income taxes in the year of deferral. However, the Roth deferrals and, if you meet certain conditions, the earnings on the Roth deferrals are not subject to federal income taxes when distributed to you. This means that the earnings on the Roth deferrals may never be subject to Federal income tax.

## Annual elective deferral limits

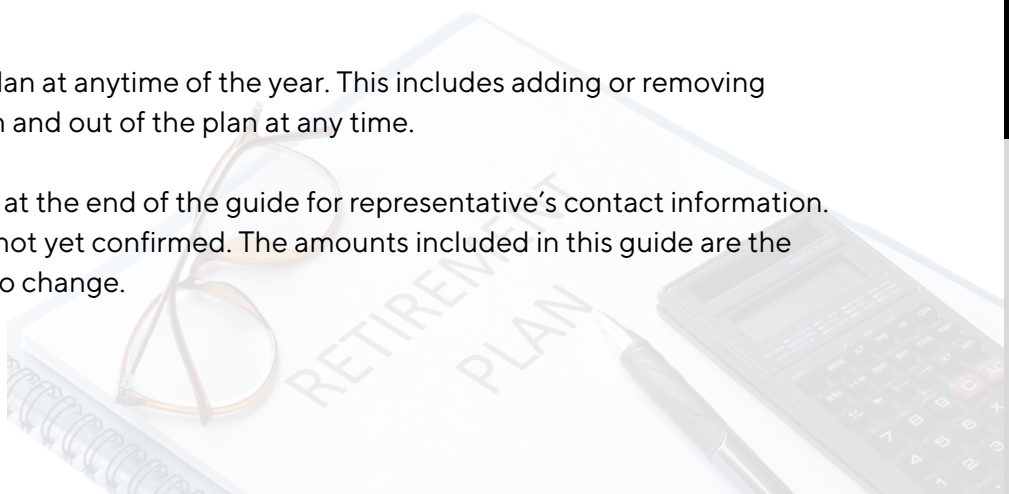
For 2026, the maximum contribution for the year is $24,500. This includes your elective deferrals and the match MMH contributes. If you are age 50 or will attain age 50 before the end of a calendar year, you may make additional deferrals (called "age 50 catch-up deferrals") for that year and following years. If you meet the age 50 requirement and your salary deferrals exceed the elective deferral limit described above, then any excess will be an age 50 catch-up deferral. The maximum catchup deferral that you can make in 2026 is $7,500.*

High-income employees (earning more than $145,000 FICA wages in 2025) must make catch-up contributions as Roth (contributions that are not catch-up may still be made pre-tax). There is an additional catch-up limit for those age 60-63, that amounts to an extra 50% on top of the age 50 catch-up limit.

MMH will match up to 3% of your elective deferral. If you elect less than 3%, MMH will only match the amount you contribute.

You can make changes to your plan at anytime of the year. This includes adding or removing contributions. You can also opt in and out of the plan at any time.

See Contact Information section at the end of the guide for representative's contact information.
*Please note the 2026 limits are not yet confirmed. The amounts included in this guide are the projected limits and are subject to change.



# AFLAC VOLUNTARY BENEFITS

For more information on the benefits available to you, contact your Aflac Agent, Krista Price, directly at krista_price@us.aflac.com or (303) 400-1424.

## 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.

## Accident Insurance

No one plans on having an accident. That's why insurance like Accident coverage can help you in the event you experience a major medical event. Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out of outof-pocket costs related to treating your injuries.

## Hospital Indemnity Insurance

Hospital Indemnity Insurance provides a fixed lump-sum payment that can help cover hospital expenses not covered by insurance. Benefits include: no waiting period for treatment, no preexisting condition exclusions for illness or pregnancy, intensive care benefits, and more.

## Critical Illness Insurance

Critical illness programs are designed to be an emergency cash fund when we need it most. With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more. This policy includes coverage for cancer, heart attack, stroke, bypass surgery, renal failure, carcinoma in situ plus more than 12 other illnesses.

## Short-term Disability

Disability Insurance helps relieve the financial stress of a covered disability. It protects your biggest asset that pays for everything: your paycheck. Benefits include:

- Coverage starts after the 7th day for off-the-job injuries & for illness / maternity.
- Coverage options $300-$1,500, based on salary.
- 3-month benefit plans. You are covered for missing work up to 3 months.
- A partial benefit is paid for a pre-existing condition, including pregnancy.
- Coverage is guaranteed issue for initial enrollment and for new hires. No medical underwriting.

## EMPLOYER SPECIFIC BENEFITS

### Paid Time Off (PTO)

All PTO benefits are earned in hours based on working a 40-hour week, with the exception of those scheduled for 12-hour shifts (36 hours per week). No PTO hours are earned for work in excess of a 40-hour week. For those who work less than full-time hours, the earned hours will be adjusted based on actual hours worked.

*PTO Schedule*

| Years of Service** | Maximum PTO Earned / Hour | Maximum PTO Earned / Month | Maximum PTO Earned / Year* | PTO Maximum Balance (2 x annual balance) |
|---|---|---|---|---|
| **0 < 5 yrs.** | .0577 hours | 10 | 120 hours | 240 hours |
| **5 < 10 yrs.** | .0769 hours | 13.33 | 160 hours | 320 hours |
| **10 + yrs.** | .0962 hours | 16.67 | 200 hours | 400 hours |

Salaried employees start at 2nd tier immediately upon hire date, however, are expected to work Monday through Friday (unless otherwise specified in an employment agreement). *Assumes you work full time – 2,080 hours in a calendar year. You will not accumulate PTO hours that exceed the maximum balance allowed for the appropriate years of service. **Years of Service are calculated based upon "Start Date/Rehire".

PTO Hours are not available to use or cash out before those PTO hours are earned. You will generally be paid your remaining PTO balance at your hourly base rate of pay upon separation of employment, or when you have an employment status change that makes you ineligible to participate in the PTO program. PTO is paid out the pay period after a separation or ineligible status occurs.

*Special Features of the PTO Program*

Cash out of earned PTO hours is available but is limited to two (2) times per calendar year. An employee may request to cash out up to 40 PTO hours (each time) when the employee's PTO balance exceeds 80 hours, and the remaining balance must not drop below 80 hours. The PTO cash out will be paid in the payroll period in which it is requested.

## EMPLOYER SPECIFIC BENEFITS (CON'T.)

### Paid Sick and Safe Time Leave (PSST)

All full-time and part-time employees are eligible for PSST.

PSST can be used if an employee:

- Has a mental or physical illness, injury, or health condition that prevents them from working;
- Needs to get preventative medical care, or to get a medical diagnosis, care, or treatment, of any mental or physical illness, injury, or health condition;
- Needs to care for a family member who has a mental or physical illness, injury or health condition, or who needs the sort of care listed in category (2);
- The employee or the employee's family member having been a victim of domestic abuse, sexual assault, or criminal harassment, and needing leave for related medical attention, mental health care, or other counseling, victim services (including legal services), or relocation; or
- Due to a public health emergency, a public official having closed either (A) the employee's place of business, or (B) the school or place of care of the employee's child requiring the employee needing to be absent from work to care for the child.

If PSST is foreseeable, you should provide your supervisor with as much advance notice as possible. It is your responsibility to notify your manager when you cannot come into work. Also, let your manager know when you expect to return to work. In the even you are absent for 4 or more days, medical or legal certification is required.

Unused PSST hours currently are carried over from year to year, up to 160 hours.

PSST will not be used in the calculation of overtime. Unused PSST will not be paid out when you separate employment with Melissa Memorial Hospital.

*PSST Schedule*

| Years of Service** | Maximum PSST Earned / Hour | Maximum PSST Earned / Month | Maximum PSST Earned / Year* | PSST Maximum Balance |
|---|---|---|---|---|
| **All Years of Service** | .0577 hours | 10 | 120 hours | 240 hours |

## EMPLOYER SPECIFIC BENEFITS (CON'T.)

### Pet Insurance from Nationwide

Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly plans, there's never been a better time to sign up for My Pet Protection, available only through your workplace benefits program. Nationwide offers two plans for you to choose from: My Pet Protection and My Pet Protection with Wellness500. Both plans are guaranteed issuance, have a $250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.

To use your pet insurance plan: visit any vet, submit a claim, and get reimbursed for eligible expenses. To learn more about the program, visit **petinsurance.com/melissamemorial** or call (877) 738-7874.

### Holyoke Fitness Program

As part of Melissa Memorial Hospital's commitment to employee well-being, we're excited to partner with Holyoke Fitness to offer you discounts on a gym membership. Take the first step towards a fitter, happier you! Benefit information is provided below:

- Holyoke Fitness will give MMH employees a $12.50 discount off the Bronze Unlimited/12 mo. contract Gym individual amount of $35.00 per month. (Unlimited gym access; classes are at an additional cost. For more information on classes, please contact Holyoke Fitness.)
- MMH will contribute $10.00 per month per employee to the fitness benefit. The employee responsibility will be $12.50 per month per employee.
- MMH will have an open enrollment for the benefit. The employees that sign-up for this benefit will sign up for 12-month contracts and MMH will payroll deduct this benefit.
- MMH will pay the total amount to Holyoke Fitness after all employees enroll at the beginning of the year. This will be done every open enrollment in November for the following year. Employees must enroll in the program every year.
- For new employees or those with change in status, they will be enrolled at that time and amounts will be prorated at an amount acceptable by MMH and Holyoke Fitness.
- Employee will be liable for any outstanding benefit amount if they discontinue employment at MMH and remaining amount will be deducted from the last paycheck.

To sign up, please fill out the **Fitness Payroll Deduction Form**.
To get door access to the gym and fill out the forms required, please contact Trisha Herman (Owner) at (970) 218-4037.

### Ramsey SmartDollar

It's time to thrive with money! SmartDollar doesn't just show you what you should do with your money – it helps make winning with money a reality.

- Learn how to take control of your money with content and tools that really work.
- Use the EveryDollar budgeting app and get on a money plan that fits your goals.
- Get answers and coaching from real people who can help.

Create your free account today at **smartdollar.com/start** and use the company keyword: **melissamemorialhospital1001**.

## EMPLOYER SPECIFIC BENEFITS (CON'T.)

### MASA Medical Transport Solutions

Every day, families face the financial burden of unexpected emergency medical transportation. A MASA membership ensures the peace of mind in knowing that a life-saving medical transport doesn't have to jeopardize your family's financial security. MASA Medical Transport Solutions (MTS) protects you when your insurance falls short and offers one low fee for peace of mind for emergent transport costs, no deductibles, easy claim process and no health questions.

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. After the group health plan pays its portion, MASA MTS works with providers to deliver our members $0 in out-ofpocket costs for emergency transport.

To learn more about membership plan options, contact your MASA MTS representative, Lynn Arenson at **larenson@masamts.com** or (970) 481-6282. More information can also be found at **masamts.com.**

### IVF Benefits

MMH is pleased to announce a new benefit available to eligible employees and their partners that provides coverage for in vitro fertilization (IVF) related expenses.

We recognize that family building journeys look different for everyone, and we are committed to supporting our employees with benefits that reflect their diverse needs. This new benefit is intended to provide financial support and peace of mind as employees explore their options.

The IVF benefit includes a lifetime maximum of $10,000, which may be applied toward eligible IVF related expenses in accordance with plan guidelines.

Additional details regarding eligibility, covered services, and how to access this benefit will be shared soon. Employees with questions are encouraged to contact Human Resources for more information. We are proud to continue expanding our benefits in ways that support the wellbeing of our MMH team and their families.

Policy is located in Compliancy Group.

# CONTACT INFORMATION

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

**Krista Doble, CHRO** Krista.Doble@melissamemorial.org **(970)854-2241 x 2026**

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

| 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 |

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

| 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 |

# CONTACT INFORMATION

| The Standard - Group Life and Disability | |
|---|---|
| **Group Life and AD&D** | (800) 628-8600 |
| **Website** | workhealthlife.com/Standard3 |

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

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

| Health Savings Account (HSA) - Bank of Colorado | |
|---|---|
| **Website** | bankofcolorado.com |

| Flexible Spending Accounts (FSA) - Advantage Benefits | |
|---|---|
| **Website** | abplusonline.com |

| Aflac Voluntary Benefits | |
|---|---|
| **Agent** | Krista Price |
| **Phone** | (303) 400-1424 |
| **Email** | Krista_price@us.aflac.com |
| **Website** | aflac.com |

| MASA Medical Transport Solutions | |
|---|---|
| **Representative** | Lynn Arenson |
| **Phone** | (970) 481-6282 |
| **Email** | larenson@masamts.com |

| OneAmerica Retirement | |
|---|---|
| **Representative** | Cherry E. Torred |
| **Phone** | (720) 330-6035 |
| **Email** | cha.com |

| Nationwide - Pet Insurance | |
|---|---|
| **Member Services** | (877) 738-7874 |
| **Email** | partnersolutions.nationwide.com/pet/melissamemorial |

# 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 Melissa Memorial Hospital 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. Melissa Memorial Hospital 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.