

A GUIDE TO YOUR **BENEFITS**

Benefit Plans Effective:

January 1, 2026 – December 31, 2026














Welcome!

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

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

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Employer Specific Benefits

At the Town of Eagle, we value our employees and strive to offer the most comprehensive and valuable benefit package. Below are some of the highlights with details following throughout the guide.

- Medical insurance provided by Town for employee and family
- Life Insurance for employee in the amount of 1 ½ times your salary
- Dental Insurance paid 90% by the Town on employees and dependents
- Vision Insurance paid 100% by the Town on employees
- Short Term Disability and Long Term Disability paid for by employer
- Discounted Eagle Pool Pass for employees and immediate family members under 26
- Employee Assistance Program
- Employee Down Payment Assistance Program
- Retirement, eligible the first of the month following 30 days of employment
 - 401a Colorado Retirement Association (CRA) town contribution 7%
 - 401a requires a mandatory 7% Employee Contribution
 - 457b for additional non-matching employee retirement contributions



Employer Specific Benefits

In addition to these great benefits, we also offer generous Vacation and Sick Leave –

- o **14 Days Vacation** accrual 0 - 2 years of service
- o **20 Days Vacation** accrual 3 - 5 years
- o **25 Days Vacation** accrual after 6+ years of service
- o **12 Days Sick Leave** accrued annually up to a maximum of 720 hours or 90 days/18 weeks

Holidays - 15

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Indigenous peoples Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve
- Floating Holiday



Who Is Eligible?

As a **Town of Eagle** 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 only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may drop a dependent at any time and they will be covered through the end of the month, or you can change your benefit elections during the year if you experience one of the following qualifying life events:

- **Change in marital status**
 - Marriage
 - Death of spouse
 - Divorce or Legal Separation
- **Change in number of dependents**
 - Marriage
 - Birth
 - Death
 - Adoption of child or placement of a child for adoption
- **Change in coverage status**
 - Loss or gain of other coverage by the employee or dependent
- **Change in individual coverage status due to aging out**
 - If an employee loses eligibility on their parent's plan (i.e. aging out at 26)

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



Overview of CEBT

What Is CEBT?

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

Who Is WTW?

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

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

CEBT contracts with these managed health care companies for claims processing and provider network access:

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

CVS Caremark provides the pharmacy payment and access to their provider network for CEBT members who have medical coverage using the United Healthcare provider network.

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

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

Most day-to-day correspondence (e.g. Explanation of Benefits, information requests, etc.) will come from UMR. Additionally, you will receive ID cards from UMR, CVS Caremark, and Delta Dental, but not VSP as they do not utilize cards.

Need Help with a Claim?

CEBT has a team of 10 customer service representatives to assist CEBT clients with benefits questions, housed right here in WTW offices. Their hours of operation are Monday through Friday from 7:30 am to 4:30 pm (except Friday, when they close at 4:00 pm.) If you need assistance in any of the following areas, please call the customer service line at **(303) 773-1373**:

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

The CEBT Mobile App

Benefits at Your Fingertips

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

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

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

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

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



Key Benefit Terms

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

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

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

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

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

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

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

- Copays
- Deductibles
- Co-insurance payments

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

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

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

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

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

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

Health Reimbursement Account (HRA): An HRA is an employer-owned and employer-funded account to help reimburse medical expenses (e.g. copays, deductibles, and coinsurance). Unlike an HSA, you as the employee cannot contribute to the account, and it is not portable.

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.

PPO Plan

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

HDHP Plan

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



The Cost of Your Benefits

Below, you will find the monthly costs for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

****Employees hired before 11/1/25 may remain on PPO6 plan; those eligible on or after 1/1/26 can only enroll in HDHP5.***

PPO6 Medical/RX Includes HRA Plan	Semi- Monthly	Monthly	Annually	% ER Covers	Semi Monthly Premiums with Wellness Discount	Monthly Premiums with Wellness Discount	Annual* Premiums with Wellness Discount	% ER Covers w- Wellness Discount
Employee Only	\$46.36	\$92.72	\$1,112.64	91.87%	\$33.86	\$67.72	\$812.64	94.1%
Employee + Spouse	\$131.93	\$263.86	\$3,166.32	88.27%	\$119.43	\$238.86	\$2,866.32	89.4%
Employee + Child(ren)	\$122.94	\$245.88	\$2,950.56	88.17%	\$110.44	\$220.88	\$2,650.56	89.4%
Employee + Family	\$199.12	\$398.24	\$4,778.88	84.79%	\$186.62	\$373.24	\$4,478.88	85.7%

HDHP5 Medical/RX Includes HRA Plan	Semi- Monthly	Monthly	Annually*	% ER Covers	Semi Monthly Premiums with Wellness Discount	Monthly Premiums with Wellness Discount	Annual* Premiums with Wellness Discount	% ER Covers w- Wellness Discount
Employee Only	\$29.48	\$58.95	\$707.40	94.42%	\$16.98	\$33.95	\$407.40	96.8%
Employee + Spouse	\$83.08	\$166.15	\$1,993.80	92.13%	\$70.58	\$141.15	\$1,693.80	93.3%
Employee + Child(ren)	\$77.70	\$155.39	\$1,864.68	92.01%	\$65.20	\$130.39	\$1,564.68	93.3%
Employee + Family	\$121.32	\$242.63	\$2,911.56	90.26%	\$108.82	\$217.63	\$2,611.56	91.3%

NEW HSA Contribution for HDHP Plan Only	2026 Employer Contribution
Employee Only	\$1,000.00
E + 1 or More	\$1,500.00

Dental B Insurance Premiums	Semi- Monthly	Monthly	Annually*	% ER Covers
Employee Only	\$1.95	\$3.90	\$46.80	90%
Employee + Spouse	\$4.00	\$8.00	\$96.00	90%
Employee + Child(ren)	\$5.45	\$10.90	\$130.80	90%
Employee + Family	\$7.40	\$14.80	\$177.60	90%

Vision C Insurance Premiums	Semi- Monthly	Monthly	Annually*	% ER Covers
Employee Only	\$-	\$-	\$-	100%
Employee + Spouse	\$1.00	\$2.00	\$24.00	85.7%
Employee + Child(ren)	\$0.75	\$1.50	\$18.00	88.5%
Employee + Family	\$4.00	\$8.00	\$96.00	66.7%

**Annual Figures are based on 12 Months*

Premiums will be withheld in the 1st and 2nd pay days during the month, over 24 pay days



Medical

Employees of **Town of Eagle** have the option to choose from two different medical plan options **PPO6** and **HDHP5** offered through the Colorado Employer Benefit Trust (CEBT). Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. 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 your covered dependents take any prescription medications regularly?



Medical Base Plan	PPO6	HDHP5
Network	United Healthcare Choice Plus	United Healthcare Choice Plus
Office Visit (Primary Specialty)	\$50 Copay \$50 Copay	Deductible then covered 100%
Deductible (Single Family)	\$3,000 \$6,000	\$5,000 \$10,000
Coinsurance (In Out)	20% In *40% Out	0% In *40% Out
Out of Pocket Single (In Out)	\$5,000 \$10,000	\$5,000 \$10,000
Out of Pocket Family (In Out)	\$10,000 \$20,000	\$10,000 \$20,000
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible then covered 100%
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible then covered 100%
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60	Deductible then covered 100%
Rx Mail Order	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%
Chiropractic	*\$50 Copay 20 Visits per year	*Deductible 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	\$50 Copay	Deductible then covered 100%
Advanced Imaging	Deductible + 20% to OOP Max	Deductible then covered 100%
X-ray	\$50 Copay office setting Outpatient setting Deductible + 20% to OOP Max	Deductible then covered 100%
Lab	\$50 Copay	Deductible then covered 100%
Urgent Care	\$75 Copay	Deductible then covered 100%
Emergency Care	Deductible + 20% to OOP Max	Deductible then covered 100%

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>.

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

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

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

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



Prescription

CVS Caremark

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare plans **PPO6** and **HDHP5**. 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	Annual 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](#)** to stay updated on new and unique ways to save.
- **Use in-network retail pharmacies**, which are part of your plan and can be found through [Caremark.com](#). Filling prescriptions out-of-network means you pay 100% of the cost.
- **Know which medications are covered** by visiting [Caremark.com](#) for your plan’s list of covered medications, indicating the most cost-effective options.
- **Use the “Check Drug Cost” tool on [Caremark.com](#)** to compare medications side-by-side.
- **Choose “Delivery by Mail”** for your 90-day supply with no-cost shipping and tracking status updates in safe, discreet packages that are tamper-proof, weather-proof, and temperature-controlled. Alternatively, you can pick up prescriptions at a CVS Pharmacy.

PrudentRx

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



Health Savings Account

If you enroll in the **HDHP5** 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. Below are the 2026 IRS Annual Maximums for how much you can contribute to an HSA in a calendar year.

Employee Only = \$4,400 (maximum between employee and employer)

Employee + Dependent (Spouse or Child/Children) = \$8,750 (maximum between employee and employer)

***Additional \$1,000 annual catch-up amounts available for employees 55 years or older**

Town of Eagle Contribution: Employee = \$1,000 and Employee +1 = 1,500

Benefits of an HSA:

- The money you deposit into your HSA account is tax-free and money grows in the account tax-free
- **YOU** own the account! If you leave your employer or retire and join Medicare, the money goes with you!
- The account rolls over year to year. You do not have to forfeit unused funds.
- At retirement age, you can use the money you have saved for any type of expense or purchase without penalty (before retirement, funds can ONLY be used on qualified medical expenses).

Visit www.irs.gov in IRS publication 502 for a complete list of qualifying expenses. For Example: dental & vision expenses, prescription drugs and OTC drugs, eye surgery, fertility enhancements, hearing aids & batteries, long-term care & nursing home expenses, maternity expenses, organ transplants, wheelchairs, acupuncture and chiropractic services, alcohol & drug dependency treatment, ambulance, artificial limbs, contact lenses & solution, physical & speech therapies, smoking-cessation programs & products, vasectomy, medically necessary weight loss programs.

****See Page 18 for Sign Up Instructions***



Health Reimbursement Account

Employees enrolling in the **PPO6** and **HDHP5** plan are eligible for a Health Reimbursement Account (HRA) through **Rocky Mountain Reserve**. This is an employer-owned and employer-funded account to reimburse for medical expenses (copays, deductibles, coinsurance). Unlike an HSA, you as an employee cannot contribute to the account and it is not portable.

Benefits of an HRA:

- **Personal Healthcare Freedom** - Individuals have greater choice over healthcare decisions and can use available funds to cover eligible out-of-pocket medical expenses!
- **Does Not Affect Income** - Employer's contributions do not count towards employee's gross income.
- **Tax-free Reimbursement** - When an employee files a claim for a qualified medical expense, the reimbursement is tax free!

CEBT PPO 6:

Individual Benefit: HRA benefit will apply to all eligible OOP charges after \$2,000 up to \$5,000. The maximum benefit per individual is \$3,000 annually.

Multiple Covered Members Benefit: Each covered family member must pay the first \$2,000 of out-of-pocket expenses. The HRA will then reimburse the next \$3,000 of medical expenses. The maximum HRA reimbursement for all other tiers is \$6,000 per year.

CEBT HDHP5:

Individual Benefit: HRA benefit will apply to all eligible charges after \$2,000 up to \$5,000. The maximum benefit per individual is \$3,000 annually.

Multiple Covered Members Benefit: One individual must pay the first \$3,400 of out-of-pocket expenses before the HRA will reimburse the next \$1,600 of covered medical out of pocket expenses. All other covered members must meet \$1,000 of out-of-pocket medical expenses before they are eligible to receive any reimbursement. The HRA will then reimburse up to an additional \$4,000 of out-of-pocket medical expenses. The maximum HRA benefit for those with multiple covered members is \$4,000 per individual (after 1st person meets \$3,400) and a maximum of \$5,600 per family.

****See Page 18 for Sign Up Instructions***



Rocky Mountain Reserve Online Access

Rocky Mountain Reserve account registration for Health Savings Account (HSA), and Health Reimbursement Account (HRA).

Registration for your Rocky Mountain Reserve account will be **available after** your **eligibility date**. The new account is set to align with the first applicable payroll transaction, likely the day after the first contribution pay day.

Example: Eligible on May 1st = Registration available May 9th (day after pay day)

You will not see registration access prior to that date. Once the payroll transaction begins for that pay period, you will be able to complete your registration the next day. It is important to complete in a timely manner to ensure you receive your debit card.

How to Create Your Online Account:

1. Go To RockyMountainReserve.com
2. Click on **“Login / Register”** in the top right-hand corner
3. Go to “Participants / Employees” & “Employee Login.” Click Register to create an account
- **DIRECT LINK to Log in or Register Page:** <https://rmr.elevateaccounts.com/login>
4. Enter your Date of Birth and Unique ID which is your full SSN (no dashes or spaces)
5. Enter Email, Username, Phone #, and Password
6. Verify your email and you will be all set to Log In

WITH ONLINE ACCESS YOU CAN:

- View Balance
- View Transaction History
- Download Statements
- Submit Claims and Upload Receipts
- View Debit Card Receipt Requests and Upload Receipts

RMR Benefits Mobile:

Download the mobile app. Select “RMR Benefits” on the app store! You can submit claims and view account balances and recent transactions through the app.



Dental Plan B

Regular dental exams and cleanings allow for early detection of dental issues before they become painful and expensive. Maintaining healthy teeth and gums can prevent tooth decay and contribute to your overall health.

CEBT uses the Delta Dental network. You can access three different network levels: **PPO Dentist**, **Premier Dentist**, and **Non-Participating Dentist**. Although you can visit any dentist of your choosing, it's in your best interest to find a Delta Dental provider (PPO dentist 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 Family)	\$50 \$150
Preventative Services	Covered 100% routine exams and cleanings two times per calendar year, bitewing x-rays once per calendar year, full mouth x-rays eligible once in a 5-year period
Basic Services	Covered 80% emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% Lifetime max of \$1,500 (includes dependent children through age 19)

Prevention First

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

Right Start 4 Kids (RS4K)

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

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



Vision Plan C

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

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

Carrier

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

Lenses

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

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



CEBT Health and Wellness Centers

The CEBT Health and Wellness Centers offer an exclusive benefit to you (and dependent children age 2+) enrolled in a CEBT medical plan. Receive services at no cost* including primary care, disease management, and wellness services with waived or reduced copays. Licensed medical teams at our centers provide comprehensive care for common illnesses, injuries, health assessments, and coaching services, all conveniently located for your accessibility. Schedule an appointment at my.marathon-health.com/login to experience:

- **Swift Access:** Appointments are typically available within two days (often same day).
- **Cost Savings:** There are no copays or bills for services provided at the center.
- **Flexible Options:** Choose between in-person appointments or convenient virtual access.
- **All-In-One Convenience:** You can access on-site labs and prescription dispensing.
- **Holistic Support:** Licensed clinicians are connected to community providers and immunization records and have time to address all your health-related questions.
- **Comprehensive Screenings:** Including Annual Exams, Blood Pressure, BMI, Cholesterol, Glucose, and more.
- **Personalized Coaching:** Covering Nutrition, Physical Activity, Stress Management, and Chronic Condition Management.

To experience comprehensive, convenient care at CEBT Health and Wellness Centers or learn more, visit [CEBT Health Centers](#).

**Sick visits cost \$45 for HDHP members.*



CEBT Value Added Benefits

The benefits below are available to CEBT members enrolled in a medical plan. To learn more, visit the Partners/Providers page on cebt.org or contact customer service at (303) 773-1373.

Lantern

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

Infusion Care through Lantern

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

Teladoc

Teladoc provides 24/7/365 access to U.S. board-certified doctors through convenient phone or video consults for members on the **PPO6** and **HDHP5** plan. It's an affordable alternative to costly urgent care and ER visits when you need immediate care. There is no copay for members.

Healthcare Bluebook

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

Omada

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

Cancer Resource Services

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

Maternity Care Program

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



Life and AD&D Coverage

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

Town of Eagle 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	1.5 X salary up to max 200k
Benefit Reduction	40% at age 65, 65% at age 70, 75% at age 75, 80% at age 80

Disability Coverage

Town of Eagle provides short-term disability (STD) and long-term disability (LTD) insurance through **UNUM** to all benefit-eligible employees. These benefits are taxable.

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

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

Short Term Disability Insurance (STD)

Description	Benefit
Benefit Amount	66 2/3% of pre-disability earnings
Benefit Waiting Period	15 days
Benefit Period	90 days
Premiums Paid By	Town of Eagle

*Choice Plan: You can elect to receive sick pay or disability coverage, but not both

Long Term Disability Insurance (LTD)

Description	Benefit
Benefit Amount	66 2/3% of pre-disability earnings
Benefit Waiting Period	90 days
Benefit Period	Coverage to NSSRA (Normal Social Security Retirement Age)
Premiums Paid By	Town of Eagle



CEBT Mental Health Benefits

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

AllOne Health Employee Assistance Program (EAP)

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

The Standard Employee Assistance Program (EAP)

You have access to another EAP through Health Advocate which comes with your disability coverage through The Standard. With this EAP, you have access to up to three counseling sessions per issue. Sessions can be done on the phone, by video or text.

Modern Health

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

Talkspace

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

Additional CEBT Benefits

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

Via Benefits

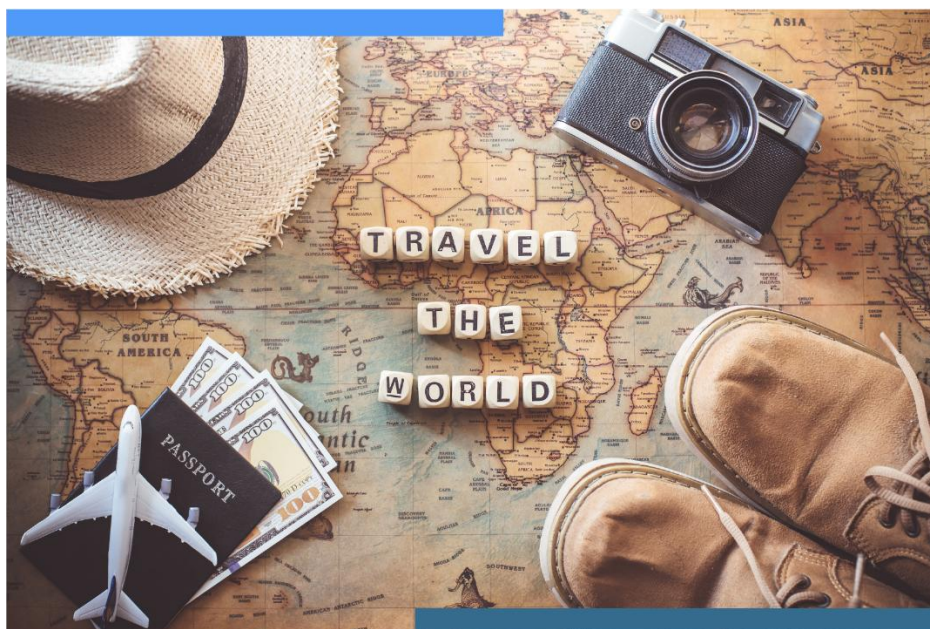
Via Benefits offers a post-employment benefit concierge service to assist former employees that have terminated (or are planning to terminate) from CEBT coverage with enrolling in medical, pharmacy, dental, and/or vision coverage.

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

Travel Assistance

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

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





Contact Information

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

Healthcare Bluebook

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

Lantern *(formerly SurgeryPlus)*

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

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

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

Omada Health – Digital Disease Management Program

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

UMR Cancer Resource Services

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

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

UNUM - STD & LTD

Member Services	(866) 229 - 4885
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The Standard – AD&D

Member Services	(800) 628-8600
Website	www.standard.com/contact-us

The Standard – Travel Assistance

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

Via Benefits

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

Modern Health

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

CEBT Marathon Health and Wellness Centers

Gypsum Address	35 Lindbergh Drive #110, Gypsum, CO 81637
Gypsum Phone #	(970) 431-2871
Glenwood Springs Address	1901 Grand Ave #200, Glenwood Springs, CO 81601
Glenwood Springs Phone #	(970) 440-8087
Rifle Address	707 Wapiti Ave #201A Rifle, CO 81650
Rifle Phone #	(970) 440-8085



CEBT Health Plan Regulatory Notices

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

Benefit Booklets

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

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

HIPAA Notice of Privacy Policy

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

COBRA General Rights Notice

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

Annual and Other Regulatory Notices

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

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

Other Regulatory Notices include:

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



This benefit summary provides selected highlights of the Town of Eagle 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 Town of Eagle. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between information provided in this summary and the actual terms of the policies, contracts, and plan documents are governed by the terms of these policies, contracts, and plan documents. Town of Eagle 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.