

YOUR EMPLOYEE **BENEFITS**

BENEFIT PLANS EFFECTIVE
JULY 1, 2024 - JUNE 30, 2025



CEBT
Benefit by Trust

BENEFITS

BUILT FOR YOU

At Morgan County School District RE-3, we care about you. That's why we offer a comprehensive suite of benefits that support your physical, emotional, and financial health for you and your family.

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this guide to learn about the benefits available to you for the 2024-2025 plan year (July 1, 2024-June 30, 2025). Then choose the options that are best for you and your family. If viewing this guide electronically, you can click within the Table of Contents to navigate to that section. You can also click the orange icon displayed on each page if you'd like to return to the Table of Contents.

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WHO IS ELIGIBLE?

As a Morgan County School District RE-3 employee, you are eligible for benefits if you work at least 30 hours per week, are on the regular payroll, and are considered full-time. 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. Your eligible dependents include:

- Your Legal Spouse
- Civil Union Partner
- Your 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 anytime 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.

1. Change in marital status

- Marriage
- Death of spouse
- Divorce
- Legal separation

2. Change in number of dependents

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

3. Change in coverage status

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

4. 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 qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event (ie. 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 adding dependents outside of open enrollment.



OPEN ENROLLMENT

Open Enrollment dates: **4/1/2024-4/12/2024**

Open Enrollment this year is **PASSIVE**. **PASSIVE** enrollment means you only need to go in and complete online enrollment if you want to make changes to your benefits. If you want everything to remain the same, no action is necessary. To complete Open Enrollment you will need to [login](#) to CEBT's online enrollment system to make your 2024-2025 benefit elections for **medical, dental, vision, and life** coverage. Changes will become effective July 1st, 2024.

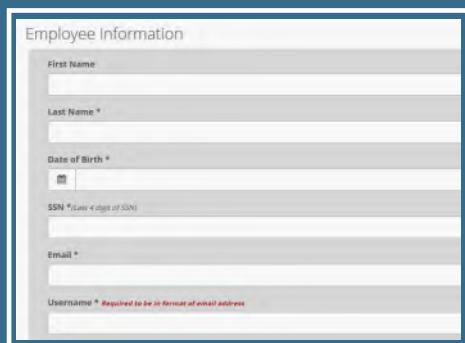
CEBT
Benefit by Trust

GET STARTED WITH OPEN ENROLLMENT

REGISTRATION/LOGIN

Begin by going to www.cebt.org, and clicking on the Community/Online Enrollment Tab.

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



Employee Information

First Name *

Last Name *

Date of Birth *

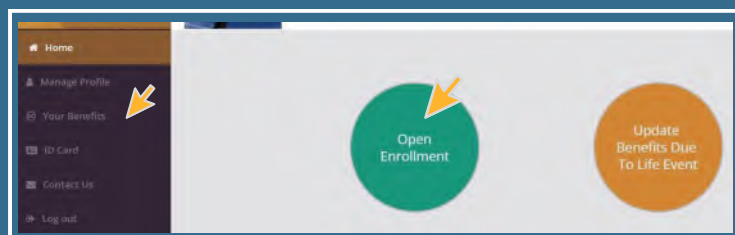
SSN * (Last 4 digits of SSN)

Email *

Username * Required to be in format of email address

VIEW YOUR CURRENT BENEFITS

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



Home

Manage Profile

Your Benefits

ID Card

Contact Us

Log out

Open Enrollment

Update Benefits Due To Life Event



Add New Dependent

Gender

DOB (MM/DD/YYYY)

SSN

--None--

000-00-0000

For Employees

Click Here if you have not registered for the community username and password.

Click Here to access the login page for the CEBT

Returning Employees click on the second "click here" option from the website to access the Community login page. You will not need to create a password or go through the registration process. If you forgot your password, click on "Forgot Your Password" link underneath the Login button.

Create a password, confirm and select change password



Welcome to Your CEBT Benefit Plans Portal

Change Your Password

Enter a new password for: denita.gline2222@willistowerswatson.com. Your password must have at least:

☐ 8 characters

☐ 1 letter

☐ 1 number

* New Password

* Confirm New Password

Change Password

BEGIN ENROLLMENT

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

NEED TO ADD A DEPENDENT?

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



MAKE YOUR ELECTIONS

Review the benefit options available, and choose a plan.

ADD A DEPENDENT TO YOUR PLAN

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

WONDERING WHAT PLAN TO CHOOSE?

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

ADD A BENEFICIARY

Add multiple beneficiaries by selecting the + sign, inputting their name, relationship, and percent. The total percentage of all primary or contingent beneficiaries should equal 100%.

PREVIEW AND SUBMIT ENROLLMENT

Select "Preview Benefits & Complete Enrollment" to review your benefits before submitting.

Select "Save & Finish" to submit enrollment or "Make a Change" to revise your elections.

UPLOAD DEPENDENT VERIFICATION

Upload proof of dependent documentation for any new dependent being added to your benefits (ie. birth certificate, marriage certificate, adoption papers, common law certificate, civil union certificate), and press upload.

Dependent Verification is required within 30 days. If you do not have it at the time of enrollment press "Skip and Continue", and submit to your HR administrator.



Other Insurance Information

After you have uploaded dependent verification (if needed) and your elections have been submitted for review, click on the link under "Other Insurance Verifications." You will be taken to the CEBT Contact Us page. Select the "Other Insurance Information" option. From here answer the question on whether you or your dependents have other coverage. Please fill in the required information.

Your elections have been submitted for review.

Add Attachment (Accepted File Types are .pdf, .txt, .ods, .odt, .xlsx, .doc and please no larger than 6 MB)

Upload Proof of Event

Please upload Proof of Event document here if applicable

No file chosen

Other Insurance Verifications

Please confirm whether your dependents have other insurance by clicking [here](#).

Other Insurance Information

Member's Dependent(s) Other Insurance Information:

If you received a request from UMR requesting Dependent(s) Other Insurance Information please complete the form to determine if you have other coverage. If you have multiple coverages, please indicate which coverage is primary for your dependents.

Do any dependents have any other coverage for medical, dental, or vision?

REVIEW AND PRINT ELECTIONS

Select "Summarize Coverages" in order to review your enrollment.

Print your election summary for your records or future reference.

Test Benefits

Summarize Coverages

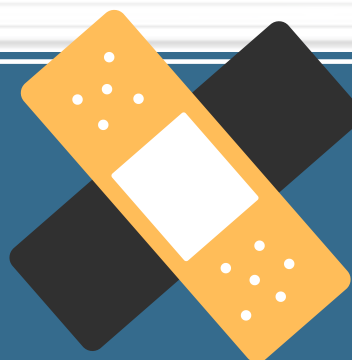
Coverage: 2019-05-01 (Pending Approval)

Medical

PP03 Starts on 5/1/2019 - Total Cost \$1,265.00 - Employer Contribution \$728.00 = Your monthly cost \$513.00

Covered Dependents

Employee Benefits (Child)



WHAT IS CEBT?

The Colorado Employer Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over four hundred and fifty (450) public entities, with over 37,000 employees and dependents covered in 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 the CEBT. It provides customer service for plan participants to obtain answers on claims and benefits questions at (800) 332-1168 or (303) 773-1373. Willis Towers Watson has service representatives that make periodic visits to the participating groups to answer questions. In addition, the Trust administrator markets for prospective new members. Finally, Willis Towers Watson handles the eligibility and premium invoice process between the Trust and the participating 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 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.

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 customer service team of ten individuals to assist CEBT clients with a variety of benefit information. The Customer Service Representatives are housed right in Willis Towers Watson offices. Their hours of operation are Monday – Friday 7:30am – 4:30pm (except Friday they close at 4:00). If you need assistance in any of the following areas, please call the customer service line at **1-800-332-1168**:

- Benefit information
- Claim resolution
- Claim status
- Explanation of Benefits
- Deductibles
- Order ID cards

THE CEBT MOBILE 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

New features: 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



DOWNLOAD
NOW



DOWNLOAD
NOW

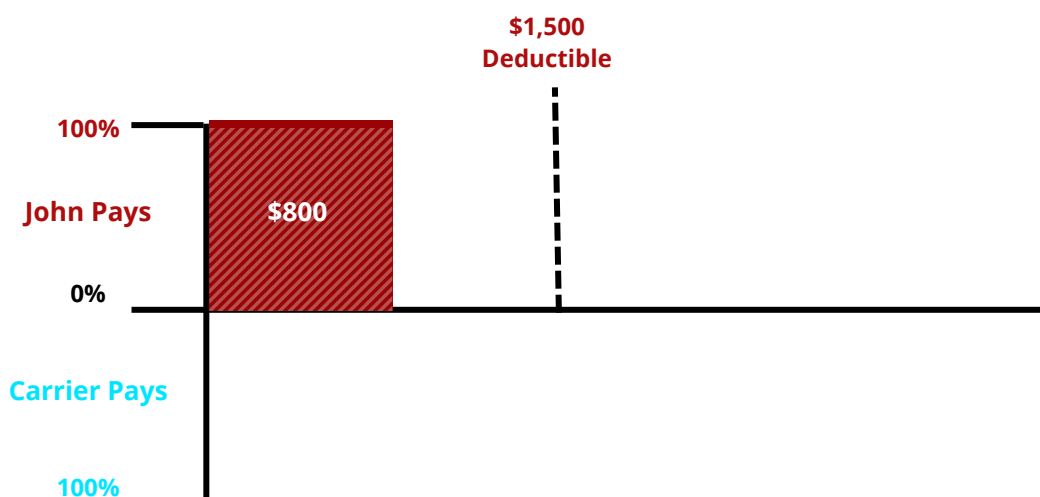


KEY BENEFIT TERMS

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.

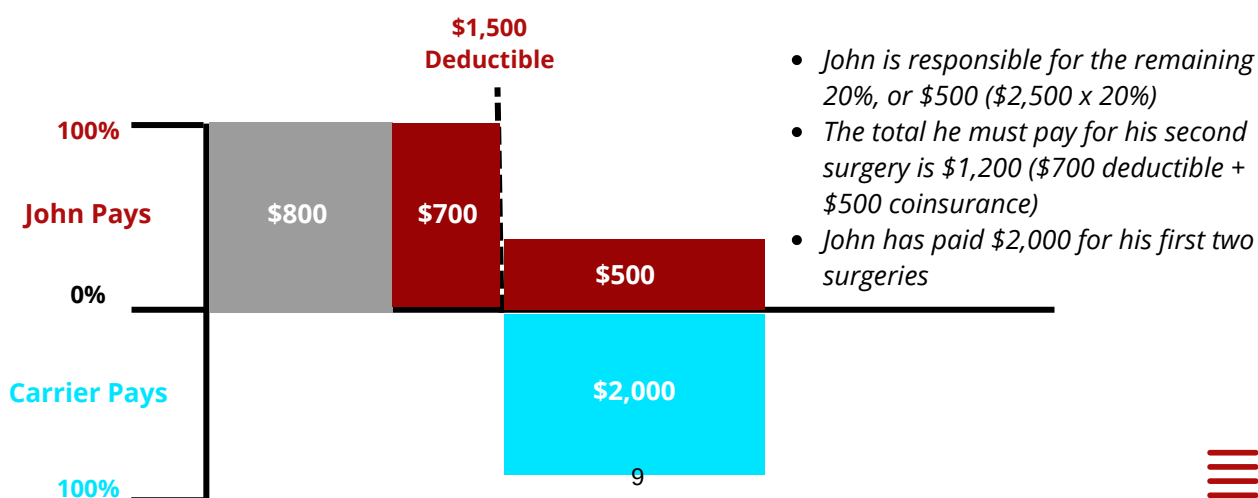
For example: John has a health plan with a \$1,500 annual deductible. He falls off his roof and needs three knee surgeries; the first of which is \$800. Because John hasn't paid anything toward his deductible this year, he is responsible for 100% of his first surgery. \$800 is applied to John's deductible.



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, a total of \$2,000 ($\$2,500 \times 80\%$).



KEY BENEFIT TERMS

OUT OF POCKET MAXIMUM: The most you pay in a calendar year before your health plan begins to pay 100% of the allowed amount.

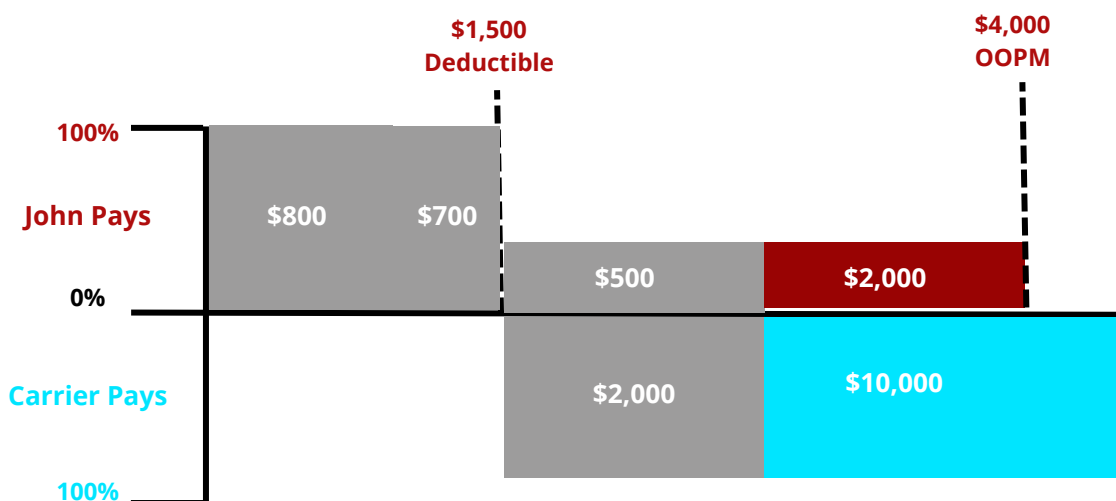
Items that count towards the out of pocket maximum:

- Copays
- Deductibles
- Co-insurance payments

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

- Your premium
- Balance-billed charges
- Charges your health insurance plan does not cover (i.e. plastic surgery and other excluded services)

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).



EOB-Explanation of Benefits: An explanation of benefits is a statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

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 covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.



KEY BENEFIT TERMS

PCP - Primary Care Provider: A primary care physician is a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Plan Year: The 12 months over which the plan is in force. Benefit changes, especially those that are mandated by the government are usually required effective no later than the beginning of the next plan year. For CEBT, the plan year runs from July 1 – June 30.

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

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

Example		
Doctor charges	\$150	
UCR	\$100	
Coinsurance	80%/20%	
Plan coinsurance	\$80	$\$100 \times 80\%$
Your coinsurance	\$20	$(\$100 \times 20\%)$
Balance bill	\$50	$\$150 - \$100$
Total amount you pay	\$70	\$20 coinsurance + \$50 balance bill

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 to the account 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 (copays, deductibles, coinsurance). Unlike an HSA, you as the employee cannot contribute to the account and it is not portable.



MEDICAL COVERAGE



Employees of Morgan County School District RE-3 have the option to choose from three different medical plan options PPO3, PPO6, and HDHP3 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 in order to access your in network level of benefits.

Before you enroll in medical coverage, take some time to fully understand how each plan works.

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?



CEBT MEDICAL PLANS

The tables below summarize the benefits of the two PPO medical plan options.

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	PPO3	PPO6
Network	United Healthcare Choice Plus	United Healthcare Choice Plus
Office Visit (Primary Specialty)	\$35 Copay \$35 Copay	\$50 Copay \$50 Copay
Deductible (Single Family)	\$1,000 \$2,000 Embedded	\$3,000 \$6,000 Embedded
Coinsurance (In Out)	20% In *40% Out	20% In *40% Out
Out of Pocket Single (In Out)	\$3,000 \$6,000	\$5,000 \$10,000
Out of Pocket Family (In Out)	\$6,000 \$12,000	\$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	*\$35 Copay 20 Visits per year	*\$50 Copay 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	\$35 Copay	\$50 Copay



CEBT MEDICAL PLANS

MEDICAL BASE PLAN	PPO3	PPO6
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$35 Copay office setting Outpatient setting Deductible + 20% to OOP Max	\$50 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Lab	\$35 Copay	\$50 Copay
Urgent Care	\$75 Copay	\$75 Copay
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

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/resources/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.

HIGH DEDUCTIBLE HEALTH PLAN OPTION

When you seek medical care under the High Deductible Health Plan, you pay for 100% of the services (up to the deductible amount) using funds from your Health Savings Account (HSA) or out of your pocket (remember that preventive care is paid at 100%). Once you meet the deductible, services are covered under the medical plan's benefit schedule and you can use your HSA funds to pay for coinsurance, copays and eligible expenses not covered by the plan.

MEDICAL BASE PLAN	HDHP3
Network	United Healthcare Choice Plus
Office Visit (Primary Specialty)	Deductible + 20% to OOP Max
Deductible (Single Family)	\$3,000 \$6,000 Non-Embedded
Coinsurance (In Out)	20% In *40% Out
Out of Pocket Single (In Out)	\$5,000 \$10,000
Out of Pocket Family (In Out)	\$10,000 \$20,000
Inpatient Hospital	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max
Rx Retail	"Deductible then: Generic \$20 Preferred \$40 Non-Preferred \$60
Rx Mail Order	2 X Copay
Preventative Visit	Covered 100%
Chiropractic	*Deductible + 20% to OOP Max 20 Visits per year



HIGH DEDUCTIBLE HEALTH PLAN OPTION

MEDICAL BASE PLAN	HDHP3
Teladoc	Covered 100%
Telehealth	Deductible + 20% to OOP Max
Advanced Imaging	Deductible + 20% to OOP Max
X-ray	Deductible + 20% to OOP Max
Lab	Deductible + 20% to OOP Max
Urgent Care	Deductible + 20% to OOP Max
Emergency Care	Deductible + 20% to OOP Max

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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 DRUG COVERAGE

The vendor that manages your prescriptions on the CEBT UnitedHealthcare plans PPO3, PPO6, and HDHP3 is CVS Caremark. Please note that CVS is not the only pharmacy you have access to. You are able to use a pharmacy at King Soopers, Safeway, Walmart, Walgreens, etc. To review commonly prescribed medications and specialty medications or learn more about your pharmacy benefits visit the [CVS Caremark](#) page on the CEBT website.

If you would like to access CVS 90 day mail order for your maintenance medications (blood pressure, cholesterol, etc.), you will need to do so by calling them directly at 866-885-4944 or have your doctor send the prescription into the CVS mail order pharmacy. By using mail order you are able to get a 90 day supply for the cost of a 60 day supply. You can receive three months for the price of two!

Prescription Drugs (retail 30 day)	Prescription Drugs (mail order 90 day)
\$20 copay – Generic \$40 copay – Preferred Brand \$60 copay – Non- Preferred Brand/Specialty	\$40 copay – Generic \$80 copay – Preferred Brand \$120 copay – Non- Preferred Brand/Specialty

Here are six tips to help you save time and money on your medications:

1. Register at Caremark.com. That way we can keep you up to date on new and unique ways to save.

2. Be sure any retail pharmacy you use is in your network. Network pharmacies are included in your prescription plan to help keep costs low. If you fill out-of-network, you will have to pay 100% of the cost. Find a network pharmacy before you fill at **Caremark.com**.

3. Know which medications are covered. Your plan's list of covered medications can help you and your doctor find the most cost-effective drug option. Find your plan's list of covered medications at **Caremark.com**.

4. Use the Check Drug Cost tool available at Caremark.com. You'll be able to do side-by-side comparison of your medications to see where you could be saving.

5. Ask your doctor if there is a generic option for your brand-name medication. Proven just as safe and effective as brand-name medications, generics may be an affordable option for your treatment.

6. Choose delivery by mail or pick up. We'll deliver your 90-day supplies anywhere you like, with no-cost shipping (and status alerts for tracking). Our discreet packages are tamper-proof, weather-proof and temperature controlled, so it's a safe option for you.

- OR -

Pick them up at any CVS Pharmacy (including those inside Target stores). Either way you get the same quality, price and convenience.

Find even more ways to save when you sign in at Caremark.com.



DENTAL COVERAGE

It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. The CEBT dental plan uses the Delta Dental network. You can go to any dentist of your choosing with this plan, but it is in your best interest to find a Delta Dental provider. There are 3 different network levels you can access: **PPO Dentist**, **Premier Dentist**, and **Non-Participating Dentist**. You will receive the best benefit and the deepest discounts by choosing a PPO dentist. Delta Dental providers offer the greatest savings and protection from balance-billing for covered services. Please refer to the official [plan document](#) or for additional information on coverage and exclusions. Locate a Delta Dental network dentist at <https://www.deltadental.com/us/en/member/find-a-dentist.html>.

Savings Example for a Major Procedure*							
	Estimated Charge	Maximum Allowed Fees	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Amount Dentist can Balance-Bill	Total Amount You Pay	Your Total Cost Savings
PPO Network	\$1,200	\$850	50%	\$425	\$0	\$425	\$350
Premier Network	\$1,200	\$975	50%	\$487.50	\$0	\$487.50	\$225
Out of Network	\$1,200	\$700	50%	\$350	\$500	\$850	\$0

COVERED SERVICES	DENTAL B
Annual Max	\$1,500
Deductible (Single Family)	\$50 \$150
Preventative Services	Covered at 100% routine exams & cleanings 2 times per cal year, bitewing x-rays once per cal year, full mouth x-rays eligible once in a 5-year period
Basic Services	Covered at 80% emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered at 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% with lifetime max of \$1,500. Includes dependent children through age 19

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non- participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.



DENTAL COVERAGE



Prevention First: Delta Dental of Colorado knows that regular visits to the dentist can improve your oral health and your overall health. And with our exclusive PREVENTION FIRST program, your diagnostic and preventive visits will not count against your annual maximum. This helps your benefits go further by extending your annual maximum dollars.

HOW PREVENTION FIRST HELPS YOU STRETCH YOUR BENEFIT DOLLARS:

Most of our dental plans cover preventive visits at 100%**, so you pay nothing out of pocket. But with **PREVENTION FIRST**, not only do you pay nothing, but you still have the money that Delta Dental pays available to you in your annual maximum. So in the example below, **it's like you have \$350 extra dollars a year to spend.**

	WITHOUT Prevention First	WITH Prevention First
Delta Dental Pays	\$350	\$350
You Pay	\$0	\$0
Annual Maximum Remaining	\$650	\$1,000

**Plan benefits and provider charges vary. The above sample assumes two routine check-ups with a PPO provider and \$1,000 annual maximum.



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 in-network providers are seen.* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level.



100% COVERAGE*



NO DEDUCTIBLE



IN-NETWORK
PROVIDERS



HEALTHY SMILES &
BRIGHT FUTURES

* Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.



VISION COVERAGE

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. CEBT offers vision benefits through VSP, which is the network of vision providers you can access. If you would like to find a provider, you are able to go to www.VSP.com. Right on the front page you can enter your zip code to pull up local providers. Please note that the benefit year is a rolling 12 months. The table below summarizes key features of the vision plan. Please refer to the official [plan document](#) for additional information on coverage and exclusions.



Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

COVERED SERVICES	VISION B
Carrier Network	VSP
Benefit Frequency	Exam and Lenses eligible every 12 months Frames eligible every 24 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	\$15 Copay
Lenses, per pair	
Single	\$15 Copay
Bifocal	\$15 Copay
Trifocal	\$15 Copay
Lenticular	\$15 Copay
Frames	\$160 Allowance
Contact	\$160 Allowance



THE COST OF YOUR BENEFITS

July 1, 2024 - June 30, 2025

PPO3	Total Monthly Cost	Monthly District Contribution	EE Monthly Cost
<i>Employee Only</i>	\$1,004.00	\$923.50	\$80.50
<i>EE + Spouse</i>	\$2,109.00	\$923.50	\$1,185.50
<i>EE + Children</i>	\$1,856.00	\$923.50	\$932.50
<i>Family</i>	\$2,761.00	\$923.50	\$1,837.50

PPO6	Total Monthly Cost	Monthly District Contribution	EE Monthly Cost
<i>Employee Only</i>	\$861.00	\$861.00	\$0.00
<i>EE + Spouse</i>	\$1,808.00	\$861.00	\$947.00
<i>EE + Children</i>	\$1,592.00	\$861.00	\$731.00
<i>Family</i>	\$2,367.00	\$861.00	\$1,506.00

HDHP3	Total Monthly Cost	Monthly District Contribution	EE Monthly Cost
<i>Employee Only</i>	\$861.00	\$861.00	\$0.00
<i>EE + Spouse</i>	\$1,808.00	\$861.00	\$947.00
<i>EE + Children</i>	\$1,592.00	\$861.00	\$731.00
<i>Family</i>	\$2,367.00	\$861.00	\$1,506.00

Dental B	Total Monthly Cost	Monthly District Contribution	EE Monthly Cost
<i>Employee Only</i>	\$28.00	\$14.00	\$14.00
<i>EE + Spouse</i>	\$58.00	\$14.00	\$44.00
<i>EE + Children</i>	\$79.00	\$14.00	\$65.00
<i>Family</i>	\$107.00	\$14.00	\$93.00

Vision B	Total Monthly Cost	Monthly District Contribution	EE Monthly Cost
<i>Employee Only</i>	\$8.00	\$4.00	\$4.00
<i>EE + Spouse</i>	\$16.00	\$4.00	\$12.00
<i>EE + Children</i>	\$17.00	\$4.00	\$13.00
<i>Family</i>	\$27.00	\$4.00	\$23.00



HEALTH SAVINGS ACCOUNT (HSA)

Employees enrolling in the high deductible health plan option HDHP3 are eligible for an HSA. With an HSA, you can put tax free money aside through payroll deductions to help pay for unreimbursed health care expenses during your working years and into retirement.

START IT

Contributions to the HSA are tax-free for you – whether they come from you or your Employer. Morgan County School District RE-3 contributes \$750 towards your HSA Account annually if enrolled in the HDHP3 plan. Employee's can change their contributions at anytime through the year. You save money on taxes and have more flexibility and control over your health care dollars.

BUILD IT

All of the money in your HSA is yours (including any contributions deposited by Morgan County School District RE-3) even if you leave your job, change plans or retire.

In 2024, the total of your contributions and Morgan County School District RE-3 can be up to **\$4,150** for individual coverage and **\$8,300** for family coverage. If you are age 55 or older, you can contribute an additional **\$1,000** per year.

USE IT

You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found at <https://www.irs.gov/pub/irs-pdf/p502.pdf>). When you turn age 65, your HSA dollars can be spent, without penalty, on any expense (taxes apply).

You can also save this money and hold onto it for future eligible health care expenses.

GROW IT

Unused money in your HSA will roll over, earn interest and grow tax-free over time.

You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it – tax-free.

Eligibility Details

In order to fund an HSA you cannot:

- Be enrolled in a non-HSA-eligible medical plan .
- Be claimed as a dependent on someone else's tax return.
- Be enrolled in Medicare, TRICARE, or TRICARE for Life.
- Have received Veterans Administration benefits in the previous three months, unless you received treatment for a condition that was/is related to your service.

Please view [IRS Publication 969](#) for more information on health savings accounts.



HEALTH REIMBURSEMENT ACCOUNT (HRA)

A **Health Reimbursement Account (HRA)** is an employer-owned and funded account that can be used to reimburse your medical expenses (copays, deductibles, coinsurance). Unlike an HSA, you as the employee cannot contribute to the account and it is not portable. However, the District will allow funds to roll over from year to year. [ABC Flex](#) is the HRA administrator. Morgan County School District RE-3 offers an HRA Benefit of **\$1,000** to members enrolled in the **PPO6** medical plan. Individuals participating in the **PPO3** medical plan receive a **\$750** benefit, which is applied to the District's monthly contribution, thereby reducing an employee's monthly premium expense.

Benefits of an HRA:

Personal Healthcare Freedom: Individuals have greater choice over their 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.

Online Management of your account:

By using the online portal you can view your current and prior year account activity, view detailed claims activity, and change your username and password. Access your account by clicking [here](#). First time login username and password is the first 4 letters of last name plus the last 4 numbers of the SSN. The username and password are case sensitive, and the first letter is capitalized. The other three letters are lowercase. Example: Smit1234 for the username and Smit1234 for the password. If your last name is less than 4 letters just use your last name plus the last 4 numbers of your SSN. You can reset your username and password after you have logged on the first time. AFTER THREE ATTEMPTS, YOU ARE LOCKED OUT. CONTACT US at **970-522-4802** or at **dicksmith@abcflex.com** TO UNLOCK YOUR ACCOUNT.



SurgeryPlus is a supplemental benefit for non-emergency surgeries which 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 SurgeryPlus. Click [here](#) to learn more.

Guided Access to Excellent Surgical Care

What is SurgeryPlus?

SurgeryPlus provides you with access to excellent and affordable care for many planned surgical procedures. It's already included in your medical benefits at no additional cost to you.



Did you know...

- For PPO and EPO plans, there will be no cost for your surgery.
- For HDHP plans, the cost of your surgery will be significantly reduced.

The SurgeryPlus Difference



Excellent Care

Access to our network of thousands of highly qualified surgeons



Impactful Savings

Your surgery will be at little or no cost to you when you use your SurgeryPlus benefit



Guided Support

Your personal Care Advocate will support you every step of the way through your care

Here's what's covered

In partnership with your employer, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your SurgeryPlus benefit. Your coverage includes:

- Consults and appointments with your SurgeryPlus surgeon
- Anesthesia
- Procedure and facility (hospital) fees
- Dedicated support and guidance

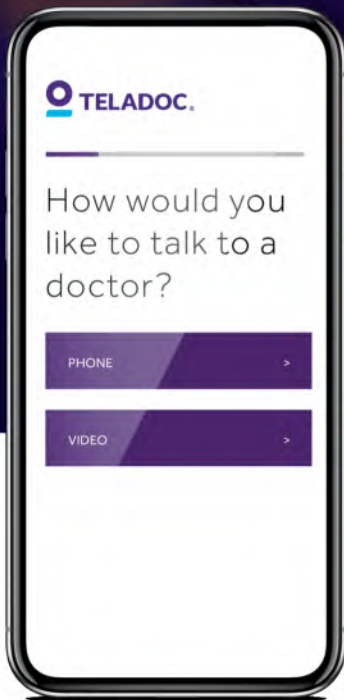
Commonly Covered Procedures

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections



You deserve excellent and affordable surgical care.
Call us to learn more at 855.200.6675

Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults for members on the **PPO3, PPO6, and HDHP3** medical plans. It's an affordable alternative to costly urgent care and ER visits when you need care fast. CEBT pays for the full cost of the consult so there is **NO COPAY** for members. Click [here](#) to learn more.



Skip the trip to the ER.

Talk to a doctor by phone or video.

When it's not an emergency, you've got Teladoc. Our doctors are here for you 24/7, by phone or video.



Avoid the long wait times of an urgent care or the ER



Our licensed physicians help with conditions like the flu, bronchitis, rashes, sinus infections, and more



Talk to a doctor from wherever you are for free

Made available by
CEBT
Benefit by Trust

Feel better for free without leaving the house.

Visit Teladoc.com/CEBT | Call 1-800-TELADOC (835-2362)

Download the app

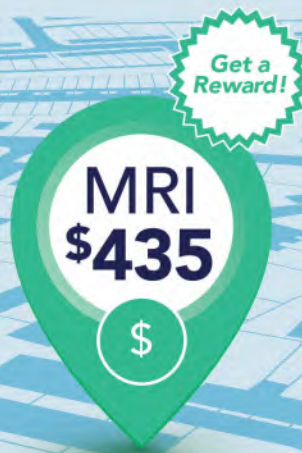
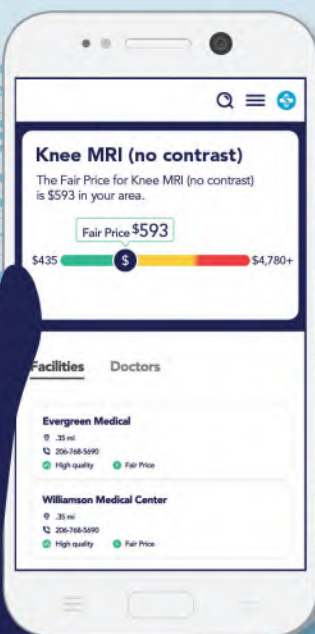


Healthcare Bluebook is a cost transparency tool that members can use to shop for healthcare and get rewarded! If a member uses the service and visits a green or fair price provider, they could receive a reward in the form of a debit card varying from \$25-\$1,500. Click [here](#) to learn more.

You're probably overpaying for care and don't even know it .

Prices for the same procedure can vary up to 500% depending on where you go. It's true!

With Healthcare Bluebook you can see price information on hundreds of procedures in your area with a simple search. Plus, you can earn rewards for using **Fair Price™** (green) facilities. Get paid to save... It's easy!



SAVINGS

Same procedure, different facilities.
The choice is clear!



Check It Out:

healthcarebluebook.com/cc/CEBT

800-341-0504

Download
the App:



Mobile Code:
CEBT

CEBT
Benefit by Trust



Take a minute to walk through these simple instructions, so that you have quick access to Healthcare Bluebook on all your devices. Anytime, anywhere!

1 IT PAYS TO BE PREPARED... GEAR UP! BE EMPOWERED!

On your PC, laptop and tablet:
Login to Healthcare Bluebook and bookmark the search page for quick access.

healthcarebluebook.com/cc/CEBT

2 On your mobile phone:
Download the app and login so you'll have Bluebook with you anytime you need to schedule a procedure.

Mobile Code: CEBT

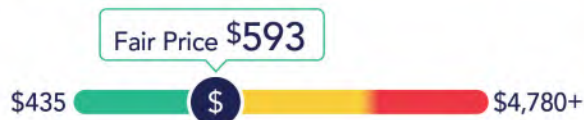


3 USE HEALTHCARE BLUEBOOK AND KNOW WHERE TO GO

Search for your procedure in Healthcare Bluebook, use a Fair Price™ (green) facility, and save big bucks on care, and get a reward.



Knee MRI



At or Below Fair Price Slightly Above Fair Price Highest Price

GO HERE

- Reasonable Rates Imaging Center (~ 2 miles)
- XTRA Imaging (~ 3 miles)
- Too Much Medical Center (~ 1 mile)

NOT HERE

FOR EXAMPLE PURPOSES

BIG SAVINGS +
\$1500



LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE



Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment. Morgan County School District RE-3 provides Basic Life and AD&D Insurance to all eligible employees at no cost to employees through The Standard.

Life The Life insurance benefit is payable to the designated beneficiary upon the death of the insured.

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

Life / AD&D	\$20,000
Benefit Reduction	Life and AD&D benefits will reduce by: 40% at age 65, 65% at age 70, 75% at age 75, and 80% at age 80



ACCIDENT & CRITICAL ILLNESS



No one plans on having an accident or a critical illness. That's why insurance like Accident & Critical Illness coverage can help you in the event you experience a major medical event.

So how does it work? When you're injured or are diagnosed with a covered illness, you will receive a cash benefit based on the percentage payable for the condition. You then determine how to use that cash and may spend as you like. This insurance can be extremely helpful if you're on the HDHP plan where out-of-pocket costs and major medical costs can be expensive. These types of programs can help cover incurred expenses.

Examples	
Critical Illness	Accidents
Cancer	Broken Bones
Heart Attack	Burns
Major Organ Failure	Torn Ligaments
Stroke	Eye Injuries

MONTHLY PREMIUMS FOR ACCIDENT INSURANCE

PLAN PREMIUMS

MODE	EE	F
Monthly	\$15.52	\$39.28

Issue ages: 18 and over if actively at work

MONTHLY PREMIUMS FOR CRITICAL ILLNESS INSURANCE

PLAN 1 MONTHLY

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$8.62	\$13.20	\$9.12	\$13.70
36-49	\$17.42	\$26.30	\$17.92	\$26.80
50-59	\$34.42	\$51.40	\$34.92	\$51.90
60-64	\$52.62	\$78.50	\$53.22	\$79.00
65-69	\$65.02	\$96.70	\$65.52	\$97.20
70+	\$75.82	\$112.60	\$76.32	\$113.20
Tobacco				
18-35	\$12.62	\$19.20	\$13.12	\$19.70
36-49	\$30.72	\$46.00	\$31.22	\$46.50
50-59	\$63.72	\$94.80	\$64.22	\$95.30
60-64	\$86.62	\$128.70	\$87.12	\$129.20
65-69	\$96.92	\$143.80	\$97.42	\$144.30
70+	\$105.02	\$155.80	\$105.52	\$156.40

PLAN 2 MONTHLY

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$13.52	\$20.40	\$14.52	\$21.40
36-49	\$31.12	\$46.60	\$32.12	\$47.60
50-59	\$65.12	\$96.80	\$66.12	\$97.80
60-64	\$101.52	\$151.00	\$102.72	\$152.00
65-69	\$126.32	\$187.40	\$127.32	\$188.40
70+	\$147.92	\$219.20	\$148.92	\$220.40
Tobacco				
18-35	\$21.52	\$32.40	\$22.52	\$33.40
36-49	\$57.72	\$86.00	\$58.72	\$87.00
50-59	\$123.72	\$183.60	\$124.72	\$184.60
60-64	\$169.52	\$251.40	\$170.52	\$252.40
65-69	\$190.12	\$281.60	\$191.12	\$282.60
70+	\$206.32	\$305.60	\$207.32	\$306.80



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Need help with everyday problems? Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier by connecting you to the right information, resources, and referrals. The Triad EAP offers six free counseling sessions per year, per incident for CEBT members and their dependents under 26 and six free life coaching sessions per year. All services are 100% Confidential. Click [here](#) to learn more.

Mental Health Sessions

Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

Legal Consultation

Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

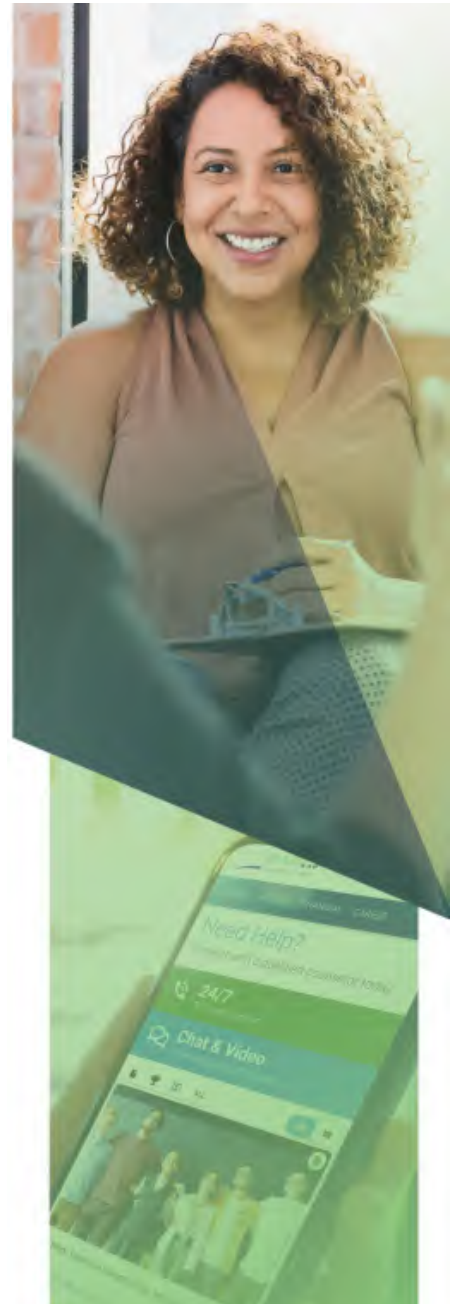
Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Member Portal

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

Getting Started Is Easy

1. Visit triadeap.com and click on "Log In to the Member Portal"
2. To create your account, you will need to use company code "cebt"
3. From the login page, you can also select "Login Help" for assistance



Contact Triad EAP

Call: 877-679-1100

Visit: triadeap.com/



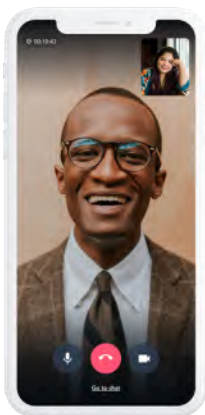
NEW MENTAL HEALTH BENEFIT EFFECTIVE 1/1/2024

We recognize that many things can impact how we show up day-to-day—including our emotions, careers, relationships, health, and finances. Modern Health makes it simple for you to get support in the areas that matter most to you.

Once you register for Modern Health, you will receive some guidance below that can help you determine which level of care may be best for your unique needs:

Your CEBT Benefits Through Modern Health:

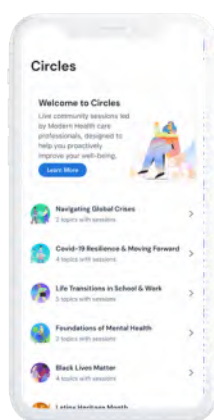
1-ON-1 SESSIONS



8 Sessions with Certified Coaches

8 Sessions with Therapists, as needed

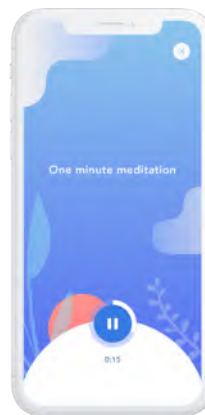
GROUP CIRCLES



Circles: Live Provider-Led Community Sessions

Unlimited Access

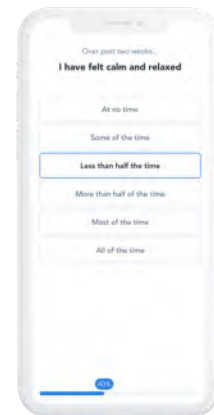
SELF-SERVE



Self-Paced Digital Content Library

Unlimited Access

ACCOUNTABILITY



Well-being Check-ins

Unlimited Access

Here's how you can get started!

- 1 Download the Modern Health mobile app or go to my.modernhealth.com
- 2 Sign up with your work email and use the company name; **cebt**
- 3 Answer a few questions about your well-being, needs, and preferences
- 4 Get your care recommendation!





Digital Disease Management Program

Omada is a virtual care program that combines 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, & musculoskeletal issues. Visit the [Omada page](#) on CEBT.org to learn more.

NEW: Omada® now supports weight loss, joint & muscle pain, diabetes, and high blood pressure.

Create lasting change with Omada.
All at no cost to you.

What you'll get with Omada:

- ✓ Dedicated health coach & care team
- ✓ Interactive weekly lessons
- ✓ Smart devices, delivered to your door
- ✓ Healthier lifestyle in 10 minutes a day | anywhere, anytime
- ✓ Long term results through habit & behavior change

Do what works for you

Find healthy habits and routines that work for you.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

The best part?

If you or your family member (18+ for prevention, diabetes, hypertension programs, 13+ for joint and muscle health) are on a CEBT PPO or EPO medical plan and are eligible for any of the Omada programs offered by CEBT, your membership is covered. Members on HDHP plans may have a small fee for the Omada Joint and Muscle Health program.

It only takes a few minutes to get started:

omadahealth.com/cebt

With Omada, there's a program for you



Weight loss &
overall health



Joint & muscle pain



Diabetes



High blood pressure

CEBT
Benefit by Trust



Shift your mindset, *change* *your health*



Remove the barriers between you and recovery with Omada® for Joint & Muscle Health.

What you'll get:

- ✓ A dedicated licensed Physical Therapist
- ✓ Treatment plan from head to toe
- ✓ Unlimited 1:1 chats and video visits with your PT
- ✓ Free exercise kit with all the tools you need

Do what works for you

Find healthy habits and routines that work for you.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

The best part?

If you or your family member (13+) are on a CEBT PPO or EPO medical plan and are eligible for any of the Omada programs offered by CEBT, your membership is covered. Members on HDHP plans may have a small fee for the Omada Joint and Muscle Health program.

It only takes a few minutes to get started:

omadahealth.com/cebt

With Omada, there's
a program for you



Joint & muscle
health

CEBT
Benefit by Trust

*The program features described are specific to the complete version of Omada for Joint & Muscle Health, which includes a physical therapist. Members not experiencing a relevant injury or musculoskeletal condition may instead receive a preventive version of Omada for Joint & Muscle Health, which includes different features and does not include a physical therapist.

UMR CANCER RESOURCE SERVICES (CRS)

A program designed for personal support following a cancer diagnosis. Cancer Resource Services (CRS) will provide guidance, direction, and support through tenured oncology nurses as well as access to quality Cancer Centers of Excellence (COE).

Personal support following a complex cancer diagnosis



Effective treatment of advanced cancers can be complicated, involving multiple health care providers and procedures over an extended period of time.

Cancer Resource Services (CRS), provided through your benefits plan, can help coordinate all aspects of your care, so you can focus on your health and achieve the best outcome possible.

Participants in this program are assigned a personal case manager who will treat you as a person, not a condition. Our case managers are registered nurses with experience in cancer care and will serve as your advocate through the conclusion of your treatment.

This includes:

- Taking time to guide you through the complexities of cancer care and your treatment options
- Helping you manage your symptoms and common side effects from chemotherapy and other medications
- Working directly with your benefits plan to determine whether certain procedures or clinical trials will be covered
- Providing assistance in accessing care through an Optum Cancer Centers of Excellence (COE) facility
- Making sure you and your family have the support network you need on your road to recovery

Connect with UMR CARE

If you plan to seek services from Roswell in New York or Huntsman in Utah, you must enroll with UMR CARE. If you are not accessing one of these facilities, we still encourage you to contact the UMR CARE team to help connect you with the appropriate care for your situation.

Please call the number on the back of your health plan ID card to reach UMR CARE.



Optum Cancer COEs deliver

Optum's national network of leading cancer centers offers:

- Expertise in rare and complex cancers
- Expanded treatment options
- Shorter stays and fewer complications
- Improved outcomes and financial savings





A UnitedHealthcare Company

UMR MATERNITY CARE

Get the support you need when considering having a baby, or you are 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.



Get the support you deserve

Whether you are considering having a baby or are 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.

How we can help

Healthier women are more likely to have healthy babies. If you're thinking about starting a family, our experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, our registered nurses will support you with timely prenatal education and follow-up calls, and will refer you to case management if a serious condition arises. Your CARE nurse will call you each trimester during your pregnancy and once after your baby is born.

If you are pregnant and are identified as high-risk, a CARE nurse will monitor your condition and work to reduce your claims costs throughout your pregnancy and the post-delivery period.

You can self-enroll in Maternity CARE or pre-pregnancy coaching, or you'll be contacted and invited to participate if you're identified as pregnant through a clinical health risk assessment, utilization review or other program referrals.



It pays to participate

You'll receive an incentive gift* as a thank you for participating in the program, sent to you after your delivery.



UMR MATERNITY CARE

Once enrolled, you'll receive ...

One-on-one phone calls with a nurse who:

- Provides comprehensive pre-pregnancy and prenatal assessments
- Shares educational information before you become pregnant and throughout your pregnancy
- Encourages you to call with any questions or concerns and continues to reach out each trimester and again after your delivery to see how you and your baby are doing
- Sends a courtesy letter informing your physician that you're in the program

Guidance for your support person:

You may also choose to identify a support person who can receive an education call and electronic educational packet. The packet includes information to help them support you through your pregnancy, labor and delivery, and postpartum.

No-cost educational materials in the mail:

You can choose from a selection of high-quality books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breast-feeding and infant care.

CARE ON THE GO:

The CARE app, powered by Vivify Health, allows us to meet members where they are by connecting them to CARE nurses through their mobile device. Our nurses can view individual health metrics from self-reported data or synchronized monitoring devices and are able to virtually connect with members by text, email or face-to-face via streaming video. It's free and confidential.

No cost:

Maternity CARE is a valuable benefit provided by your employer at no additional cost to you.

Confidential:

UMR takes confidentiality very seriously. It's important to know that we won't share any identifiable, personal health information with your employer. Your employer receives group information only. UMR CARE programs operate in compliance with all federal and state privacy laws.

GET STARTED

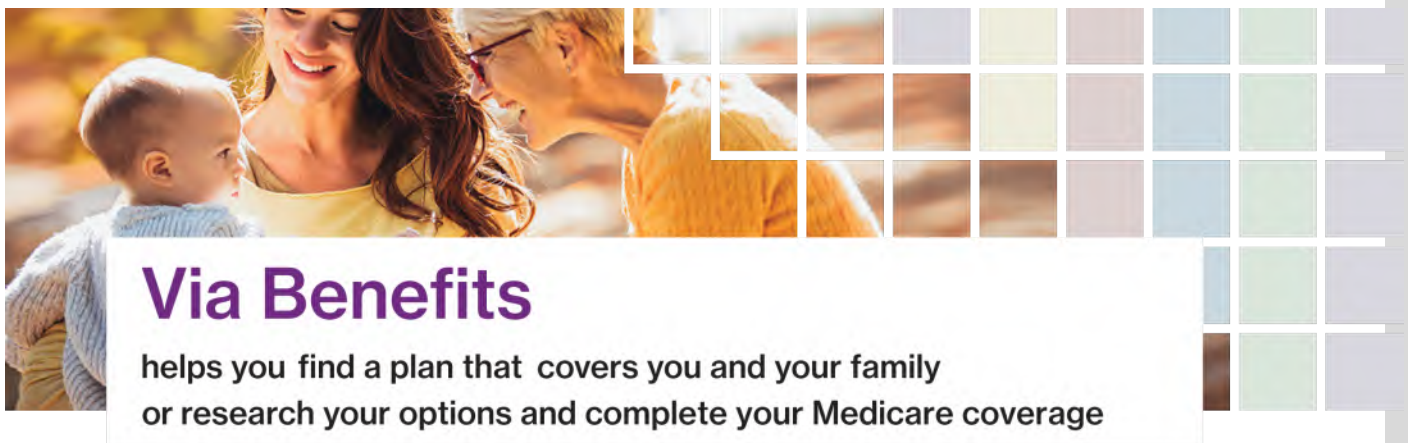


Your first step is to enroll in the Maternity CARE program.

Call 1-888-438-8105 OR Scan the QR code to complete the enrollment form online.

Post-Employment Benefits Concierge

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 at no cost to you. Click [here](#) to learn more.



Via Benefits

helps you find a plan that covers you and your family
or research your options and complete your Medicare coverage

When you use Via Benefits you get access to:

-  An easy-to-use online experience
-  Friendly phone support
-  A robust recommendation engine
-  Efficient, accurate enrollment
-  Objective guidance
-  Support after you enroll



Go online to find plans:

Pre-65: marketplace.viabenefits.com/ColoradoPublicEmployers

Post-65: my.viabenefits.com/ColoradoPublicEmployers

Call, and ask for Via Benefits

833-414-1452 (TTY:711)

Monday through Friday, 6:00 a.m. until 7:00 p.m. Mountain time





Travel Assistance

Things can happen on the road. Passports get 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.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance and reference CEBT, policy # 645869, to receive services.

800.872.1414
United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



CONTACT INFORMATION

To learn more about your benefits, use the contact information below.

Morgan County School District RE-3	
Jason Frasco	970-867-5633
Email	jfrasco@morgan.k12.co.us

Medical, Dental, Vision, Life/AD&D - WTW	
Member Services	303-773-1373 or 1-800-332-1168
Website	www.cebt.org

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

Teladoc	
Member Services	1-800-Teladoc (835-2362)
Website	www.Teladoc.com/CEBT

Healthcare Bluebook	
Member Services	1-800-341-0504
Access Code	CEBT
Website	https://www.healthcarebluebook.com/cc/cebt/

SurgeryPlus	
Member Services	1-855-200-6675
Website	cebt.surgeryplus.com

Triad Employee Assistance Program	
Member Services	877-679-1100 or 970-242-9536
Username/Password	CEBT / eap
Website	www.triadeap.com

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



CONTACT INFORMATION

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

Health Reimbursement Account - ABC Flex	
Phone	800-473-4891 or 970-522-4802
Email	dicksmith@abcflex.com
Web portal	https://tabbppspt.lh1ondemand.com/Login.aspx?ReturnUrl=%2f

The Standard- Travel Assistance	
Member Services	800-872-1414 (phone) / 1-609-334-0807 (text)
Email	medservices@assistamerica.com
Policy #	645869

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



CEBT HEALTH PLAN REGULATORY NOTICES

As part of federal requirements, employers and health plan sponsors are required to supply benefit eligible employees with communications containing information of their rights, opportunities, and obligations in regard to their health benefit plan. The following notices are available on the CEBT Website and meet the Plan requirements for these regulatory notices. Each notice listed has a direct link to the document on the website for easy accessibility.

BENEFIT BOOKLETS

(<https://cebt.org/resources/benefit-booklets>)

- SPD – Summary Plan Description is the full written plan document for each separate plan.
- SBC – Summary of Benefits and Coverage is 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").

COBRA GENERAL RIGHTS NOTICE

- This notice provides newly covered individuals with their rights to COBRA continuation coverage if/when their coverage should terminate.



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 which are to be 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 Morgan County School District RE-3 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. Morgan County School District RE-3 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.