



CEBT
Benefit by Trust

Benefits Overview for Garfield Re-2 School District

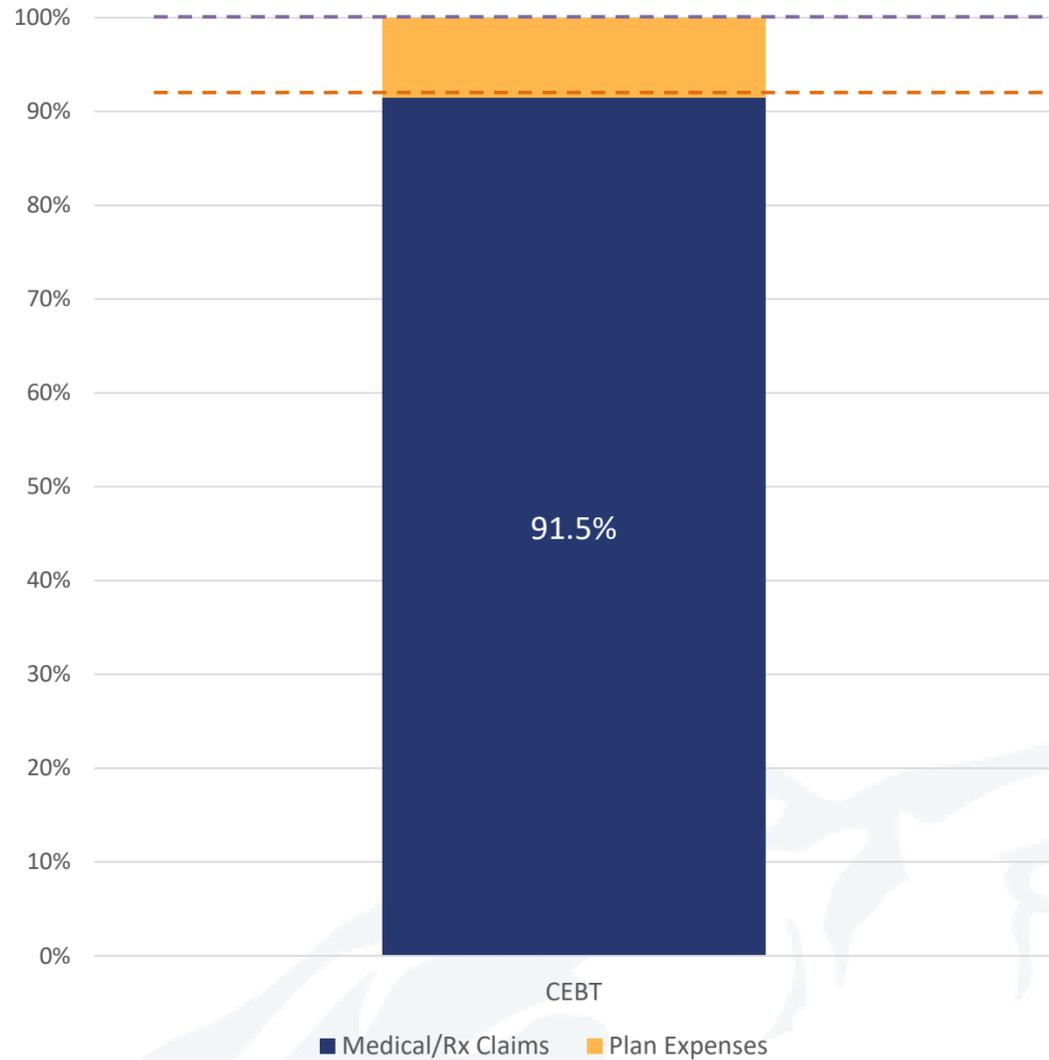


Presented by: Emma Dahlin & Lucy Hendricks
March 2025

2025 / 2026 Changes

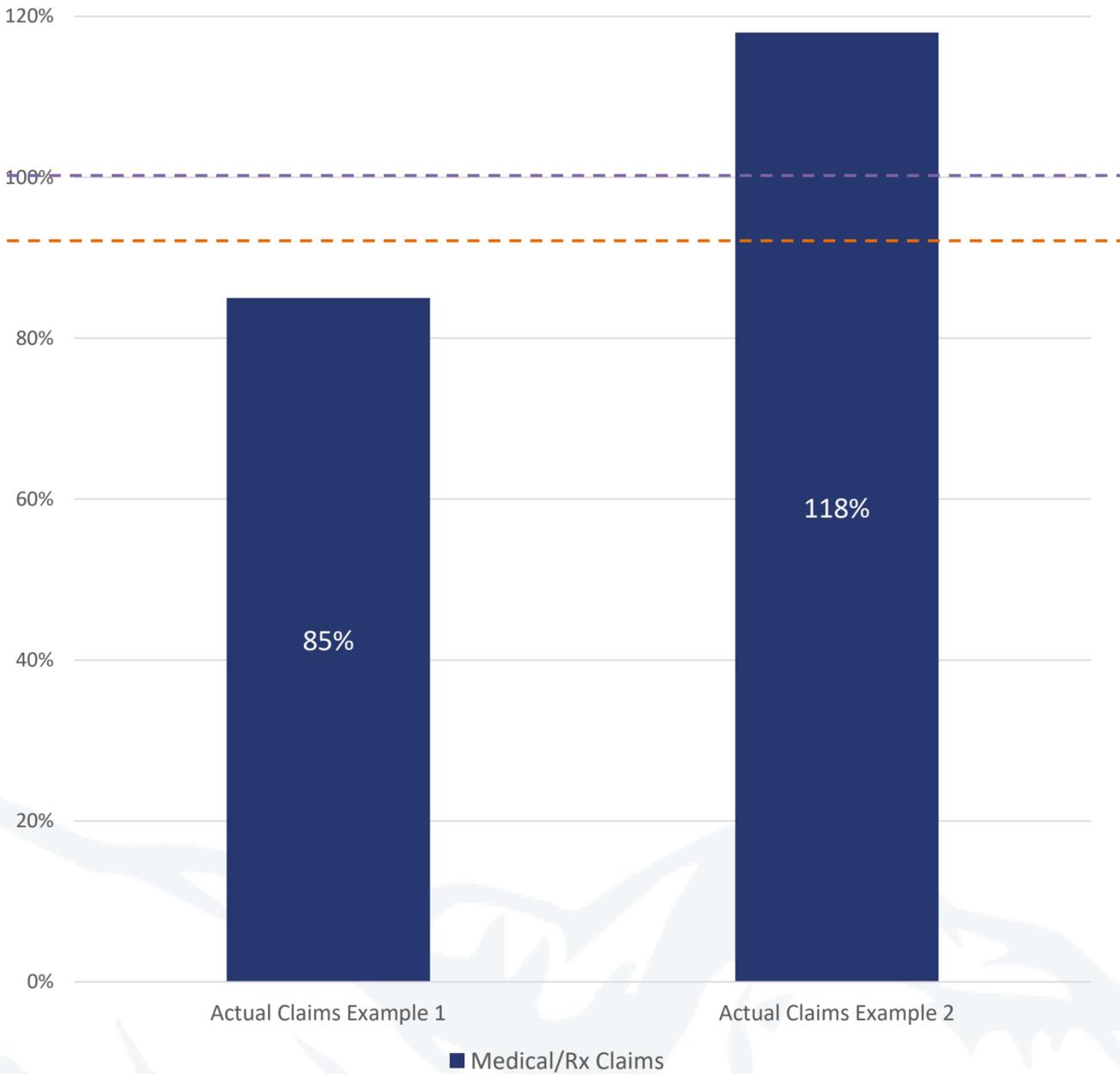
- The District received a **16.5% increase** to medical rates effective July 1, 2025
 - District's Loss Ratio for 2024 = **118%**

Medical Plan Contributions



- CEPT breakeven is 91.5%
- Expense load is 8.5%, 91.5% allocated for claims

Examples of Plan Utilization



- Loss Ratio = Claims / Contributions
- Loss Ratio determines the District's renewal

2025 / 2026 Changes

- Reasons behind **16.5% increase**
 - Cancer & some serious health conditions, increase in ER visits (many avoidable), inflation paired with living in high-cost medical care area, need to increase engagement at the health centers and increase usage of Value Add Benefits
 - **Health coverage is designed to take care of people and we want members to use it! We just need to be more intentional in how we access care and seek treatment.**
- Major contribution changes were necessary due to rate increase
 - Spouse and Family coverage tiers are most impacted
 - CS will speak to benefit philosophy behind this change
- Positives
 - District is keeping the medical plan offerings the **same**
 - **NEW!** District will contribute **\$50 monthly (\$600 annually)** to an HSA for those enrolled in HDHP plan.
 - CEBT Value Add Benefit Enhancements (two mental health offerings, new Infusion Care program, etc)

Disclosure

This presentation includes benefit summaries that provide highlights of the Garfield Re-2 School District 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 Garfield Re-2 School District. 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. Garfield Re-2 School District 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.

Open Enrollment

This is your time to make any plan changes:

04/28/2025 – 05/09/2025



Add Dependents



Drop Dependents



Change Coverage

How do I enroll or make changes?

***This is an **ACTIVE ENROLLMENT** which means that everybody must log in and elect their benefits, even if you are not making any plan changes!

CEBT.ORG

Find step-by-step flyers and tutorial videos on how to make changes or enroll in your benefits

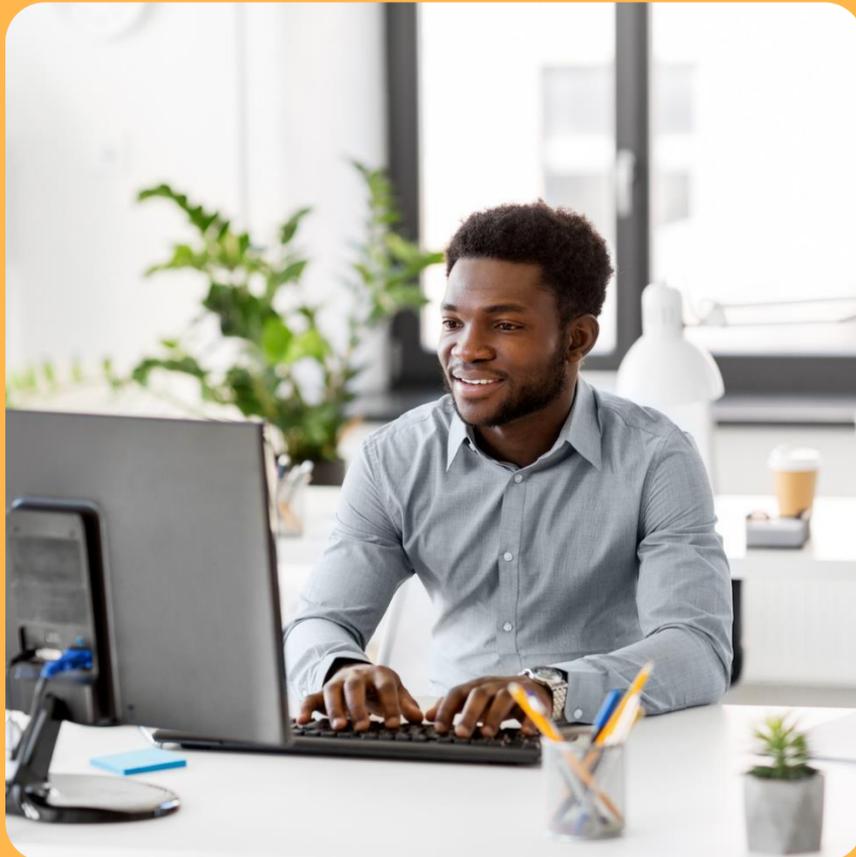


ONLINE

Go to www.cebt.org
and select
Community/Online
Enrollment

Click on the box
“For Employees”
then click on “New
Community
User/Register”

If you have already
registered, access the
login page to enroll
and make changes to
your benefits



Eligibility



Full Time
Employees are
eligible to enroll
in benefits



Eligible Dependents
(Legal Spouse or
Civil Union Partner &
Dependent Children
to age 26) can be
added to benefits



When adding a
dependent to the
plan, proof
documents are
required!

Qualifying Life Event



When can I add or make changes to my benefits outside of my initial hire or open enrollment?

- **Change in marital status**
 - Marriage, death of spouse, divorce, legal separation
- **Change in number of dependents**
 - Marriage, birth, death, adoption of child, placement of child for adoption
- **Change in dependents coverage**
 - Commencement or termination of health coverage

- In order to make changes outside of open enrollment, you must provide **proof of qualifying event** documents!
- When a qualifying event occurs, you have **30 days** from the date of the event to notify HR.

Benefit Changes Effective July 1, 2025

Lantern Infusion Care

A site-of-care management program for infusion therapy will be available through Lantern. This program allows for lower negotiated rates on infusions either in-home or at ambulatory infusion centers, providing members access to the most appropriate site of care with no member cost share on the PPO and Surest plans and after deductible on HDHP plans. Being treated outside of a hospital setting, members will have access to personalized support from a clinical care team to educate and guide them during their infusion therapy journey.

PrudentRx Specialty Drug Cost Savings Program

PrudentRx is a copay assistance program designed to help with the out-of-pocket costs of specialty medications under Caremark's prescription drug benefits on the CEBT PPO plans. Through this program, members will have access to manufacturer copay assistance programs, reducing the out-of-pocket costs to \$0 for certain eligible specialty drugs.

Telemedicine (CEBT HDHP Plans Only)

Due to the expiration of the CAA safe harbor extension, services through Teladoc and the CEBT Health & Wellness Centers will resume cost sharing for members on CEBT high-deductible health plans (HDHP). Services through Teladoc will have a \$49 fee, and Tele-visits through the CEBT Health & Wellness Centers will have a \$45 fee.



Medical Benefits

MEDICAL BASE PLAN	PPO 8	HDHP 4	Surest 7
Network	United Healthcare Choice Plus	United Healthcare Choice Plus	United Healthcare Choice Plus
Coinsurance	0% In / 40% Out	20% In / 40% Out	0%
Office Visit	\$55 Copay	Deductible + 20% to OOP Max	\$45 to \$155 Copay
Specialist Visit	\$55 Copay	Deductible + 20% to OOP Max	\$45 to \$155 Copay
Preventive Visit	Covered 100%	Covered 100%	Covered 100%
Lab	\$55 Copay	Deductible + 20% to OOP Max	Covered 100%
X-ray	\$55 copay in office setting, outpatient subject to deductible	Deductible + 20% to OOP Max	Covered 100%
Deductible Single In / Out	\$5,000 Combined	\$4,000 Combined	Copay where indicated
Deductible Family In / Out	\$10,000 Combined	\$8,000 Combined	Copay where indicated
Out of Pocket Single In / Out	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,000 / \$14,000
Out of Pocket Family In / Out	\$10,000 / \$20,000	\$10,000 / \$20,000	\$14,000 / \$28,000



Medical Benefits

MEDICAL BASE PLAN	PPO 8	HDHP 4	Surest 7
Telemedicine	Covered 100%	\$49 Fee	\$0 Primary/Urgent \$0 - \$155 Specialty Copay
Imaging CT/PET/MRI	Deductible then covered 100%	Deductible + 20% to OOP Max	\$200 to \$1,150 Copay
Inpatient Hospital	Deductible then covered 100%	Deductible + 20% to OOP Max	\$400 - \$5,500 Copay
Outpatient Hospital	Deductible then covered 100%	Deductible + 20% to OOP Max	\$300 to \$1,300 Copay
Urgent Care	\$75 Copay	Deductible + 20% to OOP Max	\$110 Copay
Emergency Care	Deductible then covered 100%	Deductible + 20% to OOP Max	\$1,000 Copay
RX Retail	Generic \$20 Preferred \$40 NonPreferred \$60	Deductible then: Generic \$20 Preferred \$40 NonPreferred \$60	Tier 1 \$10 Tier 2 \$60 Tier 3 \$90 Specialty: \$10/\$150/\$300
RX Mail Order	2 X Copay	2 X Copay	Tier 1 \$25 Tier 2 \$150 Tier 3 \$225 Specialty: \$10/\$150/\$300

Preventative Benefits

Men/Women

- Colonoscopy/Cologuard
- Routine vision exam
- General immunizations
 - Influenza, Hepatitis A & B, HPV, etc.
 - Shingles vaccines
 - “Shingrix – age 50 and older”

Women

- Routine Mammograms
 - No age limit. Allowed once per calendar year
- Well woman visits
- Breast pump (one per pregnancy)

Men

- Prostate Specific Antigen (PSA)

Children

- Behavioral screening
- Developmental screening
- Tuberculin testing





Pharmacy Benefits



Through CVS Caremark
\$20 Generic - \$40 Preferred - \$60 NonPreferred



CVS Caremark contracts with:

- King Soopers/City Market
- Safeway
- Walmart
- Walgreens



Maintenance Medications

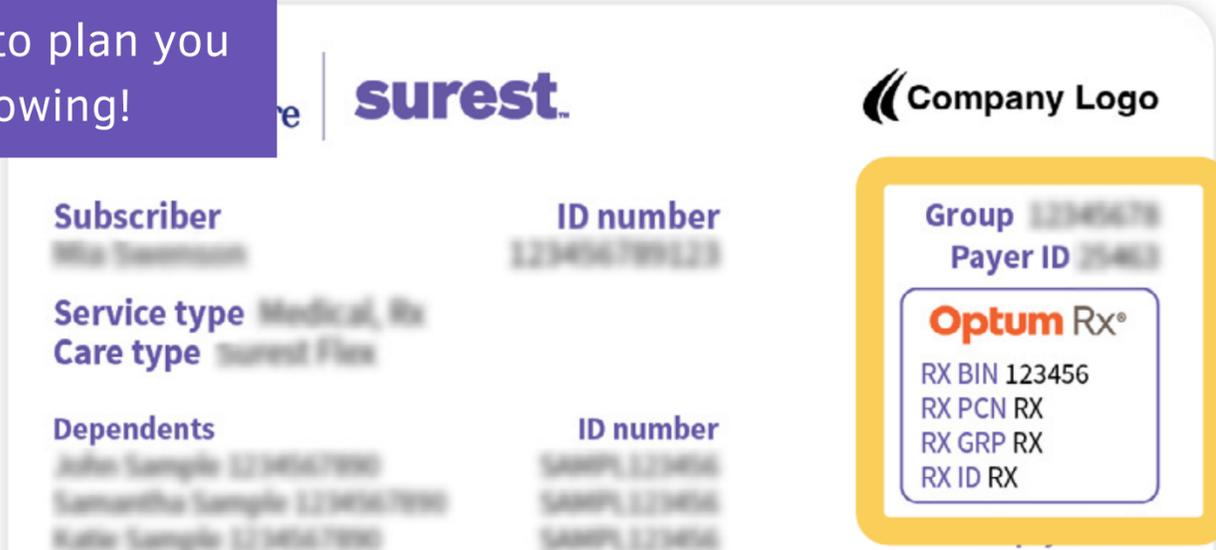
- 90-day mail order for 2x regular copay
- Buy 2 get 1 at no additional cost
- Go online to set up: [Caremark.com](https://www.caremark.com) or call 866-885-4944

Surest Pharmacy Benefits - Optum

Three

~~ties~~ **Generic - \$60 Preferred - \$90
NonPreferred**

Only display the RX tiers that apply to plan you are showing!



Helpful tip

When you fill your prescription at the pharmacy, show them your Surest ID card. This card has the details needed to send your pharmacy claims to Surest.

Optum Home Delivery

Receive a 3-month supply of ongoing maintenance medications, with free standard shipping, mailed to your home.

There are 3 ways to get your medications mailed:

1. Go to OptumRx.com.
2. Call a health care advisor at 800-357-1371.
3. Ask your doctor to send a prescription to OptumRx.

Sign up for automatic refills at no additional cost.

You'll receive a notification when it's time to refill your 3-month supply, with orders charged to your account.

Specialty pharmacy

Some medications are considered specialty drugs that may require special handling or administration, available only in 30-day supplies. Specialty prescriptions must be filled through Optum Specialty by calling 855-427-4682.

Flexible Spending Account

- Can be paired with **PPO8** and **Surest 7** (only Limited Purpose FSA can be paired with HDHP4)
- Helps you pay for health care or dependent care using tax-free dollars
- Your contribution is deducted from your paycheck on a pretax basis and put into the FSA
- When you incur expenses, you can access funds in your account to pay for eligible expenses (submit a claim or use your card)



Flexible Spending Account

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS
<p>Health Care FSA</p>	<p>Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and prescriptions).</p>	<p>Maximum contribution is \$3,300 for the 2025 calendar year. You cannot enroll if you are enrolled in a HDHP plan Funds are deducted throughout the year, but all funds are available on January 1.</p>
<p>Limited Purpose FSA</p>	<p>Dental and vision expenses only that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and prescriptions).</p>	<p>Maximum contribution is \$3,300 for the 2025 calendar year. This is available to those enrolled in the HDHP 4 with an HSA Funds are deducted throughout the year, but all funds are available on January 1.</p>
<p>Dependent Care FSA</p>	<p>Dependent care expenses (such as day care, after school programs or elder care programs) for children under age 13 or elder care so you and your spouse can work or attend school full-time</p>	<p>Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns). Dependent Care contributions are deposited each pay period. You can only be reimbursed for amounts up to what is currently in your account.</p>

Health Savings Account

- Can be paired with **HDHP4 plan**
- **NEW! The District will contribute \$50 per month (\$600 annually) to employees enrolled in this high-deductible plan!**
- Tax-free savings account to help pay for health care expenses
- Both you and your employer can contribute to an HSA, but **you** own it!
- Rolls over from year to year and is portable



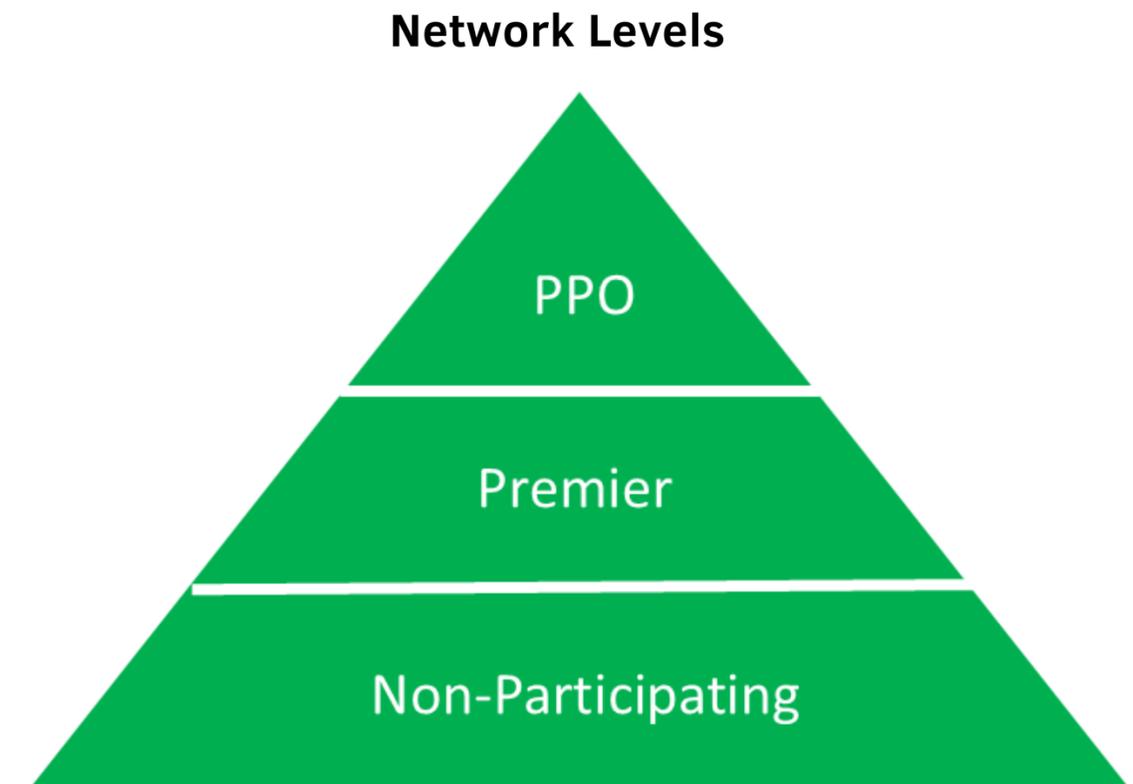
CONTRIBUTION LIMITS FOR HEALTH SAVINGS ACCOUNTS AND HDHP PLANS			
	2024	2025	Change
HSA Contribution Limit (employer+employee)	Self-Only: \$4,150 Family: \$8,300	Self-Only: \$4,300 Family: \$8,550	Self-Only: +\$150 Family: +\$250
HSA Catch-Up Contributions (Age 55 and older)	\$1,000	\$1,000	No change



Dental Benefits - Plan B



- Annual Max = \$1,500
- Annual Deductible = \$50 Individual / \$150 Family
- Lifetime Ortho Max = \$1,500 (For covered children up to age 19)
- Preventative 100%, Basic 80%, Major 50%, Ortho 50%
- Prevention First:** Preventative care is covered 100% and not applied to the annual max!
- Right Start 4 Kids:** Applies to dependent children up to age 13
This does not apply to orthodontia.



100% COVERAGE*



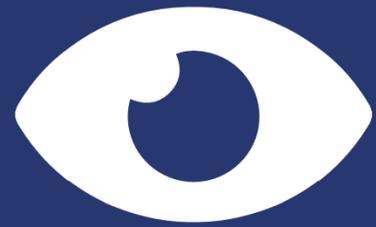
NO DEDUCTIBLE



IN-NETWORK
PROVIDERS



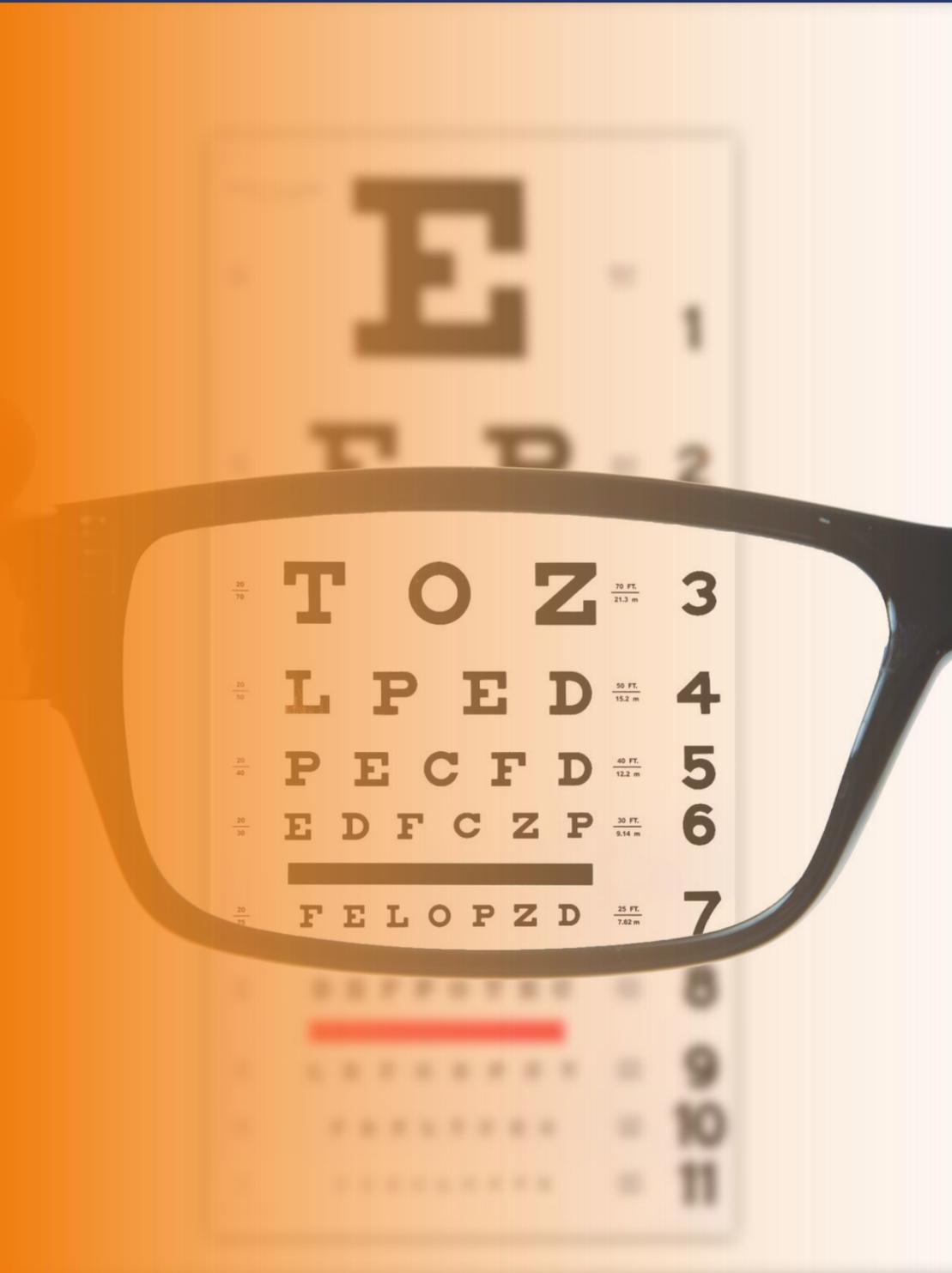
HEALTHY SMILES &
BRIGHT FUTURES



Vision Benefits - Plan B



- Network of providers=VSP
- Benefit year is a rolling 12 months
 - For instance, if you access vision benefits in October of 2025, you cannot access benefits until October 2026
- No ID Card
- To find a VSP provider
 - Go to www.VSP.com or call 800-877-7195
 - Enter zip code to find local providers



Exam	12 Months: \$15 Copay
Lenses	12 Months: \$15 Copay
Frames	24 Months: \$160 Allowance
Contacts	12 Months: \$160 Allowance

Life and AD&D

Life / AD&D	\$30,000
Benefit Reduction	Life and AD&D benefits will reduce at: 40% at age 65, 65% at age 70, 75% at age 75, and 80% at age 80
Dependent Life	\$5,000 for Spouse \$2,000 per Child (from live birth through age 25)



Employee Age	25	30	40	50	60
\$20,000	\$1.70	\$2.10	\$2.50	\$5.10	\$13.70
\$50,000	\$4.25	\$5.25	\$6.25	\$12.75	\$34.25
\$100,000	\$8.50	\$10.50	\$12.50	\$25.50	\$68.50
\$150,000	\$12.75	\$15.75	\$18.75	\$38.25	\$102.75
\$200,000	\$17.00	\$21.00	\$25.00	\$51.00	\$137.00
* This is for illustrative purposes only and is not a representative of all age brackets.					

Voluntary Life Benefits

- **Employee:** \$10,000 increments up to \$500,000—guarantee issue: \$150,000
- **Spouse:** \$5,000 increments up to \$250,000—guarantee issue: \$30,000
- **Dependent children:** \$20,000, No Evidence of Insurability for Children
- Participants that elect coverage during initial enrollment can increase their benefit every year by \$20k with no medical underwriting up to GI amount

The Cost of Your Benefits



Medical PPO8: \$5,000 Deductible			
	Employee Pays	Employer Pays	Total Monthly Cost
EE	\$160	\$773	\$933
EE + Spouse	\$1,192	\$770	\$1,962
EE + Children	\$543	\$1,186	\$1,729
Family	\$1,616	\$1,044	\$2,660
2 EE Family	\$701	\$1,959	\$2,660
Medical HDHP4: \$4,000 Deductible (with \$50 Monthly HSA Contribution)			
	Employee Pays	Employer Pays	Total Monthly Cost
EE	\$110	\$806	\$916
EE + Spouse	\$1,155	\$770	\$1,925
EE + Children	\$508	\$1,186	\$1,694
Family	\$1,567	\$1,044	\$2,611
2 EE Family	\$619	\$1,992	\$2,611
Medical Surest 7: No Deductible (All Copays Plan)			
	Employee Pays	Employer Pays	Total Monthly Cost
EE	\$178	\$773	\$951
EE + Spouse	\$1,229	\$770	\$1,999
EE + Children	\$575	\$1,186	\$1,761
Family	\$1,666	\$1,044	\$2,710
2 EE Family	\$751	\$1,959	\$2,710

The Cost of Your Benefits



DENTAL	
	Employee Pays
EE	\$34
EE + Spouse	\$70
EE + Children	\$95
Family	\$127

VISION	
	Employee Pays
EE	\$9
EE + Spouse	\$12
EE + Children	\$11
Family	\$20

CEBT Health & Wellness Centers

Your Exclusive Health Center for Primary Care Services



Marathon
Health™



Preventive Care

- Annual check-ups
- Contraceptive management
- Health screenings
- Biometric screening
- Immunizations
- Sports physicals
- Referrals for specialty care
- Medication management



Acute (Sick) Care

- Colds & flu
- Pink eye
- Rashes
- Sinusitis
- Minor injuries
- Urinary Tract Infections (UTI)
- Abdominal pain
- Point of care testing & labs



Health Coaching

- Weight loss
- Weight gain
- Quit smoking
- Improve sleep
- Get stronger
- Eat better
- Manage burnout
- Reduce stress



Chronic Conditions

- Diabetes
- Hypertension
- Thyroid disorders
- Arthritis
- Cholesterol disorders
- Heart Disease
- Menopause & hormones
- Depression & anxiety
- Sleep apnea



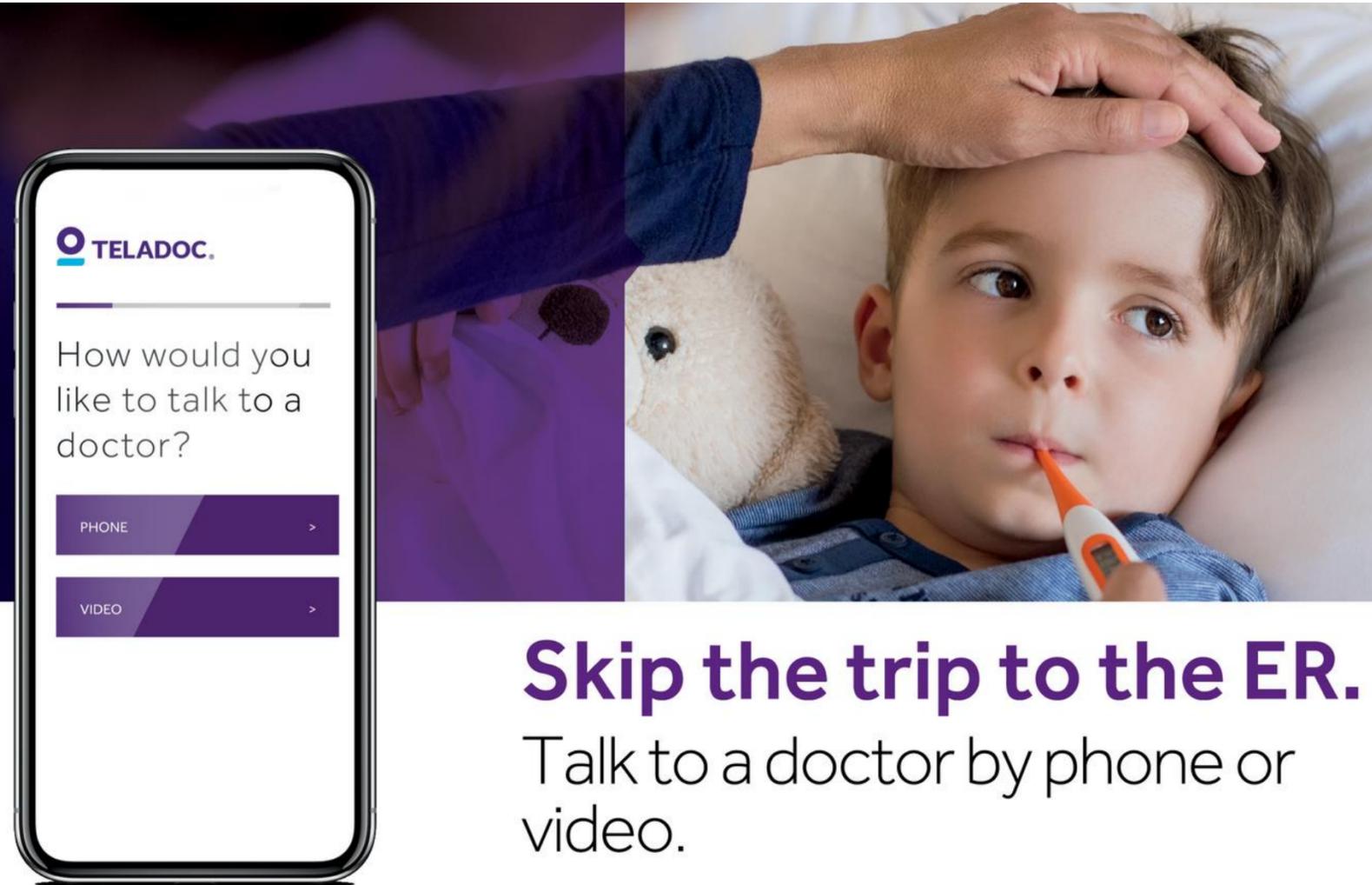
Rifle: 707 Wapiti Ave #201A | 970-440-8085

Glenwood Springs: 1901 Grand Ave. Ste. 200 | 970-440-8087

Gypsum: 35 Lindbergh Drive, Ste. 110 | 970-431-2871



Telemedicine Services



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.

REGISTER with Teladoc before you get sick!

Download the App

Teladoc.com/CEBT

Be sure to register under the CEBT account. If your employer isn't listed during registration, you will need to call Teladoc for assistance.

1-800-TELADOC (835-2362)

It saves time and money

No cost to employee or dependent

What can I use Teladoc for?

- Cold & flu
- Allergies
- Sinus problems
- Sore throats
- Respiratory infections



Teladoc[™]
HEALTH

Surest - Telemedicine Services

Get medical care from the comfort of home.

There is **no cost** for primary/urgent care services and **\$0-\$100** for Specialty care.



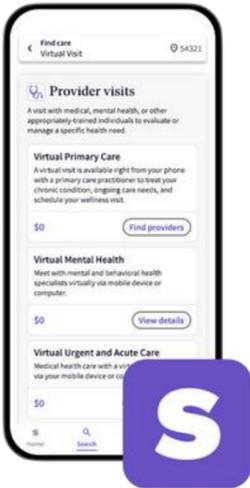
1

Get started at Benefits.Surest.com



2

From the Surest app or website, search “**virtual visit**” or by symptom or condition like back ache or sinus infection to see virtual programs available to you.



Illustrative example only. Costs and coverage may vary.

3

No commute. No waiting room. Save time, get the care you need, then get on with your day.



Mental Health Solutions



- **Expanded access to care** with an average wait time of <1 day for coaching & therapy
- **8 FREE sessions** with certified coaches
- **8 FREE sessions** with therapists as needed
- **Join circles:** live, provider-led community sessions (unlimited)
- **Use the digital content library** (self-paced)
- **Well-being check-ins** (unlimited)
- **Broad network** adding 950 providers for CEBT members that focus on evidenced-based care
- **Confidential**



- **Solution-based**, short-term counseling
- **6 counseling sessions** per year, per incident
- **6 life coaching sessions** per year
- **Prepaid service:** No cost to you
- **Common issues:** divorce, parenting dilemmas, death of a loved one, relationship issues, conflict
- **Other services:** financial consultation, legal consultation, work-life resources/referrals, personal assistant available
- **Confidential**



- **Use the online matching tool** to find a therapist
- **Start therapy within hours** of choosing a therapist
- **Message your therapist** whenever (no appointment necessary) & get a response back throughout the day, 5 days a week
- **Utilize real-time, face-to-face video visits** by appointment when needed
- **Schedule live video sessions** with a psychiatrist and prescription management for a tailored plan
- **Confidential**

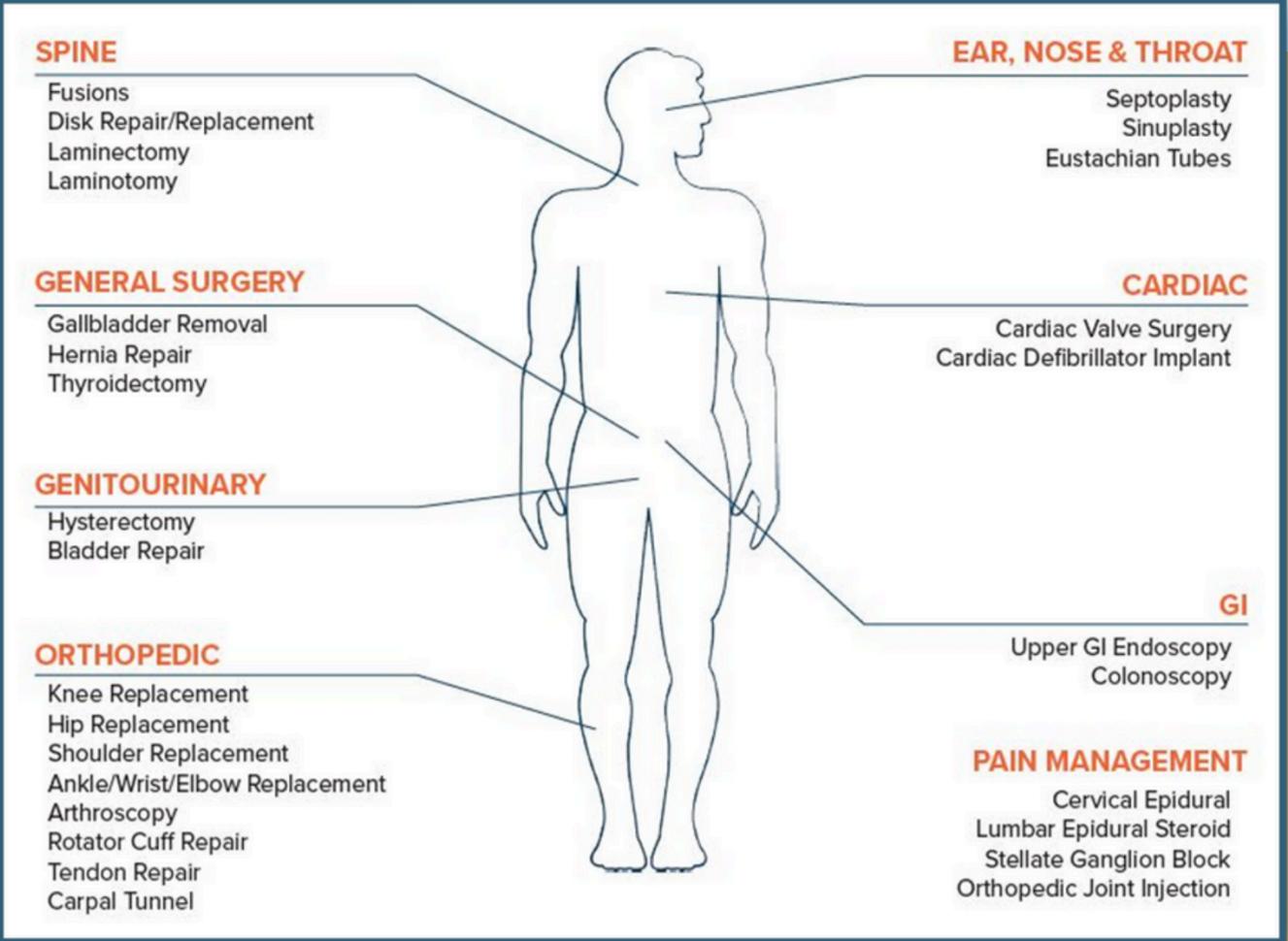
Normal cost share applies -TalkSpace is an in-network provider

Digital Disease Management Program

Personalized care for managing chronic conditions at no additional cost



Surgical Concierge Solution



Provides you with access to a network of thousands of highly qualified surgeons



Excellent surgical care at little to no cost & out-of-pocket costs waived for an episode of care*



A personal care advocate will guide and support you one-on-one, every step of the way

Covered Procedures

* HDHPs need to meet a minimum towards their deductible by the end of the year

Quality & Cost Transparency Tool



Healthcare Bluebook™



Search **green**, **yellow**, and **red** providers:

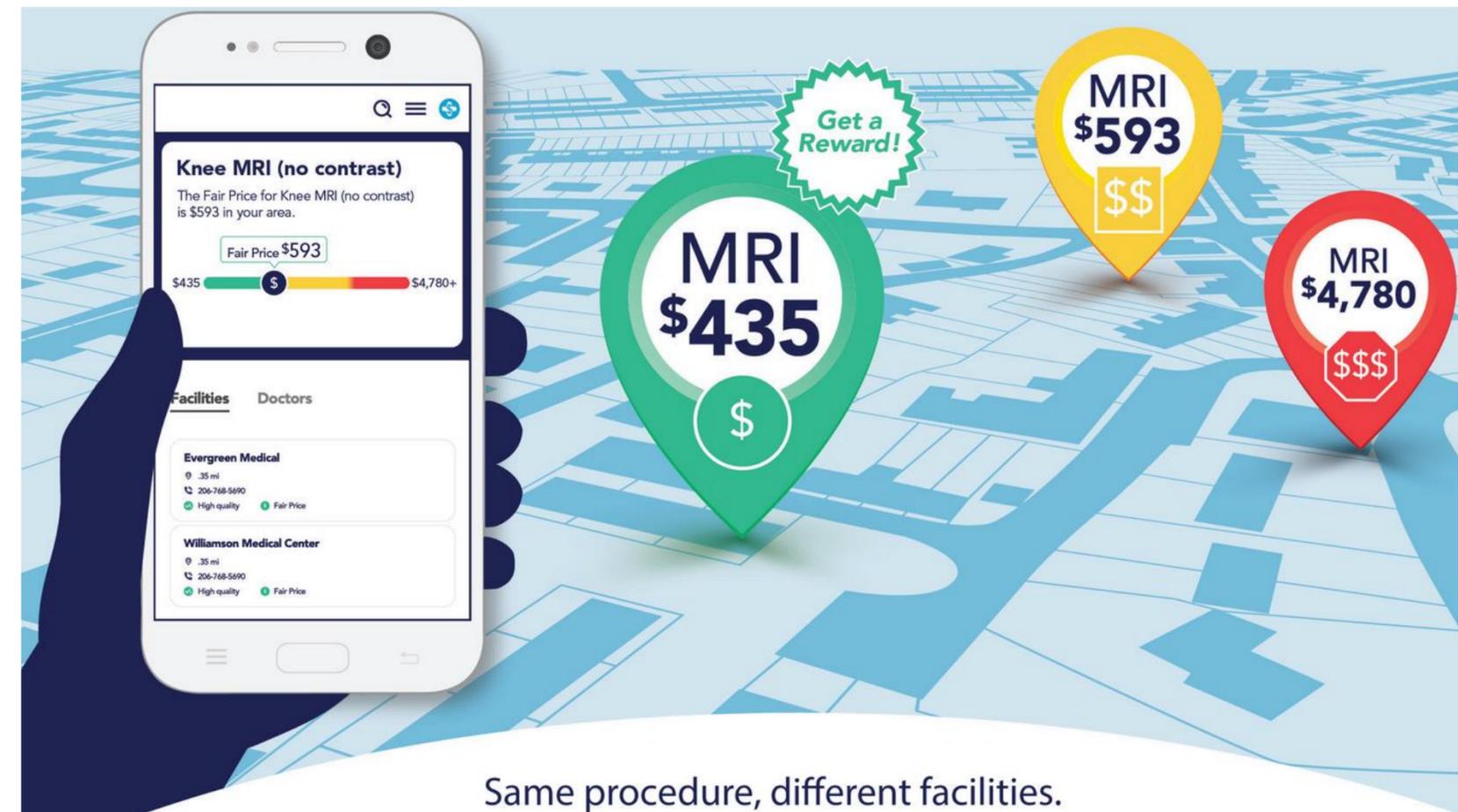
Fair price

Above fair price

Highest price

If you use a **green**, low-cost facility, you can be eligible for a rewards debit card in the mail!

Reward amounts vary from \$25-\$1,500



Same procedure, different facilities.

Cancer Resource Services



A UnitedHealthcare Company



Personal support following a cancer diagnosis



Program participants are assigned a personal case manager

- Registered nurses with experience in cancer care
- Serve as your advocate through treatment plan
- Work with your benefit plan to determine coverage
- Assist you with accessing Optum Cancer Centers of Excellence (COE) facilities



Contact the CARE team phone number on your medical card to enroll in the CRS program or call our CEBT customer service team!



UMR
866-494-4502



CEBT
800-332-1168

Optum Cancer COEs deliver:

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



CEBT.ORG



CEBT
Benefit by Trust

Select Language ▾

Search...

Go!

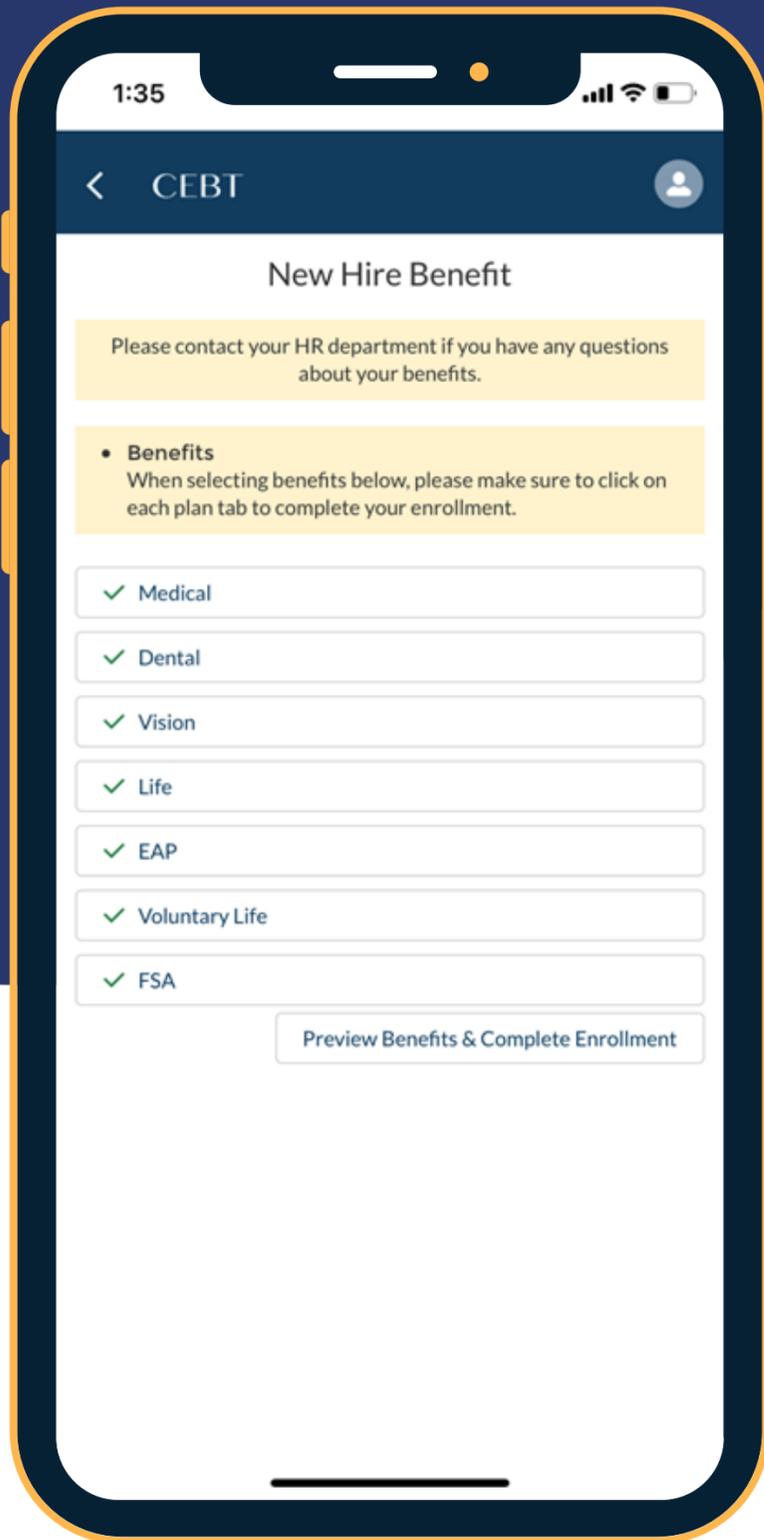
Home Resources ▾ Partners & Providers ▾ Community/Online Enrollment Board Info ▾ Contact Us

UMR/UnitedHealthcare
Kaiser Permanente
CVS Caremark
SurgeryPlus
CEBT Health Centers
Modern Health
Triad/AllOne Health EAP
Teladoc
HealthCare Bluebook
Omada
Delta Dental
VSP
Standard Insurance
Alerus (COBRA)
Via Benefits

Welcome to CE

Standard of Quality

- Remember: The CEBT website is a valuable resource!
- You can access benefit booklets, important forms, contact info, online enrollment, or submit a question
- Need help? It's easy to Live Chat with a CEBT Customer Service Representative



CEBT Mobile App

BENEFITS AT YOUR FINGERTIPS



ENROLL IN BENEFITS

Enroll in your benefits, view dependents plans, download summaries, & process life event/open enrollment changes.



FIND A PROVIDER

Search for in-network providers & find more information regarding CEBT's Valued Partners.



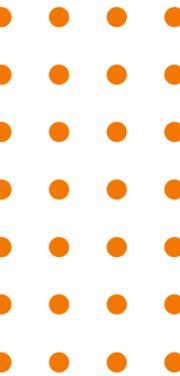
VIEW & ORDER ID CARDS

To keep a version of your ID cards handy, you can access or print your digital ID cards & order new ID cards.



CUSTOMER SERVICE

Ask a CEBT customer service representative any questions about your benefits, claims, or other queries.





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.

If you're on the HDHP plan, 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

Coverage Options	Low Plan	High Plan
Employee (EE)	\$6.87	\$14.14
Employee + Spouse (EE+SP)	\$11.87	\$23.22
Employee + Children (EE+CH)	\$13.70	\$26.11
Employee + Family (F)	\$18.70	\$35.19

MONTHLY PREMIUMS FOR CRITICAL ILLNESS INSURANCE

Please note that these are **issue age** rates, meaning the premium is based off of your age when you apply for the coverage.

	Non-Tobacco		Tobacco	
	\$15,000	\$30,000	\$15,000	\$30,000
Ages	EE or Spouse	EE or Spouse	EE or Spouse	EE or Spouse
18-29	\$7.24	\$14.47	\$9.82	\$19.63
30-39	\$11.26	\$22.51	\$17.06	\$34.12
40-49	\$21.16	\$42.32	\$32.73	\$65.45
50-59	\$40.38	\$80.76	\$64.58	\$129.17
60-64	\$67.34	\$134.67	\$107.22	\$214.43
*65+	\$86.93	\$172.48	\$130.28	\$260.56

*Spouse rates for age 65+ are slightly different than listed above. Please refer to plan docs if you need the spouse rate for age 65+.





HOSPITAL INDEMNITY

Even a small trip to the hospital can have a major impact on your finances. Having hospital indemnity coverage is a way to help make your visit a little more affordable.

Aflac's Group Hospital Indemnity Plan provides financial assistance to enhance your current medical coverage.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit

HOSPITALIZATION BENEFITS		
	MID PLAN (\$1,000)	HIGH PLAN (\$2,000)
Hospital Admission (per confinement) Once per covered sickness or accident per cal year	\$1,000	\$2,000
Hospital Confinement (per day) Max confinement period: 31 days per covered sickness/accident	\$150	\$200
Hospital Intensive Care (per day) Max confinement period: 10 days per covered sickness/accident	\$150	\$200
Intermediate Intensive Care Step-Down Unit (per day) Max confinement period: 10 days per covered sickness/accident	\$75	\$100

MONTHLY PREMIUMS FOR HOSPITAL INDEMNITY INSURANCE

Coverage Options	Low Plan (\$1,000)	High Plan (\$2,000)
Employee (EE)	\$15.52	\$26.56
Employee + Spouse (EE+SP)	\$31.34	\$53.94
Employee + Children (EE+CH)	\$24.94	\$42.18
Employee + Family (F)	\$40.76	\$69.56





SHORT TERM DISABILITY

You have the option of electing short-term disability (STD) coverage through Aflac. STD insurance pays a monthly benefit to you in the event you cannot work because of a covered non-occupational illness or injury. This insurance is designed to help you meet your financial needs and provide financial protection by providing a supplement to your income in the event of a covered disability.

This is a brief description of coverage and is not a contract. Please read your certificate carefully for exact terms and conditions.

Short-Term Disability Insurance	
Benefit Amount	50% of pre-disability monthly salary
Minimum Benefit Amount	\$300 per month
Maximum Benefit Amount	\$3,000 per month
Benefit Waiting Period	14 days sickness/accident/pregnancy
Benefit Duration	13 weeks (3 months)

Disability Rates Per \$100 of Monthly Benefit			
Age Band	18-49	50-59	60-69
Premium Rate	\$2.09	\$2.48	\$3.19

*Rates per \$100 of Monthly Benefit. Please refer to plan documents for specific rates based off of annual salary range and monthly benefit.



To learn more about Aflac benefits:

Visit [AflacEnrollment.com](https://aflacenrollment.com) or

<https://aflacenrollment.com/RE2SchoolDistrict/00000111492126760>





Contact Us

Colorado Employer Benefit Trust

Monday–Thursday 7:30am–4:30pm, Friday 7:30am– 4pm
1-800-332-1168 or 303-773-1373

Omada Health

888-409-8687

<https://go.omadahealth.com/cebt>

Modern Health

help@modernhealth.com

Get to website from cebt.org

Company Name: CEBT

AllOne Health Employee Assistance Program

877-679-1100 or 970-242-9536

www.triadeap.com

Company Code: cebt

Marathon Health

Rifle: 970-440-8085

Glenwood Springs: 970-440-8087

Gypsum: 970-431-2871

Teladoc

Get to website from cebt.org

1-800-TELADOC (835-2362)

Healthcare Bluebook

Get to website from cebt.org

Company Code: CEBT

Lantern

855-200-6675

Get to website from cebt.org

Access code: surgeryplus

UMR Cancer Resource Services Program

866-494-4502