



YOUR EMPLOYEE BENEFITS



BENEFIT PLANS
EFFECTIVE
JULY 1, 2025 -
JUNE 30, 2026






This summary of benefits is not intended to be a complete description of the terms and Garfield School District Re-2 insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Garfield School District Re-2 maintains its benefit plans on an ongoing basis, Garfield School District Re-2 reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

Garfield School District Re-2 is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, sex, and handicap in its activities, programs, or employment practices as required by Title II, Title VI, Title IX, and Section 504. For information regarding civil rights or grievance procedures, contact: Superintendent, Garfield Re-2 School District, 839 Whiteriver, Rifle, CO 81650 (970) 665-7600 or the Office for Civil Rights, U.S. Department of Education, 1961 Stout Street, Denver, Colorado 80294 (303) 844-2991.

BENEFITS

BUILT FOR YOU

At Garfield School District Re-2, 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 **2025-2026** plan year (July 1, 2025-June 30, 2026). 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 on the orange icon to return to the Table of Contents. 

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WHO IS ELIGIBLE?

As a Garfield School District Re-2 employee, you are eligible for benefits if you are a full time employee and work at least 30 hours per week. Benefits are effective on the first day of the month following 30 days of full-time employment. 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 spouse coverage status

- Commencement or termination of spouse's health coverage on another health plan (Employee will be required to upload a letter from their spouse's previous employer showing termination of coverage if they are adding dependents to the plan. If employee is dropping a dependent from the plan they will be required to show proof of coverage on their new health plan. This does not apply at Open Enrollment, or if you are electing benefits for the first time as a new-hire).

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)



BENEFITS ENROLLMENT

You can enroll in benefits or make changes to your benefits when:

- You are newly hired as a full time employee
- During Open Enrollment
- Within 30 days of experiencing a qualifying life event.

Below are instructions for how to complete benefits enrollment.

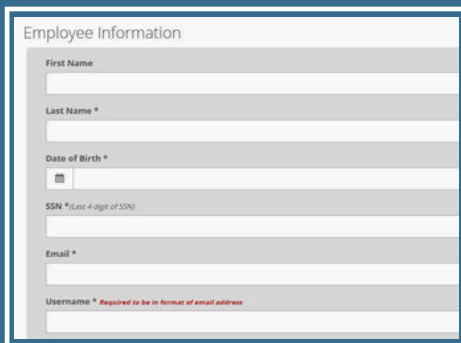
CEBT
Benefit by Trust

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 *

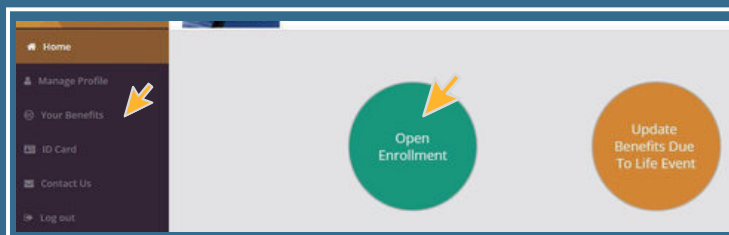
SSN *(Last 4 digit of SSN)

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 Dependents

Gender

DOB (MM/DD/YYYY)

SSN

None

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: daritza.gilne22222@willstowerswatson.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.

Benefits
When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical Dental Vision Life Voluntary Life

Selected Benefits	Plan Name	Start Date	Benefit Description	Employee Contribution would be: \$513.00 per
<input checked="" type="checkbox"/>	PPO3	5/1/2019		
<input checked="" type="checkbox"/>	HRP	5/1/2019		
<input checked="" type="checkbox"/>	PPO4	5/1/2019		
<input checked="" type="checkbox"/>	KP-DHMO 1500	5/1/2019		
<input type="checkbox"/>	Waive Coverage			

You can only waive medical under special circumstances, please see your HR for any questions.
Would you like to contribute to this plan with pre or post tax dollars?

Select Tax Type:
☒ Pre-tax ☐ Post-tax

Dependents

Name	Relationship	Gender	DOB	SSN
Employee Benefits	Child	Female	1/1/2000	333-22-1111

[Add Dependents](#)

Benefits
When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical Dental Vision Life Voluntary Life

Selected Benefits	Plan Name	Start Date
<input checked="" type="checkbox"/>	Employee Life Volumes (Employer Paid Life)	5/1/2019
<input checked="" type="checkbox"/>	Dependent Life Volumes (Employer Paid Spouse Life)	5/1/2019

Beneficiaries

Primary

Action	Name	Relationship	Percent
<input checked="" type="checkbox"/>	Employee Benefits	Child	50.00
<input checked="" type="checkbox"/>	Family Benefits	Child	50.00

Contingent

Action	Name	Relationship	Percent
<input checked="" type="checkbox"/>	Parent	Parent	100.00

To see your selections before saving, hit Preview Benefits. Once you hit Save and finish you will not be able to make changes immediately.

[Preview Benefits](#) [Save & Finish](#)

Upload Proof of Dependent
If your proof-of-event document doesn't also serve as a proof-of-dependent document, then please upload the proof-of-dependent document here

Please upload Proof of Dependent(s) for each applicable dependent (Employee Benefits)

[Choose Files](#) No file chosen

[Summarize Coverages](#)

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, .odt, .xlsx, .doc and please no larger than 6 MB)

Upload Proof of Event

Please upload Proof of Event document here if applicable

Choose Files No file chosen

Upload

Summarize Coverages

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. Determination can be made as to which coverage is primary for your dependents if they have multiple coverages.

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

YES, THEY DO NO, THEY DO NOT

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

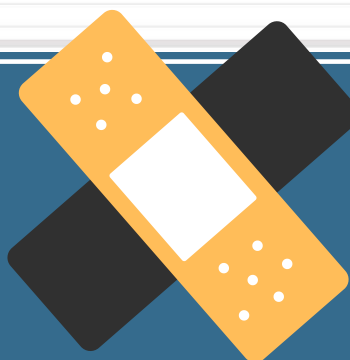
Coverage: 2019-05-01 (Pending Approval) Print

Medical

PP03 Starts on 5/1/2019 . Total Cost \$1,269.00 - 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 (400) public entities, with over 35,000 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. You can search for UHC providers on cebt.org or by clicking [here](#).

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.

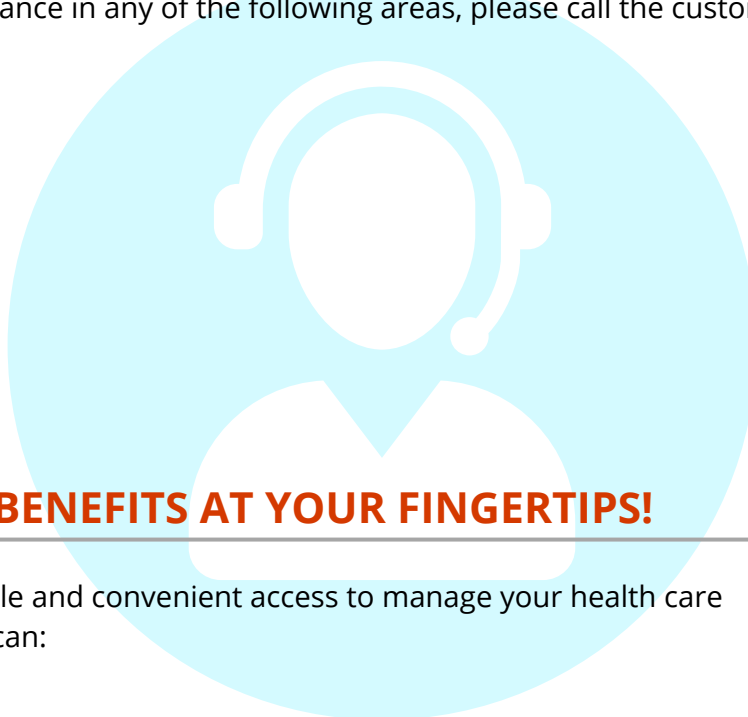
Much of your day to day correspondence, such as Explanations of Benefits (EOB) and requests for further information, will come from UMR. Additionally, you will receive ID cards from UMR, CVS Caremark and Delta Dental, but not from VSP. VSP does not utilize cards.



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

DEDUCTIBLE: The amount you owe for health care services before your health insurance or plan begins to pay.

For example, if your deductible is \$1,500, your plan won't pay anything until you've met your \$1,500 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

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, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount (80%).

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)

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.

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



Employees of **Garfield School District Re-2** have the option to choose from three different medical plan options: PPO8, HDHP4, and Surest 7 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?

Surest Plan Option

Health care costs vary by treatment, provider, and location, with prices largely unknown at the time of purchase. This lack of price certainty keeps consumers in the dark. With the Surest plan, members can see upfront prices in advance of seeking care. Surest data scientists have assigned lower prices to the most **efficient** and **high value** providers with the best proven outcomes.

Visit join-demo.surest.com and use Access Code: **25Demo7000** to see what the benefits look like and decide if this is the best plan option for you!



1 Clarity

- Clear, up-front copays
- No deductible or coinsurance
- **Lower copays for more efficient/effective care**



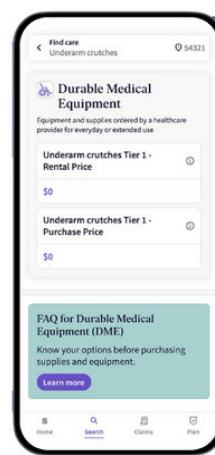
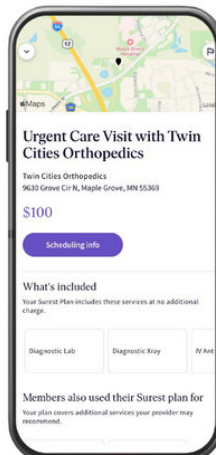
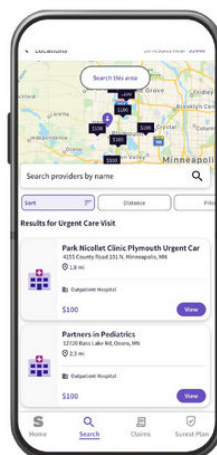
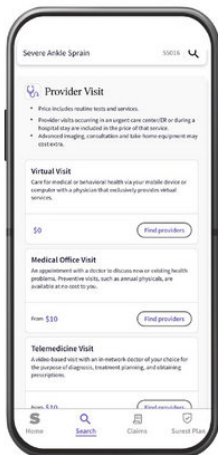
2 Experience

- **Intuitive digital experience with instant answers**
- Broad provider network (Same Choice Plus UHC provider network CEBT uses)



3 Savings

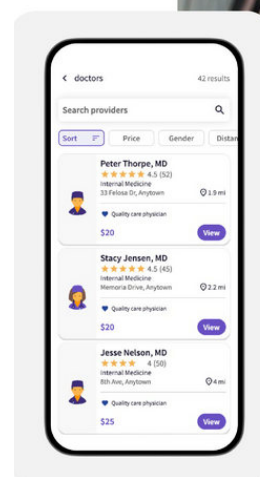
- **Members can choose to spend less out of pocket**
- **Members make smarter treatment and provider choices**



An example of what searching for care on the app looks like:

To get the most out of your plan, you need to register. Download the Surest app or visit

Benefits.Surest.com



Providers, locations, and prices are fictional. Prices are representative of member copays, no deductible.

CEBT MEDICAL PLANS

The tables below summarize the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official [plan documents](#) for additional information on coverage and exclusions.

MEDICAL BASE PLAN	PPO8	HDHP4	Surest 7
Network	United Healthcare Choice Plus	United Healthcare Choice Plus	United Healthcare Choice Plus
Office Visit (Primary Specialty)	\$55 Copay \$55 Copay	Deductible + 20% to OOP Max	\$45 to \$155
Deductible (Single Family)	\$5,000 \$10,000 Embedded	\$4,000 \$8,000 Embedded	Copay where indicated
Coinsurance (In Out)	0% In *40% Out	20% In *40% Out	0%
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
Inpatient Hospital	Deductible then covered 100%	Deductible + 20% to OOP Max	\$4,500
Outpatient Hospital	Deductible then covered 100%	Deductible + 20% to OOP Max	\$300 to \$1,300
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60	Deductible then: Generic \$20 Preferred \$40 Non-Preferred \$60	\$10 (T1) \$60 (T2) \$90 (T3) Specialty: \$10/\$150/\$300
RX Mail Order	2 X Copay	2 X Copay	\$25 (T1) \$150 (T2) \$225 (T3) Specialty: \$10/\$150/\$300
Preventative Visit	Covered 100%	Covered 100%	Covered 100%
Chiropractic	*\$55 Copay 20 Visits per year	*Deductible + 20% to OOP Max 20 Visits per year	\$40
Virtual Care	Covered 100% (Teladoc)	Covered 100% (Teladoc)	*\$0 Primary/Urgent \$0 to \$100 Specialty
Telehealth	\$55 Copay	Deductible + 20% to OOP Max	\$45 to \$155
Advanced Imaging	Deductible then covered 100%	Deductible + 20% to OOP Max	\$200 to \$1,150
X-ray	\$55 Copay office setting Outpatient setting Deductible then covered 100%	Deductible + 20% to OOP Max	Covered 100%
Lab	\$55 Copay	Deductible + 20% to OOP Max	Covered 100%
Urgent Care	\$75 Copay	Deductible + 20% to OOP Max	\$110
Emergency Care	Deductible then covered 100%	Deductible + 20% to OOP Max	\$1,000

*See next page for disclosures.



THE COST OF YOUR BENEFITS

Medical PPO8: \$5,000 Deductible

	Employee Pays	Employer Pays	Total Monthly Cost
EE	\$160	\$773	\$933
EE + Spouse	\$711	\$1,251	\$1,962
EE + Children	\$628	\$1,101	\$1,729
Family	\$832	\$1,828	\$2,660
2 EE Family	\$786	\$1,874	\$2,660

Medical HDHP: \$4,000 Deductible

	Employee Pays	Employer Pays	Total Monthly Cost
EE	\$110	\$806	\$916
EE + Spouse	\$674	\$1,251	\$1,925
EE + Children	\$593	\$1,101	\$1,694
Family	\$783	\$1,828	\$2,611
2 EE Family	\$704	\$1,907	\$2,611

Medical Surest 7: No Deductible (All Copays Plan)

	Employee Pays	Employer Pays	Total Monthly Cost
EE	\$178	\$773	\$951
EE + Spouse	\$748	\$1,251	\$1,999
EE + Children	\$660	\$1,101	\$1,761
Family	\$882	\$1,828	\$2,710
2 EE Family	\$836	\$1,874	\$2,710

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 MEDICAL PLANS

Disclosures

PPO & HDHP Plan

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://www.cebt.org/benefit-booklets>

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

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

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

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

Surest Plan

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.

***Virtual Care services** are available through UHC Doctors On Demand.

Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act.

For more information on these services go to <https://www.cebt.org/benefit-booklets>



PRESCRIPTION DRUG COVERAGE

PPO and HDHP Plans



The vendor that manages your prescriptions if you choose the **PPO8** or **HDHP4** plan 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. 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!

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.



PRESCRIPTION DRUG COVERAGE

Surest Plan

Optum Rx®

The pharmacy benefit manager on the **Surest 7 plan** is Optum. See below for information on how this plan's prescription coverage works.

Compare costs

Sign in to your member account on the Surest app or Benefits.Surest.com.

You can:



Search for prescriptions by name to see coverage details.



Check prices (copays) for your covered prescriptions.



Choose from pharmacies in the broad, national OptumRx network of retail pharmacies or Optum Home Delivery for mail orders.

Shopping around is part of the intuitive Surest plan design. When you can check prices in advance and compare options, you may even find opportunities to save. *If the cost at the pharmacy is less than the assigned copay, you'll pay the lower cost.*

Formulary tiers: Standard and specialty (complex) drugs

The point of tiers is that high costs can sometimes be avoided when an equally effective generic alternative exists. This lowest-net-cost philosophy can help drive down costs.

1

Tier 1/Specialty Tier 1: Preferred generics and some lower-cost brand products (typically the least costly at the pharmacy)

2

Tier 2/Specialty Tier 2: Preferred brand-name drugs that are typically less costly and some higher-cost non-preferred generics

3

Tier 3/Specialty Tier 3: Non-preferred products, may include some higher-cost non-preferred generics

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.

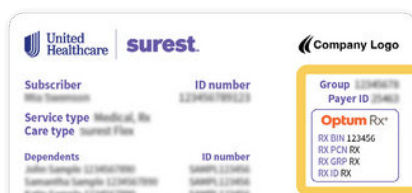
You'll receive a notification when it's time to refill your 3-month supply, with orders charged to your account.

90-day supply

Get a 90-day supply of non-specialty medications at in-network retail pharmacies at the same copay as mail order.

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.



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.

Card is for illustrative purposes only.



Still have questions?

Call Surest Member Services at
**866-683-6440, Monday–
Friday, 6 am–9 pm CT.**



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](#) 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 26
<p>PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.</p> <p>Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.</p> <p>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.</p>	

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 summary](#) 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

Exclusions: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed. This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances



CEBT HEALTH & WELLNESS CENTERS

The Health & Wellness Centers are a benefit for you and your dependent children (age 2+) if you are enrolled in one of the medical plans. These centers provide primary care, disease management and wellness services at a waived or reduced member copay, which aids in better overall health for members as well as reduced claims costs for CEBT. Click [here](#) to learn more.



Prevention

Health Screenings

- Annual exams
- Blood pressure
- Body mass index
- Cholesterol
- Glucose
- School, camp, and sports physicals

Health Coaching

- Nutrition
- Physical activity
- Tobacco cessation
- Stress management
- Weight loss



Lab Services

Blood work and lab tests processed at the center include hemoglobin A1C, lipid panel, glucose, rapid strep, mono, urinalysis, oxygen saturation, and pregnancy. Additional lab tests can also be drawn and sent to an outside lab for processing.

Privacy

The care you receive at the CEBT Health & Wellness Centers is confidential and protected by state and federal law.

Eligibility and Cost

Employees, spouses, and dependents ages 2 and older who are on the medical plan are eligible to use the virtual and in-person services provided at any of the CEBT Health & Wellness Centers. Services include primary and preventive care such as annual physicals, school and sports physicals, wellness visits, chronic condition coaching, and health coaching. There is no cost to patients for services delivered at the health centers (sick visits are \$45 for members on the HDHP only).



Sick Visits

- Bronchitis
- Common cold
- Constipation
- Cough
- Diarrhea
- Eye infections
- Headache
- Joint pain
- Nausea and vomiting
- Nosebleed
- Sinus infections
- Skin infections
- Strep throat



Medications

- Common medications dispensed onsite
- Other prescriptions sent to pharmacies
- Preventive medications are provided at no charge
- Controlled substances such as narcotics are not dispensed at the health center
- Consultation required with a provider to ensure oversight of your medical treatment

CEBT Health & Wellness Centers

Widefield: 930 Leta Drive | 719-551-5808

Rifle: 707 Wapiti Avenue, Suite 201-A | 970-440-8085

Glenwood Springs: 1901 Grand Avenue, Suite 200 | 970-440-8087

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

Loveland: 2889 N. Garfield Avenue | 970-744-2866

Greeley: 4675 W. 20th Street Road, Unit B | 970-373-4625

my.marathon-health.com



HEALTH SAVINGS ACCOUNT (HSA)

Employees enrolling in the high deductible health plan option **HDHP4** are eligible for an HSA or Health Savings Account. 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. For more information, Visit Rocky Mountain Reserve at <https://www.rockymountainreserve.com>.

START IT

Contributions to the HSA are tax-free for you – Employee's can change their contributions at anytime through the year.

High deductible health plans typically cost less than other plans so the money you save on premiums can be put into your HSA. 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, even if you leave your job, change plans or retire.

In 2025, the total of your contributions can be up to **\$4,300** for individual coverage and **\$8,550** 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 (e.g., your spouse's HMO 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



FLEXIBLE SPENDING ACCOUNT (FSA)

If you chose the **PPO8 or Surest 7 plan**, you can utilize a Flexible Spending Account (FSA). A FSA 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 is put into the FSA. When you incur expenses, you can access the funds in your account to pay for eligible expenses. If you wish to contribute pre-tax dollars to a flexible spending account in 2025-26, you must make a new election during open enrollment. FSA elections do not carry over from year to year.

This chart shows the eligible expenses for each FSA and how much you can contribute each year. Each of these options reduces your taxable income. For more information, Visit Rocky Mountain Reserve at <https://www.rockymountainreserve.com>.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and prescriptions).	Maximum contribution is \$3,300 for the 2025 calendar year. You cannot enroll if you are enrolled in a HDHP. Funds are deducted throughout the year, but all funds are available on January 1.
Limited Purpose FSA	Dental and vision expenses only that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and prescriptions).	Maximum contribution is \$3,300 for the 2025 calendar year. This is available to those enrolled in the HDHP4 plan with an HSA Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	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.	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.

Important information about FSAs

Your FSA elections are effective from **July 1, 2025 - June 30, 2026**. Claims for reimbursement must be submitted to Rocky Mountain Reserve by March 15 of the following year. Our FSA funds allow you to carry over **\$660** per school year in unused funds to the following plan year.

Please plan your contributions carefully. Any unused funds in your account above the \$660 rollover limit and not utilized by June 30th each year will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service (IRS) regulations.

A full list of eligible expenses is available at [IRS Publication 502](#) and [IRS Publication 503](#). For more information on flexible spending accounts please visit [IRS Publication 969](#).



Lantern (previously known as SurgeryPlus) is a supplemental benefit for non-emergency surgeries that provides high-quality care, concierge-level member service and lower costs. CEBT wants members to get the best care possible and will limit or waive member's out-of-pocket costs if you use Lantern. Lantern also offers an infusion care program, which offers lower rates for in-home or ambulatory infusion treatments with no cost share on PPO and Surest plans, and after deductible on HDHP plans. Click [here](#) to learn more.

Lighting Your Path to the Right Surgical Care

What is Lantern?

Lantern can help you get the best care when you need planned, nonemergency surgery. This money-saving benefit is available at no additional cost to you as part of your benefits.

Here's What's Covered

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

- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs
- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees

Let Us Guide You Back to Health

3 Steps to the Best Care

STEP 1

Call a Care Advocate to get started. They'll share more information about your benefits and ask about the care you're looking for.

STEP 2

Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.

STEP 3

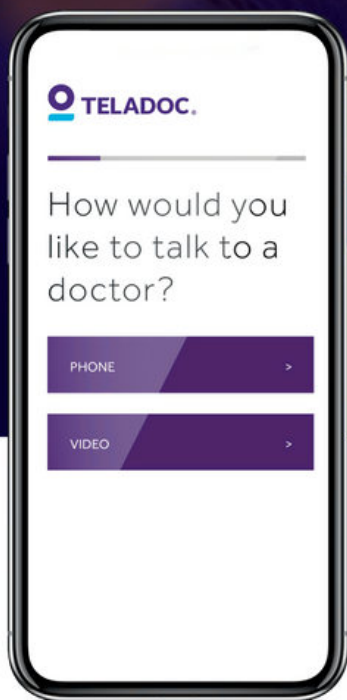
After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.



You deserve excellent, affordable surgical care.

**To learn more about your benefits, call
(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 **PPO8** and **HDHP4** plan. It's an affordable alternative to costly urgent care and ER visits when you need care fast. Teladoc is free to use for those on the PPO plan and a \$49 fee for those on an HDHP plan. Click [here](#) to learn more. ***Not eligible for those enrolled in a Surest 7 Plan.**



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

Feel better for free without leaving the house.

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

Download the app



Made available by
CEBT
Benefit by Trust



Surest - Virtual Care

The telemedicine option for Surest members is integrated with your health plan. Get convenient care at a lower cost by using the Surest virtual health network (UHC Doctors on Demand). There is **no cost** for primary/urgent care services and \$0-\$100 for Specialty care.

Get medical care from the comfort of home.

See a doctor online instead of in a clinic — save time, money.

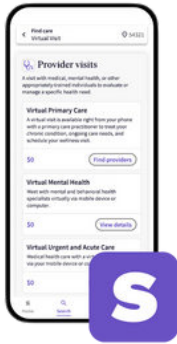


Create an account with Surest and take advantage of our low-cost virtual health network.

- 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.



Providers, locations and prices are fictional. Prices are representative of member copays, no deductible. Virtual visits may not be suited for certain conditions and health concerns. Insurance coverage for fully insured plans is provided by All Savers Insurance Company (for FL, GA, OH, UT and VA), by UnitedHealthcare Insurance Company of IL (for IL), by UnitedHealthcare of Kentucky, Ltd. (for KY), or by UnitedHealthcare Insurance Company (for AL, AR, AZ, CO, DC, GA, IA, ID, IN, KS, LA, MI, MN, MO, MS, NC, NE, NH, NV, OK, PA, SC, SD, TN, TX, UT, VA and WV). These policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Administrative services for insurance products underwritten by All Savers Insurance Company and UnitedHealthcare Insurance Company, and for self-funded plans, are provided by Bind Benefits, Inc. d/b/a Surest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA. © Bind Benefits, Inc., d/b/a Surest. All rights reserved. B2C_23-AI-548232_0823

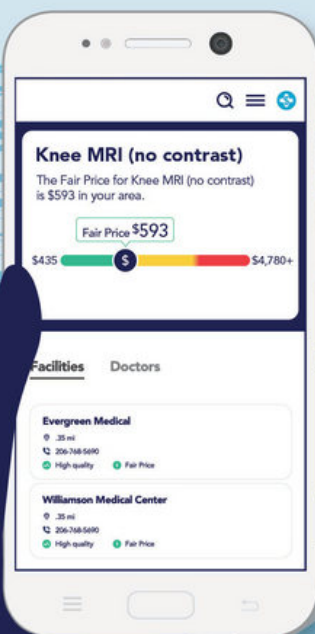


Healthcare Bluebook is a cost transparency tool that members can use to shop for healthcare and get rewarded! If a member uses the service and visits a green or fair price provider, they could receive a reward in the form of a debit card varying from \$25-\$1,500. Click [here](#) to learn more. ***Not eligible for those enrolled in a Surest 7 Plan.**

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



RETIREMENT: Public Employers Retirement Association (PERA)

All employees of Garfield School District Re-2 contribute to PERA instead of Social Security. Both the employee and employer contribute to the retirement fund set up in each employee's name. Per current PERA legislation, employees contribute over 11% of each paycheck to their account and Garfield Re-2 contributes over 21.4%. Should an employee leave the district, they will be entitled to the full amount of the account according to retirement rules set up by PERA. To learn more, visit <https://www.copera.org/>.

We encourage all employees to speak with a PERA benefits counselor periodically to review their retirement options and investments. Call 1-800-759-7372.

401K - All employees are eligible to participate in the PERA 401K plan. You can choose to contribute a specified dollar amount or a percentage of your salary. Please visit the PERA website or schedule an appointment with a benefits counselor at 1-800-759-7372.

457 plan - All employees are eligible to participate in a 457 deferred compensation plan. You can choose to contribute a specific dollar amount or a percentage of your salary. Please visit the PERA website or schedule an appointment at 1-800-759-7372.

403B - All employees are eligible to participate in a 403(b) plan. Contributions can be made through payroll deduction. There are several companies to choose from to assist you in your 403(b) account and those companies are listed below. Simply contact the company and/or individual listed to discuss your options.

American Fidelity - (800) 365-9247 in Colorado

Ameriprise - (800) 862-7919

Equitable - (303) 305-5451

Ben Lindgren - (763) 464-6426

Todd Ganton - (517) 740-0874

Encompass (through Teachers Pension) - (970) 515-6890

Jason Gollhofer - (970) 590-0016

Jaren Crawford - (970) 576-2553 Horace Mann - (800) 999-1030

Metropolitan Life - (800) 560-5001

National Life Group - (800) 579-2878

John Becker - (720) 936-0507

PFS Investments (Primerica) - (800) 544-5445

TIAA-CREF - (800) 842-2888

Waddell & Reed - (800) 923-3355





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. Garfield School District Re-2 provides Basic Life and AD&D Insurance and Dependent Life 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	\$30,000
Benefit Reduction	Life and AD&D benefits will reduce 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)



SUPPLEMENTAL LIFE AND AD&D

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental life coverage. Garfield School District Re-2 provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through The Standard. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded for Supplemental Employee and Spouse life. Benefits will reduce starting at age 65.

- 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

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by The Standard. Participants that are currently enrolled in additional life coverage less than \$150,000 can increase their benefit every year by \$20,000 with no medical underwriting up to the Guarantee Issue amount. If you currently have spouse life insurance under 30,000 you may elect to increase your spouse coverage each year by 5,000 or 10,000 but not to exceed 30,000 or 50% of what you have in additional life insurance.

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. For a complete list of rates and benefit information please view the [benefit booklet](#).





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>)



LEGALSHIELD & ID SHIELD



Garfield School District Re-2 offers the opportunity to enroll in a legal and ID theft protection program as a voluntary benefit. Please see below to learn more about what each benefit provides. For information on enrolling, please reach out directly to our rep: Mindy Rogers, mindyr@legalshieldassociate.com, 720-217-9934.

LegalShield	ID Shield
<ul style="list-style-type: none"> • Dedicated Law Firm Direct access, no call center • Legal Advice/Consultation on unlimited personal issues • Letters/Calls made on your behalf • Contracts/Documents Reviewed up to 10 pages • Residential Loan Document Assistance for the purchase of your primary residence • Will Preparation - Living Will, Health Care Power of Attorney, Financial Power of Attorney • Speeding Ticket Assistance Upload your speeding ticket from the mobile app directly to law firm • IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll) • Trial Defense (if named defendant/respondent in a covered civil action suit) • 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.) • 24/7 Emergency Access for covered situations 	<ul style="list-style-type: none"> • High Risk Application and Transaction Monitoring We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert. • Social Media Monitoring for privacy concerns and reputational risks • Credit Monitoring continuous credit monitoring through TransUnion • Monthly Score Tracker watch your credit score and map your credit trends • Credit Inquiry Alerts (instant hard inquiry alerts) • Consultation on any cyber security question • \$1 Million Protection Policy coverage for lost wages, legal defense fees, stolen funds and more • Unlimited Service Guarantee ensures that we won't give up until your identity is restored! • Identity Restoration performed by Licensed Private Investigators to restore your identity to its pre-theft status. • 24/7 Emergency Access in the event of an identity theft emergency

Plan	Individual Price	Family Price
LegalShield	\$15.95	
IDShield	\$8.95	\$18.95
Combined	\$24.90	\$30.90



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 AllOne Health 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

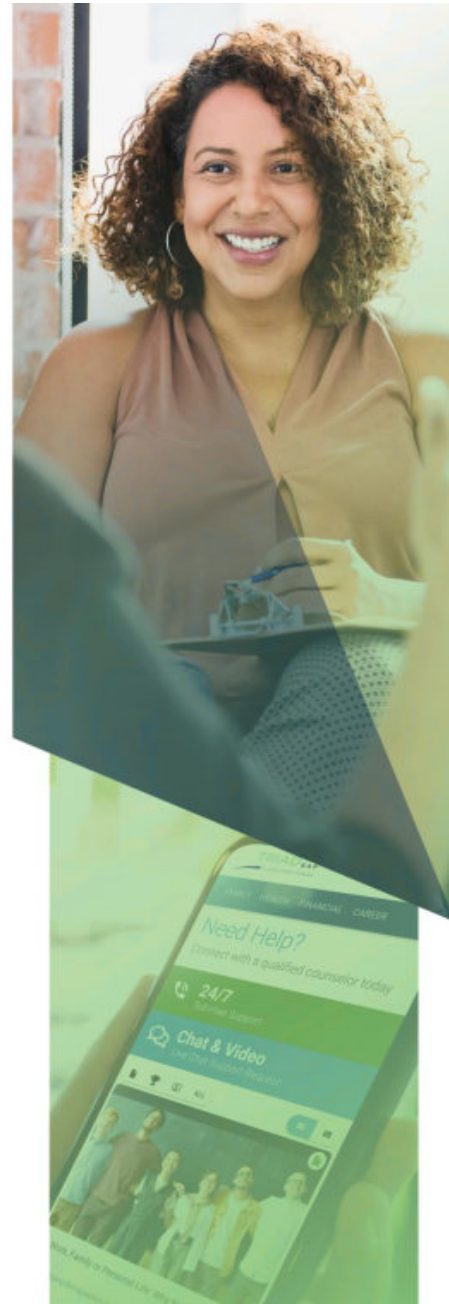
Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

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.



Contact AllOne Health

Call: 877-679-1100

Visit: www.triadeap.com

Code: cebt

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:

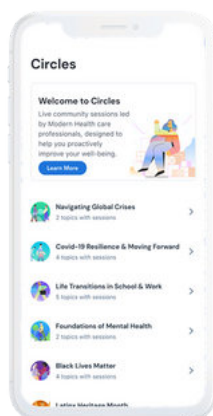
1-ON-1 SESSIONS



8 Sessions with Certified Coaches

8 Sessions with Therapists, as needed

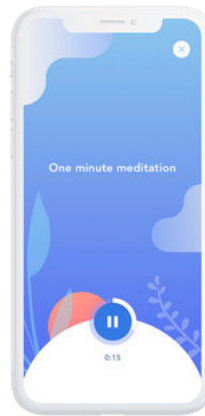
GROUP CIRCLES



Circles: Live Provider-Led Community Sessions

Unlimited Access

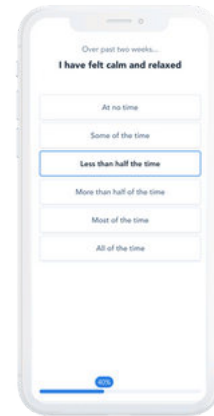
SELF-SERVE



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. Click [here](#) to learn more.

***Not eligible for those enrolled in a Surest 7 Plan.**

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



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). ***Not eligible for those enrolled in a Surest 7 Plan.**

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. ***Not eligible for those enrolled in a Surest 7 Plan.**



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.

*To be eligible for the free incentive gift you must enroll during your first or second trimester and continue to actively participate in the program each trimester of your pregnancy.



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

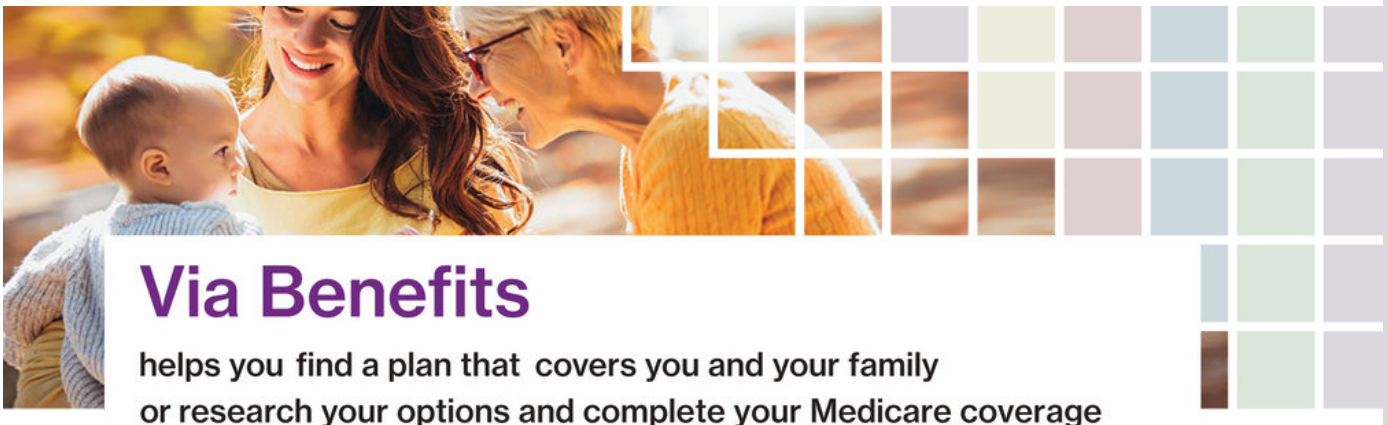


Your first step is to enroll in the Maternity CARE program.

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.

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

Surest Medical Plan Members	
Member Services	866-683-6440
Website	Benefits.Surest.com

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/

Lantern	
Member Services	1-855-200-6675
Website	https://my.lanternare.com/

AllOne Health Employee Assistance Program	
Member Services	877-679-1100 or 970-242-9536
Code	cebt
Website	www.triadeap.com

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

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



CONTACT INFORMATION

Health Savings Account and Flexible Spending Account - Rocky Mountain Reserve

Member Services	888-722-1223
Website	https://rockymountainreserve.com

The Standard - Employee Assistance Program

Member Services	888-293-6948
Website	healthadvocate.com/standard3

CEBT Health and Wellness Centers

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

Aflac - Disability, Accident, Critical Illness, Hospital Indemnity

Local Representative - Sean Foster	sean_foster@us.aflac.com , 970-210-4828
Claims Administration	970-314-7073

LegalShield & ID Shield

Representative - Mindy Rogers	mindyr@legalshieldassociate.com , 720-217-9934
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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://www.cebt.org/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://www.cebt.org/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





Garfield School District No. Re-2
839 Whiteriver Ave. Rifle, CO 81650
970-665-7600 (phone) • 970-665-7623 (fax) www.garfieldre2.net