

A GUIDE TO YOUR **BENEFITS**

Benefit Plans Effective
January 1, 2026 – June 30, 2026









Welcome!

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

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

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Who Is Eligible?

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



Changing Your Benefits

New Employees

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

Qualifying Events and Dropping Dependents

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

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

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

Annual Open Enrollment

2026 Open Enrollment dates: **11/3 – 11/14** Open Enrollment this year is **ACTIVE**.

ACTIVE enrollment means everybody must go in and complete online enrollment (even if you are keeping all benefits the same) to have benefits for the new plan year.



Key Benefit Terms

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

Non-Embedded Deductible: A type of health insurance deductible where all family members share a single deductible amount. This means that all medical expenses incurred by family members contribute towards meeting this deductible.

Embedded Deductible: A type of health insurance deductible where each family member has their own individual deductible. When an embedded deductible is in place, a family member must meet their own deductible before the insurance company starts covering their medical expenses.

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

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

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

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

- Copays
- Deductibles
- Co-insurance payments

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

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

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

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

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

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

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

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. These funds must be used within the plan year.

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

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

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

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



Medical

Employees of **Summit School District** have the option to choose from two different medical plan options **PPO5** and **HDHP25**. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. These plans use the **United Healthcare Choice Plus** network. This is the network of doctors you will want to stay within to access your in-network benefits.

Before you enroll in medical coverage, take some time to fully understand how each plan works. The tables below summarize the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Before You Choose a Plan, Consider This:

- Do you prefer to pay more for medical out of your paycheck but less when you need care?
- What planned medical services do you expect to need in the upcoming year?
- Do you or your covered dependents take any prescription medications regularly?



PPO Plan

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

HD Plan

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

Medical Base Plan	PPO5	HDHP25
Network	United Healthcare Choice Plus	United Healthcare Choice Plus
Office Visit (Primary Specialty)	\$45 Copay \$45 Copay	Deductible + 20% to OOP Max
Deductible (Single Family)	\$2,500 \$5,000 Embedded	\$2,500 \$5,000 Non-Embedded
Coinsurance (In Out)	20% In *40% Out	20% In *40% Out
Out of Pocket Single (In Out)	\$4,500 \$9,000	\$4,500 \$9,000
Out of Pocket Family (In Out)	\$9,000 \$18,000	\$9,000 \$18,000 Embedded
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60	Deductible then: Generic \$20 Preferred \$40 Non-Preferred \$60
Rx Mail-Order	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%
Chiropractic	*\$45 Copay 20 Visits per year	*Deductible + 20% to OOP Max 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	\$45 Copay	Deductible + 20% to OOP Max
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$45 Copay office setting Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Lab	\$45 Copay	Deductible + 20% to OOP Max
Urgent Care	\$75 Copay	Deductible + 20% to OOP Max
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

Medical Plan Disclosures

This comparison of coverage is intended only as a general description for the principle in network features of the benefit plans. If there are questions about a particular benefit or the coverage tier, please refer to the full plan document that is posted on the www.cebt.org website for specific coverage details. *Charges are subject to Usual & Customary (U&C). These charges are considered in excess of the Reasonable Reimbursement, the Recognized Amount, the Usual and Customary charge, the Negotiated Rate, or the fee schedule. Exclusions under this category do not apply to payments that may be required under the No Surprises Act. Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act. For more information on these services go to <https://cebt.org/benefit-booklets>. Embedded - Under this deductible definition, any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay. Non-Embedded - Also referred to as an aggregate deductible. Under this arrangement, the total family deductible must be paid out-of-pocket before health insurance starts paying for the health care services incurred by any family member. Usually applies in High Deductible Health plan. The individual deductible doesn't apply if there are multiple people covered by the plan (Employee +1, Employee + Spouse, Family Coverage, etc.) PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit. PPO Plan deductibles fall under the definition of an Embedded deductible where any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.



Prescription

CVS Caremark

CVS Caremark is the vendor for prescriptions on the CEBT United Healthcare plans **PPO5** and **HDHP25**. You can access CVS pharmacies at King Soopers, Safeway, Walmart, Walgreens, etc. To view medications or learn more, visit the [CVS Caremark](#) page through the CEBT website.

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

Prescription Drugs Retail: 30-Day Supply	Prescription Drugs Mail-Order: 90-Day Supply	Annual Cost Savings
\$20 Copay (Generic)	\$40 Copay (Generic)	\$80
\$40 Copay (Preferred)	\$80 Copay (Preferred)	\$160
\$60 Copay (Non-Preferred /Specialty)	\$120 Copay (Non-Preferred /Specialty)	\$240

Ways to Save Time and Money on Medications

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

PrudentRx

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



Dental Plan B

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

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

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

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

Prevention First

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

Right Start 4 Kids (RS4K)

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

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

Dental Plan C

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Description	Coverage
Annual Max	\$1,500
Deductible (Single Family)	\$50 \$150
Preventative Services	Covered 100% routine exams and cleanings two times per calendar year, bitewing x-rays once per calendar year, full mouth x-rays eligible once in a 5-year period
Basic Services	Covered 80% emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered 50% crowns, partial or full dentures, implants
Orthodontia Services	Not Covered

Prevention First

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

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



Vision Plan C

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

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

Carrier

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

Lenses

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

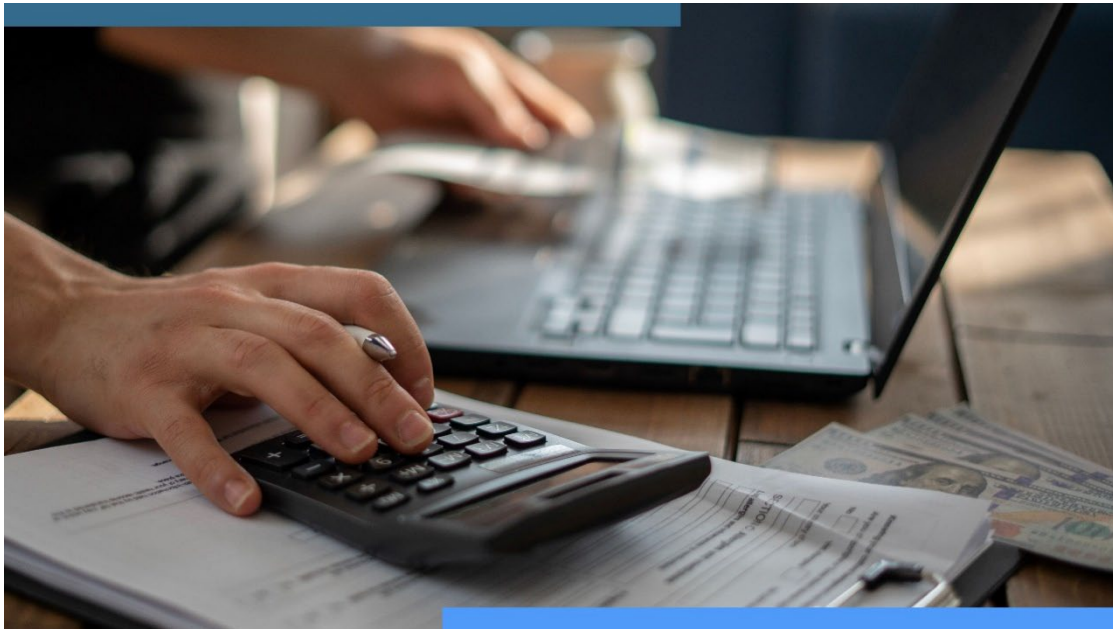
Exclusions: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen, or broken lenses and/or frames, services, and supplies for which you or your dependent are not required to pay, services and supplies are not listed. This is only intended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



The Cost of Your Benefits

Below, you will find the monthly costs for medical, dental, and vision insurance.

Coverage Level	PPO5	HDHP25	Dental B	Dental C	Vision
Employee Only	\$286.00	\$112.00	\$5.50	\$5.50	\$9.00
Employee + Spouse	\$964.00	\$597.00	\$42.90	\$42.90	\$18.00
EE + EE	\$572.00	\$224.00	\$8.80	\$8.80	-
Employee + Child(ren)	\$765.00	\$441.00	\$49.50	\$38.50	\$19.00
Employee + Family	\$1,415.00	\$898.00	\$84.70	\$73.70	\$31.00
EE+EE+Family	\$1,051.00	\$553.00	\$50.60	\$39.60	-





Health Savings Account (HSA)

Administered by Health Equity

A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical, dental and vision expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options.

Advantages of the High Deductible Health Plan (HDHP) with an HSA

The HDHP option is designed to encourage you to be more conscientious of your healthcare expenditures. It also offers a number of special features, for example:

- It has a lower monthly payroll contribution
- You have access to a Health Savings Account (HSA) that allows you to put aside money, tax-free, to pay for eligible medical expenses. You choose when to use the money in your HSA account. It rolls over from year to year, allowing the balance to increase.

Setting Up an HSA Account

Your HSA is administered through Health Equity. You can open and contribute to an HSA if you:

1. Are covered by an HSA-qualified health plan (HDHP);
2. Are not covered by other health insurance (with some exceptions);
3. Are not enrolled in Medicare. **If you are enrolled in any Medicare, including Medicare Part A, you are not eligible to open and contribute to an HSA.**
4. Are not eligible to be claimed as a dependent on another person's tax return;
5. Have not received health benefits from the Veterans Administration with the exception of services for a "service related disability" or an Indian Health Services facility within the last three months; and
6. Are not covered by your own or your spouse's Healthcare FSA.

Contributing to your HSA

Health Savings Accounts have a triple tax advantage:

- Contribute tax-free
- Invest tax-free
- Make withdrawals for eligible medical expenses, or for any use after age 65 tax-free

Using Your HSA Funds

Money you use from your HSA to pay for qualified medical expenses is federally tax-free. If you use money for reasons other than qualified medical expenses before age 65, that money is taxable and subject to a 20% penalty. This isn't a complete list of rules and requirements for HSAs. More info can be found in the publication 969 of the IRS, at www.irs.gov.

The annual 2026 HSA contribution limits are **\$4,400** for single coverage and **\$8,750** for family coverage. If you are age 55 or older you may contribute an additional \$1,000.

You cannot use HSA dollars on Domestic Partners unless they are your legal tax dependent. Your adult children 19-26 must be a tax dependent to be eligible to use your HSA dollars for their expenses. If they are not tax dependent, and still covered under your Summit School District HDHP plan, they may open their own HSA and contribute up to the family maximum.



Flexible Spending Accounts (FSA)

Administered by Rocky Mountain Reserve (RMR)

**No changes can be made to FSA during this Open Enrollment. Current elections will go through June 30, 2026. Next Open Enrollment for Medical FSA will take place during the Spring of 2026.*

Summit School District provides you the opportunity to fund out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical, dental and vision expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

IMPORTANT: If you are enrolled in the District's HDHP plan with HSA (or another High Deductible Health Plan with HSA), you are ONLY eligible to enroll in the limited purpose FSA (dental and vision expenses ONLY). If you are not enrolled in our PPO medical plan or are enrolled in your spouses or another PPO plan (non-HDHP), then you are able to enroll in the full FSA plan at the District.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed, with the exception of \$680 which can be rolled over to the new plan year, it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.



CEBT Mental Health Benefits

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

AllOne Health Employee Assistance Program (EAP)

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

Modern Health

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

Talkspace

Talkspace is an online therapy tool for members enrolled in a United Healthcare medical plan. You can find a therapist through the online matching tool and start your first appointment within hours. Choose between live, face-to-face video visits or messaging your therapist. Normal cost share applies, TalkSpace is an in-network provider.





CEBT Value Added Benefits

The benefits below are available to CEBT members enrolled in a medical plan. These benefits are not eligible for those enrolled in a Kaiser plan. To learn more, visit the Partners/Providers page on cebt.org or contact customer service at (303) 773-1373.

Lantern

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

NEW! Infusion Care through Lantern

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

Teladoc

Teladoc provides 24/7/365 access to U.S. board certified doctors through convenient phone or video consults for members on the **PPO5**. It's an affordable alternative to costly urgent care and ER visits when you need immediate care. CEBT pays for the full cost of the consult so there is no copay for members.

Healthcare Bluebook

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

Omada

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

Cancer Resource Services

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

Maternity Care Program

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



Life and AD&D Insurance

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

Summit School District provides Basic Life and AD&D Insurance and Dependent Life Insurance to all eligible employees at no cost to employees through The Standard.

Life Insurance

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

Accidental Death & Dismemberment Coverage

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

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



Voluntary Benefits

*This Open Enrollment period will not include voluntary benefits

Voluntary Life with AD&D Insurance

Insured by United Healthcare

You may purchase voluntary life and AD&D insurance in addition to the company provided coverage. You may also purchase voluntary Life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are **first eligible**.

- **Employee** - \$10,000 increments up to a maximum of five times your salary or not to exceed \$500,000.
 - **Guarantee Issue** - \$80,000
- **Spouse** - \$5,000 increments up to a maximum of \$250,000, not to exceed 50% of employees benefit amount (Spouse rate based on spouse's age)
 - **Guarantee Issue** - \$25,000
- **Children (until age 26)** - \$1,000 increments up to \$10,000, not to exceed 50% of employees benefit amount
 - **Guarantee Issue** - \$10,000

Accident Injury Insurance

Insured by United Healthcare

An accident can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having UHC Accidental Injury Insurance is important. UHC Accidental Injury Insurance pays you (or whoever you designate) for treatments or injuries resulting from a covered accident. It can help you pay for expenses such as rehabilitation, transportation, childcare, travel or other out-of-pocket expenses. What you do with the money is all up to you. Coverage continues after your first covered accident and can help provide protection for future covered accidents. Choose coverage that works best for you and your family. Your monthly costs will depend on the level of coverage you choose.

Critical Care Illness Insurance

Insured by United Healthcare

Being diagnosed with a critical illness can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why UHC Critical Illness Insurance is important. UHC's Critical Illness Insurance can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected coverage critical illness – so you can focus on getting better. UHC Critical Illness insurance pays

you (or whoever you designate) a lump-sum benefit for diagnosis of a covered critical illness or specified event like a heart attack or stroke. It can help pay for out-of-pocket deductibles and copays along with expenses such as travel, room and board, transportation, childcare or treatment options not covered by traditional insurance. Choose the coverage that works best for you and your family. Your monthly cost will depend on the level of coverage you choose.

Hospital Care Coverage

Insured by United Healthcare

A hospital stay can happen at any time, and it can be costly. UHC Hospital Care can help you and your loved ones have additional financial protection. We can help cover these unexpected events – so you can focus on getting better. With UHC Hospital Care, you receive a check after a qualified hospitalization resulting from a covered injury or illness. You can use the money however you like. There are no copays, deductibles, coinsurance or network requirements. And benefits aren't reduced because you receive a payment from any other coverage you have such as medical, accidental injury or critical insurance. Your monthly cost will depend on the level of coverage you choose.

Short Term Disability

Insured by United Healthcare

When trouble arises, Short-Term Disability insurance can provide employees with the peace of mind that a protected paycheck brings. UHC's Voluntary Short-Term Disability plan provides income if you become disabled due to an injury or illness after satisfying the elimination period (7 days). Once enrolled in the plan, you can receive up to 60% of your weekly earnings or a maximum of \$1,500 per week for up to 12 weeks. Visit your employee portal for further plan details.

Long Term Care Benefits

Insured by Trustmark Universal Life Insurance

At any point in your life, you may need long term care services, which could cost hundreds of dollars per day. Universal Life includes a long-term care benefit that can pay for these services at any age. These long-term care benefits can include services such as, facilities care, home care, assisted living, and adult day care. Visit www.trustmarksolutions.com for more information.

Identity Theft

Identity Guard combines the best of traditional identity theft monitoring solutions, with the powerful processing of IBM Watson technology. The personal cybersecurity is there to alert you to personal habits that put you at greater risk than the average person, inform you of threats due to companies getting hacked and losing your personal information, phishing scams, as well as your personal information being used to open new access or access existing accounts. To learn more, go to www.identityguard.com, pricing will depend on your plan selection,

Pet Insurance

There are many reasons why more pet parents today are covering their pets with ASPCA Pet Health Insurance. Most of all, they want to make sure they'll have financial support if their pet is sick or hurt. That way, they can give their pets the best care possible without worrying about the costs. With the insurance you can customize your annual limit, reimbursement percentage and deductible. Additionally, you will be able to add a preventive care reimbursement option or select accident-only coverage. To get customized quote and enroll, visit www.aspcapetinsurance.com or call (877) 343-5314.



Contact Information

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

Monica Williams - HR Benefits Specialist

monica.williams@summitk12.org

Medical, Dental, Vision, Life/AD&D - CEBT Customer Service

Member Services	(303) 773-1373 or (800) 332-1168
Website	www.cebt.org

CVS Caremark

Mail-Order	(866) 885-4944
Website	www.caremark.com

Flexible Spending Account (FSA) - Rocky Mountain Reserve

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

Health Savings Account (HSA) - Health Equity

Member Services	(866) 346-5800
Website	www.healthequity.com

Teladoc

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

Healthcare Bluebook

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

Lantern

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

AllOne Health Employee Assistance Program (EAP)

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

Modern Health

Member Services	help@modernhealth.com
Website	my.joinmodernhealth.com/login

Omada Health – Digital Disease Management Program

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

UMR Cancer Resource Services

Member Services	(866) 494-4502
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The Standard – Travel Assistance

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

Via Benefits

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

Voluntary Life and AD&D – UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Accident – UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Critical Illness – UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Hospital Indemnity – UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Short-Term Disability – UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

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Website	member.uhc.com/myuhc

Short-Term Disability – UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Life with Long Term Care - Trustmark

Member Services	(800) 918-8877
Website	www.trustmarkcolutions.com

Pet Insurance - ASPCA

Member Services	(877) 343-5314
Website	www.aspcapetinsurance.com/summit

ID Theft - Identity Guard

Member Services	(855) 443-7748
Website	www.identityguard.com



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