

YOUR EMPLOYEE **BENEFITS**

BENEFIT PLANS EFFECTIVE
SEPTEMBER 1, 2024



BENEFITS

BUILT FOR YOU

At Eagle Valley Transportation Authority, we care about you. That's why we offer a comprehensive suite of benefits that support your physical, emotional, and financial health for you and your family.

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

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WHO IS ELIGIBLE?

As an Eagle Valley Transportation Authority employee, you are eligible for medical & retirement benefits if you are a full-time employee, full-time seasonal employee who works over 6 months and part-time employees who work over 20 hours. 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. 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 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.

1. Change in marital status

- Marriage
- Death of spouse
- Divorce
- Legal separation

2. Change in number of dependents

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

3. Change in coverage status

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

4. Change in individual coverage status due to aging out

- In the event that an employee loses eligibility on their parent's plan, due to aging out (26)



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



BENEFITS ENROLLMENT 2024

To **enroll in new benefits**, everybody must go in and complete **online enrollment**. To complete this you will receive a link from your employer to register for CEBT's online enrollment system to make your 2024 benefit elections for **medical, dental, vision, and life** coverage. Coverages will become effective **09/01/2024**.



Benefits Enrollment

REGISTRATION

Employees will receive a registration link via email from their Employer. Click on the link and fill in the required fields on the registration page. Press "register" and you will receive an email at the email address you provided shortly after with a link to login and create a password.

Create a password, confirm and select change password

A screenshot of a registration form with the following fields: First Name, Last Name, SSN Number, Email, Date Of Birth, Gender, Mailing Street, City, State, and Zip Code. A red 'Register' button is at the bottom.

A screenshot of a 'Change Your Password' form. It asks for a new password for the email 'danitza.gline585@willistowerswatson.com'. It lists requirements: 8 characters, 1 letter, and 1 number. There are fields for 'New Password' and 'Confirm New Password', and a 'Change Password' button at the bottom.

VERIFY INFORMATION

Review Profile Details and add in or correct any information. Next, press "Save and Select Benefits".

NEED TO ADD A DEPENDENT?

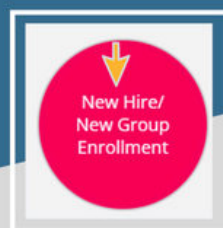
1. Click on "Add New Dependent"
2. Fill in required information
3. Press "Save Dependent"

A screenshot of a 'Profile Details' form. It shows fields for First Name (Test), Last Name, SSN Number (111223333), and Email. A yellow banner says 'Please review/correct your personal information and then click Save to move to the benefit selection'. There are 'Save and Select Benefits' and 'Cancel' buttons.

A screenshot of an 'Add New Dependent' form. It shows a field for SSN with the value '000-00-0000'. There is an 'Add New Dependent' button at the top.

BEGIN ENROLLMENT

Select the New Hire Enrollment button in order to choose your benefits.



Please contact your HR Administrator or Benefits Specialist for any questions



WONDERING WHAT PLAN TO CHOOSE?

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

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.

Selected Benefits	Plan Name	Start Date	Benefit Descr
<input checked="" type="checkbox"/>	PPO3	5/1/2019	
<input type="checkbox"/>	HRP	5/1/2019	
<input type="checkbox"/>	PPO4	5/1/2019	
<input 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
<input checked="" type="checkbox"/>	Employee Benefits	Child	Female

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%.

Beneficiaries

Primary

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

Contingent

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

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](#)

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.

Please contact your HR Administrator or Benefits Specialist for any questions.



Other Insurance Information

If you have added dependents you will see a notification to upload proof of dependent documents. You can skip this step. After 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. You will input your ssn for your member ID.

Your elections have been submitted for review.

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

Upload Proof of Event

Please upload Proof of Event document here if applicable

No file chosen

Other Insurance Verifications

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

Other Insurance Information

Member's Dependent(s) Other Insurance Information:

If you received a request from UMR requesting Dependent(s) Other Insurance Information please complete the form. 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:

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 Brand

Summarize Coverages Coverage
2019-05-01 (Pending Approval)

Medical

PPD3 Starts on 5/1/2019. Total Cost \$1,269.00 - Employer Contribution \$728.00 = Your monthly cost \$513.00

Covered Dependents

Employee Benefits (Child)

Please contact your HR Administrator or Benefits Specialist for any questions.



WHAT IS CEBT?

The Colorado Employer Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over four hundred and forty (440) public entities, with over 37,000 employees and dependents covered in the state of Colorado. The CEBT plan offers health, dental, vision and life coverage to the participating groups.

WHO IS WTW?

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

WHAT ARE THE ROLES OF UMR, CVS CAREMARK, DELTA DENTAL & VISION SERVICE PLAN (VSP)?

CEBT has contracted with these managed health care companies to provide claims processing and provider network access:

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

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

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

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

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



NEED HELP WITH A CLAIM?

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

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

THE CEBT MOBILE APP: BENEFITS AT YOUR FINGERTIPS!

The CEBT mobile app gives you simple and convenient access to manage your health care benefits on the go. On the app, you can:



ENROLL IN BENEFITS

New features: Enroll in your benefits, view current plans and dependents, download benefits summaries, and process life event/open enrollment changes.



FIND A PROVIDER

Search for in-network providers and easily navigate to find more information regarding CEBT's Valued Partners.



VIEW & ORDER ID CARDS

Keep a version of your ID cards handy - Access or print your digital ID cards and order new ID cards.



CONNECT WITH CUSTOMER SERVICE

Ask a CEBT customer service representative benefit or claim questions through opening a case.

DOWNLOAD THE
'CEBT HEALTH PLAN' APP



DOWNLOAD
NOW



DOWNLOAD
NOW



KEY BENEFIT TERMS

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

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

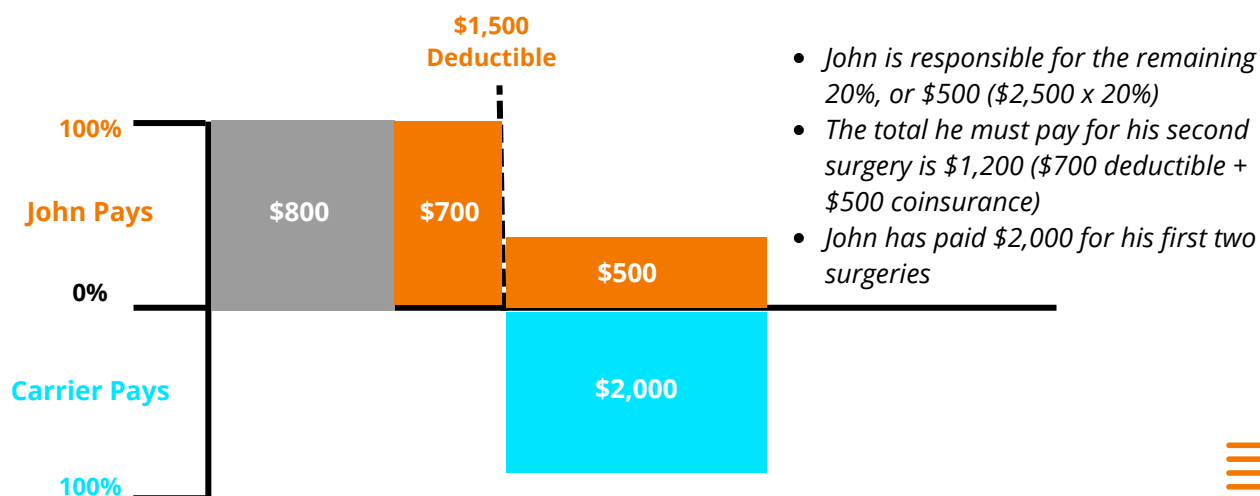
For example: John has a health plan with a \$1,500 annual deductible. He falls off his roof and needs three knee surgeries; the first of which is \$800. Because John hasn't paid anything toward his deductible this year, he is responsible for 100% of his first surgery. \$800 is applied to John's deductible.



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

CO-INSURANCE: Your share of the costs of a covered health service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after you have met any deductible you owe.

For example: John's second surgery costs \$3,200. Because he's paid \$800 of his \$1,500 annual deductible, John is responsible for the first \$700 to meet his deductible. His plan will then cover 80% of the remaining cost, a total of \$2,000 ($\$2,500 \times 80\%$)



KEY BENEFIT TERMS

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

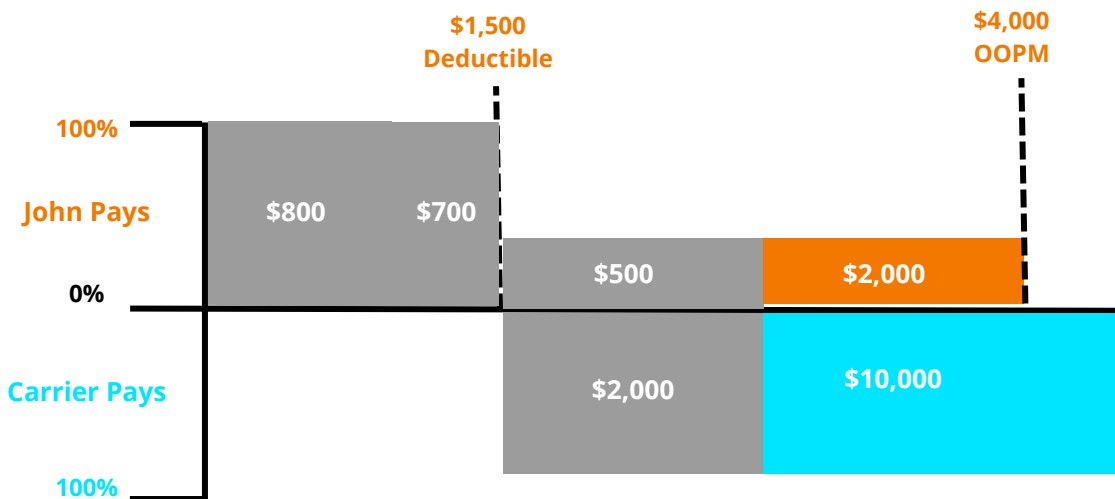
Items that count towards the out of pocket maximum:

- Copays
- Deductibles
- Co-insurance payments

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

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

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



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.

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

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



Employees of Eagle Valley Transportation Authority have the option to choose from two different medical plan options **PPO3** and **PPO4** offered through the Colorado Employer Benefit Trust (CEBT). Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. These plans use the **United Healthcare Choice Plus** network. This is the network of doctors you will want to stay within in order to access your in network level of benefits.

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

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:



Do you prefer to pay more for medical out of your paycheck, but less when you need care?



What planned medical services do you expect to need in the upcoming year?



Do you or any of your covered family members take any prescription medications on a regular basis?



CEBT MEDICAL PLANS

The tables below summarize the benefits of 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	PPO3	PPO4
Network	United Healthcare Choice Plus	United Healthcare Choice Plus
Office Visit (Primary Specialty)	\$35 Copay \$35 Copay	\$40 Copay \$40 Copay
Deductible (Single Family)	\$1,000 \$2,000 Embedded	\$1,500 \$3,000 Embedded
Coinsurance (In Out)	20% In *40% Out	20% In *40% Out
Out of Pocket Single (In Out)	\$3,000 \$6,000	\$4,000 \$8,000
Out of Pocket Family (In Out)	\$6,000 \$12,000	\$8,000 \$16,000
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60	Generic \$20 Preferred \$40 Non-Preferred \$60
Rx Mail Order	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%
Chiropractic	\$35 Copay 20 Visits per year	*\$40 Copay 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	\$35 Copay	\$40 Copay
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$35 Copay office setting Outpatient setting Deductible + 20% to OOP Max	\$40 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Lab	\$35 Copay	\$40 Copay
Urgent Care	\$75 Copay	\$75 Copay
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

This comparison of coverage is intended only as a general description for the principle in network features of the benefit plans. If there are questions about a particular benefit or the coverage tier, please refer to the full plan document that is posted on the www.cebt.org website for specific coverage details.

*Charges are subject to Usual & Customary (U&C). These charges are considered in excess of the Reasonable Reimbursement, the Recognized Amount, the Usual and Customary charge, the Negotiated Rate, or the fee schedule.

Exclusions under this category do not apply to payments that may be required under the No Surprises Act.

Preventative Services - will be processed following the Federal Patient Protection and Affordable Care Act. For more information on these services go to <https://cebt.org/resources/benefit-booklets>.

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.



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

Chronic Condition Coaching

- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Heart health
- Low back pain
- Sleep apnea
- Educational offerings



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



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).

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





PRESCRIPTION DRUG COVERAGE

The vendor that manages your prescriptions on the CEBT UnitedHealthcare plans **PPO3** and **PPO4** is CVS Caremark. Please note that CVS is not the only pharmacy you have access to. You are able to use a pharmacy at King Soopers, Safeway, Walmart, Walgreens, etc. To review commonly prescribed medications and specialty medications or learn more about your pharmacy benefits visit the [CVS Caremark](#) page on the CEBT website.

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

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

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

- 1. Register at Caremark.com.** That way we can keep you up to date on new and unique ways to save.
- 2. Be sure any retail pharmacy you use is in your network.** Network pharmacies are included in your prescription plan to help keep costs low. If you fill out-of-network, you will have to pay 100% of the cost. Find a network pharmacy before you fill at **Caremark.com**.
- 3. Know which medications are covered.** Your plan's list of covered medications can help you and your doctor find the most cost-effective drug option. Find your plan's list of covered medications at **Caremark.com**.

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

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

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

- OR -

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

Find even more ways to save when you sign in at [Caremark.com](#).



DENTAL COVERAGE

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

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

COVERED SERVICES	DENTAL A
Annual Max	\$2,000
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 \$2,000. Includes adults and dependent children through age 26

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

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

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



DENTAL COVERAGE



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

HOW PREVENTION FIRST HELPS YOU STRETCH YOUR BENEFIT DOLLARS:

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

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

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



Right Start 4 Kids (RS4K): a plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level.



100% COVERAGE*



NO DEDUCTIBLE



IN-NETWORK PROVIDERS



HEALTHY SMILES & BRIGHT FUTURES

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





VISION COVERAGE

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



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

COVERED SERVICES	VISION C
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, per pair	
Single	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Lenticular	\$10 Copay
Frames	\$175 Allowance
Contact	\$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 not listed. This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances



THE MONTHLY COST OF YOUR BENEFITS

PPO3 (\$1,000 Deductible)		
	Employer Cost	Employee Cost
EE	\$775	\$85
EE + Spouse	\$1,689	\$200
EE + Children	\$1,603	\$200
Family	\$1,882	\$268
PPO4 (\$1,500 Deductible)		
	Employer Cost	Employee Cost
EE	\$790	\$0
EE + Spouse	\$1,586	\$150
EE + Children	\$1,508	\$150
Family	\$1,774	\$200

DENTAL		
	Employer Cost	Employee Cost
EE	\$40	\$0
EE + Spouse	\$57	\$25
EE + Children	\$77	\$25
Family	\$98	\$40

VISION		
	Employer Cost	Employee Cost
EE	\$7	\$0
EE + Spouse	\$6	\$7
EE + Children	\$7	\$7
Family	\$9	\$15



SurgeryPlus is a supplemental benefit for non-emergency surgeries which provides high-quality care, concierge-level member service and lower costs. CEBT wants members to get the best care possible and will limit or waive member's out-of-pocket costs if you use SurgeryPlus. Click [here](#) to learn more.

Guided Access to Excellent Surgical Care

What is SurgeryPlus?

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



Did you know...

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

The SurgeryPlus Difference



Excellent Care

Access to our network of thousands of highly qualified surgeons



Impactful Savings

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



Guided Support

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

Here's what's covered

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

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

Commonly Covered Procedures

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



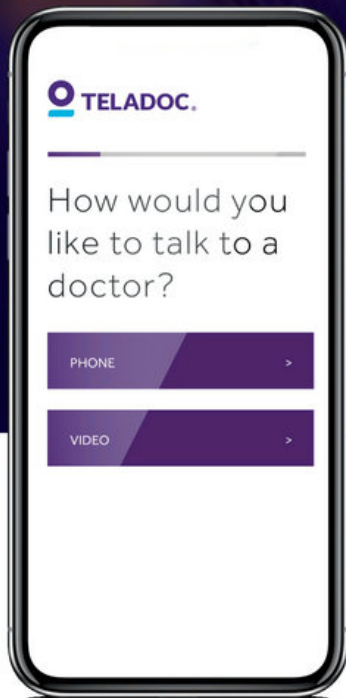
You deserve excellent and affordable surgical care.
Call us to learn more at 855.200.6675

Email: CEBT@SurgeryPlus.com

Website: CEBT.SurgeryPlus.com



Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults for members on the **PPO3 and PPO4 plans**. It's an affordable alternative to costly urgent care and ER visits when you need care fast. Click [here](#) to learn more.



Skip the trip to the ER.

Talk to a doctor by phone or video.

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



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



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



Talk to a doctor from wherever you are for free

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



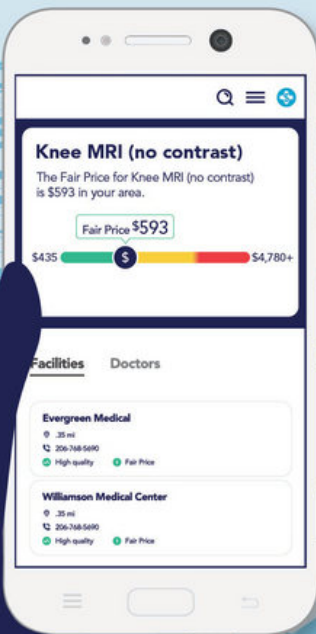
SAVINGS

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

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

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

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



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



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. Eagle Valley Transportation Authority 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	2.5*Salary
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)

SHORT AND LONG TERM DISABILITY

EVTA provides short-term disability (STD) and long-term disability (LTD) insurance through The Standard to all full-time benefit-eligible employees. EVTA pays 100% of the premiums

Short Term Disability pays a weekly benefit to you in the event you cannot work because of a covered non-occupational illness or injury.

- Benefit is 66 2/3% of income
- 14 day waiting period
- Maximum 90 day benefit period
- Benefit is taxable
- Choice plan: you can elect to receive sick pay or disability coverage, but not both

Long Term Disability takes over after you have exhausted short-term disability if you have a serious injury or illness that prevents you from working long term.

- Benefit is 66 2/3% of income
- 90 day waiting period
- Coverage to NSSRA (Normal Social Security Retirement Age)
- Benefit is taxable
- 3/12 pre-existing





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. **Eagle Valley Transportation Authority** 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](#).



EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

Mental Health Sessions

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

Life Coaching

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

Financial Consultation

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

Legal Consultation

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

Work-Life Resources and Referrals

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

Personal Assistant

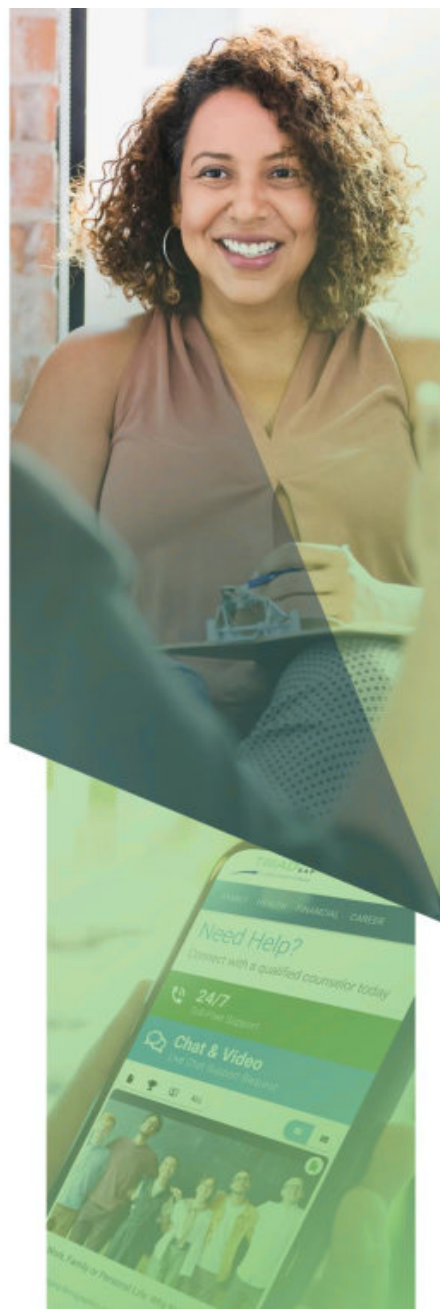
Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Member Portal

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

Getting Started Is Easy

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



Contact Triad EAP

Call: 877-679-1100

Visit: triadeap.com/



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:

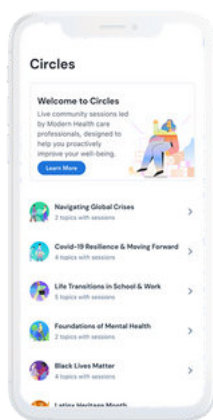
1-ON-1 SESSIONS



8 Sessions with Certified Coaches

8 Sessions with Therapists, as needed

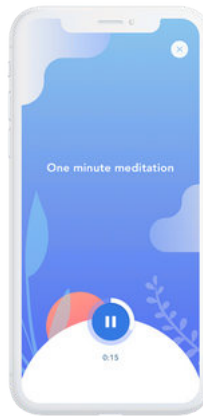
GROUP CIRCLES



Circles: Live Provider-Led Community Sessions

Unlimited Access

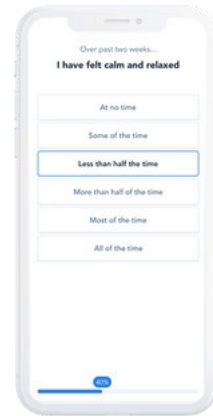
SELF-SERVE



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.

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

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A UnitedHealthcare Company

UMR CANCER RESOURCE SERVICES (CRS)

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



Personal support following a complex cancer diagnosis

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

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

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

This includes:

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

Connect with UMR CARE

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

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



Optum Cancer COEs deliver

Optum's national network of leading cancer centers offers:

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





A UnitedHealthcare Company

UMR MATERNITY CARE

Get the support you need when considering having a baby, or you are already expecting. UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby.



Is your family growing?

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.





A UnitedHealthcare Company

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.



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

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

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

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

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

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

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



CONTACT INFORMATION

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

The Standard - Employee Assistance Program	
Member Services	888-293-6948
Website	workhealthlife.com/Standard3

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

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

Modern Health	
Email	help@modernhealth.com
Website	https://www.modernhealth.com

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



CEBT HEALTH PLAN REGULATORY NOTICES

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

BENEFIT BOOKLETS

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

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

HIPAA NOTICE OF PRIVACY POLICY

- This notice describes CEBT's policies and practices with respect to disclosing Protected Health Information ("PHI").



The following notices are located here: (<https://cebt.org/resources/resource-center>).

COBRA GENERAL RIGHTS NOTICE

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

ANNUAL & OTHER REGULATORY NOTICES

- The Annual Notice is a booklet of compiled notices which are to be distributed annually to meet the employer and Plan Sponsor federal notice requirements. The notices included in this booklet are:
 - Patient Protection Disclosure
 - Women's Health and Cancer Rights Act
 - The Newborns' and Mothers' Health Protection Act
 - Genetic Information Nondiscrimination (GINA) Act
 - Notice of Adverse Benefit Determination
 - Notice of Final Internal Adverse Benefit Determination
 - Notice of External Review Decision
 - HIPAA Special Enrollment Notice
 - Premium Assistance Under Medicaid and Children's Health Insurance Program (CHIP)
 - COBRA Continuation of Coverage Rights
 - HIPAA Notice of Privacy Practices
 - Medicare Part D Notice of Creditable Coverage
 - Marketplace Coverage Options
- Other Regulatory Notices include:
 - Section 1557-Nondiscrimination Notice
 - CEBT 2022 No Surprise Billing Notice
 - Medicaid and the Children's Health Insurance Program (CHIP) Notice



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