A GUIDE TO YOUR BENEFITS

Benefit Plans Effective
January 1, 2025 – December 31, 2025

CORE TRANSIT

Welcome!

At **Core Transit**, 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 **2025** 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 **Core Transit** 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, 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.

Getting Started with Enrollment

Registration/Login

Go to **cebt.org/for-employees** and click on the “Community/Online Enrollment” tab.

First time users: select “New Community User/Register” option to register. Fill in the required fields on the registration page. Please use your work email address, or the email address you have on file with your employer. Press “create” and you will receive an email shortly after with a link to login.

Returning employees: select “Existing Community User Login” to access the community login page. You will not need to register. If you forgot your password, click “Forgot Your Password” underneath the login button. Create a password, confirm, and select “Change Password.”

View Current Benefits

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

Begin Enrollment

Select the “Open Enrollment” button to choose plan elections for the upcoming plan year.

Verify Information

Review profile details and add or correct any information. Next, press “Save and Select Benefits.”

Need To Add a Dependent?

1. Scroll down on the benefits page and click on “Add New Dependent.”
2. Fill in required information.
3. Press “Save Dependent”
4. 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.

Make Your Elections

Review the benefit options available and choose a plan.

Preview and Submit Enrollment

1. Select "Preview Benefits & Complete Enrollment" to review benefits before submitting.
2. Select "Save & Finish" to submit enrollment or "Make a Change" to revise your elections.

Upload Dependent Verification

Upload proof of dependent documentation for any dependent added to your benefits (e.g. birth certificate, marriage certificate, adoption papers, common law certificate, civil union certificate, etc.), and press “Upload.” Dependent verification is required within 30 days. If you do not have it at enrollment, press “Skip and Continue” and submit verification to your HR administrator.

Other Insurance Information

After you have uploaded dependent verification and submitted your elections, click the link under "Other Insurance Verifications," which will take you to the CEBT Contact Us page. Select the "Other Insurance Information" option. From here, answer the question regarding other coverage you or your dependents may have. Fill in the required information.

Review and Print Elections

Select “Summarize Coverages” to review your enrollment. Print your election summary for your records or future reference.

Overview of CEBT

What Is CEBT?

The Colorado Employer Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits to over 450 public entities, covering over 37,000 employees and dependents across the state of Colorado. The CEBT plan offers health, dental, vision, and life coverage to the participating groups.

What Is WTW?

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

What Are the Roles of UMR, CVS Caremark, Delta Dental, and Vision Service Plan (VSP)?

CEBT contracts with these managed health care companies for 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.

Most day-to-day correspondence (e.g. Explanation of Benefits, information requests, etc.) will come from UMR. Additionally, you will receive ID cards from UMR, CVS Caremark, and Delta Dental, but not VSP as they do not utilize cards.

Need Help with a Claim?

CEBT has a team of 10 customer service representatives to assist CEBT clients with benefits questions, housed right here in WTW offices. Their hours of operation are Monday through Friday from 7:30 am to 4:30 pm (except Friday, when they close at 4:00 pm.) If you need assistance in any of the following areas, please call the customer service line at **(303) 773-1373**:

- Benefit Information
- Claim Resolution
- Claim Status
- Explanation of Benefits
- Deductibles
- Ordering ID Cards

The CEBT Mobile App

Benefits at Your Fingertips

The CEBT Mobile App provides simple, convenient access to your health care benefits on-the-go, where you can:

Enroll in Benefits: Enroll in your benefits, view current plans and dependents, download benefits summaries, and process open enrollment changes due to qualifying life events.

Find a Provider: Explore in-network providers and find information on CEBT's valued partners.

View and Order ID Cards: Keep a digital version of your ID cards handy, access or print your digital ID cards, and order new ones if necessary.

Connect with Customer Service: Ask a CEBT customer service representative about your benefit or claim questions by opening a case.

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.

Plan Year: The 12 months over which the plan you choose is in force. The plan year runs from 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 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.)*

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 x 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.

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.

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.

Medical

Employees of **Core Transit** have the option to choose from two different medical plan options, **PPO3** or **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 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?

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

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 cebt 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**.

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 **PPO3** and **PPO4**. CVS is not the only pharmacy you have access to – you can use King Soopers, Safeway, Walmart, Walgreens, etc. To view commonly prescribed and specialty medications or learn about your pharmacy benefits, 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
$20 Copay (Generic Brand)	$40 Copay (Generic Brand)
$40 Copay (Preferred Brand)	$80 Copay (Preferred Brand)
$60 Copay (Non-Preferred Brand/Specialty)	$120 Copay (Non-Preferred Brand/Specialty)

Six Tips to Save Time and Money on Medications

- **Register at Caremark.com.** Stay up to date on new and unique ways to save.
- **Use in-network retail pharmacies.** Network pharmacies are included in your prescription plan to keep costs down. If you fill prescriptions out-of-network, you pay 100% of the cost. Find a network pharmacy before you fill prescriptions at **Caremark.com**.
- **Know which medications are covered.** Your plan's list of covered medications can help indicate the most cost-effective options. Find what your plan covers at **Caremark.com**.
- **Use the "Check Drug Cost" tool on Caremark.com**. Compare your medications side-by-side to see where you could be saving.
- **Choose "Delivery by Mail" or "Pick Up."** We deliver 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 any CVS Pharmacy. Either way, you experience the same quality, price, and convenience.

Dental Plan A

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	$2,000
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 $2,000 (includes adults and dependent children through age 26)

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.*

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

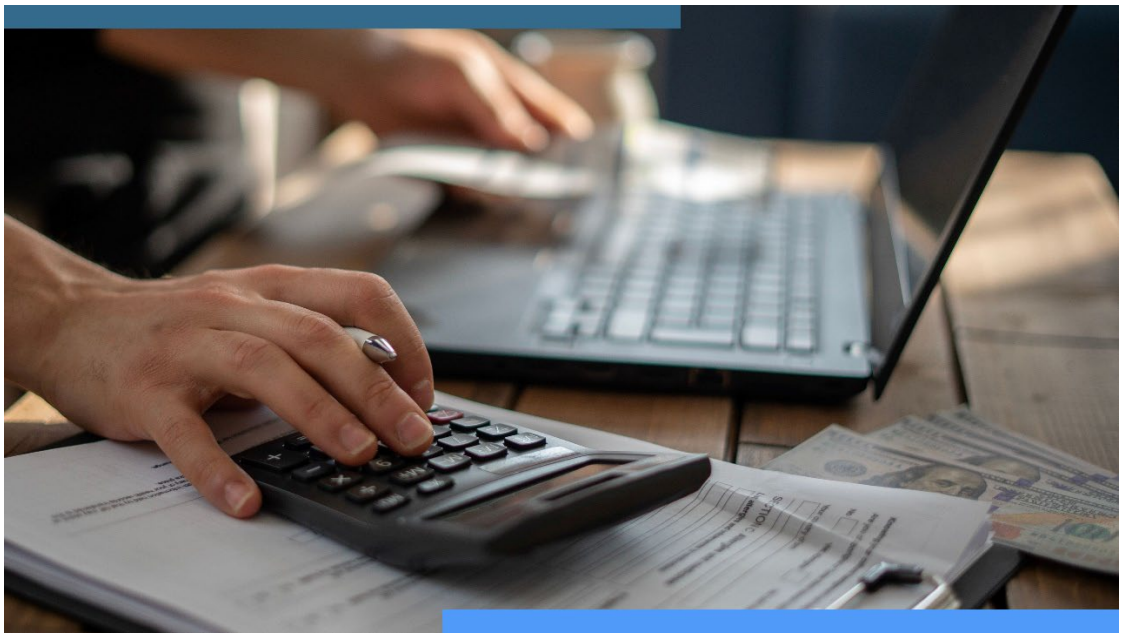
Lenses	Per Pair
Single	$10 Copay
Bifocal	$10 Copay
Trifocal	$10 Copay
Lenticular	$10 Copay
Frames	$175 Allowance
Contacts	$175 Allowance

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	Medical- PPO3 ($1,000 Deductible)	Medical- PPO4 ($1,500 Deductible)	Dental	Vision
Employee Only	$85	$0	$0	$0
Employee + Spouse	$200	$150	$25	$7
Employee + Child(ren)	$200	$150	$25	$7
Employee + Family	$268	$200	$40	$15



CEBT Health and Wellness Centers

The CEBT Health and Wellness Centers offer an exclusive benefit to you (and dependent children age 2+) enrolled in a CEBT medical plan. Receive services at no cost* including primary care, disease management, and wellness services with waived or reduced copays. Licensed medical teams at our centers provide comprehensive care for common illnesses, injuries, health assessments, and coaching services, all conveniently located for your accessibility. Schedule an appointment at **my.marathon-health.com/login** to experience:

- **Swift Access:** Appointments are typically available within two days (often same day).
- **Cost Savings:** There are no copays or bills for services provided at the center.
- **Flexible Options:** Choose between in-person appointments or convenient virtual access.
- **All-In-One Convenience:** You can access on-site labs and prescription dispensing.
- **Holistic Support:** Licensed clinicians are connected to community providers and immunization records and have time to address all your health-related questions.
- **Comprehensive Screenings**: Including Annual Exams, Blood Pressure, BMI, Cholesterol, Glucose, and more.
- **Personalized Coaching:** Covering Nutrition, Physical Activity, Stress Management, and Chronic Condition Management.

To experience comprehensive, convenient care at CEBT Health and Wellness Centers or learn more, visit **CEBT Health Centers**.

CEBT Value Added Benefits

The benefits below are available to CEBT members enrolled in a medical 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. NEW! Infusion Care through Lantern, coming July 1

Lantern infusion care offers lower rates for in-home or ambulatory infusion treatments with no cost share on PPO. 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**.** 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 Coverage

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.

Core Transit 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	2.5 X Annual Salary
Benefit Reduction	40% at age 65, 65% at age 70, 75% at age 75, 80% at age 80

Supplemental Life and AD&D

Depending on your situation, you may want supplemental life coverage beyond basic life and AD&D insurance to protect those who depend on you financially. **Core Transit** gives you the option to purchase supplemental insurance for yourself and your dependents through The Standard. (You must have supplemental coverage for yourself if you want to purchase it for your dependents.) The rates are age-banded with benefits reducing at age 65. Refer to the voluntary life booklet from your employer (also on **cebt.org**) to learn more and see costs for this coverage.

Employee: $10,000 increments up to $500,000 — Guarantee issue amount: $150,000

Spouse: $5,000 increments up to $250,000 — Guarantee issue amount: $30,000

Dependent children: $20,000

 Disability Coverage

Core Transit provides short-term disability (STD) and long-term disability (LTD) insurance through **The Standard** to all benefit-eligible employees.

STD insurance pays a weekly benefit to you if you cannot work because of a covered, non-occupational illness or injury.

LTD insurance is designed to help you meet your financial needs and provide financial protection for insured members by paying a monthly benefit in the event of a covered disability.

***Core Transit pays 100% of the premiums.**

Short Term Disability

STD 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

LTD 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

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 full-time employees.

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 or face-to-face video visits with your therapist. Normal cost share applies, TalkSpace is an in-network provider.

Additional CEBT Benefits

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

Via Benefits

Via Benefits offers a post-employment benefit concierge service to assist former employees that have terminated (or are planning to terminate) from CEBT coverage with enrolling in medical, pharmacy, dental, and/or vision coverage.

Plans offered include Pre-65 plans from the individual marketplace as well as Post-65 Medicare Advantage plans and Medicare Supplemental plans. Former employees will now have more options and flexibility to choose coverage that is right for them, secure long-term stability, and unlock potential for cost savings. This service is available at no cost to you.

Travel Assistance

The unexpected can happen on the road: passports get lost or stolen or lost; unforeseen events or circumstances derail travel plans; medical problems surface at the most inconvenient times.

Travel Assistance can help you navigate these issues and more at any time of the day or night. You and your spouse are covered with Travel Assistance — and so are your dependents through age 25 — with your group insurance from Standard Insurance Company (The Standard).

Contact Information

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

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 *(formerly SurgeryPlus)*

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

AllOne Health Employee Assistance Program (EAP) *(formerly Triad)*

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	www.go.omadahealth.com/cebt

UMR Cancer Resource Services

Member Services	(866) 494-4502

The Standard – Group Life and Disability

Short Term Disability	(800) 368-2859
Long Term Disability	(800) 368-2859
Group Life and AD&D	(800) 628-8600
EAP	(888) 293-6948
Website	www.standard.com/contact-us

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

Modern Health

Member Services	help@modernhealth.com
Website	www.my.modernhealth.com

CEBT Marathon Health and Wellness Centers

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

CEBT Health Plan Regulatory Notices

Federal notice requirements obligate employers and health plan sponsors to supply benefit eligible employees with information on their rights, opportunities, and obligations regarding their health benefit plan. This information is available on the **CEBT website**, and the notices listed include direct links to the documents for easy accessibility.

Benefit Booklets

All Benefit Booklets can be found on our website at **cebt.org/benefit-booklets**.

- **Summary Plan Description (SPD)**: the full written plan document for each separate plan.
- **Summary of Benefits and Coverage (SBC):** 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). This notice can be found on our website at **cebt.org/resource-center**.

COBRA General Rights Notice

This notice provides newly covered individuals with their rights to COBRA continuation coverage in the event their coverage should terminate. This notice can be found on our website at **cebt.org/resource-center**.

Annual and Other Regulatory Notices

The Annual Notice is a booklet of compiled notices that are 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 Core Transit 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 Core Transit. 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. Core Transit 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.