

# CORDILLERA METROPOLITAN DISTRICT




2024

## YOUR EMPLOYEE BENEFITS

# BENEFITS

## BUILT FOR YOU

Employees are Cordillera Metropolitan District's greatest asset and as such, Cordillera has created a valuable benefit package to meet the needs of you and your family. Understanding your benefits and knowing how to use them is just as important as having access to them. This guide summarizes the options available to you in our 2024 benefit plan year. If viewing this guide electronically, you can click within the Table of Contents to navigate to that section. You can also click this icon displayed on each page if you'd like to return to the Table of Contents. 

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## WHO IS ELIGIBLE?

Employees that regularly work 30 or more hours a week are considered full time employees and are eligible for benefits on the first of the month following 60 days of employment. Once you have met eligibility requirements you may enroll your eligible dependents, which 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

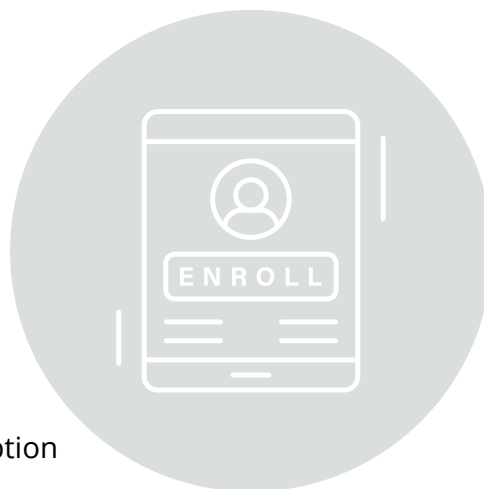
- Marriage
- Birth
- Death
- Adoption of child or placement of a child for adoption

#### 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

To enroll in new benefits, you will receive a link from your HR Administrator to [register](#) for CEBT's online enrollment system. You must log in and complete online enrollment to make your benefit elections for **medical, dental, vision, and life** coverage. For assistance, please contact Paula Kurtz, Human Resources, [pkurtz@cordillerametro.org](mailto:pkurtz@cordillerametro.org)/970-926-1923.



## 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

### VERIFY INFORMATION

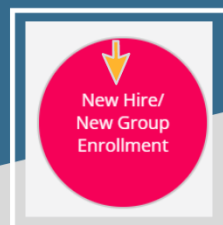
Review Profile Details and add in or correct any information. Next, press "Save and Select Benefits".

### NEED TO ADD A DEPENDENT?

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

### 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="radio"/>	PPO3	5/1/2019	[Icon]
<input type="radio"/>	HRP	5/1/2019	[Icon]
<input type="radio"/>	PPO4	5/1/2019	[Icon]
<input type="radio"/>	KP-DHMO 1500	5/1/2019	[Icon]
<input type="radio"/>	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

Choose Files No file chosen

Upload

Summarize Coverages

Other Insurance Verifications

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

Other Insurance Information

Member's Dependent(s) Other Insurance Information:

If you received a request from UMR requesting Dependent(s) Other Insurance Information please complete the form for determination can be made as to which coverage is primary for your dependents if they have multiple coverages.

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

YES, THEY DO NO, THEY DO NOT

**REVIEW AND PRINT ELECTIONS**

Select "Summarize Coverages" in order to review your enrollment.

Print your election summary for your records or future reference.

**Test Benefits** Brand

Summarize Coverages Coverage  
2019-05-01 (Pending Approval) [Print](#)

**Medical**

**PP03** Starts on **5/1/2019** . Total Cost **\$1,269.00** - Employer Contribution **\$728.00** = Your monthly cost **\$513.00**

**Covered Dependents**

Employee Benefits (Child)

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



## WHAT IS CEBT?

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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?

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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)?

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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, 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





## CEBT MEDICAL PLAN

The table below summarizes the benefits of the medical plan. This plan uses the United Healthcare Choice Plus network. This is the network of doctors you want to stay within to access your **In Network** level of benefits. 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
<b>Network</b>	United Healthcare Choice Plus
<b>Office Visit (Primary   Specialty)</b>	\$35 Copay   \$35 Copay
<b>Deductible (Single   Family)</b>	\$1,000   \$2,000 Embedded
<b>Coinsurance (In   Out)</b>	20% In   *40% Out
<b>Out of Pocket Single (In   Out)</b>	\$3,000   \$6,000
<b>Out of Pocket Family (In   Out)</b>	\$6,000   \$12,000
<b>Inpatient Hospital</b>	Deductible + 20% to OOP Max
<b>Outpatient Hospital</b>	Deductible + 20% to OOP Max
<b>Rx Retail</b>	Generic \$20   Preferred \$40   Non-Preferred \$60
<b>Rx Mail Order</b>	2 X Copay
<b>Preventative Visit</b>	Covered 100%
<b>Chiropractic</b>	\$35 Copay   20 Visits per year
<b>Teladoc</b>	Covered 100%
<b>Telehealth</b>	\$35 Copay
<b>Advanced Imaging</b>	Deductible + 20% to OOP Max
<b>X-ray</b>	\$35 Copay office setting   Outpatient setting Deductible + 20% to OOP Max
<b>Lab</b>	\$35 Copay
<b>Urgent Care</b>	\$75 Copay
<b>Emergency Care</b>	Deductible + 20% to OOP Max

\*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.





## PRESCRIPTION DRUG COVERAGE

The vendor that manages your prescriptions on the CEBT UnitedHealthcare plan is CVS Caremark. Please note that CVS is not the only pharmacy you have access to. You are able to use a pharmacy at City Market, Costco, 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
<b>Annual Max</b>	\$2,000
<b>Deductible (Single   Family)</b>	\$50   \$150
<b>Preventative Services</b>	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
<b>Basic Services</b>	Covered at 80%   emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
<b>Major Services</b>	Covered at 50%   crowns, partial or full dentures, implants
<b>Orthodontia Services</b>	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](http://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 <a href="http://vsp.com/offers">vsp.com/offers</a> 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 COST OF YOUR BENEFITS

MEDICAL				
	Total Premium	CMD Contribution	Employee Contribution	Per Pay Period Deduction
EE	\$860.00	\$774.00	\$86.00	\$43.00
EE + Spouse	\$1,889.00	\$1,473.42	\$415.58	\$207.79
EE + Children	\$1,803.00	\$1,406.34	\$396.66	\$198.33
EE + Family	\$2,150.00	\$1,687.75	\$462.25	\$231.13

DENTAL				
	Total Premium	CMD Contribution	Employee Contribution	Per Pay Period Deduction
EE	\$40.00	\$36.00	\$4.00	\$2.00
EE + Spouse	\$82.00	\$61.50	\$19.27	\$9.64
EE + Children	\$102.00	\$76.50	\$23.97	\$11.99
EE + Family	\$138.00	\$106.26	\$32.43	\$16.22

VISION				
	Total Premium	CMD Contribution	Employee Contribution	Per Pay Period Deduction
EE	\$7.00	\$6.30	\$0.70	\$0.35
EE + Spouse	\$13.00	\$10.14	\$3.06	\$1.53
EE + Children	\$14.00	\$10.92	\$3.29	\$1.65
EE + Family	\$24.00	\$18.84	\$5.64	\$2.82



## FLEXIBLE SPENDING ACCOUNTS (FSA)

Cordillera Metro District provides employees the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSAs). You can save approximately 30% of each dollar spent on these expenses when you participate in these FSA accounts. Healthcare FSA expenses are limited to \$3,200 per plan year in 2024.

Your specific savings will depend on your salary, how much you contribute into the FSA, your tax bracket, how you file your taxes (single, married, etc). Generally, participants save 15%-30% on eligible items purchased using their FSA dollars. NOTE: The Healthcare FSA is a USE IT OR LOSE IT account. Plan participants with funds remaining in the Healthcare FSA at the end of the plan year on 12/31/24 will have up to \$640 of those unused funds carry over into the 2025 plan year. Any unused funds over \$640 will be forfeited. All Section 213 expenses are allowed as an eligible expense under your FSA.

Annual Tax Savings Example	With FSA	Without FSA
Taxable Income	\$50,000	\$50,000
Pre-Tax FSA	\$2,000	\$0
Taxable Income	\$48,000	\$50,000
Federal Income & FICA Taxes	\$7,857	\$8,310
After-Tax Dollars Spent	\$0	\$2,000
Available After-Tax Income	\$40,143	\$39,690
<b>SAVINGS WITH AN FSA</b>	<b>\$463 or 23%</b>	<b>N/A</b>

SAVINGS

## DEPENDENT CARE ACCOUNTS (DCA)

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care such as caring for children under the age of 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Changes to your flex plan(s) will only be allowed if you have a qualifying event such as a change in family status. Mid-year changes will not be allowed.



## CEBT HEALTH & WELLNESS CENTERS

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



### Prevention

#### Health Screenings

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

#### Health Coaching

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



### Lab Services

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

### Privacy

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

### Eligibility and Cost

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



### Sick Visits

#### Chronic Condition Coaching

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



### Medications

- Bronchitis
- Common cold
- Constipation
- Cough
- Diarrhea
- Eye infections
- Headache
- Joint pain
- Nausea and vomiting
- Nosebleed
- Sinus infections
- Skin infections
- Strep throat
- Common medications dispensed onsite
- Other prescriptions sent to pharmacies
- Preventive medications are provided at no charge
- Controlled substances such as narcotics are not dispensed at the health center
- Consultation required with a provider to ensure oversight of your medical treatment

### CEBT Health & Wellness Centers

**Widefield:** 930 Leta Drive | 719-551-5808

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

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

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

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

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

[my.marathon-health.com](http://my.marathon-health.com)





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.

SurgeryPlus is an important part of your benefits plan, providing you with access to top-quality, affordable care for more than 1,500 surgical procedures.



**STEP 1**

If you think you need surgery, call SurgeryPlus at 855-200-6675



**STEP 2**

A Care Advocate will listen to your needs and begin the process of coordinating everything for your SurgeryPlus experience



**STEP 3**

With an understanding of your care needs and preferences, the SurgeryPlus team will hand-select three surgeons for you to evaluate and choose from



**STEP 4**

Your dedicated team of Care Advocates will provide personalized support and manage needs related to your care such as the coordination of logistics and booking of travel (if required)



**STEP 5**

Your procedure with a Surgeon of Excellence at a Center of Excellence



**STEP 6**

As you recover, we will ensure all of your needs have been met following your SurgeryPlus procedure



Visit your member portal at [cebt.surgeryplus.com](http://cebt.surgeryplus.com) (access code: surgeryplus) or call 855-200-6675 to learn more

## ALL-INCLUSIVE SUPPORT

- Personalized case management
- Travel costs (if necessary)
- All provider and hospital charges covered (including anesthesia)
- Doctor appointments related to your procedure

UMR Coverage	EPO Plan 3-6	PPO Plan 2-8	HDHP 2800, HDHP 3500 & HDHP 2-5
S+ Deductible	n/a	\$0	<b>\$1,500</b> (IRS Min)
S+ Copay	\$0	\$0	n/a
S+ Coinsurance	n/a	\$0	\$0
<b>Total</b>	<b>Your cost will be waived. You owe \$0 for your SurgeryPlus procedure.</b>	<b>Your cost will be waived. You owe \$0 for your SurgeryPlus procedure.</b>	<b>SurgeryPlus will waive your coinsurance and collect a reduced deductible at the end of the year, or once all claims have been received.</b>

SAVINGS

### Top-Quality Providers



SurgeryPlus has a nationwide network of over 400 hospitals and 3,000 surgeons to ensure you receive the right care, from the right provider in the right place. Our network is built with provider quality and surgical outcomes as the top priority. With an understanding of your care needs and preferences, the SurgeryPlus provider team will hand-select three surgeons for you to evaluate and choose from.










#### Our standards of excellence include:

- ✓ Board Certification
- ✓ Specialty Training Requirement
- ✓ Procedure Volume Requirements
- ✓ State Sanctions Check
- ✓ Medical Malpractice Claims Review
- ✓ Background Review
- ✓ CMS Quality Requirements (Hospital Only)
- ✓ Monthly Network Monitoring



## Commonly Covered Procedures

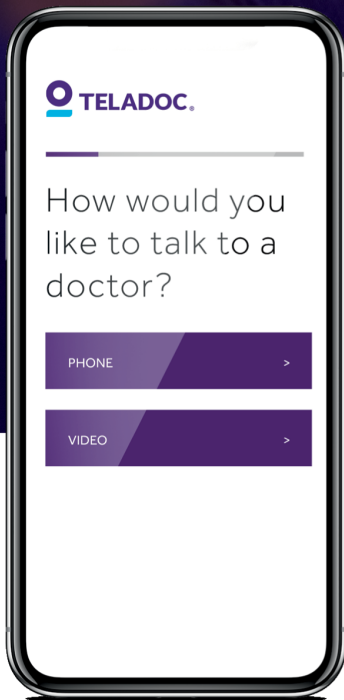
SurgeryPlus is an important part of your benefits plan, providing you with access to top-quality, affordable care for more than 1,500 surgical procedures.

 <p><b>Joint Replacement</b></p> <ul style="list-style-type: none"> <li>• Ankle</li> <li>• Elbow</li> <li>• Hip</li> <li>• Wrist</li> <li>• Knee</li> <li>• Shoulder</li> </ul>	 <p><b>Spine</b></p> <ul style="list-style-type: none"> <li>• Artificial Disk Replacement</li> <li>• Laminotomy</li> <li>• Cervical Disk Fusion</li> <li>• Laminectomy</li> <li>• Lumbar Interbody Fusion</li> <li>• 360 Spinal Fusion</li> </ul>	 <p><b>Orthopedic</b></p> <ul style="list-style-type: none"> <li>• Arthroscopy (Knee/Shoulder)</li> <li>• Bunionectomy</li> <li>• Carpal Tunnel Release</li> <li>• Ligament Repair</li> <li>• Rotator Cuff Repair</li> </ul>
 <p><b>Ear, Nose &amp; Throat</b></p> <ul style="list-style-type: none"> <li>• Ear Tube Insertion</li> <li>• Ear Infection</li> <li>• Septoplasty</li> <li>• Sinuplasty</li> </ul>	 <p><b>Cardiac</b></p> <ul style="list-style-type: none"> <li>• Cardiac Ablation</li> <li>• Defibrillator Implant</li> <li>• Pacemaker Implant</li> <li>• Pacemaker Replacement</li> <li>• Valve Surgery</li> </ul>	 <p><b>Sports Medicine</b></p> <ul style="list-style-type: none"> <li>• Cervical Epidural</li> <li>• Lumbar Epidural Steroid</li> <li>• Stellate Ganglion Block</li> <li>• Epidural Blood Patch</li> </ul>
 <p><b>Gynecology (GYN)</b></p> <ul style="list-style-type: none"> <li>• Bladder Repair</li> <li>• Hysteroscopy</li> <li>• Hysterectomy</li> <li>• Myomectomy</li> <li>• Ovary Removal</li> </ul>	 <p><b>General Surgery</b></p> <ul style="list-style-type: none"> <li>• Hernia               <ul style="list-style-type: none"> <li>- Hernia Repair</li> </ul> </li> <li>• Thyroid               <ul style="list-style-type: none"> <li>- Thyroidectomy</li> </ul> </li> <li>• Gallbladder               <ul style="list-style-type: none"> <li>- Gallbladder removal</li> </ul> </li> </ul>	 <p><b>Gastroenterology (GI)</b></p> <ul style="list-style-type: none"> <li>• Colonoscopy</li> <li>• Upper GI Endoscopy</li> </ul>

CEBT cares about your health, well-being and the quality of care you receive, which is why they've partnered with SurgeryPlus to help manage your needs and costs associated with over 1,500 procedures. SurgeryPlus has a nationwide network of over 400 hospitals and 3,000 surgeons to ensure you receive the right care, from the right provider in the right place. The network is built with provider quality and surgical outcomes as the top priority.



Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults for members. It's an affordable alternative to costly urgent care and ER visits when you need care fast. CEBT pays for the full cost of the consult so there is **NO COPAY** for members. 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](https://Teladoc.com/CEBT) | Call 1-800-TELADOC (835-2362)

Download the app



Made available by  
**CEBT**  
Benefit by Trust

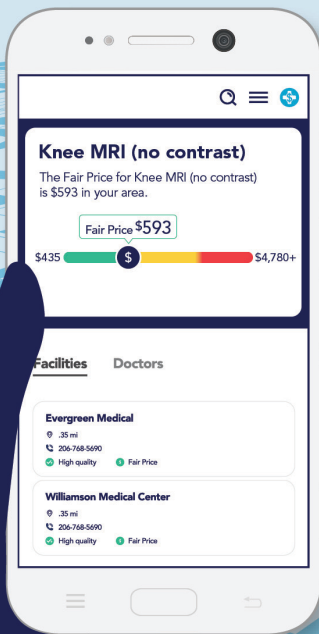


Healthcare Bluebook is a cost transparency tool that members can use to shop for healthcare and get rewarded! If a member uses the service and visits a green or fair price provider, they could receive a reward in the form of a debit card varying from \$25-\$1,500. Click [here](#) to learn more.

## 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 Price™** (green) facilities. Get paid to save... It's easy!



Same procedure, different facilities.  
The choice is clear!



Check It Out:

[healthcarebluebook.com/cc/CEBT](https://healthcarebluebook.com/cc/CEBT)

800-341-0504

Download the App:



Mobile Code:  
CEBT

**CEBT**  
Benefit by Trust



## RETIREMENT BENEFITS

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Cordillera Metro District offers two different opportunities to contribute to your retirement savings.

**401(a) Plan:** CMD does not participate in Old Age and Survivors Insurance (Social Security). All employees are instead required to make contributions of 6.2% to the 401(a) Plan (in place of Social Security). CMD matches 6.2% each paycheck.

**457(b) Plan:** CMD also offers an optional 457 retirement plan to employees that work at least 30 hours per week. This allows a contribution up to the maximum set by Federal Law. CMD will match any employee contribution up to 5% with a 5-year vesting schedule. You may choose to contribute in your 457(b) pre-tax, Roth (post-tax) or a combination of both. Contributing to a 457(b) plan is the easiest and best way to build your retirement savings. **For each \$1.00 you contribute, you get \$1.00 match on the first 5% of your pay.** That's an automatic 50% return on your money before it's even invested.

HAYS FINANCIAL SERVICES IS AVAILABLE TO YOU FOR FINANCIAL ADVICE. TO MAKE AN APPOINTMENT VISIT [CALENDLY.COM/HAYS-FINANCIAL-GROUP](https://calendly.com/hays-financial-group) OR TO SPEAK WITH A REPRESENTATIVE CALL 1.844.714.7634.



THE RETIREMENT PLANS ARE ADMINISTERED BY EMPOWER. FOR MORE INFORMATION OR TO SET UP YOUR ACCOUNT, CONTACT EMPOWER AT 1.800.701.8255 OR VISIT [EMPOWERMYRETIREMENT.COM](https://empowermyretirement.com)



# 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. Cordillera Metropolitan 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** 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	1.5 X 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)



## DISABILITY COVERAGE

Cordillera Metropolitan District provides short-term disability (STD) and long-term disability (LTD) insurance through The Standard to all benefits-eligible employees. STD insurance pays a weekly benefit to you in the event 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 promising to pay a monthly benefit in the event of a covered disability.

Short Term Disability Insurance	
<b>Weekly Benefit</b>	66 2/3% of the first \$2,307 of weekly predisability earnings as of the date of disability, reduced by deductible income (e.g. work earnings, workers' compensation, state disability, etc.)
<b>Maximum Weekly Benefit</b>	\$1,538
<b>Minimum Weekly Benefit</b>	\$15
<b>Benefit Waiting Period</b>	Your weekly benefit becomes payable the first day you are disabled for disability caused by accidental injury and 7 days for disability caused by physical disease, pregnancy or mental disorder
<b>Maximum Benefit Period</b>	180 days for disability caused by accidental injury 173 days for disability caused by physical disease, pregnancy, or mental disorder

Long Term Disability Insurance	
<b>Weekly Benefit</b>	60% of the first \$12,500 of monthly predisability earnings, reduced by deductible income (e.g. work earnings, workers' compensation, state disability, etc)
<b>Maximum Monthly Benefit</b>	\$7,500
<b>Minimum Monthly Benefit</b>	\$100
<b>Benefit Waiting Period</b>	180 days
<b>Maximum Benefit Period</b>	To age 65 (if you become disabled at age 62 or older, the benefit duration is determined by age when disability begins)





## WELLNESS BENEFIT

CMD provides full-time, year-round, employees with an \$800 wellness benefit. Employees are eligible on the first of the month following 60 days of employment. If an employee leaves employment before reaching one year, they will be required to pay back a prorated portion. For a list of reimbursable wellness expenses please contact Human Resources.



## PAID TIME-OFF (PTO)

Full-time employees are provided paid time-off (PTO). PTO can be taken at any time with approval of employee's immediate supervisor and takes the place of vacation and sick days. PTO begins accruing with the first paycheck until the maximum allowable based on service years is reached. When the maximum allowable accrual is reached, accrual ceases until PTO is used. All full-time employees have a 90-day waiting period from initial hire date before PTO can be used.

At the time an employee's status changes from part-time to full-time the accrual based on length of service changes effective the first pay period of the status change.

Length of Continuous Service	Maximum Hours Pay/Calendar Year	Accrual Rate
7 Days to 3 Years	24 Days (192 Hours)	7.38 Hours Per Pay Period
37 Months to 5 Years	26 Days (208 Hours)	8.00 Hours Per Pay Period
5+ Years	29 Days (232 Hours)	8.92 Hours Per Pay Period

We encourage employees to use all their earned PTO each year. Employees may carry over unused PTO into the next anniversary year up to the allowable accrual maximum. CMD may opt to provide up to two (2) opportunities a year to participate in the PTO Sell Back Program. Details on Paid Time-Off and the PTO Sell Back Program may be found in the PTO & PTO Sell Back Policies available from Human Resources.



## HOLIDAY PAY

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The District recognizes ten (10) paid holidays. As some departments operate 24/7, full-time staff who work on holidays receive double pay. The paid holidays currently recognized by the district are as follows:

- New Year's Day
- President's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving
- Day After Thanksgiving
- Christmas Eve
- Christmas
- **One flex holiday of employee's choice!**



## UNIFORM REIMBURSEMENT

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CMD will provide uniform shirts, sweatshirts and hats for employees. Employees are eligible for reimbursement of work-appropriate pants and footwear purchases. The District will reimburse up to \$120 for pants, and \$150 for footwear per calendar year. Itemized receipts must be submitted to Human Resources in a timely manner for non-taxable reimbursement on your paycheck.



## 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

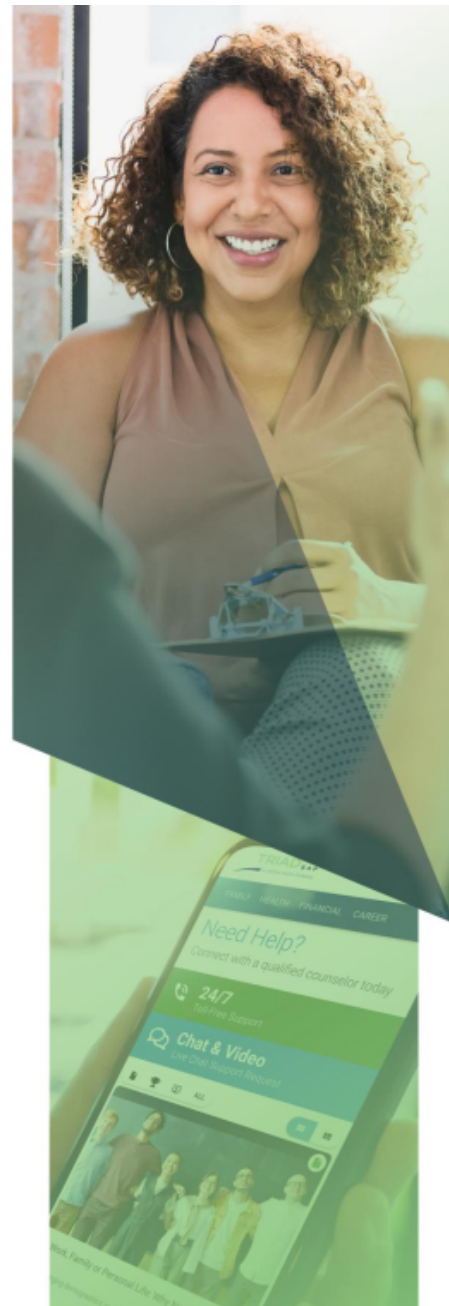
Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

### 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](http://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/](http://triadeap.com/)



## ADDITIONAL EMPLOYEE ASSISTANCE (EAP) RESOURCES

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No matter the issue, the Employee Assistance Program (EAP) can help you with confidential support, guidance and resources. In addition to the six (6) free sessions through Triad, outlined on the previous page, employees and their family members may be eligible for assistance through the local agencies listed below. For more information contact your Human Resources department.

### Mental/Behavioral Health Services

- **Henry J. Goetze, Ph.D | Licensed Psychologist**  
100 W. Beaver Creek Blvd.  
Avon Center - Ste. 210  
Avon, CO 81620  
845.594.4692 | hjgoetze@aol.com
- **Samaritan Counseling Center**  
90 Lariat Loop  
Edwards, CO 81632  
970.926.8558 | rjsimmonds@samaritan-vail.org

### Additional Important Resources

- **Eagle Valley Behavioral Health (local) and Olivia's Fund:** [vailhealthbh.org](http://vailhealthbh.org) and 970.306.4673 (Crisis). 970.445.2489 (Appointments).
- **Hope Center Eagle River Valley:** 24-hour crisis line and in-person community support. Call anytime at 970.376.4673 (HOPE). For additional assistance, call Aspen Hope Center at 970.925.5858 or visit [yourhopecenter.org](http://yourhopecenter.org)
- **Speak Up REACH OUT:** Suicide Prevention Coalition of Eagle County. Visit us at [speakupreachout.org](http://speakupreachout.org)
- **Colorado Crisis Line:** Call 844.493.8255 or text **TALK** to 38255. Visit us online at [coloradocrisiservices.org](http://coloradocrisiservices.org)
- **24/7 National Suicide Prevention Lifeline:** Call 800.273.8255



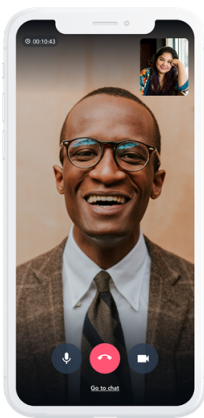
## NEW MENTAL HEALTH BENEFIT EFFECTIVE 1/1/2024

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:

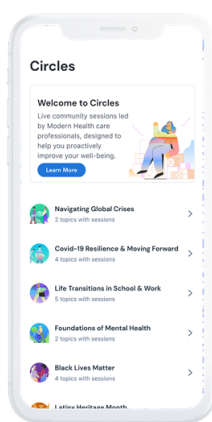
#### 1-ON-1 SESSIONS



8 Sessions with Certified Coaches

8 Sessions with Therapists, as needed

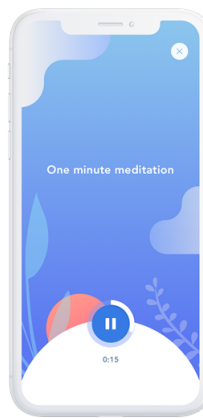
#### GROUP CIRCLES



Circles: Live Provider-Led Community Sessions

Unlimited Access

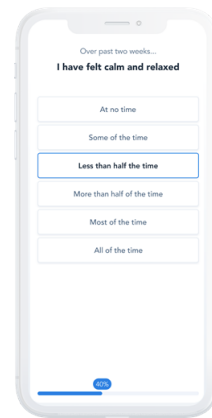
#### SELF-SERVE



Self-Paced Digital Content Library

Unlimited Access

#### ACCOUNTABILITY



Well-being Check-ins

Unlimited Access

## Here's how you can get started!

- 1 **Beginning in January,** **Download** the Modern Health mobile app or go to [my.modernhealth.com](https://my.modernhealth.com)
- 2 **Sign up** with your work email and your company name.
- 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](https://omadahealth.com/cebt)

### With Omada, there's a program for you



Weight loss & overall health



Joint & muscle pain



Diabetes



High blood pressure

**CEBT**  
Benefit by Trust





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



## CONTACT INFORMATION

To learn more about your benefits, use the contact information below.

Cordillera Metro District	
<b>Paula Kurtz</b> , Human Resources	970-569-6270; <a href="mailto:pkurtz@cordillera metro.org">pkurtz@cordillera metro.org</a>
Medical, Dental, Vision, Life/AD&D - WTW	
<b>Member Services</b>	303-773-1373 or 1-800-332-1168
<b>Website</b>	<a href="http://www.cebt.org">www.cebt.org</a>
CVS Caremark	
<b>Mail Order</b>	866-885-4944
<b>Website</b>	<a href="http://www.caremark.com">www.caremark.com</a>
Teladoc	
<b>Member Services</b>	1-800-Teladoc (835-2362)
<b>Website</b>	<a href="http://www.Teladoc.com/CEBT">www.Teladoc.com/CEBT</a>
Healthcare Bluebook	
<b>Member Services</b>	1-800-341-0504
<b>Access Code</b>	CEBT
<b>Website</b>	<a href="https://www.healthcarebluebook.com/cc/cebt/">https://www.healthcarebluebook.com/cc/cebt/</a>
SurgeryPlus	
<b>Member Services</b>	1-855-200-6675
<b>Website</b>	<a href="http://cebt.surgeryplus.com">cebt.surgeryplus.com</a>
Triad Employee Assistance Program	
<b>Member Services</b>	877-679-1100 or 970-242-9536
<b>Company Code</b>	cebt
<b>Website</b>	<a href="http://www.triadeap.com">www.triadeap.com</a>
Omada Health - Digital Disease Management Program	
<b>Member Services</b>	888-409-8687
<b>Website</b>	<a href="https://go.omadahealth.com/cebt">https://go.omadahealth.com/cebt</a>
UMR Cancer Resource Services Program	
<b>Member Services</b>	866-494-4502
CEBT Health and Wellness Center	
<b>Gypsum Address</b>	35 Lindbergh Drive #110, Gypsum, CO 81637
<b>Gypsum Phone#</b>	970-431-2871





# 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





**CORDILLERA**  
*Metro District*

***This benefit summary provides selected highlights of the Cordillera Metropolitan 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. Cordillera Metropolitan 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.***