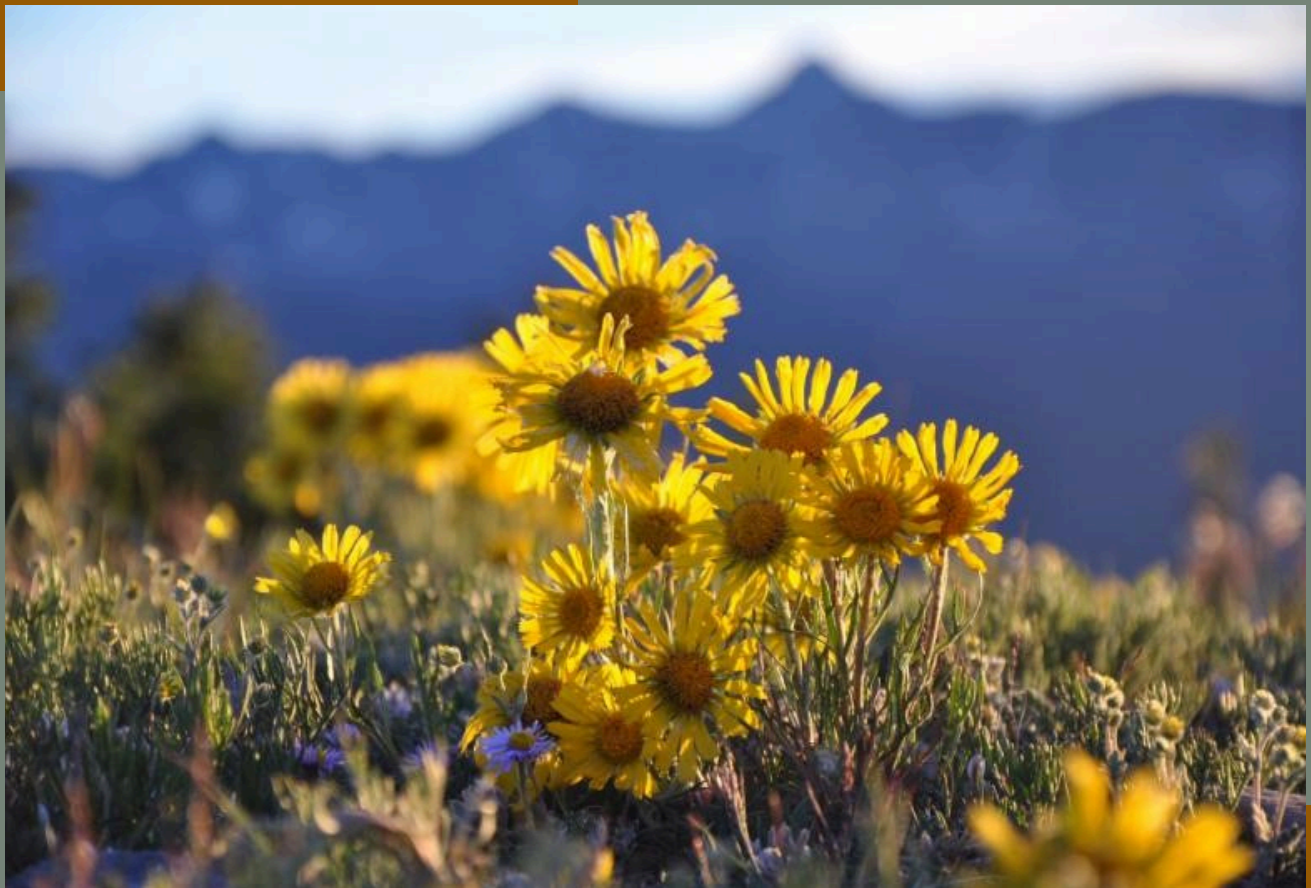




**CORDILLERA
METROPOLITAN DISTRICT**



2026

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 2026 benefit year plan.

WHAT'S INSIDE

HOW BENEFITS WORK

Who Is Eligible?	3
Changing Your Benefits	3
What Is CEBT?	4
Who Is WTW?	4
Roles of UMR, CVS Caremark, Delta Dental, and Vision Service Plan (VSP)	4
Need Help with a Claim?	5
Benefits Enrollment	6

HEALTH PLANS

Medical Coverage	7
Prescription Drug Coverage	8
Dental Coverage	9
Vision Coverage	11
Cost of Your Benefits	12

SAVINGS

Flexible Spending Accounts	13
Dependent Care Accounts	13
Health & Wellness Centers	14
Lantern	15
Teladoc	18
Healthcare Bluebook	19

FINANCIAL SECURITY

Retirement Benefits	20
Life and AD&D	21
Disability Coverage	22

ADDITIONAL BENEFITS & MORE INFORMATION

Wellness Benefit	23
Paid Time Off	23
Holiday Pay	24
Volunteer Hours	24
Uniform Reimbursement	24
Employee Assistance Program	25
Modern Health	27
Omada	28
Cancer Resource Services	29
Maternity Care	30
Contact Information	33
Regulatory Notices	34

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 60 days of your date of hire. If you do not enroll within 60 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

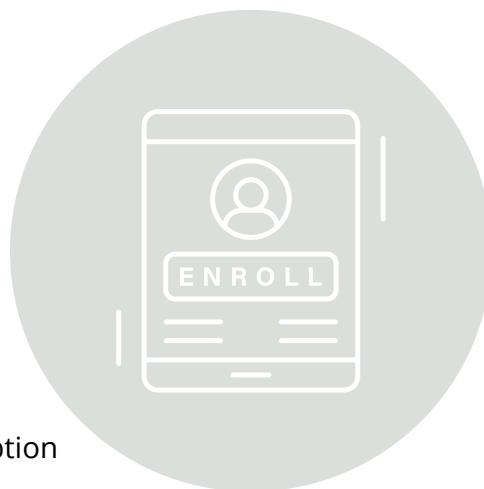
- Marriage
- Birth
- Death
- Adoption of child or placement of a child for adoption

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 dependent loses eligibility on their parent's plan, due to aging out at age 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 (i.e., marriage license, birth certificate, etc.). You do not need to provide documentation if your only change is to drop dependents off your current plan, but documentation will always be required if adding dependents outside of open enrollment.

WHAT IS CEBT?

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

WHO IS WTW?

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

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

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

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

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

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

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

Much of your day-to-day correspondence, such as Explanations of Benefits (EOB) and requests for further information, will come from UMR. Additionally, you will receive ID cards from UMR, 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 7:30 a.m. – 4:30 p.m. (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 (EOB)
- 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.

CEBT

DOWNLOAD THE
'CEBT HEALTH PLAN' APP



DOWNLOAD
NOW



DOWNLOAD
NOW

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, contact Paula Kurtz, CMD Human Resources, pkurtz@cordillerametro.org / 970-926-1923.



BENEFITS ENROLLMENT

New Hire - New Group Self Registration

SELF REGISTRATION

1. Employees will receive a registration link via email from their Employer.
2. Click on the link and fill in the required fields on the registration page.
3. 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.

VERIFY INFORMATION & BEGIN ENROLLMENT

1. Select the New Hire/New Group Enrollment button to begin enrollment.
2. Review profile details and enter any information that your employer did not complete.
3. Press "Save and Select Benefits."

MAKE YOUR ELECTIONS

Review the benefit options available and choose a plan for each selection.

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.

ADD A BENEFICIARY

For some of your benefit selections, you can add a beneficiary. Add multiple beneficiaries by selecting the + sign and inputting their name, relationship, and percentage. The total percentage of all primary or contingent beneficiaries should equal 100%.

PREVIEW AND SUBMIT ENROLLMENT

1. Select "Preview Benefits & Complete Enrollment" to review your benefit selections before submitting.
2. If you need to make corrections, select "Make a Change"; otherwise, select "Save & Finish."

REVIEW AND PRINT ELECTIONS

1. Select "Summarize Coverages" to review your enrollment.
2. Print your election summary for your records or future reference.

FOLLOWING ELECTION SUBMISSION

1. If you have added dependents, you will see a notification to upload proof of dependent documents. ***IMPORTANT: You can skip this step during your group's initial enrollment and do NOT need to upload proof docs for your dependents (in the future, for any new dependents, you will need to upload proof documents).**
2. Other Insurance Verification—Please skip this step during your initial enrollment. Once your medical ID number is populated, you can update your dependent's Other Insurance information through umr.com or by calling our customer service unit at **1-800-332-1168**.



NEED TO ADD A DEPENDENT?

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

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

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	PPO4
Network	United Healthcare Choice Plus
Office Visit (Primary Specialty)	\$40 Copay \$40 Copay
Deductible (Single Family)	\$1,500 \$3,000 Embedded
Coinsurance (In Out)	20% In *40% Out
Out of Pocket Single (In Out)	\$4,000 \$8,000
Out of Pocket Family (In Out)	\$8,000 \$16,000
Inpatient Hospital	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60
Rx Mail Order	2 X Copay
Preventative Visit	Covered 100%
Chiropractic	\$40 Copay 20 Visits per year
Teladoc	Covered 100%
Telehealth	\$40 Copay
Advanced Imaging	Deductible + 20% to OOP Max
X-ray	\$40 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Lab	\$40 Copay
Urgent Care	\$75 Copay
Emergency Care	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
Annual Max	\$2,000
Deductible (Single Family)	\$50 \$150
Preventative Services	Covered at 100% routine exams & cleanings 2 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 at 80% emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered at 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% with lifetime max of \$2,000. Includes adults and dependent children through age 26

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

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

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

DENTAL COVERAGE

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

HOW PREVENTION FIRST HELPS YOU STRETCH YOUR BENEFIT DOLLARS:

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

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

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



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



100% COVERAGE*



NO DEDUCTIBLE



IN-NETWORK
PROVIDERS



HEALTHY SMILES &
BRIGHT FUTURES



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

VISION COVERAGE

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



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

COVERED SERVICES	VISION C
Carrier Network	VSP
Benefit Frequency	Exam, lenses, and frames eligible every 12 months 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
Routine Exam	\$10 Copay
Lenses, per pair	
Single	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Lenticular	\$10 Copay
Frames	\$175 Allowance
Contact	\$175 Allowance

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

THE COST OF YOUR BENEFITS

MEDICAL				
	Total Premium	CMD Contribution	Employee Contribution	Per Pay Period Deduction
EE	\$1,049.00	\$944.10	\$104.90	\$52.45
EE + Spouse	\$2,305.00	\$1,797.90	\$507.10	\$253.55
EE + Children	\$2,202.00	\$1,717.56	\$484.44	\$207.02
EE + Family	\$2,621.00	\$2,044.38	\$576.62	\$246.40

DENTAL				
	Total Premium	CMD Contribution	Employee Contribution	Per Pay Period Deduction
EE	\$44.00	\$39.60	\$4.40	\$2.20
EE + Spouse	\$89.00	\$69.42	\$19.58	\$9.79
EE + Children	\$111.00	\$86.58	\$24.42	\$12.21
EE + Family	\$151.00	\$117.78	\$33.22	\$16.61

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	\$2.86	\$1.43
EE + Children	\$14.00	\$10.92	\$3.08	\$1.54
EE + Family	\$24.00	\$18.72	\$5.28	\$2.64



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 \$3,400 per plan year in 2026.

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 12/31/26 will have up to \$680 of those unused funds carry over into the 2027 plan year. Any unused funds over \$680 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
SAVINGS WITH AN FSA	\$463 or 23%	N/A

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 \$7,500 (or \$3,750 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

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



Medications

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

CEBT Health & Wellness Centers

Widefield: 930 Leta Drive | 719-551-5808

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

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

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

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

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

my.marathon-health.com

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



Lighting Your Path to the Right Surgical Care

What is Lantern?

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

Here's What's Covered

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

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

Let Us Guide You Back to Health

3 Steps to the Best Care

STEP 1

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

STEP 2

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

STEP 3

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

Call Us to Learn More at (855) 200-6675

* Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.
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In the event of a medical emergency, call 911 or visit your nearest emergency room.



Frequently Asked Questions

You can be sure you're getting the best surgical care with Lantern. And here's the best part: it's already included as part of your coverage through your employer. Learn how this money-saving benefit can work for you.

What does Lantern cover?

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

How do I access the benefit?

If you have questions about the benefit, or if you or one of your dependents need surgery, you may be required to work with one of our surgeons, so make us your first call. To learn more, contact your Lantern Care Advocate today at (855) 200-6675.

Does Lantern cost me anything?

You're automatically enrolled in the benefit as part of the medical benefits offered by CEBT at no additional cost to you.

Who will help me through this process?

Your benefit includes guided access from a Lantern Care Advocate who will:

- Provide personalized support throughout your surgical journey.
- Educate you on the benefit, with an understanding of your surgical need.
- Provide you with the resources to help you make the best decisions regarding your care, including how to find the best surgeon in our network.

How do I know if a surgery is covered?

Contact us at (855) 200-6675 to confirm whether your procedure is covered.

How do I find the right surgeon?

With an understanding of your healthcare needs, your Care Advocate will provide a list of the best surgeons in our network so you can choose the one that's right for you.

If I already have a surgeon, how do I know if they are in the Lantern network?

Call your Care Advocate and they will be able to confirm whether your current surgeon is in our network.

What will my surgery cost?

Many Lantern members pay little-to-nothing out of pocket for their procedure. To maximize your savings, call your Care Advocate as soon as possible to confirm the details of your benefit and what you'll be responsible for covering, if anything.

What happens after my surgery?

Your Care Advocate will follow up and ensure you received the highest quality care and schedule any post-procedure appointments.

What isn't covered by Lantern?

Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.

Call us to learn more at:

(855) 200-6675

Get to Know Your Infusion Therapy Benefit

Your employer, CEBT, has partnered with Lantern to provide you with a new benefit for infusion therapy. You can now receive care at home or an infusion center, saving money and avoiding long hospital visits—giving you more time for what matters most.

Here's what you can look forward to with your new benefit:

- Low or no out-of-pocket costs*
- Convenient infusion service
- Personalized support from a clinical care team

*Costs will vary based on your employer's plan. Call us to learn more about your specific plan.

We know you may have questions about the benefit and how it works. Below you'll find some of the most common questions people ask about our infusion program.

Frequently Asked Questions

What is infusion therapy?

Infusion therapy is medical treatment that involves administering fluids, medications or nutrients into a vein.

What diseases are treated with infusion therapy?

Medical diagnoses that may require infusion treatment include cancer, autoimmune diseases, inflammatory conditions, immunodeficiency disorders, multiple sclerosis, blood disorders, infections, gastrointestinal disorders, chronic pain, heart conditions and nutritional support.

My doctor recently prescribed infusion therapy for me. How do I get started?

If your doctor recently prescribed an infusion treatment for you, call your Care Advocate.

Your employer has partnered with Lantern to bring you this benefit. You may receive occasional benefits reminders and offerings from Lantern. In the event of a medical emergency, call 911 or visit your nearest emergency room.

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We're Here to Help

Call your Care Advocate to learn more about Lantern's infusion therapy support.

(855) 200-6675

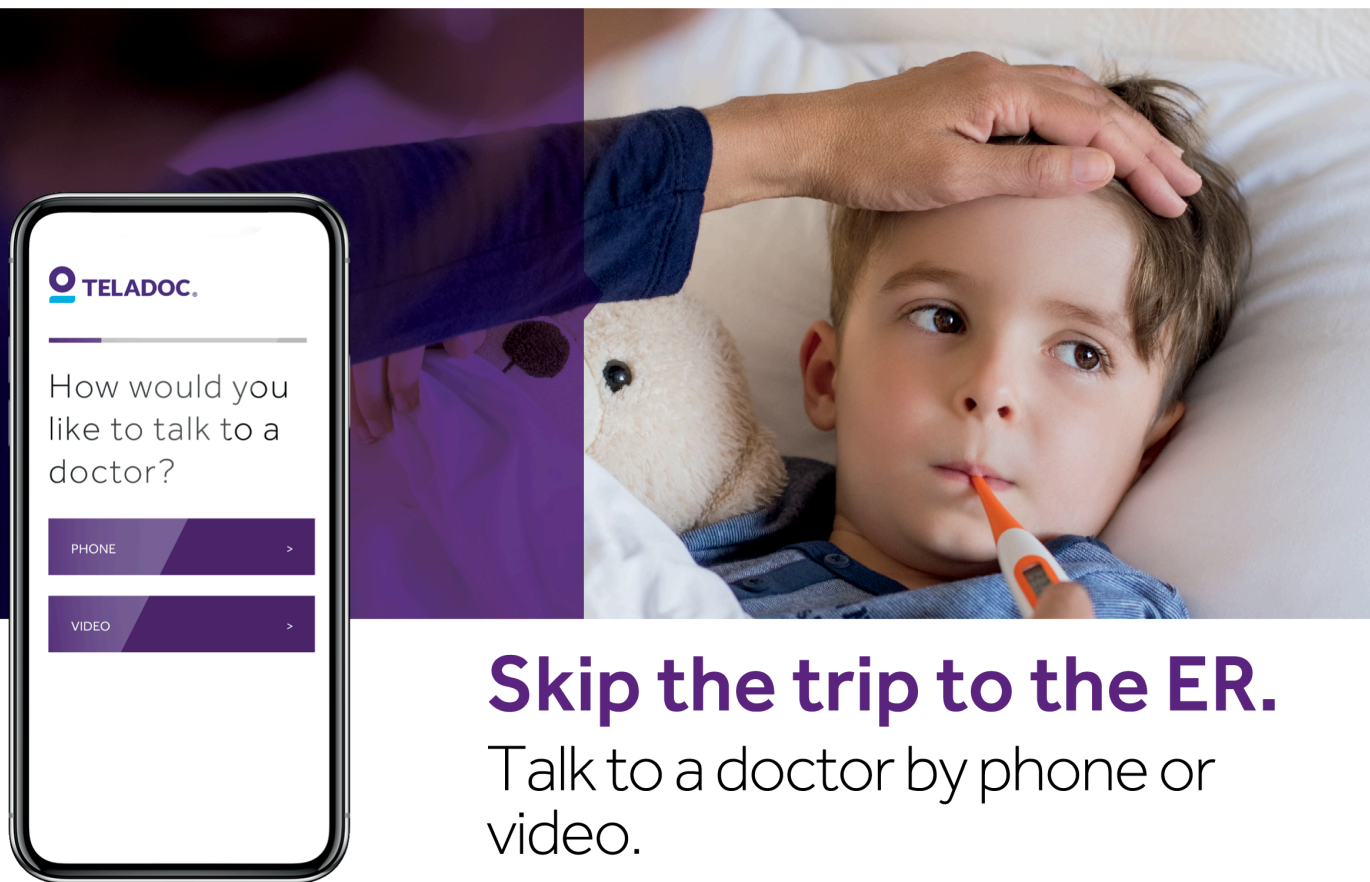
Can I receive my medication through in-home therapy?

Many infusion therapies qualify. Call your Care Advocate to see if your medication is eligible.

What happens if I do need to go to an infusion center for my treatment?

If you need treatment at an infusion center, we can help you. Our network includes infusion centers nationwide.

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 | Call 1-800-TELADOC (835-2362)

Download the app



Made available by
CEBT
Benefit by Trust

SAVINGS

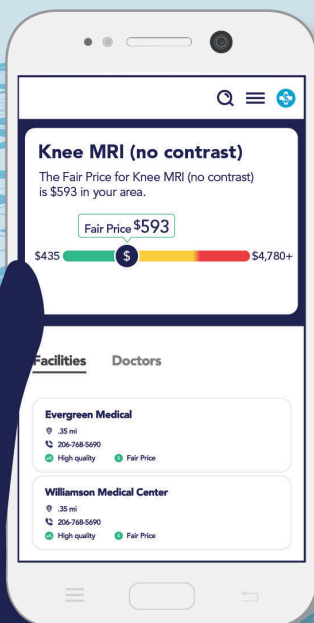
Healthcare Bluebook is a cost transparency tool that members can use to shop for healthcare and get rewarded! If a member uses the service and visits a green or fair price provider, they could receive a reward in the form of a debit card varying from \$25-\$1,500. Click [here](#) to learn more.

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

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

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

SAVINGS



Same procedure, different facilities.
The choice is clear!



Check It Out:

healthcarebluebook.com/cc/CEBT

800-341-0504

Download
the App:



Mobile Code:
CEBT

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RETIREMENT BENEFITS

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 due to 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	
Weekly Benefit	66 ⅔ Percent of the first \$3,365 of weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Weekly Benefit	\$2,244
Minimum Weekly Benefit	\$15
Benefit Waiting Period	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
Maximum Benefit Period	180 days for disability caused by accidental injury 173 days for disability caused by physical disease, pregnancy, or mental disorder

Long Term Disability Insurance	
Weekly Benefit	60% of the first \$14,583 of monthly predisability earnings, reduced by deductible income (e.g. work earnings, workers' compensation, state disability, etc)
Maximum Monthly Benefit	\$8,750
Minimum Monthly Benefit	\$100
Benefit Waiting Period	180 days
Maximum Benefit Period	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 \$1,000 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

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!**



VOLUNTEER HOURS

CMD encourages and supports employees in their efforts to give back to the community. Full-time employees are eligible to receive up to ten (10) hours of paid volunteer time per calendar year. Part-time regular employees are eligible to receive up to five (5) hours of volunteer pay per calendar year. Paid volunteer time can be used when an employee volunteers for non-profit organizations, including schools. Employees are responsible for submitting requests for volunteer time to Human Resources with as much advance notice as possible, ideally at least thirty (30) days in advance. The General Manager has the discretion to approve or deny requests for volunteer time.

UNIFORM REIMBURSEMENT

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 \$350 to full-time employees for pants and footwear per calendar year. Part-time employees working 15–29 hours per week are eligible for \$175 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)



All One Health EAP offers six free counseling sessions per year, per incident for CEBT members and their dependents under 26 and six free life coaching sessions per year. All services are 100% confidential. Click [here](#) to learn more.

Life comes with challenges. **Your Assistance Program is here to help.**

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

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

Receive referrals for personal legal matters including estate planning, wills, real estate, 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 and AllOne Health App

Access your benefits anytime through the AllOne Health App or member portal. Explore articles, assessments, podcasts, resource locators, and get guidance from Izzy, your AI navigator. Download the app and use access code **cebt** to sign up.



Contact AllOne Health
Call: 877-679-1100
Visit: www.triadeap.com
company code: cebt



ADDITIONAL EMPLOYEE ASSISTANCE (EAP) RESOURCES

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 available through AllOne Health (see 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.

Additional Important Resources

- **Eagle Valley Behavioral Health (local) and Olivia's Fund:** 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
- **Speak Up REACH OUT:** Suicide Prevention Coalition of Eagle County. Visit us at speakupreachout.org
- **Colorado Crisis Line:** Call 844.493.8255 or text **TALK** to 38255. Visit us online at coloradocrisiservices.org
- **24/7 National Suicide Prevention Lifeline:** Call 800.273.8255
- **Substance Abuse And Mental Health Services Administration (SAMHSA):** SAMHSA's National Helpline is a free, confidential, 24/7/365 treatment referral and information service, available in English and Spanish, for individuals and families. Visit samsha.gov/find-help/national-helpline.



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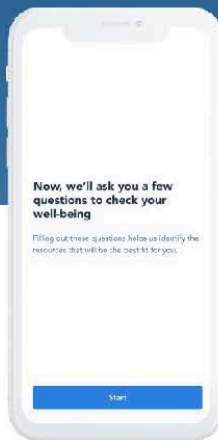
Your CEBT Benefits Through Modern Health

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, we offer some guidance below that can help you determine which level of care may be best for your unique needs:



1. Let us know what you'd like help with.



2. Let us know how you're doing.



3. Check out ways you can use Modern Health: Try a Circle, meditation, or set up your first one-on-one session



Modern Health is your mental wellness benefit.

Access to personalized 1:1, group, and self-serve resources for your well-being. Scan this QR to get started. Or visit my.modernhealth.com. Company code: **cebt**
Questions? help@modernhealth.com



DIGITAL DISEASE MANAGEMENT PROGRAM



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

NEW: Omada® now supports weight loss, joint & muscle pain, diabetes, and high blood pressure.

Create lasting change with Omada.
All at no cost to you.

What you'll get with Omada:

- ✓ Dedicated health coach & care team
- ✓ Interactive weekly lessons
- ✓ Smart devices, delivered to your door
- ✓ Healthier lifestyle in 10 minutes a day | anywhere, anytime
- ✓ Long term results through habit & behavior change

Do what works for you

Find healthy habits and routines that work for you.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

The best part?

If you or your family member (18+ for prevention, diabetes, hypertension programs, 13+ for joint and muscle health) are on a CEBT PPO or EPO medical plan and are eligible for any of the Omada programs offered by CEBT, your membership is covered. Members on HDHP plans may have a small fee for the Omada Joint and Muscle Health program.

It only takes a few minutes to get started:

omadahealth.com/cebt

With Omada, there's a program for you



Weight loss & overall health



Joint & muscle pain



Diabetes



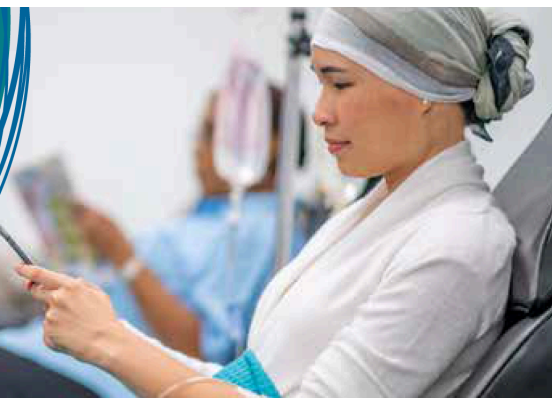
High blood pressure

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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

UMR MATERNITY CARE PROGRAM



Get the support you deserve

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

How we can help

Healthier women are more likely to have healthy babies. If you're thinking about starting a family, our experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, our registered nurses will support you with timely prenatal education and follow-up calls, and will refer you to case management if a serious condition arises. Your CARE nurse will call you each trimester during your pregnancy and once after your baby is born.

If you are pregnant and are identified as high-risk, a CARE nurse will monitor your condition and work to reduce your claims costs throughout your pregnancy and the post-delivery period.

You can self-enroll in Maternity CARE or pre-pregnancy coaching, or you'll be contacted and invited to participate if you're identified as pregnant through a clinical health risk assessment, utilization review or other program referrals.



It pays to participate

You'll receive an incentive gift* as a thank you for participating in the program, sent to you after your delivery.

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



UMR MATERNITY CARE PROGRAM

Once enrolled, you'll receive ...

One-on-one phone calls with a nurse who:

- Provides comprehensive pre-pregnancy and prenatal assessments
- Shares educational information before you become pregnant and throughout your pregnancy
- Encourages you to call with any questions or concerns and continues to reach out each trimester and again after your delivery to see how you and your baby are doing
- Sends a courtesy letter informing your physician that you're in the program

Guidance for your support person:

You may also choose to identify a support person who can receive an education call and electronic educational packet. The packet includes information to help them support you through your pregnancy, labor and delivery, and postpartum.

No-cost educational materials in the mail:

You can choose from a selection of high-quality books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breast-feeding and infant care.

CARE ON THE GO:

The CARE app, powered by Vivify Health, allows us to meet members where they are by connecting them to CARE nurses through their mobile device. Our nurses can view individual health metrics from self-reported data or synchronized monitoring devices and are able to virtually connect with members by text, email or face-to-face via streaming video. It's free and confidential.

No cost:

Maternity CARE is a valuable benefit provided by your employer at no additional cost to you.

Confidential:

UMR takes confidentiality very seriously. It's important to know that we won't share any identifiable, personal health information with your employer. Your employer receives group information only. UMR CARE programs operate in compliance with all federal and state privacy laws.

GET STARTED



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

Call 1-888-438-8105 OR **Scan the QR code** to complete the enrollment form online.

CONTACT INFORMATION

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

Cordillera Metro District	
Paula Kurtz , Human Resources	970-926-1923; pkurtz@cordillerametro.org
Medical, Dental, Vision, Life/AD&D - WTW	
Member Services	303-773-1373 or 1-800-332-1168
Website	cebt.org
CVS Caremark	
Rx Mail Order	866-885-4944
Website	caremark.com
Teladoc	
Member Services	1-800-Teladoc (835-2362)
Website	Teladoc.com/CEBT
Healthcare Bluebook	
Member Services	1-800-341-0504
Access Code	CEBT
Website	healthcarebluebook.com/cc/cebt/
Lantern	
Member Services	1-855-200-6675
Website	cebt.org/lantern
All One Health Employee Assistance Program	
Member Services	1-877-679-1100 or 970-242-9536
Access Code	CEBT
Website	triad.mylifeexpert.com
Omada Health - Digital Disease Management Program	
Member Services	888-409-8687
Website	go.omadahealth.com/cebt
UMR Cancer Resource Services Program	
Member Services	866-494-4502
CEBT Health and Wellness Center	
Gypsum Address	35 Lindbergh Drive #110, Gypsum, CO 81637
Gypsum Phone#	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

Benefit booklets including the following may be found at: cebt.org/benefit-booklets

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

HIPAA NOTICE OF PRIVACY POLICY

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

COBRA GENERAL RIGHTS NOTICE

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

All notices are located at:
cebt.org/resource-center

ANNUAL & OTHER REGULATORY NOTICES

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



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.