

EATON SCHOOL DISTRICT RE-2

BRANCH # K7

A GUIDE TO YOUR CEBT EMPLOYEE BENEFITS

BENEFIT PLANS

CEBT MEDICAL PPO 6, PPO 7
& KP-DHMO 2500

HRP

CEBT DENTAL PLAN A

CEBT VISION PLAN B

CEBT GROUP LIFE

CEBT
Benefit by Trust

PLANS ARRANGED BY:

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WHAT IS CEBT?

Colorado Employers Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over four hundred (400) public entities, with over 34,000 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 WILLIS TOWERS WATSON?

Willis Towers Watson 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, KAISER, CVS CAREMARK, DELTA DENTAL AND 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 UHC provider networks for CEBT members who have medical coverage.

Kaiser Permanente provides the claim payment services and access to their provider network for CEBT members who choose Kaiser Permanente for their medical and prescription drug 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 or Kaiser Permanente. Additionally, you will receive ID cards from UMR or Kaiser Permanente, CVS Caremark and Delta Dental, but not from VSP.

SCHEDULE OF BENEFITS
LIFE INSURANCE, ACCIDENTAL DEATH
AND DISMEMBERMENT (AD&D) INSURANCE

CLASS	AMOUNT OF LIFE INSURANCE*	FULL AMOUNT OF AD&D INSURANCE
All employees	\$20,000	\$20,000

*Your amount of insurance will be reduced as follows:

Age	65	40%
	70	65%
	75	75%
	80	80%

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances.

**CEBT
MEDICAL BENEFITS SUMMARY**

MEDICAL BASE PLAN	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 6	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 7	KP-DHMO 2500
Primary Care	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40	\$40 co-pay
Specialty Care	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40	\$40 co-pay
Lab Charges	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40	\$0 co-pay
X-Ray Charges	PPO \$50 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40	PPO \$55 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40	Subject to deductible then 80/20 coinsurance
Prescription Drugs Retail - for 30 day supply:	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60 Specialty Drugs 20% coinsurance up to a maximum of \$250 per drug fill.
Mail Order for 90 day supply:	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120
Deductible	\$3,000 single / \$9,000 family	\$4,000 single / \$12,000 family	\$2,500 single / \$7,500 family
Co-insurance	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	80/20
Maximum Out of Pocket	PPO \$5,000 (\$10,000 family) Non PPO \$10,000 (\$20,000 family)	PPO \$6,000 (\$12,000 family) Non PPO \$12,000 (\$24,000 family)	\$4,500 single \$9,000 family
Inpatient Hospital	Subject to deductible then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient	Subject to deductible then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient	Subject to deductible then 80/20 coinsurance

MEDICAL BASE PLAN	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 6	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 7	KP-DHMO 2500
Outpatient Hospital/ Surgery	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 coinsurance
Ambulatory Surgical Center	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 coinsurance
Emergency Care	Subject to deductible then PPO 80/20	Subject to deductible then PPO 80/20	Subject to deductible then 80/20 coinsurance
Urgent Care	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	\$40 co-pay per visit, 20% coinsurance for covered services received during a visit
Ambulance	Subject to deductible then PPO 80/20 of "reasonable & customary"	Subject to deductible then PPO 80/20 of "reasonable & customary"	80/20 coinsurance, not subject to the deductible or maximum out of pocket
Maternity / Prenatal Care	PPO \$50 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40	PPO \$55 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40	Subject to deductible then 80/20 coinsurance
MRI or CT/PET Scan Outpatient Hospital	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 coinsurance
MRI or CT/PET Scan Free Standing Facility	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 coinsurance
Durable Medical Equipment	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 coinsurance
Physical, Occupational and Speech Therapy	PPO \$50 co-pay, Non PPO subject to deductible then 60/40; pre-authorization required, 20 visit limit per injury or sickness	PPO \$55 co-pay, Non PPO subject to deductible then 60/40; pre-authorization required, 20 visit limit per injury or sickness	\$40 co-pay per visit, limited to 20 visits per therapy per year
Chiropractor	PPO/Non PPO \$50 co-pay, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines	PPO/Non PPO \$55 co-pay, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines	\$40 co-pay, 20 visit limit

The Summary of Benefits and Coverage (SBC) is posted on the www.cebt.org website.

Routine Services – will be processed following the Federal Patient Protection and Affordable Care Act.

*Ambulance, chiropractic and out of network charges are all subject to reasonable and customary guidelines (R&C)

PPO NOTE: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

HMO Note: The member must use a contracted Kaiser Permanente provider for all care. Out of network providers are only covered if the charges are for emergency treatment. If this is not done, there is no guarantee that the charges will be covered.

This comparison of coverages is intended only as a general description for the principle features of the benefit plans. Please refer to the plan document for details.

02/01/2021

CEBT'S HOSPITAL REIMBURSEMENT PLAN

PURPOSE

For CEBT Employer groups who would like to allow employees the option to choose other coverage as their primary health plan (i.e. spouse's medical plan) CEBT offers a Hospital Reimbursement Plan (HRP). This plan design allows employees to file claims under the other plan as primary and CEBT's HRP plan would be considered secondary coverage. If an employee enrolls in this plan, they must have active primary coverage.

PLAN DESIGN

All eligibility, exclusions and conditions of CEBT's other plans would apply. The Schedule of Benefits states:

"The plan will pay up to \$1,000 per day for otherwise un-reimbursed eligible medical expenses for hospital confinement. This may include expenses for visits to the plan participant from a provider when confined.

The reimbursement will be paid directly to the plan participant. There is a \$30,000 maximum hospital benefit per plan year."

Eligible charges for the routine items below will be covered at 100% through in and out of network provider.

General Screening Guidelines for Children	
Alcohol & Drug Use - assessments for adolescents	Autism - screening for children at 18 and 24 months
Behavioral - assessments for children of all ages	Blood Pressure Screening
Cervical Dysplasia Screening - screening for sexually active females	Congenital Hypothyroidism - screening for newborns
Developmental - screening	Dyslipidemia Screening - for children at higher risk of lipid disorders
Fluoride Chemoprevention Supplements	Gonorrhea Prevention Medication - for the eyes of all newborns
Hearing Screening - newborns	Height, Weight & Body Mass Index (BMI) measurements - for children
Hematocrit or Hemoglobin Screening	Hemoglobinopathies or Sickle Cell Screening - for newborns
Hepatitis B Screening	HIV Screening - for adolescents at high risk
Hypothyroidism Screening - for newborns	Immunization Vaccines - see section below: "General Immunization/Vaccine for Children"
Iron Supplements	Lead Screening
Medical History	Obesity Screening and Counseling
Oral Health - risk assessment	Phenylketonuria (PKU) Screening
Sexually Transmitted Infection (STI) - prevention counseling	Tuberculin Testing
Routine Vision Exam	
General Immunization / Vaccine for Children	
Diphtheria, Tetanus, Pertussis	Haemophilus Influenza Type B
Hepatitis A & B	Human Papillomavirus (HPV) - to age 26
Inactivated Poliovirus	Influenza - flu shots
Measles	Meningococcal
Pneumococcal (pneumonia)	Rotavirus
Varicella (chicken pox)	

Eligible charges for the routine items below will be covered at 100% through in and out of network provider.

General Screening Guidelines for Women & Men	
Alcohol Misuse - screening & counseling	Aspirin - ages 55 - 79 - RX Plan
Blood Pressure	Tobacco Screening
Cholesterol Screening	Colonoscopy
Depression Screening	Cologuard
Diabetes (Type 2) Screening	Diabetes Test
Hepatitis B & C Screening	Diet Counseling
Immunization Vaccines - see section below: "General Immunization/Vaccine for Women & Men"	HIV Screening - annually
Obesity Screening & Counseling	Lung Cancer Screening - high risk
Sexually Transmitted Infection (STI) - prevention counseling- provided annually	Routine Vision Exam
Syphilis Screening	Generic Statins - age 40 - 75; with one or more CVD risk factors and have been calculated 10 years risk of cardiovascular event 10% or greater
General Screening Guidelines for Women	
Anemia Screening - for pregnant women	Bacteruria Screening - for pregnant women
Breast Cancer Chemoprevention Counseling	Breastfeeding - comprehensive support and counseling
BRCA Testing & Counseling	Rental or Purchase of a breast pump - limited to one per pregnancy
Chlamydia Infection Screening	Cervical Cancer Screening
Domestic and Interpersonal Violence - screening and counseling- annually	Clinical Breast Exam
Folic Acid Supplements - RX Plan	Expanded Tobacco - intervention and counseling for pregnant tobacco users
Gonorrhea Screening	Gestational Diabetes Screening

Osteoporosis Screening - over age 60	Routine Mammogram - a baseline age 35-39, One every calendar year age 40-49, no frequency limitations for age 50 and older.
Oral contraceptives and sterilization procedures	
Rh Incompatibility Screening	Urinary Tract or Other Infection Screening
HPV DNA testing Cov. 30 years and older	Well-woman Visits
General Screening Guidelines for Men	
Abdominal Aortic Aneurysm One Screening - aged 65 - 79	Digital Rectal Exam (DRE)
	Prostate Specific Antigen (PSA)
General Immunization/ Vaccine for Women & Men	
Hepatitis A & B	Human Papillomavirus (HPV) - from ages 9 - 45
Influenza - flu shots	Measles
Meningococcal	Mumps
Pneumococcal (pneumonia)	Rubella
Zoster (shingles) - age 60 and over	Shingrix (shingles) - age 50 and over

Preventive Services

Staying on top of your preventive care can help you:

- Track vital numbers like your blood pressure and cholesterol levels
- Get immunizations to help you avoid illness
- Catch potential health problems before they become serious

Under your health plan, you can get preventive care services at no cost. While all Kaiser Permanente service areas cover basic preventive care, you'll find additional benefits in certain states and Washington, D.C. Read on to find out which services are available to you under a plan that begins on or after **January 1, 2019**.

How to know if this flier covers your plan

This flier **doesn't** list services covered under Medicare. Instead, it applies to non-grandfathered individual and group plans (except retiree-only plans) and grandfathered group plans and retiree-only group plans that choose to cover preventive services.

If you're enrolled in grandfathered coverage or retiree-only coverage, see your *Benefit Booklet, Evidence of Coverage, Certificate of Insurance, or Membership Agreement* to find out which preventive services are covered. You can also talk to your employer's benefits administrator.

What's new

There are benefit changes for 2019. Most of our plans will now cover the following services:

- **Screening for diabetes mellitus after pregnancy** (will be covered for plan years or policy years

beginning on or after January 1, 2019)

- **Screening for urinary incontinence in women** (will be covered for plan years or policy years beginning on or after January 1, 2019)

Preventive services for adults

- **Abdominal aortic aneurysm screening** (one time for men 65 to 75 who have ever smoked)
- **Age-appropriate preventive medical examinations**
- **Annual lung cancer screening** with low-dose computed tomography, and counseling, in adults 55 to 80 who are at high risk based on their current or past smoking history
- **Blood pressure screening**
- **Colon cancer screening** (for adults 50 to 75)
 - Bowel preparation medications prescribed prior to a screening colonoscopy
 - Pre-consultation visit associated with colon cancer screening
 - Pathology exam on a polyp biopsy, performed in connection with colon cancer screening
- **Depression screening**
- **Diabetes screening** (type 2) for adults with abnormal blood glucose
- **Discussions with primary care physician about:**
 - Alcohol misuse screening and counseling
 - Low-dose aspirin use, if at high risk of cardiovascular disease or colorectal cancer
 - Diet, if at higher risk for chronic disease
 - Obesity and weight management, including intensive behavioral counseling for overweight adults at risk for cardiovascular disease
 - Sexually transmitted infections prevention
- Tobacco use cessation and counseling
- **FDA-approved medications** for tobacco cessation, including over-the-counter medications, when prescribed by a plan provider
- **Hepatitis B screening** (for adults at higher risk)
- **Hepatitis C screening** (for adults born between 1945 and 1965)
- **Immunizations** (doses, recommended ages, and recommended populations vary):
 - Hepatitis A
 - Hepatitis B
 - Herpes zoster
 - Human papillomavirus
 - Influenza
 - Measles, mumps, rubella
 - Meningococcal (meningitis)
 - Pneumococcal
 - Tetanus, diphtheria, pertussis
 - Varicella
- **Latent tuberculosis infection screening**
- **Over-the-counter drugs** when prescribed by your doctor for preventive purposes:
 - Low-dose aspirin to reduce the risk of heart attack
 - Low-dose aspirin to prevent colorectal cancer
 - Vitamin D supplementation to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls
- **Physical therapy** to prevent falls (in community-dwelling adults 65 and older who are at increased risk of falling)
- **Routine physical exam**
- **Sexually transmitted infection screenings** (for adults at higher risk)
 - Chlamydia
 - Gonorrhea
 - HIV
 - Syphilis

- **Statin use for the primary prevention of cardiovascular disease in adults** 40 to 75 years with no history of cardiovascular disease (CVD), one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater
- **Universal lipids screening** in adults 40 to 75 years to identify dyslipidemia and a calculation of a 10-year CVD risk

Additional preventive services for women³

- **Anemia screening** (for pregnant women)⁴
- **BRCA genetic counseling** to assess risk of carrying breast/ovarian cancer genes (for those who meet U.S. Preventive Services Task Force guidelines)
- **BRCA genetic testing** (for high-risk women and when services are ordered by a plan physician)
- **Breastfeeding equipment**
- **Cancer screening:**
 - Breast cancer (mammography for women 40 and older)
 - Cervical cancer (for women 21 to 65)
- **Contraceptive devices, methods, and drugs** (FDA-approved and prescribed by your doctor), contraceptive device removal, and female sterilizations
- **Discussions with primary care physician** about:
 - Breastfeeding and comprehensive lactation support
 - Chemoprevention for breast cancer (if at higher risk)
 - Contraceptive methods
 - Family history of breast and/or ovarian cancer
 - Folic acid supplements (a daily supplement of 0.4- 0.8 milligrams of folic acid if you are capable or planning pregnancy)
 - Interpersonal and domestic violence
 - Preconception care
- Tobacco use cessation and counseling for pregnant women
- **FDA-approved medications** for tobacco cessation for pregnant women, including over-the-counter medications, when prescribed by a plan provider⁵
- **Gestational diabetes screening** (for pregnant women at high risk, or women 24 and 28 weeks pregnant)
- **Hepatitis B screening** (for pregnant women at their first prenatal visit)
- **HIV screening** for pregnant women
- **Low-dose aspirin** (after 12 weeks of gestation in women who are at high risk for preeclampsia)
- **Osteoporosis screening** (for women 65 or older, and those at higher risk)
- **Over-the-counter folic acid** Over-the-counter folic acid (a daily supplement of 0.4-0.8 milligrams of folic acid for women who are capable or planning pregnancy to reduce the risk of birth defects when prescribed by a doctor for preventive purposes)
- **Preeclampsia screening** (for pregnant women with blood pressure measurements during pregnancy)
- **Prescribed, FDA-approved medications** for breast cancer prevention (if at higher risk, 35 and older with no prior history of breast cancer)
- **Rh incompatibility screening** (for pregnant women) and follow-up testing (for those at higher risk)
- **Routine physical exam**
- **Routine prenatal care visits**
- **Screening for diabetes mellitus after pregnancy** (will be covered for plan years or policy years beginning on or after January 1, 2019)
- **Screening for urinary incontinence in women** (will be covered for plan years or policy years beginning on or after January 1, 2019)
- **Syphilis screening** for pregnant women
- **Urinary tract or other infection screening** (for pregnant women)

Preventive services for children

- **Age-appropriate preventive medical examinations**
- **Autism screening** by primary care physician (at 18 months and 24 months)
- **Behavioral assessments** by primary care physician (throughout development)
- **Blood pressure screening** for adolescents
- **Cervical dysplasia screening** (for sexually active females)
- **Congenital hypothyroidism screening** (newborns)
- **Depression screening** (for adolescents 12 to 18 years)
- **Developmental screening** (under 3 years) and surveillance (throughout childhood) by primary care physician
- **Discussions with primary care physician** about:
 - Alcohol and drug use counseling for adolescents
 - Fluoride supplements for children who have no fluoride in their water source
 - Iron supplements for children 6 months to 12 months at risk for anemia
 - Obesity screening and counseling
 - Sexually transmitted infection prevention counseling for adolescents at higher risk
 - Tobacco use cessation and counseling
 - Skin cancer counseling for young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skincancer
- **Dyslipidemia screening** (for children at higher risk of lipid disorders)

- **FDA-approved medications** for tobacco cessation, including over-the-counter medications, when prescribed by a plan provider
- **Gonorrhea prevention** medication for the eyes (newborns)
- **Hearing screening** (newborns)
- **Height, weight, and body mass index (BMI) measurements** (throughout development)
- **Hematocrit or hemoglobin screening**
- **Hemoglobinopathies or sickle cell screening** (newborns)
- **Hepatitis B screening** (for adolescents at higher risk)
- **HIV screening** (for adolescents at higher risk)
- **Immunizations** (from birth to 18 years; doses, recommended ages, and recommended populations vary):
 - Diphtheria, tetanus, pertussis
 - *Haemophilus influenzae* type B
 - Hepatitis A
 - Hepatitis B
 - Human papillomavirus
 - Inactivated poliovirus
 - Influenza
 - Measles, mumps, rubella
 - Meningococcal (meningitis)
 - Pneumococcal
 - Rotavirus
 - Varicella
- **Lead screening** (for children at risk of exposure)
- **Medical history** (throughout development)
- **Oral health risk assessments** by primary care physician
 - Fluoride supplementation starting at 6 months for children who have no fluoride in their water source
 - Fluoride varnish for the primary teeth of all infants and children starting at the age of primary tooth eruption

- **Over-the-counter drugs** when prescribed by your doctor for preventive purposes:
 - Iron supplements for children to reduce the risk of anemia
 - Oral fluoride for children to reduce the risk of tooth decay
- **Phenylketonuria screening** (newborns)
- **Routine physical exam**
- **Tuberculin testing** (for children at higher risk of tuberculosis)
- **Vision screening**

Additional region-specific preventive services ⁷

For health plans issued in one of these states, additional region-specific preventive services are also listed for that state.

California

- Artificial insemination and sperm collection, processing, and testing for HIV-negative women who wish to conceive using sperm from HIV-positive donors
- First postpartum visits⁸
- Prostate cancer screenings (e.g., prostate-specific antigen testing and digital rectal examination)
- Retinal photography screenings for adults and children
- Travel immunizations

Colorado

- Breast cancer screening for all at-risk individuals regardless of age
- Colon cancer screening for all at-risk individuals regardless of age

Georgia

- Ovarian cancer surveillance test for women over 35 or at risk
- Prostate cancer screenings

Maryland

- Labs and X-rays associated with well-child visits
- Prostate cancer screenings

Oregon

- First postpartum visits
- Prostate cancer screenings

Virginia

- Labs and X-rays associated with well-child visits
- Prostate cancer screenings

Washington

- First postpartum visits
- Prostate cancer screenings

Washington, D.C.

- Labs and X-rays associated with well-child visits
- Prostate cancer screenings



**DELTA DENTAL PPO PLUS PREMIER
CEBT - PLAN A
(EFFECTIVE JULY 1, 2021)**



MAXIMUM BENEFIT Calendar Year Maximum			\$2,000 per member, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services			Individual Deductible - \$50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network	
PREVENTION FIRST PPO and Premier Networks Only			Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.	
RIGHT START 4 KIDS PPO and Premier Networks Only			Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.	
PPO Dentist	PREMIER Dentist	NONPAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.
			Periodontal Maintenance	Limited to 4 in a calendar year
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 15
			Bitewing X-Rays	Once in a calendar year
			Full Mouth X-Rays	Once in a 5-year period
			Fluoride	Twice in a calendar year, through age 15
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
BASIC SERVICES (including occlusal guards)				
80%	80%	80%	Fillings	Once per tooth in a 12-month period; composite (white) fillings
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	
MAJOR SERVICES				
50%	50%	50%	Crowns	Once per tooth in 5-year period. Not a benefit under age 12.
			Implants	Once per tooth in a 5-year period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
ORTHODONTICS \$2,000 lifetime maximum				
50%	50%	50%	For covered employee, spouse and children to age 26	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

- 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.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event. This is a brief description of services covered under your dental plan. Please refer to the Plan Document for full plan details. If differences exist between this summary and the Plan Document, the Plan Document will govern.

07/01/2021

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM C.E.B.T. - PLAN B AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



USING YOUR BENEFIT IS EASY!

Create an account on [vsp.com](https://www.vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Like shopping online? Go to [eyeconic.com](https://www.eyeconic.com) and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA \$20 +
TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://www.vsp.com/offers).

UP
TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: **800.877.7195** or [vsp.com](https://www.vsp.com)

YOUR VSP VISION BENEFITS SUMMARY

C.E.B.T. - Plan B and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

07/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15	Every 12 months
PRESCRIPTION GLASSES		\$15	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$180 featured frame brands allowance \$160 frame allowance 20% savings on the amount over your allowance \$80 Costco®/ Walmart frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Polycarbonate lenses UV protection Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175 \$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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CEBT General Notice Of COBRA Continuation Coverage Rights

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: your Human Resource or Payroll department.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

CEBT Plan Administrator

Termination notices should be sent by the CEBT participating employer group

Willis Towers Watson
2000 S. Colorado Blvd., Tower II, Suite 900
Denver, CO 80222
303-773-1373 or 800-332-1168

CEBT COBRA Administrator

The Plan Administrator will notify the COBRA Administrator of any qualified events submitted by the employer. Below is the contact information for the Qualified Beneficiary's use.

Alerus Payments
PO Box 2440
Omaha, NE 68103-2440

Alerus (all other correspondence)
PO Box 3789
Littleton, CO 80161

Alerus Member Services (800)
651-4855
7:00 am to 6:00 pm MST, Monday through Friday