

Benefit Plan Highlights

July 1, 2022 – June 30, 2023



2022 - 2023 Benefits Guide

Knowledge Quest Academy



Benefits Summary

Medical-UMR and Kaiser: There will be three health plan offerings this year! Employees will need to select one of the three plans listed below. If an employee chooses the PPO3 or PPO6 plan they will have access to the United Health network. If an employee chooses the KP-DHMO 1500 plan they will have access to the Kaiser network. If an employee has full medical coverage outside the District they can choose to waive medical coverage. Additional details are below.

PPO3:UMR/United Healthcare network

PPO6: UMR/United Healthcare network

KP-DHMO 1500: Kaiser/Kaiser network

*** Please remember if you add dependents to your medical plan you must also add them to your dental plan, as the District's plan is bundled and cannot be split between plans. If you add dependents, you are required to provide a copy of birth certificates for children, and a copy of your marriage license if you are adding your spouse. CEBT also requires social security numbers for your dependents. Please upload the necessary documents as required within the CEBT Community portal.

Dental - Delta Dental of Colorado: Employees will need to select the dental plan when choosing their benefits as medical and dental are packaged. If you add your spouse or dependents - you will need to add them to both medical and dental plan. Through your dental plan you will have access to Delta Dental's PPO and Premier network and third-party claim payment services.

Vision - VSP: The vision coverage is voluntary. Employees will need to select the vision plan or waive this benefit as it is optional. If you elect to add vision coverage, keep in mind that an employee or dependent may only enroll or drop coverage during the open enrollment period. No changes will be allowed until then unless there is a qualifying event.

Life - The Standard: Employees are enrolled in Life and Accidental Death & Dismemberment (AD&D) insurance coverage through The Standard and paid for by the District.

Prescriptions - Caremark and Kaiser: Employees who choose the PPO3 or PPO6 plan will have access to Caremark provider network for prescription drug coverage. Employees who elect the KP-DHMO 1500 plan will have access to the Kaiser provider network for prescription drug coverage.

Employee Assistance Program (EAP) - The Standard or Triad EAP: Employees have 24/7 access to a free employee assistance program through the Standard or through Triad.

Knowledge Quest Academy: Offers a comprehensive suite of benefits to promote health and financial wellness for you and your family.

This brochure provides a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

Don't forget to check out the CEBT Health and Wellness Center as it is an added benefit to employees with a variety of free service and a \$0 co-pay. See more information later in the guide.



Benefit Basics

As a Knowledge Quest Academy employee, you are eligible for benefits if you work at least 30 hours per week. Benefits are effective on the first day of the month following your date of hire.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your Legal Spouse
- Civil Union Partner
- Your children up to age 26

Changes in Status / Life Events

You can add or drop dependent(s) during your initial hire, open enrollment, and if a qualifying event occurs. When a qualifying event occurs, you have 30 days from the date of the qualifying event to notify Human Resources in an email, and provide documentation of the qualifying event (ie: marriage certificate, divorce decree, birth certificate, etc.)

Below are considered qualifying 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
- Placement of a child for adoption

3. Change in spouse coverage status

- Commencement or termination of spouse's health coverage on another health plan (Employee will be required to upload a letter from their spouse's previous employer showing termination of coverage if they are adding dependents to the plan. If employee is dropping a dependent from the plan they will be required to show proof of coverage on their new health plan. This does not apply at Open Enrollment, or if you are electing benefits for the first time as a new-hire).

4. Change in individual coverage status due to aging out

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

What is CEBT?

Colorado Employers Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over four hundred (420) public entities, with over 35,000 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 United Healthcare provider networks for CEBT members who have medical coverage.

Kaiser Permanente provides claim processing 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. VSP does not utilize cards.

Need help with a claim?

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

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

CEBT Medical Coverage



Employees of Knowledge Quest Academy have the option to choose the Colorado Employer Benefit Trust (CEBT) / UnitedHealthcare Plans PPO3, PPO6, or KP-HMO 1500. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. To find out more about these plans please visit: <https://www.cebt.org/resources/benefit-booklets>

MEDICAL BASE PLAN	PPO3	PPO6	KP-DHMO 1500
Office Visit (Primary Specialty)	\$35 Copay \$35 Copay	\$50 Copay \$50 Copay	\$40 Copay \$40 Copay
Deductible (Single Family)	\$1,000 \$2,000	\$3,000 \$6,000	\$1,500 \$3,000
Coinsurance (In Out)	20% In 40% Out	20% In 40% Out	20% In network only
Out of Pocket Single (In Out)	\$3,750 \$7,500	\$5,000 \$10,000	\$4,000
Out of Pocket Family (In Out)	\$7,500 \$15,000	\$10,000 \$20,000	\$8,000
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max Amb Surg Center \$500 Copay
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60	Generic \$20 Preferred \$40 Non-Preferred \$60	Generic \$20 Preferred \$40 Non-Preferred \$60 Specialty 20% coins up to \$250
Rx Mail Order	2 X Copay	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%	Covered 100%
Chiropractic	\$35 Copay 20 Visits per year	\$50 Copay 20 Visits per year	\$40 Copay 20 Visits per year
Teladoc	Covered 100%	Covered 100%	N/A
Telehealth	\$35 Copay	\$50 Copay	Covered 100%
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$35 Copay office setting Outpatient setting Deductible + 20% to OOP Max	\$50 Copay office setting Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

MEDICAL BASE PLAN	PPO3	PPO6	KP-DHMO 1500
Lab	\$35 Copay	\$50 Copay	\$0 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Urgent Care	\$75 Copay	\$75 Copay	\$40 Copay
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

This comparison of coverages is intended only as a general description for the principle in network features of the benefit plans. Please refer to the plan document that is posted on the www.cebt.org website for details.

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.

Family Deductible: Combines individual and family deductible. When a family member has a healthcare expense, the money paid toward the individual deductible is also credited toward the family deductible. *Ex- An individual satisfies a \$3,500 individual deductible which is then credited toward the \$7,000 family deductible and leaves a balance of \$3,500 to be satisfied by another family member or members.*

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.

Kaiser Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act. For a full list go to https://healthy.kaiserpermanente.org/colorado/learn/preventive-services?kp_shortcut_referrer=kp.org/prevention#p1

Welcome to CVS Caremark®



We manage your prescription benefits just like your health insurance company manages your medical benefits. That means helping you get the medication you need, when you need it, whether that's once a month or once a year. And along the way we'll help you find ways to save. Welcome to a prescription plan that has your best health at heart.

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 a 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.

Get started! Register on **kp.org**

Have your health record number handy – it's on your member ID card.

If you haven't received your member ID card in the mail, call New Member Connect at **303-338-3361** or **1-844-639-8657 (TTY 771)**, Monday-Friday, 7 a.m.-6 p.m.

STEP

1

Go to kp.org/registernow

- Select your language preference
- Choose "I have a Kaiser Permanente plan and want to use online services"
- Click "Continue"

STEP

2

Create your user account

On the following screens you will:

- Enter your name, date of birth, preferred language, area, and health record number
- Accept the terms and conditions
- Create a user ID and provide your email address

STEP

3

Get your password and sign in to your account

- Get your password immediately by confirming your personal information, such as current or past address or the last 4 digits of your social security number¹
- Once your password is set up, you can sign on to your account
- You may also choose to have a password sent to you by mail, but you won't be able to access online services immediately

- Get lab results
- Email your doctor²
- Refill prescriptions²
- Make or cancel appointments²
- Chat with a doctor, pharmacist, or financial counselor

All online,
easier than ever

1. These questions are asked from a third-party security company that won't share your information.

2. These services are available when you receive services from Kaiser Permanente.

CEBT'S COVERED PREVENTATIVE SERVICES FOR ADULT MEN AND/OR WOMEN

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	Urinary Tract or Other Infection Screening
Rh Incompatibility Screening	Well-woman Visits
HPV DNA testing Cov. 30 years and older	
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

**CEBT'S COVERED PREVENTATIVE
SERVICES FOR CHILDREN**

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)	

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.¹ 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 nongrandfathered individual and group plans (except retiree-only plans) and grandfathered group plans and retiree-only group plans that choose to cover preventive services.¹

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.² 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 visits⁶**
- **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 skin cancer
- **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 services⁷

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

Colorado⁶

- 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

CEBT DENTAL BENEFITS SUMMARY

Knowledge Quest Academy

BENEFIT INFORMATION (SUBJECT TO DENTAL GUIDELINES)
PPO AND PREMIER

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.
COVERED SERVICES	DENTAL A
Annual Max	\$2,000
Deductible (Single Family)	\$50 \$150
Preventative Services	Covered at 100% routine exams & cleanings 2 times per cal year, bitewing x-rays once per cal year, full mouth x-rays eligible once in a 5-year period
Basic Services	Covered at 80% emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered at 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% with lifetime max of \$2,000. Includes adults and dependent children through age 26

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.



Prevention First: Get More From Your Dental Benefits

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. There are plenty of other reasons why you should be using **PREVENTION FIRST**:

▶ EFFECTIVE IMMEDIATELY

There are no waiting periods. You can start saving money the first day your plan is effective.

▶ EASY TO UNDERSTAND & USE

There are no complicated rules to follow or rollover equations to figure out. See your Delta Dental provider* for exams, X-rays, and cleanings, and you will not use any of your annual maximum, so it will be there for any additional treatments you may need in a benefit year. **A Delta Dental PPOSM provider is always your best value!**

▶ ENCOURAGES GOOD ORAL HEALTH

Unlike other carriers' max rollover plans, which reward members who don't use their benefits in order to roll money over into the following benefit year, **PREVENTION FIRST** encourages you to get your preventive care by not counting these visits against your annual maximum. Not only will your dental benefits go farther, but good preventive care can help you avoid potentially painful and costly restorative treatments down the road.

Delta Dental PPO providers are your best value because you will get a bigger discount (making your annual max go even further) and pay less out of pocket.

You have dental insurance — make the most of it and protect your smile. Make a dentist appointment today.

Check your plan benefits. Some plans require that you see a Delta Dental PPO or Premier provider for **all services, not just preventive.*

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.

The Right Start for a Bright Future

Right Start 4 Kids® from Delta Dental of Colorado



100% COVERAGE*



NO DEDUCTIBLE



IN-NETWORK
PROVIDERS



HEALTHY SMILES &
BRIGHT FUTURES

Did you know that cavities are the most chronic childhood disease? Cavities are five times more common than asthma. Children with pain from tooth decay typically miss more school and have lower grades than their peers, not to mention the lost work hours for parents. But cavities are nearly 100% preventable, and it's easy to protect your child's oral health and ensure better overall health.

RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO is a unique 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.

Want to learn more about your child's oral health and why it's so important to take care of it from an early age? Go to the Oral Health & Wellness page on our website at www.deltadentalco.com/wellness.aspx.

* 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.



deltadentalco.com



CEBT VISION BENEFITS SUMMARY

COVERAGE	VISION B
Carrier Network	VSP
Benefit Frequency	Exam and Lenses eligible every 12 months Frames eligible every 24 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	\$15 Copay
Lenses, per pair	
Single	\$15 Copay
Bifocal	\$15 Copay
Trifocal	\$15 Copay
Lenticular	\$15 Copay
Frames	\$160 Allowance
Contacts	\$160 Allowance

EXTRA SAVINGS (for Vision Plan B and Vision Plan C)	Glasses and Sunglasses
	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
	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Lase Vision Correction
Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	

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.

An employer must have at least 25% of the eligible employees enrolled in the plan in order to offer coverage.

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



CEBT Life and Accidental Death & Dismemberment (AD&D) Insurance 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. Knowledge Quest Academy provides Basic Life and AD&D 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	\$20,000
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

Words to Know

Maximum Out of Pocket

The maximum amount that a member (or family) will have to pay in a calendar year. This includes amounts paid towards the deductible, coinsurance, and copays.

Co-Insurance

Insurance which indicates how much you will pay and how much the plan will pay up to the maximum out of pocket has been met.

Deductible

The amount you need to pay before the plan begins paying.

Copay

A small payment that is due at time of a medical service. Copays accumulate toward the out-of-pocket maximum.

The Cost of Your Benefits

Knowledge Quest Academy contributes monthly towards the cost of your benefits. The remaining portion is the employee's responsibility. Below is the monthly cost of Medical, Dental, and Vision coverage.

PPO3			
	Monthly Cost	Monthly District Contribution	Employee Pays
EE	\$965	\$828	\$137
EE + Spouse	\$1880	\$828	\$1052
EE + Children	\$1781	\$828	\$953
Family	\$2277	\$828	\$1449
2 Employee Family	\$2277	\$1656	\$621

PPO6			
	Monthly Cost	Monthly District Contribution	Employee Pays
EE	\$828	\$828	\$0
EE + Spouse	\$1614	\$828	\$786
EE + Children	\$1529	\$828	\$701
Family	\$1952	\$828	\$1124
2 Employee Family	\$1952	\$1656	\$296

KP-DHMO 1500			
	Monthly Cost	Monthly District Contribution	Employee Pays
EE	\$854	\$854	\$0
EE + Spouse	\$1662	\$854	\$808
EE + Children	\$1576	\$854	\$722
Family	\$2010	\$854	\$1156
2 Employee Family	\$2010	\$1708	\$302

Vision B	
	Monthly Cost
EE	\$10
EE + Spouse	\$14
EE + Children	\$13
Family	\$24

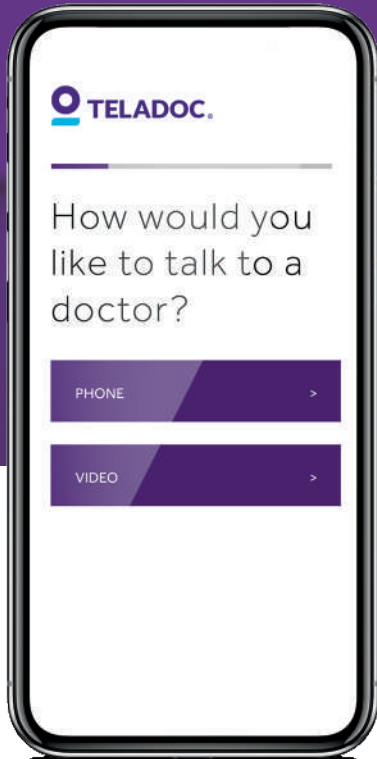
Dental A			
	Monthly Cost	Monthly District Contribution	Employee Pays
EE	\$43	\$43	\$0
EE + Spouse	\$87	\$43	\$44
EE + Children	\$114	\$43	\$71
Family	\$144	\$43	\$101
2 Employee Family	\$144	\$86	\$58



Made available by

CEBT
Benefit by Trust

* For employees on the PPO3 or PPO6 plan



You've got Teladoc

Talk to a doctor anytime, anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor

Request a time and a Teladoc doctor will contact you



Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor for free

Call 1-800-TELADOC (835-2362) | Visit Teladoc.com/CEBT

Download the app  

PHONE VISITS

*For employees on the KP-DHMO 1500 plan



Save yourself a trip by scheduling a call

Care that's convenient for you

A phone visit is an alternative to an office visit, saving you time, and can be done whenever it's convenient for you.

Phone visits can be scheduled with your primary care provider or another doctor, often the same day, for many common conditions. You can make the call from the comfort and convenience of home, work, or on the go.



How do I schedule a phone visit?

Contact the Appointment and Advice Contact Center at **303-338-4545** or **1-800-218-1059 (TTY 711)**, anytime, day or night, to schedule a phone visit with your primary care provider or an available provider. You can also schedule a phone visit online at **kp.org/appointments**. If you see a network provider, check with them to see if they offer phone visits.

When are phone visits available?

You can schedule a phone visit with your Kaiser Permanente doctor Monday through Friday, from 8 a.m. to 5:45 p.m. (times may vary by medical office). If you need a phone visit outside those hours, you can schedule an appointment with our after-hours physicians, Monday through Friday, from 6 p.m. to 10 p.m.

How much does a phone visit cost?

For your convenience, there is no charge for calling the Appointment and Advice Contact Center's 24/7 nurse advice line. Nurse phone visits are of no charge with any nurse at a Kaiser Permanente medical office.

Currently, there is no charge for a phone visit for most health care plans. However, effective January 1, 2018 (or upon plan renewal), if you are enrolled in a high-deductible health plan, a phone visit will be subject to your deductible and plan coinsurance.

If you're enrolled in a high-deductible health plan and have a phone visit with a network provider, this will result in an applicable copay/coinsurance.

For specific costs and details of your health care plans, review your Evidence of Coverage or Membership Agreement, or contact Member Services, Monday through Friday, 8 a.m. to 6 p.m.

Denver/Boulder: **303-338-3800**
Mountain Colorado: **1-844-837-6884**
Northern Colorado: **1-844-201-5824**
Southern Colorado: **1-888-681-7878**
TTY **711**

Explore your care options at kp.org/getcare



PHONE



EMAIL



E-VISITS



VIDEO VISIT



CHAT ONLINE



IN-PERSON

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CEBT Health & Wellness Centers

What We Treat

At the CEBT Health & Wellness Centers, our goal is to help you achieve your optimum health. To reach this goal, the teams at the centers are licensed to diagnose, treat, and prescribe for a wide variety of common illnesses and injuries. In addition to sick care, you have access to a full range of health assessment and coaching services – all from a convenient location.

Employees, spouses, and dependents ages 2 and older who are on the CEBT medical plan are eligible to use any of the CEBT Health & Wellness Centers. There is no cost or copay for any visit type for CEBT members on a PPO or EPO plan. Those on an HDHP plan are also eligible for free in-person preventive visits and chronic condition visits, but will pay \$45 for sick visits.

The following is a representative list of in-person and virtual services available:

Prevention

Health Screenings

- Annual preventive exams
- Blood pressure
- Body mass index
- Cholesterol
- Glucose

Health Coaching

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

Chronic Condition Care Management

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

Sick Visits

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

Primary Care Services

- Prescription management
- Referral coordination
- Labs and blood work including 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.

Center Information

CEBT Health & Wellness Centers

Widefield 719-551-5808

Rifle 970-440-8085

Glenwood Springs
970-440-8087

Gypsum 970-431-2871

Loveland 970-744-2866

Greeley 970-373-4625

my.marathon-health.com

CEBT
Benefit by Trust





CEBT Health & Wellness Center Hours

Loveland

Monday – Thursday 7am – 6pm

Friday 7am – 5pm

Closed 1pm – 2pm Wednesday and Friday

Greeley

Monday – Thursday 7am – 5pm (closed 1pm – 2pm)

Friday 7am – 11am

To schedule an appointment, call your center or go online to **my.marathon-health.com**.

CEBT Health & Wellness Centers

Loveland: 2889 N. Garfield Ave.

970-744-2866

Greeley: 4675 W. 20th St. Rd., Unit B

970-373-4625



Marathon
health[®]
For life.



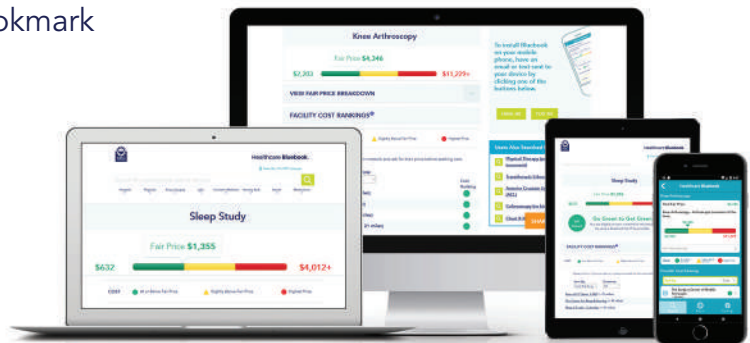
Healthcare Bluebook.

Take a minute to walk through these simple instructions, so that you have quick access to Healthcare Bluebook on all your devices. Anytime, anywhere!

1 IT PAYS TO BE PREPARED... GEAR UP! BE EMPOWERED!

On your PC, laptop and tablet:
Login to Healthcare Bluebook and bookmark the search page for quick access.

healthcarebluebook.com/cc/CEBT



2 On your mobile phone:
Download the app and login so you'll have Bluebook with you anytime you need to schedule a procedure.

Company Code: CEBT

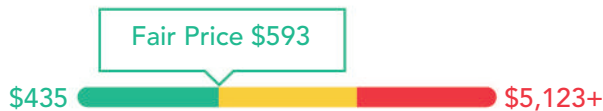


3 USE HEALTHCARE BLUEBOOK AND KNOW WHERE TO GO

Search for your procedure in Healthcare Bluebook, use a **Fair Price™** (green) facility, save big bucks on care, and get a reward.



Knee MRI



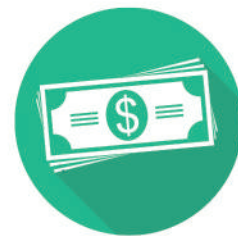
● At or Below Fair Price ▲ Slightly Above Fair Price ● Highest Price



- Reasonable Rates Imaging Center (~ 2 miles)
- ▲ XTRA Imaging (~ 3 miles)
- Too Much Medical Center (~ 1 mile)

FOR EXAMPLE PURPOSES

BIG SAVINGS +
\$ Reward



*For employees on the KP-DHMO 1500 plan

Get a personalized estimate with our online tool



Be prepared when you come in for care. Use Estimates – our treatment cost calculator – to get an estimate of your out-of-pocket costs.

What is Estimates?

Estimates is our online calculator that gives you cost estimates for many commonly used treatments and services.

Where do I find Estimates?

Go kp.org/costestimates. You'll need to be registered on kp.org to use this secure tool.

How does Kaiser Permanente come up with the estimate?

We take the average cost of a service in your area. Then we apply your plan benefits and how much you've spent so far for care. You'll see the low, likely, and high cost for the service. This will include the costs you are responsible for, such as a deductible or copay.

Is the estimate exactly what I'll pay?

No, the estimate gives you a general idea of what you'll pay for a particular service. What you actually pay may be higher or lower depending on the care you receive. Your bill will show the actual cost of the service and what you will need to pay.

What if the estimate is more than I can afford to pay?

Don't let an estimate keep you from getting the care you need. Call the number on the back of your Kaiser Permanente ID card to see if you qualify for financial assistance and how to sign up for an easy payment plan.



Get started now

Go to kp.org/costestimates to find out what you can expect to pay for common exams, tests, and services.

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232. Services for self-insured plans are administered by Kaiser Permanente Insurance Company, One Kaiser Plaza, Oakland, CA 94612.

SURGERYPLUS MEMBER JOURNEY

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



STEP 1

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



STEP 2

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



STEP 3

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



STEP 4

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



STEP 5

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



STEP 6

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



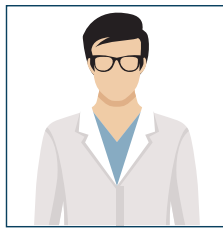
Visit your member portal at cebt.surgeryplus.com (access code: surgeryplus) or call 855-200-6675 to learn more

ALL-INCLUSIVE SUPPORT

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

UMR Coverage	EPO Plan 3-6	PPO Plan 2-8	HDHP 2800, HDHP 3500 & HDHP 2-5
S+ Deductible	n/a	\$0	\$1,400 (IRS Min)
S+ Copay	\$0	\$0	n/a
S+ Coinsurance	n/a	\$0	\$0
Total	Your cost will be waived. You owe \$0 for your SurgeryPlus procedure.	Your cost will be waived. You owe \$0 for your SurgeryPlus procedure.	SurgeryPlus will waive your coinsurance and collect a reduced deductible at the end of the year, or once all claims have been received.

Top-Quality Providers



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

Our standards of excellence include:

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

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

SURGERYPLUS

Commonly Covered Procedures

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



Joint Replacement

- Ankle
- Elbow
- Hip
- Wrist
- Knee
- Shoulder



Spine

- Artificial Disk Replacement
- Laminotomy
- Cervical Disk Fusion
- Laminectomy
- Lumbar Interbody Fusion
- 360 Spinal Fusion



Orthopedic

- Arthroscopy (Knee/Shoulder)
- Bunionectomy
- Carpal Tunnel Release
- Ligament Repair
- Rotator Cuff Repair



Ear, Nose & Throat

- Ear Tube Insertion
- Ear Infection
- Septoplasty
- Sinuplasty



Cardiac

- Cardiac Ablation
- Defibrillator Implant
- Pacemaker Implant
- Pacemaker Replacement
- Valve Surgery



Sports Medicine

- Cervical Epidural
- Lumbar Epidural Steroid
- Stellate Ganglion Block
- Epidural Blood Patch



Gynecology (GYN)

- Bladder Repair
- Hysteroscopy
- Hysterectomy
- Myomectomy
- Ovary Removal



General Surgery

- Hernia
 - Hernia Repair
- Thyroid
 - Thyroidectomy
- Gallbladder
 - Gallbladder removal



Gastroenterology (GI)

- Colonoscopy
- Upper GI Endoscopy

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

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

*For employees on the PPO3 or PPO6 plan



Get healthy your way



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

CEBT
Benefit by Trust

Shift your mindset, *change* *your health*



Remove the barriers between you and recovery with Omada® for Joint & Muscle Health.

What you'll get:

- ✓ A dedicated licensed Physical Therapist
- ✓ Treatment plan from head to toe
- ✓ Unlimited 1:1 chats and video visits with your PT
- ✓ Free exercise kit with all the tools you need

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 (13+) 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



Joint & muscle
health

CEBT
Benefit by Trust

*The program features described are specific to the complete version of Omada for Joint & Muscle Health, which includes a physical therapist. Members not experiencing a relevant injury or musculoskeletal condition may instead receive a preventive version of Omada for Joint & Muscle Health, which includes different features and does not include a physical therapist.



*For employees on the KP-DHMO 1500 plan

Feeling overwhelmed? Tap into the power of self-care.

Adult members can download 2 popular apps at kp.org/selfcareapps

These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier. Choose the areas you want to focus on – including managing depression, reducing stress, improving sleep, and more.

- Evidence-based and proven effective
- Hand-picked by Kaiser Permanente physicians
- Confidential and easy to use



Calm

Calm is an app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. With guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos, and more, Calm offers something for everyone.



myStrength

myStrength offers personalized programs with interactive activities, daily health trackers to monitor and maintain your progress, in-the-moment coping tools, and more. It's designed to help you set goals and work toward them in ways that work for you – by making positive changes that support your mental, emotional, and overall well-being.

myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

Get the apps at kp.org/selfcareapps.

The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101



Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by Weld County School District RE 5 J.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Weld County School District RE 5 J, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows or coincides with 30 consecutive days as a member.

Benefits

Monthly Benefit	60 percent of the first \$10,000 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100
Benefit Waiting Period	60 days

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue until age 65. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by Weld County School District RE 5 J. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Weld County School District RE 5 J may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13271D-136338 (8/16)

4945418-47918



A helping hand when you need it.

Rely on the support, guidance and resources
of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program¹ (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit workhealthlife.com/Standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

With EAP, assistance is immediate, personal and available when you need it.

Contact EAP

888.293.6948

TDD: 800.327.1833

24 hours a day,
seven days a week

workhealthlife.com/Standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

¹ The EAP service is provided through an arrangement with Morneau Shepell, which is not affiliated with The Standard. Morneau Shepell is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

Employee Assistance Program-3
SI 17201 (7/17) EE



Triad EAP provides solutions for today's employee.

Whether you are facing challenging life problems or you want to take your personal or professional life to the next level, Triad has the resources to help.

WHAT IS AN EAP?

Everyone experiences personal problems from time to time that can have a profound impact on your professional and personal life. By utilizing your EAP benefits you'll have access to a wide range of tools that can help you cope with issues such as divorce, parenting dilemmas, the death of a loved one or attempts to overcome addiction - just to name a few. And the problems don't have to be situational: What about stress, anxiety or depression? These problems follow us from home to work and vice versa and ultimately affect how you perform on the job. The goal of the EAP is to help you get through the tough times and flourish in personal growth.

WHAT ARE MY BENEFITS?

Eligible employees, their spouse or domestic partner, and dependents 26 and under can access six counseling sessions per year, per incident with a choice of in-person or telehealth counseling options.

COUNSELORS

Triad EAP's network counselors are highly qualified, credentialed professionals with expertise in various areas. Our counselors have a minimum of a master's level degree or higher in psychology, counseling and/or social work; current liability insurance coverage; and active licensure.

CONFIDENTIALITY

Triad is bound by strict privacy standards. The only information your employer sees is statistical and demographic information – no names or identifying information are given. Confidentiality does not extend to cases of child or elder abuse; if you are a threat to yourself or others; or if you are under a court order. (For more information, see Section 12-43-218 of the Colorado Regulatory Statute.)

HOW MUCH DOES IT COST?

Triad EAP is a prepaid service offered by your employer. EAP is short-term, solution-based counseling. For help beyond the scope of the EAP, your counselor may suggest continued treatment or other resources. You are responsible for any fees incurred for services used outside of the EAP.

WHAT IF I'M IN CRISIS?

In case of mental health emergency, call anytime 24-hours a day, seven days a week and talk to our on-call therapist at the number below.



HOW DO I GET STARTED?

Pre-authorization for counseling services is required. Visit www.triadeap.com, enter your username and password found below. Select the "Provider Search" box to discover counselors in your area. Once you've chosen a counselor, call Triad between 8 am and 6 pm (MST) Monday through Friday.

Go to: www.triadeap.com

Username: CEPT

Password: eap

Please call Triad EAP before contacting a counselor:

Phone: 970.242.9536

Toll free: 877.679.1100

triadeap.com • 877.679.1100

Brought to you by:

CEPT
Benefit by Trust



EMPLOYEE ASSISTANCE PROGRAM

Legal/Financial EAP Services:



LEGAL AND FINANCIAL SUPPORT

- Free 30-minute consultation with attorneys on civil or criminal matters with discounted fees for most ongoing legal services*
- Free consultation with financial specialists regarding budgeting, credit concerns, financial planning and help with identity theft and recovery
- To schedule, call Triad between 8 am and 6 pm (MST) Monday through Friday

ONLINE RESOURCES

- Monthly webinars cover a variety of work-life topics with archived webinars available
- Articles and tip sheets on legal and financial issues
- Online free Will Builder
- Free access to tax preparation software to file simple tax returns
- Downloadable legal forms
- A variety of financial calculators
- Access to Corporate Perks, an online shopping discount program

**The free 30-minute telephonic legal consultation with an attorney is available for a variety of issues (except employment law). If you request to meet in-person with an attorney within a certain mileage radius, coverage cannot be guaranteed depending on the category of your legal concern.*

HOW WE CAN HELP

Our counselors can help clients recognize and successfully address issues including:

- Coping with depression
- Calming anxiety
- Stress management
- Enhancing relationships
- Balancing work and home life
- Sharpening parenting skills
- Working through grief, loss or trauma
- Improving work relationships
- Trouncing addictions
- Tackling financial or legal problems

Call today and get back on the road to peace and joy.

triadeap.com • 877.679.1100



Explore the world with confidence.

Rely on Travel Assistance when you're away from home.



Standard Insurance Company

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You and your spouse are covered with Travel Assistance¹ — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements



Emergency ticket, credit card and passport replacement, funds transfer and missing baggage



Help replacing prescription medication or lost corrective lenses and advancing funds for emergency medical payment



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains²



Connection to medical care providers, interpreter services, a local attorney, consular office or bail bond services



Return travel companion if travel is disrupted due to emergency transportation services or return dependent children if left unattended due to prolonged hospitalization²



Logistical arrangements for ground transportation, housing and/or evacuation in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

866.455.9188

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

+1.240.330.1380

Everywhere else

ops@gga-usa.com

standard.com/travel

Travel Assistance is available if you travel more than 100 miles from home or in a foreign country.

Travel Risk Intelligence Portal
standard.com/travel

For first time activation, use the following information:
Group ID: D2STD
Activation Code: 181002

Contact
866.455.9188: United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda
+1.240.330.1380: Everywhere else
ops@gga-usa.com

In all cases, the medical professionals, medical facilities or legal counsel suggested by Generali Global Assistance (GGA) to provide services to Participants are not employees or agents of The Standard or GGA, and the final decision to utilize any such medical professional, medical facility, or legal counsel is the Participant's choice alone. The Standard and GGA are not responsible and shall not be liable for any wrongful act or omission of any transportation provider, healthcare professional or legal counsel who is not an employee of The Standard or GGA, as applicable. Generali Global Assistance is the marketing name for GMMI, Inc.

¹ Travel Assistance is provided by Generali Global Assistance. Generali Global Assistance (GGA) is the marketing name used by GMMI, Inc. for their services, which is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. GGA is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Must be arranged by Generali Global Assistance. The Combined Single Limit (CSL) for these services is \$1 million. One service or combination of the services may exceed the CSL. The insured is responsible for payment of any expenses that exceed the CSL.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

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



Is your family growing?

Get the support you deserve

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

How we can help

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

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

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



It pays to participate

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

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



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.

Knowledge Quest Academy

Are you aware of your 403(b) benefit?

THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries.

We recommend that all employees visit our education page which can be found here: <https://www.omni403b.com/Employees/Education>

WHY SAVE WITH 403(b)?

- > You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
- > Investment gains in the plan are not taxed until distributed.
- > Retirement assets can be carried from one employer to another in most cases.

Future retirement savings value assuming 6% growth.

Monthly Contributions	5 Years	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider participating in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) at:

<https://www.omni403b.com/SRA>

If you are already contributing to your Employer's Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. You can begin or change your contributions as soon as your next payment cycle following our receipt of a completed SRA.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2022, you may contribute up to \$20,500 if you are 49 years of age and below and up to \$27,000 if you are 50 years of age and over. Your plan may also permit additional catch up provisions. Please contact OMNI's Customer Care Center at **877-544-6664** for further details.

Contribution Limits		15 Yr. Service Catch-up (if eligible)	Maximum Employer Contributions	Combined Limit	
Age 49 & below	Age 50 & above			Age 49 & below	Age 50 & above
\$20,500.00	\$27,000.00	\$3,000.00	\$61,000.00	\$61,000.00	\$67,500.00

Looking for Help?

Click the link below for an investment professional to reach out to you.

<https://www.omni403b.com/PlanDetail>

New accounts may be opened with following approved service providers

AMERICAN FIDELITY ASSURANCE CO
EQUITABLE FORMERLY AXA
HORACE MANN LIFE INS CO
SECURITY BENEFIT

PERAPlus 401(k) Retirement Plan

Employees have the opportunity to save for additional retirement income by participating in the voluntary 401(k) retirement plan through PERA. The PERAPlus 401(k) offers you a variety of investment choices – from conservative, lower risk/lower return funds to more aggressive, higher risk/ higher return funds. To enroll please fill out the 401(k) Contribution Authorization Form and submit it to payroll.

The PERAPlus 401(k) Plan is a voluntary retirement benefit plan that offers you one of the best opportunities to save for your retirement.

By joining today, you can supplement your retirement savings, access investment advice, and have loan benefits—all rolled into one convenient package.

Benefits of Participation

▶ Reduced Taxes

Your pre-tax contributions reduce your current taxable income dollar-for-dollar, which can lower your federal and state income taxes.

▶ Tax-Free Distributions

If you contribute to the Roth account within the PERAPlus 401(k) Plan, contributions and earnings grow tax-free. Qualified distributions from your Roth account will also be free from federal, state, and local income taxes.

▶ Easy to Save

With automatic payroll deductions, it's easy to save and you won't be tempted to spend your savings because the money will already be tucked away in your account.

▶ Access to Advice

Empower offers investment advisory services—online advice (no-cost service) and professional management (fee-based services) powered by Financial Engines.

▶ Personal Control

You decide how much to contribute to the Plan and choose how to invest your contributions.

▶ Supplement Other Retirement Savings

Save for things in retirement like travel or pay health care premiums and supplement your PERA Defined Benefit or Defined Contribution Plan account.

Eligibility

All employees of PERA employers and retirees who have returned to work for PERA employers are immediately eligible to join the Plan. If your employer has adopted the Roth option, you may make Roth contributions. There are no minimum service requirements to fulfill.

Enrolling is Easy

Check if your employer offers online enrollment. If not, follow the instructions below:

- Complete the *401(k) Contribution Authorization Form* and submit it to your employer's payroll office.
- Enter your personal information and make your investment elections online. If you do not make your investment election before your first contribution is made, it will be directed to the PERAPlus Target Retirement Date Fund that is closest to your date of birth and an expected retirement at age 65.

Plan Features

Whether you've been saving for years, or are just getting started, the PERAPlus 401(k) Plan can help you reach your retirement goals.

Account Access

Online— Go to coperaplus.org

and password so you can research investment options check your balance, and receive professional portfolio advice.

By phone— Call Empower at **833-4-COPERA** (833-426-7372) weekdays from 6 a.m. to 8 p.m. (MT) and Saturdays from

system, you can also monitor your account and make transactions 24 hours a day, seven days a week.

Account Statements

Each quarter, a statement summarizing your account status will be available online.

Pre-Tax and Roth Contributions

subject to an annual IRS maximum. Pre-tax contributions are automatically deducted from your paycheck before taxes are taken out. If your employer has adopted the Roth option, you may also make Roth contributions.

Roth contributions are automatically deducted from your paycheck after taxes have been taken out.

If your employer offers online enrollment, you can change your contribution amount at any time by logging on to your account at coperaplus.org to change your contribution amount.

If you are age 50 and older, and contributing the maximum amount allowable to the Plan, you may contribute an additional catch-up amount.

PERAPlus 457 Plan

Employees have the opportunity to save for additional retirement income by participating in the voluntary 457 retirement plan through PERA. To enroll please fill out the 457 Contribution Authorization Form and submit it to payroll.



The PERAPlus 457 Plan is a voluntary retirement benefit plan that offers you one of the best opportunities to save for your retirement.

By joining today, you can supplement your retirement savings, access investment advice, and have loan benefits—all rolled into one convenient package.

Benefits of Participation

▶ **Reduced Taxes**

Your pre-tax contributions reduce your current taxable income dollar-for-dollar, which can lower your federal and state income taxes.

▶ **No 10% Early Withdrawal Penalty**

▶ **Tax-Free Distributions**

If you contribute to the Roth account within the PERAPlus 457 Plan, contributions and earnings grow tax-free. Qualified distributions from your Roth account will also be free from federal, state, and local income taxes.

▶ **Easy to Save**

With automatic payroll deductions, it's easy to save and you won't be tempted to spend your savings because the money will already be tucked away in your account.

▶ **Access to Advice**

Empower offers investment advisory services—online advice (no-cost service) and professional management (fee-based services) powered by Financial Engines.

▶ **Personal Control**

You decide how much to contribute to the Plan and choose how to invest your contributions.

▶ **Supplement Other Retirement Savings**

Save for things in retirement like travel or pay health care premiums and supplement your PERA Defined Benefit or Defined Contribution Plan account.

Eligibility

All employees working for an employer who is affiliated with the PERAPlus 457 Plan and retirees who have returned to work for an employer who is affiliated with the PERAPlus 457 Plan are immediately eligible to join the Plan. If your employer has adopted the Roth option, you may make Roth contributions. There are no minimum service requirements to fulfill.

Enrolling is Easy

Log on to coperaplus.org and for first-time access:

- Log on and select Register
- Choose the I do not have PIN tab
- Follow the prompts to create your username and password
- Complete the steps of Plan enrolment

When you are logged on to your account, you will need to choose which employer will deduct your contributions for the PERAPlus 457 Plan. Complete the requested personal information and specify how to invest your contributions.

Plan Features

Whether you've been saving for years, or are just getting started, the PERAPlus 457 Plan can help you reach your retirement goals.

Account Access

Online— Go to coperaplus.org and log on with your username and password so you can research investment options check your balance, and receive professional portfolio advice.

By phone— Call Empower at **833-4-COPERA** (833-426-7372) weekdays from 6 a.m. to 8 p.m. (MT) and Saturdays from 7 a.m. to 3:30 pm (MT) to speak with a representative who can answer your questions. Through an interactive voice response system, you can also monitor your account and make transactions 24 hours a day, seven days a week.

Account Statements

Each quarter, a statement summarizing your account status will be available online.

Pre-Tax and Roth Contributions

You may contribute up to 100% of your eligible compensation, subject to an annual IRS maximum. Pre-tax contributions are automatically deducted from your paycheck before taxes are taken out. If your employer has adopted the Roth option, you may also make Roth contributions. Roth contributions are automatically deducted from your paycheck after taxes have been taken out.

Changes to your contribution deferral election must be received by 2 p.m. (MT) on the 27th of the month (or the first business day after) to be effective for the following month or following payroll period, whichever is later.

The PERAPlus 457 Plan also allows for age 50 and special catch-up contributions. See the Plan website for more details.

Important Numbers

Annette Miller; Administrative Specialist

970-587-6051 / annette.miller@weldre5j.org



Medical, Dental, Vision, Life- Colorado Employer Benefit Trust (CEBT)

Member Services	303-773-1373 or 1-800-332-1168
Website Address	www.cebt.org
Portal Access	http://www.cebt.org/online-community

CEBT Health & Wellness Centers

Greeley Address	4675 W. 20 th St. Rd., Unit B, Greeley, CO 80634
Loveland Address	2889 N. Garfield Ave., Loveland, CO 80538
Phone Number	970-373-4625
Website	www.marathon-health.com/myphr

Teladoc

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

Healthcare Bluebook

Member Services	1-800-341-0504
Website address	https://www.healthcarebluebook.com/cc/cebt/
Company Code	CEBT

SurgeryPlus

Member Services	1-855-200-6675
Website address	https://cebt.surgeryplus.com/Client/ClientAccount/Login?returnUrl=%2F
Access code	surgeryplus

Employee Assistance Program (EAP)

The Standard Member Services	888-293-6948
The Standard Website Address	Workhealthlife.com/Standard3
Triad EAP Member Services	877-679-1100
Triad EAP Website Address	www.triadeap.com <u>Username:</u> CEBT <u>Password:</u> eap

Omada Health

Website Address	https://go.omadahealth.com/cebt
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UMR Cancer Resource Program

UMR CARE	866-494-4502
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Kaiser

Member Services	1-888-681-7878
Website Address	www.kp.org
Appointments & Advice	303-338-4545 or 1-800-218-1059
Mail Order Pharmacy	1-866-523-6059
Claims Department	303-338-3600

This benefit summary provides selected highlights of the Knowledge Quest Academy 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. Knowledge Quest Academy 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.