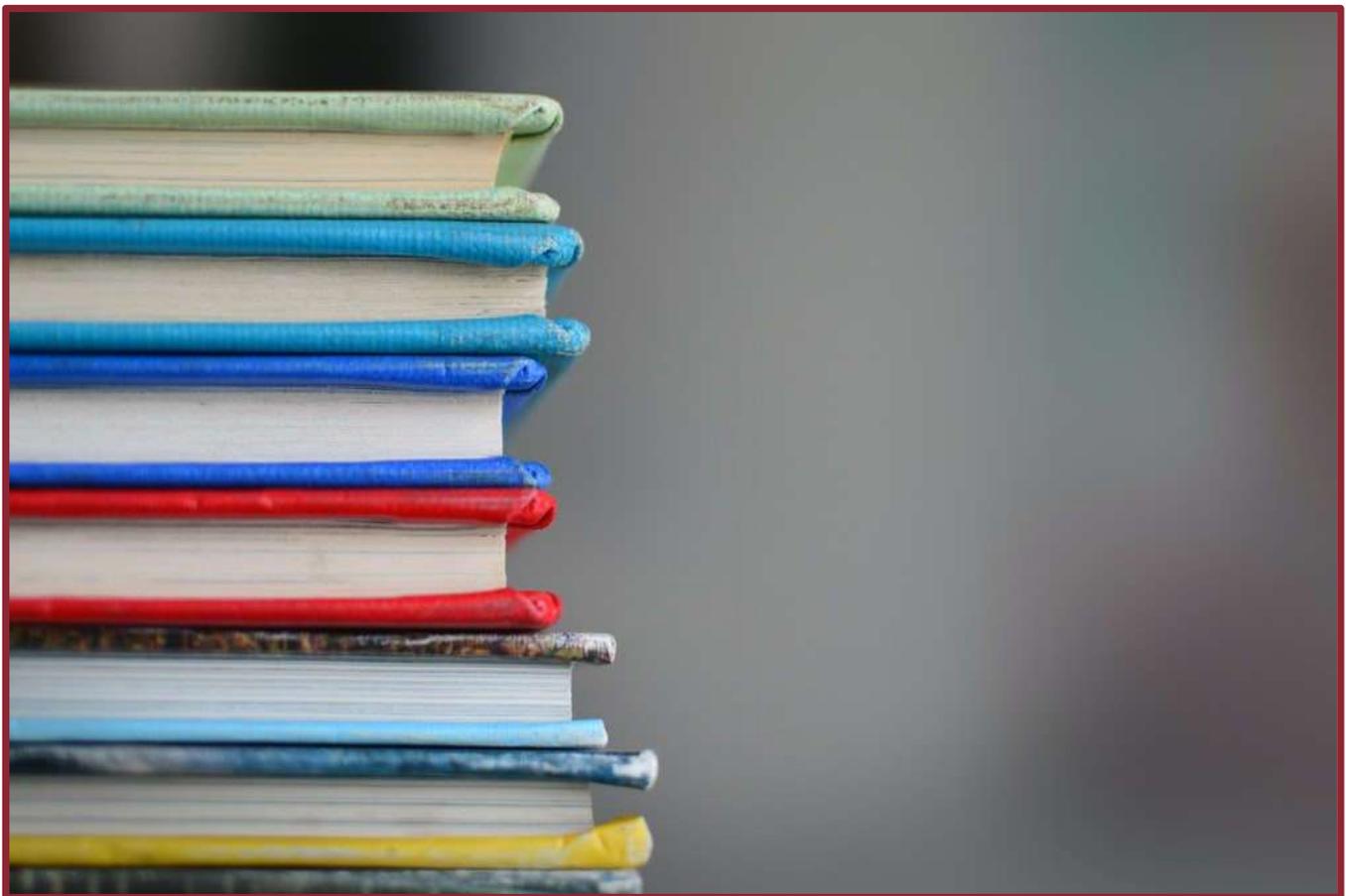


2022-23

2022-23 Benefit Plan Highlights

2022-23



Morgan County School
District RE-3

Morgan County School District RE-3 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.

Benefit Basics

As a Morgan County School District RE-3 employee, you are eligible for benefits if you work at least 30 hours per week, are on the regular payroll, and are considered full-time. Benefits are effective on the first of the month after 30 days of eligibility.

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 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. 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

***PLEASE NOTE: Proof of dependency is required for qualifying life events i.e marriage certificate, birth certificate, etc.**

What is CEBT?

Colorado Employers Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over four hundred (400) public entities, with over 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, CVS Caremark, Vision Service Plan (VSP), and Delta Dental?

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 Rocky Mountain Health Plans provider network for CEBT members who have medical coverage.

CVS Caremark provides the pharmacy claim processing and access to their pharmacy network for CEBT members who have medical coverage.

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

Much of your day to day correspondence, such as Explanations of Benefits (EOB) and requests for further information, will come from UMR. Additionally, you will receive ID cards from UMR, CVS Caremark, and Delta Dental of Colorado

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 7:30 – 4:30 (except Friday's 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

KEY BENEFIT TERMS



Deductible: The amount you owe for health care services before your health insurance or plan begins to pay.

- For example, if your deductible is \$1,500, your plan won't pay anything until you've met your \$1,500 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Copay: A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

- The copay does not apply towards meeting the deductible but does count towards the out of pocket maximum

Co-insurance: Your share of the costs of a covered health service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after you have met any deductible you owe.

- For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount (80%).

Out of Pocket Maximum: The most you pay in a calendar year before your health plan begins to pay 100% of the allowed amount.

- Items that count towards the out of pocket maximum:
 - Copays
 - Deductibles
 - Co-insurance payments
- Items that DO NOT count towards the out of pocket maximum:
 - Your premium
 - Balance-billed charges
 - Charges your health insurance plan does not cover (i.e. plastic surgery and other excluded services)

COBRA: A Federal law that allows workers and dependents who lose their employer offered medical, dental, or vision coverage to continue any of these coverages for a specified length of time by electing and paying for continuation benefits. If this situation applies to you, you will receive COBRA paperwork from Alerus.



CEBT MEDICAL BENEFITS COMPARISON

MORGAN COUNTY SCHOOL DISTRICT RE-3

| MEDICAL BASE PLAN | PPO3 | PPO6 | HDHP3 |
|---|--|--|---|
| Office Visit (Primary Specialty) | \$35 Copay \$35 Copay | \$50 Copay \$50 Copay | Deductible + 20% to OOP Max |
| Deductible (Single Family) | \$1,000 \$2,000 | \$3,000 \$6,000 | \$3,000 *Embedded \$6,000 *Embedded |
| Coinsurance (In Out) | 20% In 40% Out | 20% In 40% Out | 20% In 40% Out |
| Out of Pocket Single (In Out) | \$3,750 \$7,500 | \$5,000 \$10,000 | \$5,000 \$10,000 |
| Out of Pocket Family (In Out) | \$7,500 \$15,000 | \$10,000 \$20,000 | \$10,000 \$20,000 |
| 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 |
| Rx Retail | Generic \$20 Preferred \$40 Non-Preferred \$60 | Generic \$20 Preferred \$40 Non-Preferred \$60 | Deductible then: Generic \$20 Preferred \$40 Non-Preferred \$60 |
| Rx Mail Order | 2 X Copay | 2 X Copay | 2 X Copay |
| Preventative Visit | Covered 100% | Covered 100% | Covered 100% |

| MEDICAL BASE PLAN | PPO3 | PPO6 | HDHP3 |
|-------------------------|---|---|--|
| Chiropractic | \$35 Copay 20 Visits per year | \$50 Copay 20 Visits per year | Deductible + 20% to OOP Max 20 Visits per year |
| Teladoc | Covered 100% | Covered 100% | \$45 Copay |
| Telehealth | \$35 Copay | \$50 Copay | Deductible + 20% to OOP Max |
| 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 |
| Lab | \$35 Copay | \$50 Copay | Deductible + 20% to OOP Max |
| Urgent Care | \$75 Copay | \$75 Copay | Deductible + 20% to OOP Max |
| 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>.

*Embedded - Under this deductible definition, any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.

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.

DELTA DENTAL PPO PLUS PREMIER (CEBT – PLAN B)

| MAXIMUM BENEFIT Calendar Year Maximum | | | \$1,500 per member, per calendar year | |
|--|-----------------|----------------|--|--|
| CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services | | | Individual Deductible – \$50 Combination of in and out-of-network Family Deductible – \$150 Combination of in and out-of-network | |
| PREVENTION FIRST PPO and Premier Networks Only | | | Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services. | |
| RIGHT START 4 KIDS PPO and Premier Networks Only | | | Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance. | |
| PPO Dentist | PREMIER Dentist | NONPAR Dentist | COVERED SERVICES | BENEFIT INFORMATION (subject to Delta Dental guidelines) |
| DIAGNOSTIC AND PREVENTIVE SERVICES | | | | |
| 100% | 100% | 100% | Oral Exams and Cleanings | Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition. |
| | | | Periodontal Maintenance | Limited to 4 in a calendar year |
| | | | Sealants | Once per tooth in a 36-month period for unrestored permanent molars, through age 15 |
| | | | Bitewing X-Rays | Once in a calendar year |
| | | | Full Mouth X-Rays | Once in a 5-year period |
| | | | Fluoride | Twice in a calendar year, through age 15 |
| | | | Space Maintainers | One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13 |
| BASIC SERVICES (including occlusal guards) | | | | |
| 80% | 80% | 80% | Fillings | Once per tooth in a 12-month period; composite (white) fillings |
| | | | Simple Extractions | |
| | | | Oral Surgery | |
| | | | Endodontics / Periodontics | |
| MAJOR SERVICES | | | | |
| 50% | 50% | 50% | Crowns | Once per tooth in 5-year period. Not a benefit under age 12. |
| | | | Implants | Once per tooth in a 5-year period. Not a benefit under age 16. |
| | | | Dentures, Bridges | Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16. |
| ORTHODONTICS \$1,500 lifetime maximum | | | | |
| 50% | 50% | 50% | For covered children to age 19 | |

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.

YOUR VSP VISION BENEFITS SUMMARY

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

PROVIDER NETWORK:

VSP Choice



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

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

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

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

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

Classification: Restricted

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CEBT LIFE BENEFITS

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

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

*Your amount of insurance will be reduced as follows:

| | | |
|-----|----|-----|
| Age | 65 | 40% |
| | 70 | 65% |
| | 75 | 75% |
| | 80 | 80% |

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

The Cost of Your Benefits

Morgan County School District monthly contributions to benefit coverage can be found below. The remaining portion is the employee's responsibility.

| PPO3 (Preferred Provider Organization) HEALTH (\$35 Copay / \$1,000 deductible) | | | |
|--|---------------------|--------------------------------------|----------------------|
| | Monthly Cost | Monthly District Contribution | Employee Pays |
| EE Only | \$885 | \$821.50 | \$63.50 |
| EE + Spouse | \$1,859 | \$821.50 | \$1,037.50 |
| EE + Children | \$1,637 | \$821.50 | \$815.50 |
| Family | \$2,434 | \$821.50 | \$1,612.50 |

| PPO6 (Preferred Provider Organization) HEALTH (\$50 Copays / \$3,000 deductible) | | | |
|---|---------------------|--------------------------------------|----------------------|
| | Monthly Cost | Monthly District Contribution | Employee Pays |
| EE Only | \$759 | \$759 | \$0 |
| EE + Spouse | \$1,594 | \$759 | \$835 |
| EE + Children | \$1,404 | \$759 | \$645 |
| Family | \$2,087 | \$759 | \$1,328 |

| HDHP3 (High Deductible Health Plan) HEALTH (No Copays / \$3,000 deductible) | | | |
|--|---------------------|--------------------------------------|----------------------|
| | Monthly Cost | Monthly District Contribution | Employee Pays |
| EE Only | \$759 | \$759 | \$0 |
| EE + Spouse | \$1,594 | \$759 | \$835 |
| EE + Children | \$1,404 | \$759 | \$645 |
| Family | \$2,087 | \$759 | \$1,328 |

| HRP - SECONDARY COVERAGE (For employees who have primary coverage starting after July 1, 2022) | | | |
|---|---------------------|--------------------------------------|----------------------|
| | Monthly Cost | Monthly District Contribution | Employee Pays |
| EE Only | \$275 | \$275 | \$0 |

| Dental B | | | |
|-----------------|---------------------|--------------------------------------|----------------------|
| | Monthly Cost | Monthly District Contribution | Employee Pays |
| EE Only | \$28 | \$14 | \$14 |
| EE + Spouse | \$58 | \$14 | \$44 |
| EE + Children | \$79 | \$14 | \$65 |
| Family | \$107 | \$14 | \$93 |

| Vision B | | | |
|-----------------|---------------------|--------------------------------------|----------------------|
| | Monthly Cost | Monthly District Contribution | Employee Pays |
| EE Only | \$8 | \$4 | \$4 |
| EE + Spouse | \$16 | \$4 | \$12 |
| EE + Children | \$17 | \$4 | \$13 |
| Family | \$27 | \$4 | \$23 |



Made available by
CEBT
Benefit by Trust



Skip the trip to the ER.

Talk to a doctor by phone or video.

When it's not an emergency, you've got Teladoc. Our doctors are here for you 24/7, by phone or video.



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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.

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



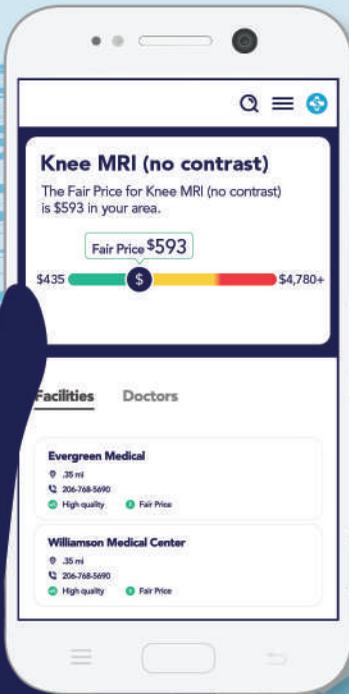
Healthcare Bluebook.



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

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

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



Same procedure, different facilities.
The choice is clear!



Check It Out:

healthcarebluebook.com/cc/CEBT

800-341-0504

Download the App:



Mobile Code:
CEBT





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.

Mobile 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

Fair Price **\$593**

\$435 \$4,780+

At or Below Fair Price Slightly Above Fair Price Highest Price

GO HERE

Reasonable Rates Imaging Center (~ 2 miles)

XTRA Imaging (~ 3 miles)

Too Much Medical Center (~ 1 mile)

NOT HERE

FOR EXAMPLE PURPOSES

BIG SAVINGS +
\$1500





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



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.



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: CEBT

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:

CEBT
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

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

REGISTRATION

Begin by going to www.cebt.org, and clicking on the Community/Online Enrollment Tab.

Employees will click on the first “click here” option to register. Fill in the required fields on the registration page. Please use your work email address, or the email address you have on file with your employer. Press “create” and you will receive an email shortly after with a link to login.

Employee Information

First Name

Last Name *

Date of Birth *

SSN *(Last 4 digit of SSN)

Email *

Username * *Required to be in format of email address*

VERIFY INFORMATION

Review Profile Details and add in or correct any information that was not completed by your employer. Next, press “Save and Select Benefits”.

Profile Details

Please review/correct your personal information and then click Save to move to the benefit selection

Save and Select Benefits Cancel

First Name Test Last Name

SSN Number 111223333 Email

NEED TO ADD A DEPENDENT?

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

For Employees

[Click Here](#) if you have not registered for you need to create your username and

[Click Here](#) to access the login page for portal for employees

Create a password, confirm and select change password

Change Your Password

Enter a new password for **danitza.gline585@willistowerswatson.com**. Your password must have at least:

- 8 characters
- 1 letter
- 1 number

* New Password

* Confirm New Password

Change Password

BEGIN ENROLLMENT

Select the New Hire/New Group Enrollment button in order to choose your benefits.



Add New Dependent

SSN

000-00-0000

WONDERING WHAT PLAN TO CHOOSE?

Refer to the benefit descriptions for a comparison of the different plan designs.

MAKE YOUR ELECTIONS

Review the benefit options available, and choose a plan.

| Selected Benefits | Plan Name | Start Date | Benefit Descr |
|----------------------------------|----------------|------------|-----------------|
| <input checked="" type="radio"/> | PPO3 | 5/1/2019 | [Download Icon] |
| <input type="radio"/> | HRP | 5/1/2019 | [Download Icon] |
| <input type="radio"/> | PPO4 | 5/1/2019 | [Download Icon] |
| <input type="radio"/> | KP-DHMO 1500 | 5/1/2019 | [Download Icon] |
| <input type="radio"/> | Waive Coverage | | |

You can only waive medical under special circumstances, please see your HR for any questions.

Would you like to contribute to this plan with pre or post tax dollars?

Select Tax Type:
 Pre-tax Post-tax

Dependents

| | Name | Relationship | Gender |
|-------------------------------------|-------------------|--------------|--------|
| <input checked="" type="checkbox"/> | Employee Benefits | Child | Female |

ADD A DEPENDENT TO YOUR PLAN

Include dependents on coverage by checking the box next to the dependent you wish to add. You will need to do this as you move through each benefit tab.

ADD A BENEFICIARY

Add multiple beneficiaries by selecting the + sign, inputting their name, relationship, and percent. The total percentage of all primary or contingent beneficiaries should equal 100%.

Beneficiaries

Primary

| Action | Name | Relationship | Percent |
|-------------------------------------|------|--------------|---------|
| <input checked="" type="checkbox"/> | | | |

Contingent

| Action | Name | Relationship | Percent |
|-------------------------------------|------|--------------|---------|
| <input checked="" type="checkbox"/> | | | |

To see your selections before saving, hit Preview Benefits. Once you hit Save and finish you will not be able to make changes immediately.

[Preview Benefits](#) [Save & Finish](#)

PREVIEW AND SUBMIT ENROLLMENT

Select "Preview Benefits" to review your benefits before submitting.

Select "Save & Finish" to submit enrollment.

UPLOAD DEPENDENT VERIFICATION

Upload proof of dependent documentation for any new dependent being added to your benefits (ie. birth certificate, marriage certificate, adoption papers, common law certificate, civil union certificate) by selecting "Choose Files" and press "Upload."

Dependent Verification is required within 30 days. If you do not have it at the time of enrollment press "Skip and Continue", and submit to your HR administrator.

Add Attachment (Accepted File Types are .pdf, .txt, .ods, .odt, .xlsx, .doc and please no larger than 6 MB)

Upload Proof of Event

Please upload Proof of Event document here if applicable

No file chosen

Upload Proof of Dependents

If your proof-of-event document doesn't also serve as a proof-of-dependent document, then please upload the proof-of-dependent document here

Please upload Proof of Dependent(s) for each applicable dependent (**Employee Benefits**) No file chosen

REVIEW AND PRINT ELECTIONS

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

Print your election summary for your records or future reference.

Test Benefits

Summarize Coverages

Coverage: 2019-05-01 (Pending Approval)

Medical

PPO3 Starts on 5/1/2019, Total Cost \$1,269.00 - Employer Contribution \$728.00 = Your monthly cost \$513.00

Covered Dependents

Employee Benefits (Child)

Important Numbers

Clariza Munoz clariza.munoz@morgan.k12.co.us (970) 370-6100

| 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 |

| 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 | https://www.cebt.org/partners-providers/surgeryplus Code: surgeryplus |

| Omada Health | |
|------------------------|---|
| Website Address | https://go.omadahealth.com/cebt |

| Triad Employee Assistance Program (EAP) | |
|---|---|
| Member Services | 970-242-9536 |
| Website address | www.triadeap.com Username: CEBT Password: eap |

This benefit summary provides selected highlights of the Morgan County School District RE-3 employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Morgan County School District RE-3. 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. Morgan County School District RE-3 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.

AFFILIATED
BENEFITS
CONSULTANTS,
INC.

800.473.4891
970.522.4802

email address
dicksmith@abcflex.com

Online Management of Reimbursement Accounts for Employees

Your flex information has been set up in our administrative systems which gives enrolled participants additional functionality and improved customer service. It will improve accessibility of account information, plan balances and status through our online Web Portal:

<https://tabbppspt.lh1ondemand.com>

First time login username and password is the first 4 letters of last name plus the last 4 numbers of the SSN. The username and password are case sensitive, and the first letter is capitalized. The other three letters are lowercase. Example: Smit1234 for the username and Smit1234 for the password. If your last name is less than 4 letters just use your last name plus the last 4 numbers of your SSN. You can re-set your username and password after you have logged on the first time.

AFTER THREE ATTEMPTS, YOU ARE LOCKED OUT. CONTACT US TO UNLOCK YOUR ACCOUNT.

By using this Portal, you can:

- View current and prior year account activity and balances.
- View detailed claims activity, including your pending, paid, and denied FSA and/or HRA claims.
- If you are enrolled in the WEX Cloud Health Benefit Card, you can access your debit card balance and transactions 24/7
- Activate cards, and/or report lost or stolen cards
- Change your username and password

For additional information and forms go to:
www.abcflex.com