YOUR EMPLOYEE BENEFITS

BENEFIT PLANS EFFECTIVE
JANUARY 1, 2024 - DECEMBER 31, 2024

JEFFCOM 911

CEBT
Benefit by Trust

HOW BENEFITS WORK

HEALTH PLANS

SAVINGS

FINANCIAL SECURITY

ADDITIONAL BENEFITS & MORE INFORMATION

BENEFITS

BUILT FOR YOU

At JeffCom911 Communications, we care about you. That's why we offer a comprehensive suite of benefits that support your physical, emotional, and financial health for you and your family.

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this guide to learn about the benefits available to you for the **2024** plan year (January 1, 2024 - December 31, 2024). Then choose the options that are best for you and your family. If viewing this guide electronically, you can click within the Table of Contents to navigate to that section. You can also click the orange icon displayed on each page if you'd like to to return to the Table of Contents.

WHAT'S INSIDE

WHO IS ELIGIBLE?

As a JeffCom911 Communications 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

CHANGING YOUR BENEFITS

New Employees
As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

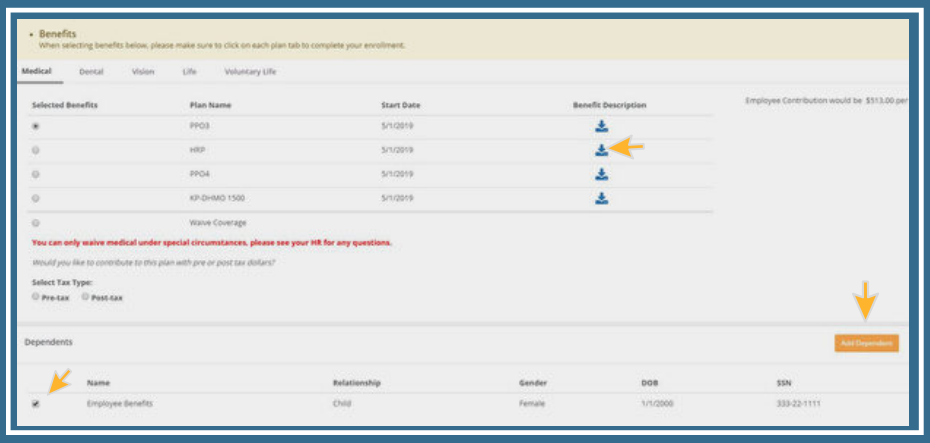
Qualifying Events and Dropping Dependents: Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may drop a dependent at anytime and they will be covered through the end of the month or you can change your benefit elections during the year if you experience one of the following qualifying life events.

1. **Change in marital status**
   - Marriage
   - Death of spouse
   - Divorce
   - Legal separation
2. **Change in number of dependents**
   - Marriage
   - Birth
   - Death
   - Adoption of child or placement of a child for adoption
3. **Change in coverage status**
   - Loss or gain of other coverage by the employee or dependent
4. **Change in individual coverage status due to aging out**
   - In the event that an employee loses eligibility on their parent's plan, due to aging out (26)

You have 30 days from the qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event (ie. marriage license, birth certificate etc.). You do not need to provide documentation if your only change is to drop a dependent(s) off your current plan, but documentation will always be required if adding dependents outside of open enrollment.

MAKE YOUR ELECTIONS

Review the benefit options available, and choose a plan.

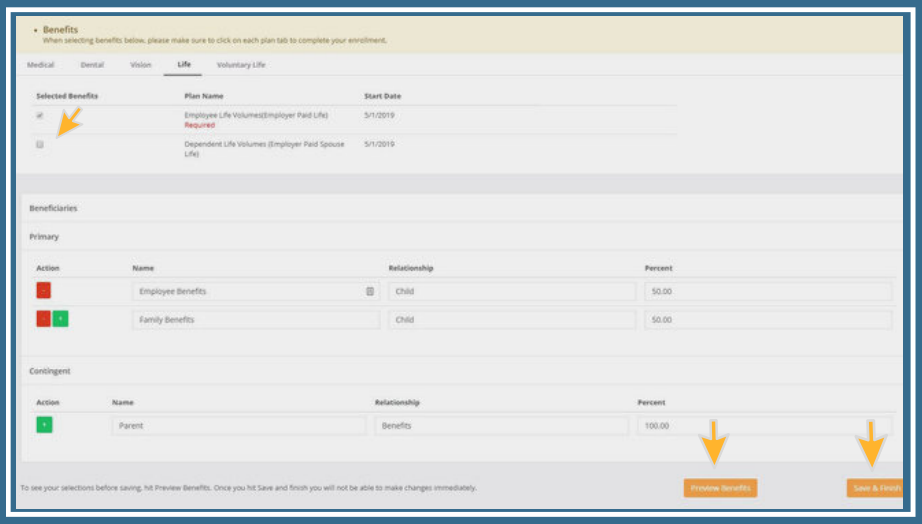


ADD A DEPENDENT TO YOUR PLAN

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

WONDERING WHAT PLAN TO CHOOSE?

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



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%.

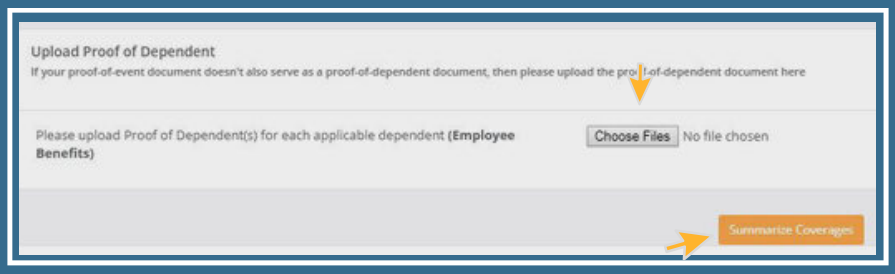
PREVIEW AND SUBMIT ENROLLMENT

Select "Preview Benefits & Complete Enrollment" to review your benefits before submitting.

Select "Save & Finish" to submit enrollment or "Make a Change" to revise your elections.

UPLOAD DEPENDENT VERIFICATION

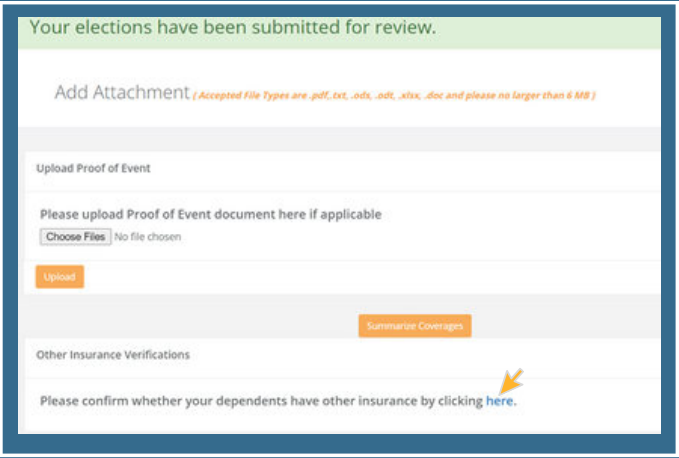
Upload proof of dependent documentation for any new dependent being added to your benefits (ie. birth certificate, marriage certificate, adoption papers, common law certificate, civil union certificate), and press upload.

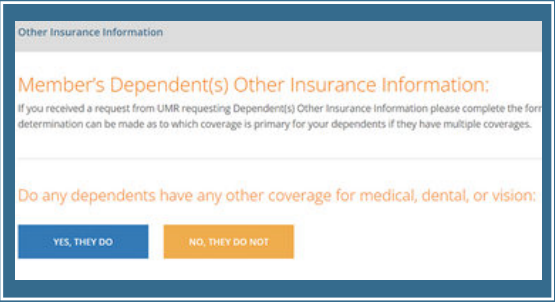


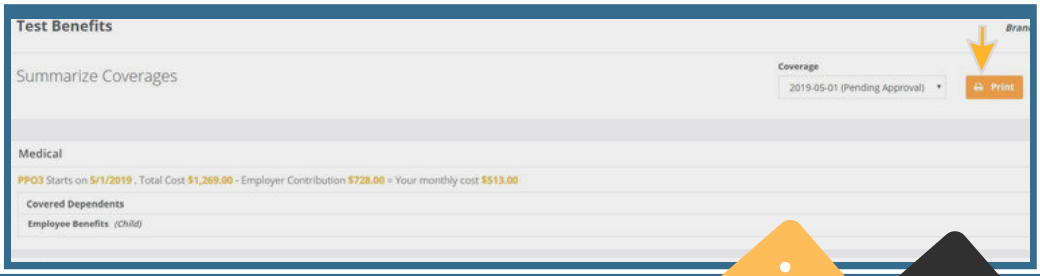
Dependent Verification is required within 30 days. If you do not have it at the time of enrollment press “Skip and Continue”, and submit to your HR administrator.

Other Insurance Information

After you have uploaded dependent verification (if needed) and your elections have been submitted for review, click on the link under "Other Insurance Verifications." You will be taken to the CEBT Contact Us page. Select the "Other Insurance Information" option. From here answer the question on whether you or your dependents have other coverage. Please fill in the required information .







REVIEW AND PRINT ELECTIONS

Select “Summarize Coverages” in order to review your enrollment.

Print your election summary for your records or future reference.

WHAT IS CEBT?

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

WHO IS WTW?

Willis Towers Watson (WTW) is the broker / administrator for 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 & 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 provides third party claim payment services and access to the Kaiser provider networks for CEBT members who have medical coverage.

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

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

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

Much of your day to day correspondence, such as Explanations of Benefits (EOB) and requests for further information, will come from UMR 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 ten individuals to assist CEBT clients with a variety of benefit information. The Customer Service Representatives are housed right in Willis Towers Watson offices. Their hours of operation are Monday – Friday 7:30am – 4:30pm (except Friday they close at 4:00). If you need assistance in any of the following areas, please call the customer service line at **1-800-332-1168**:

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

THE CEBT MOBILE APP: BENEFITS AT YOUR FINGERTIPS!

The CEBT mobile app gives you simple and convenient access to manage your health care benefits on the go. On the app, you can:

ENROLL IN BENEFITS

New features: Enroll in your benefits, view current plans and dependents, download benefits summaries, and process life event/open enrollment changes.

FIND A PROVIDER

Search for in-network providers and easily navigate to find more information regarding CEBT's Valued Partners.

VIEW & ORDER ID CARDS

Keep a version of your ID cards handy - Access or print your digital ID cards and order new ID cards.

CONNECT WITH CUSTOMER SERVICE

Ask a CEBT customer service representative benefit or claim questions through opening a case.

DOWNLOAD THE 'CEBT HEALTH PLAN' APP

DOWNLOAD NOW

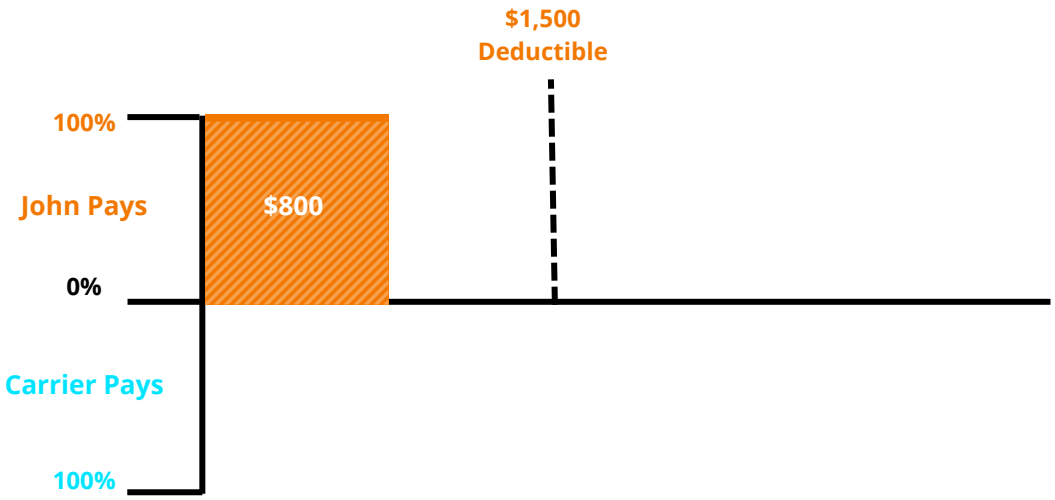
DOWNLOAD NOW

KEY BENEFIT TERMS

BENEFIT YEAR: The 12 months over which the benefits are paid and accumulated. The deductible and out of pocket maximums are accumulated over the Benefit Year and are reset to zero at the beginning of the next Benefit Year. For CEBT, the Benefit Year is January 1 – December 31.

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

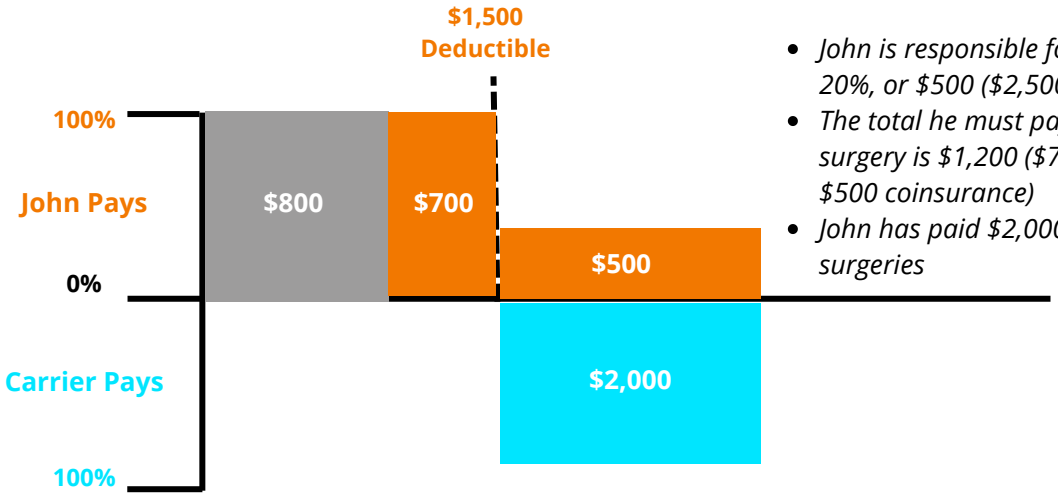
For example: *John has a health plan with a $1,500 annual deductible. He falls of his roof and need three knee surgeries; the first of which is $800. Because John hasn't paid anything toward his deductible this year, he is responsible for 100% of his first surgery. $800 is applied to John's deductible.*



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: *John's second surgery costs $3,200. Because he's paid $800 of his $1,500 annual deductible, John is responsible for the first $700 to meet his deductible. His plan will then cover 80% of the remaining cost, a total of $2,000 ($2,500 x 80%)*



- *John is responsible for the remaining 20%, or $500 ($2,500 x 20%)*
- *The total he must pay for his second surgery is $1,200 ($700 deductible + $500 coinsurance)*
- *John has paid $2,000 for his first two surgeries*

KEY BENEFIT TERMS

OUT OF POCKET MAXIMUM: The most you pay in a calendar year before your health plan begins to pay 100% of the allowed amount.

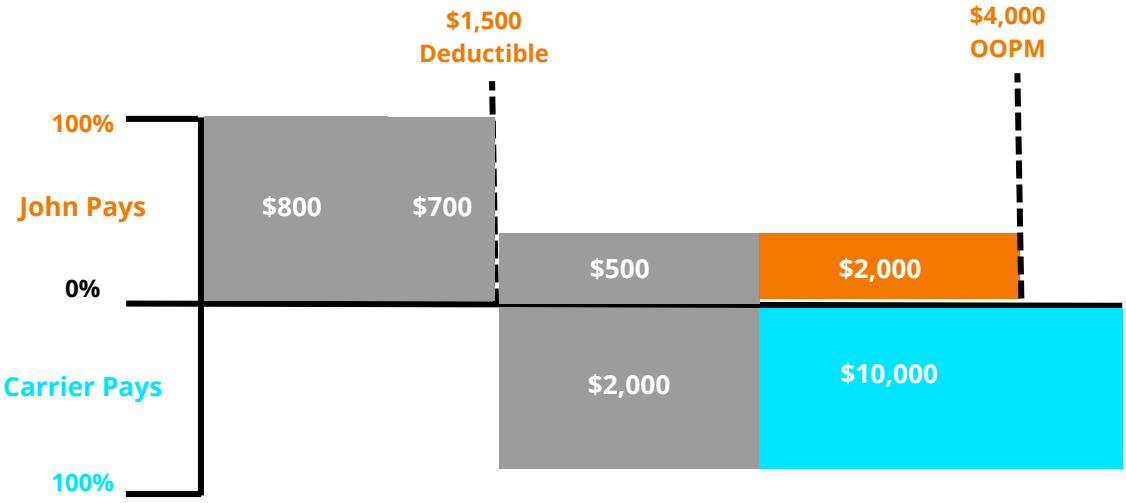
Items that count towards the out of pocket maximum:

- 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)

Example: *John's third surgery costs $12,000; his plan has a $4,000 OOPM. Because John already paid $2,000 toward his OOPM for his first two surgeries, he only needs to spend $2,000 before he hits his OOPM ($4,000 - $2,000). The plan pays the remaining $10,000 ($8,000 - $2,000).*



FLEXIBLE SPENDING ACCOUNT (FSA): An account employees put money into that they can then use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money, which means you'll save an amount equal to the taxes you would have paid on the money you set aside.

EOB-Explanation of Benefits: An explanation of benefits is a statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

Formulary: A list of prescription drugs covered by the health plan.

KEY BENEFIT TERMS

In-Network: Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Out-of-Network: A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

PCP - Primary Care Provider: A primary care physician is a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Plan Year: The 12 months over which the plan is in force. Benefit changes, especially those that are mandated by the government are usually required effective no later than the beginning of the next plan year. For CEBT, the plan year runs from July 1 – June 30.

U&C – Usual and Customary: The amount that the plan will allow for a specific procedure or service. Also known as R&C (Reasonable and Customary). The member can be billed for these charges.

Balance Billing: When a provider bills you for the difference between the provider's charge and what your health plan pays. A participating provider contractually cannot balance bill you for covered services. Balance billed amounts do not apply toward your deductible or out-of-pocket maximum. See example below.

Example		
Doctor charges	$150	
UCR	$100	
Coinsurance	80%/20%	
Plan coinsurance	$80	$100 x 80%
Your coinsurance	$20	($100 x 20%)
Balance bill	$50	$150 - $100
Total amount you pay	$70	$20 coinsurance + $50 balance bill

CEBT
Benefit by Trust

MEDICAL COVERAGE

United Healthcare
UMR
A UnitedHealthcare Company
KAISER PERMANENTE

Employees of **JeffCom911 Communications** have the option to choose from three different medical plan options (**PPO3, PPO4, KP-DHMO 0750)** offered through the Colorado Employer Benefit Trust (CEBT). Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. These plans use the **United Healthcare Choice Plus** and **Kaiser Permanente** network. This is the network of doctors you will want to stay within in order to access your in network level of benefits.

Before you enroll in medical coverage, take some time to fully understand how each plan works.

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:

Do you prefer to pay more for medical out of your paycheck, but less when you need care?

What planned medical services do you expect to need in the upcoming year?

Do you or any of your covered family members take any prescription medications on a regular basis?

CEBT MEDICAL PLANS

The tables below summarizes the benefits of each medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

MEDICAL BASE PLAN	PPO3	PPO4	KP-DHMO 0750
Network	United Healthcare	United Healthcare	Kaiser
Office Visit (Primary|Specialty)	$35 Copay | $35 Copay	$40 Copay | $40 Copay	$30 Copay | $40 Copay
Deductible (Single|Family)	$1,000 | $2,000 Embedded	$1,500 | $3,000 Embedded	$750 | $1,500 *Embedded
Coinsurance (In|Out)	20% In | *40% Out	20% In | *40% Out	20% In network only
Out of Pocket Single (In|Out)	$3,000 | $6,000	$4,000 | $8,000	$3,300
Out of Pocket Family (In|Out)	$6,000 | $12,000	$8,000 | $16,000	$6,600
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	*$40 Copay | 20 Visits per year	$30 Copay | 20 Visits per year
Teladoc	Covered 100%	Covered 100%	N/A
Telehealth	$35 Copay	$40 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	$40 Copay office setting | Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

CEBT MEDICAL PLANS

MEDICAL BASE PLAN	PPO3	PPO4	KP-DHMO 0750
Lab	$35 Copay	$40 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 coverage is intended only as a general description for the principle in network features of the benefit plans. If there are questions about a particular benefit or the coverage tier, please refer to the full plan document that is posted on the www.cebt.org website for specific coverage details.

*Charges are subject to Usual & Customary (U&C). These charges are considered in excess of the Reasonable Reimbursement, the Recognized Amount, the Usual and Customary charge, the Negotiated Rate, or the fee schedule. Exclusions under this category do not apply to payments that may be required under the No Surprises Act.

Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act. For more information on these services go to https://cebt.org/resources/benefit-booklets.

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

PPO Plan deductibles fall under the definition of an Embedded deductible where any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay

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/preventiveservices?kp_shortcut_referrer=kp.org/prevention#p1

PRESCRIPTION DRUG COVERAGE

The vendor that manages your prescriptions on the CEBT UnitedHealthcare plans (**PPO3 and PPO4**) is CVS Caremark. Please note that CVS is not the only pharmacy you have access to. You are able to use a pharmacy at King Soopers, Safeway, Walmart, Walgreens, etc. To review commonly prescribed medications and specialty medications or learn more about your pharmacy benefits visit the CVS Caremark page on the CEBT website.

If you would like to access CVS 90 day mail order for your maintenance medications (blood pressure, cholesterol, etc.), you will need to do so by calling them directly at 866-885-4944 or have your doctor send the prescription into the CVS mail order pharmacy. By using mail order you are able to get a 90 day supply for the cost of a 60 day supply. You can receive three months for the price of two!

Prescription Drugs (retail 30 day)	Prescription Drugs (mail order 90 day)
$20 copay – Generic $40 copay – Preferred Brand $60 copay – Non- Preferred Brand/Specialty	$40 copay – Generic $80 copay – Preferred Brand $120 copay – Non- Preferred Brand/Specialty

Here are six tips to help you save time and money on your medications:

1. Register at Caremark.com. That way we can keep you up to date on new and unique ways to save.

2. Be sure any retail pharmacy you use is in your network. Network pharmacies are included in your prescription plan to help keep costs low. If you fill out-of-network, you will have to pay 100% of the cost. Find a network pharmacy before you fill at **Caremark.com**.

3. Know which medications are covered. Your plan's list of covered medications can help you and your doctor find the most cost-effective drug option. Find your plan's list of covered medications at **Caremark.com**.

4. Use the *Check Drug Cost* tool available at Caremark.com. You'll be able to do aside-by-side comparison of your medications to see where you could be saving.

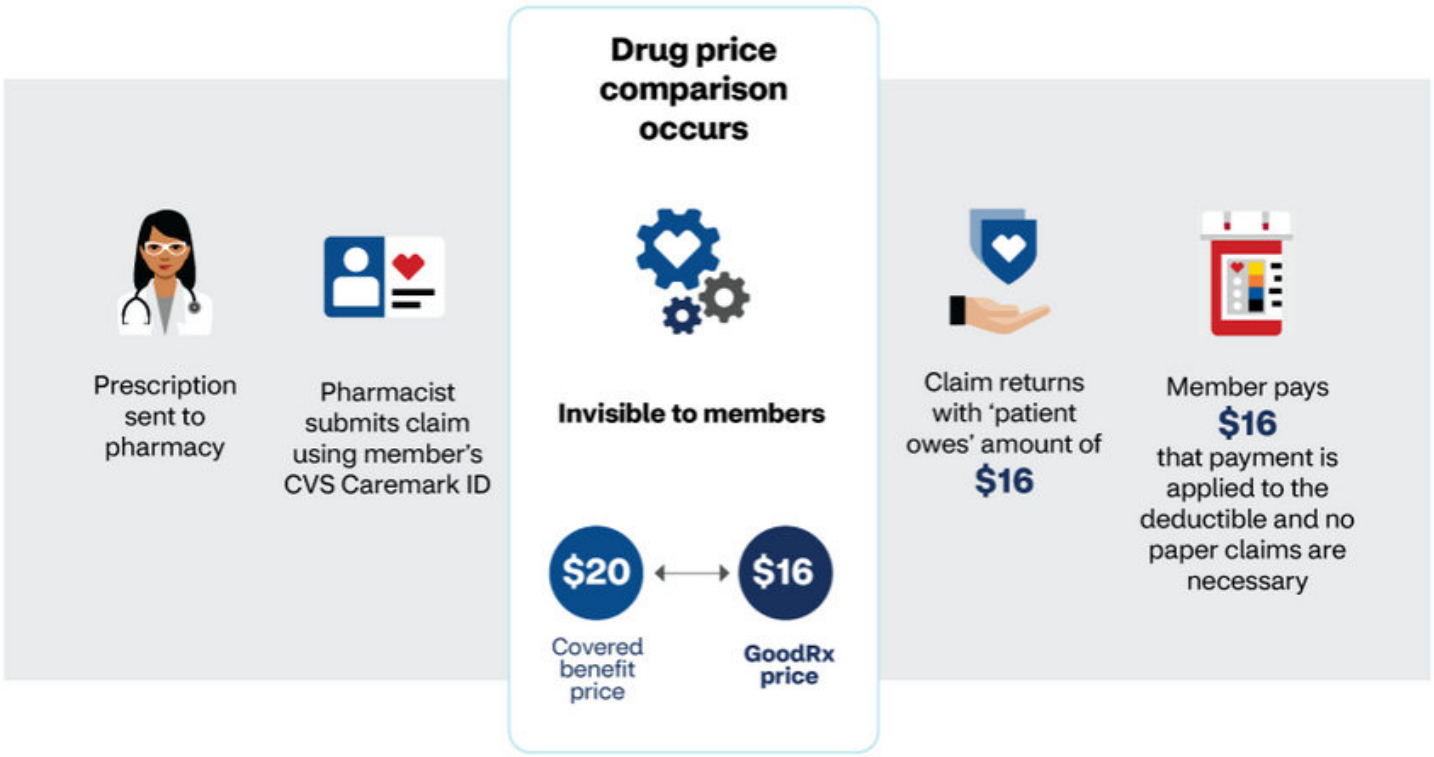
5. Ask your doctor if there is a generic option for your brand-name medication. Proven just as safe and effective as brand-name medications, generics may be an affordable option for your treatment.

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.

CAREMARK COST SAVER

Effective January 1, 2024, CVS Caremark is launching a new solution, **Caremark Cost Saver**, that will lower out-of-pocket drug costs for members on the PPO plans. Powered by GoodRx, this program will provide eligible members with automatic access to GoodRx's prescription pricing allowing them to pay lower prices, when available, on generic medications. Members will have a seamless experience when presenting the CVS Caremark ID card at a preferred in-network pharmacy and the amount paid will automatically be applied to the plan accumulators.



PRESCRIPTION DRUG COVERAGE

KAISER PERMANENTE®

If you are enrolled in one of the Kaiser plans (**KP-DHMO 0750**) your prescriptions will be managed through Kaiser. Most Kaiser Permanente medical offices house primary care, laboratory, x-ray and pharmacy services under one roof, which means you can visit your physician and manage many of your other needs in a single trip. You will not receive a separate ID card for pharmacy if you elected the Kaiser medical plan. You medical card will also be your pharmacy ID card.

Prescription Drugs (retail)	Prescription Drugs (mail order)
$20 copay – Generic $40 copay – Preferred Brand $60 copay – Non- Preferred Brand Specialty Drugs 20%	$40 copay – Generic $80 copay – Preferred Brand $120 copay – Non- Preferred Brand Specialty Drugs 20%

Pharmacy and other services

You have many ways to fill and manage your prescriptions—when it's most convenient for you.

Prescription Delivery
Get most prescriptions delivered within a few days with no shipping costs. You can fill them online at **kp.org**, through the mobile app, or by calling the pharmacy at a Kaiser Permanente medical office of your choice at **1-866-523-6059** (TTY **711**), or at **kp.org/refill**.

In person
Fill your prescription at any Kaiser Permanente medical office pharmacy. Order refills online for pickup at any medical office at **kp.org/refill**. Eligible members can choose to use an affiliated pharmacy.

By phone
Each Kaiser Permanente medical office has a 24-hour refill phone number. You can find the number under "Pharmacy Services" on each medical office's page at **kp.org**.

Same-day/next-day delivery
Request same-day/next-day delivery of your prescriptions for a flat fee. Simply call **1-888-626-0454** to check for eligibility. Same-day deliveries must be within 15 miles of a participating pharmacy.

Manage your prescriptions or learn more
To manage your prescriptions or learn more about our pharmacy services, visit **kp.org/pharmacy**.

DENTAL COVERAGE

It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. The CEBT dental plan uses the Delta Dental network. You can go to any dentist of your choosing with this plan, but it is in your best interest to find a Delta Dental provider. There are 3 different network levels you can access: **PPO Dentist**, **Premier Dentist**, and **Non-Participating Dentist**. You will receive the best benefit and the deepest discounts by choosing a PPO dentist. Delta Dental providers offer the greatest savings and protection from balance-billing for covered services. Please refer to the official plan document or for additional information on coverage and exclusions. Locate a Delta Dental network dentist at https://www.deltadental.com/us/en/member/find-a-dentist.html.

Savings Example for a Major Procedure*							
	Estimated Charge	Maximum Allowed Fees	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Amount Dentist can Balance-Bill	Total Amount You Pay	Your Total Cost Savings
PPO Network	$1,200	$850	50%	$425	$0	$425	$350
Premier Network	$1,200	$975	50%	$487.50	$0	$487.50	$225
Out of Network	$1,200	$700	50%	$350	$500	$850	$0

COVERED SERVICES	DENTAL B
Annual Max	$1,500
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 $1,500. Includes dependent children through age 19

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.
Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.
Non-Participating Dentist – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non- participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

DENTAL COVERAGE

DELTA DENTAL

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

HOW PREVENTION FIRST HELPS YOU STRETCH YOUR BENEFIT DOLLARS:

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

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

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

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

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

VISION COVERAGE

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

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

COVERED SERVICES	VISION 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
Contact	$160 Allowance

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

THE COST OF YOUR BENEFITS

PPO3		
	Employer Cost	**Employee Cost**
EE	$627.30	$110.70
EE + Spouse	$1,219.75	$215.25
EE + Children	$1,020.00	$180.00
Family	$1,871.70	$330.30
PPO4		
	Employer Cost	**Employee Cost**
EE	$589.90	$104.10
EE + Spouse	$1,147.50	$202.50
EE + Children	$958.80	$169.20
Family	$1,761.20	$310.80
KP-DHMO 0750		
	Employer Cost	**Employee Cost**
EE	$580.55	$102.45
EE + Spouse	$1,127.95	$199.05
EE + Children	$942.65	$166.35
Family	$1,732.30	$305.70

DENTAL		
	Employer Cost	**Employee Cost**
EE	$26.35	$4.65
EE + Spouse	$54.40	$9.60
EE + Children	$73.95	$13.05
Family	$100.30	$17.70

VISION		
	Employer Cost	**Employee Cost**
EE	$6.80	$1.20
EE + Spouse	$8.50	$1.50
EE + Children	$7.65	$1.35
Family	$14.45	$2.55

SURGERYPLUS

SurgeryPlus is a supplemental benefit for non-emergency surgeries which provides high-quality care, concierge-level member service and lower costs. CEBT wants members to get the best care possible and will limit or waive member's out-of-pocket costs if you use SurgeryPlus. Click here to learn more. **Not eligible for those enrolled in a Kaiser plan.**

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

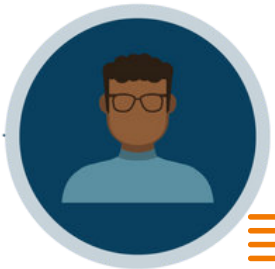
STEP 2
A Care Advocate will listen to your needs and begin the process of coordinating everything for your SurgeryPlus experience

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	**$1,500** (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

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

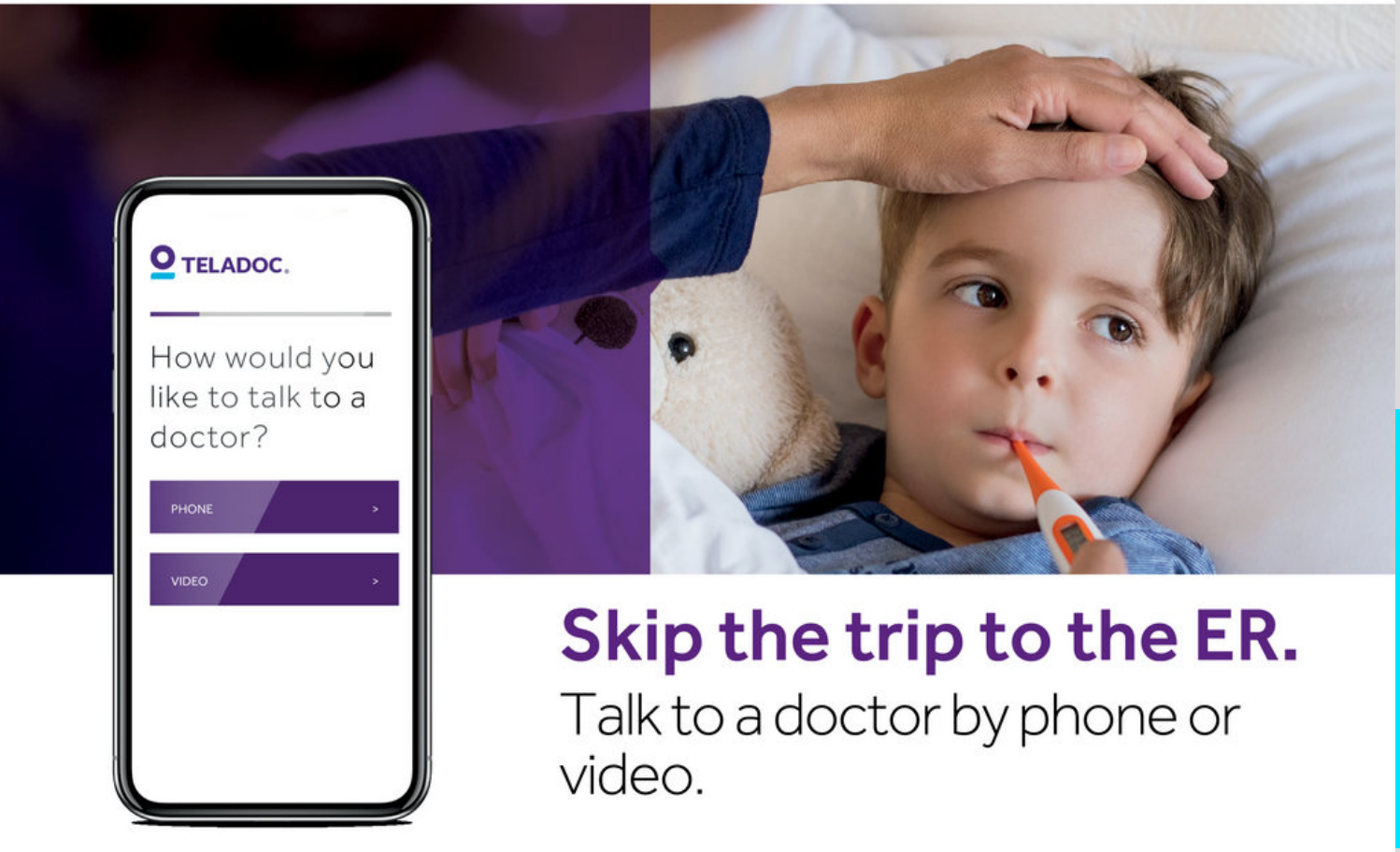
SAVINGS

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

TELADOC

Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults for members on the **PPO3 and PPO4.** It's an affordable alternative to costly urgent care and ER visits when you need care fast. CEBT pays for the full cost of the consult so there is **NO COPAY** for members on the **PPO3 and PPO4.** Click here to learn more. **Not eligible for those enrolled in a Kaiser Plan.**



Skip the trip to the ER.

Talk to a doctor by phone or video.

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

Avoid the long wait times of an urgent care or the ER

Our licensed physicians help with conditions like the flu, bronchitis, rashes, sinus infections, and more

Talk to a doctor from wherever you are for free

Made available by CEBT Benefit by Trust

Feel better for free without leaving the house.

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

Download the app

KAISER TELEHEALTH

With Kaiser Permanente you can get care from virtually anywhere. Save a trip to the doctor's office by scheduling a phone or video visit with your doctor or mental health specialist. Phone or video visits can be scheduled with your primary care provider or another doctor, often the same day, for many common conditions. You make the call from the comfort and convenience of home, work, or on the go. Check out the Kaiser Care Options Guide for all the convenient virtual care options available at no additional cost or visit kp.org/getcare.

Online chat
Chat with a Kaiser Permanente clinician, financial counselor, mental health specialist, or pharmacist.

Scheduled phone or video visits
Schedule a video or phone visit with your Kaiser Permanente clinician or mental health provider.

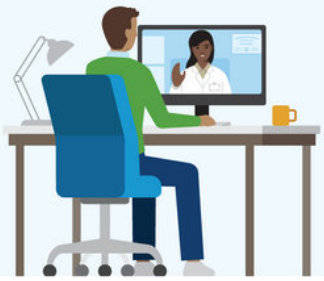
24/7 medical advice
Call the Clinical Contact Center 24/7 if you need routine or urgent medical or mental health advice or need help choosing the right care option— 303-338-4545 or 1-800-218-1059 (TTY 711).

For the latest information on COVID-19 testing, vaccines, and boosters, visit kp.org/coronavirus.

24/7 on-demand video and phone visits
Visit with a clinician anytime by video or phone for routine or urgent advice—no appointment needed—at kp.org/getcare .

E-mail
Get answers to non-urgent medical questions by emailing your clinician's office.

E-visit
Fill out a short questionnaire about your symptoms. You'll receive self-care instructions or, if needed, be guided to a virtual care channel.



With the Kaiser Permanente app and kp.org you can:

- Schedule or cancel appointments
- Refill prescriptions
- View lab results
- Pay medical bills
- And more!

Set up your account at kp.org/register, then download our app onto your mobile device.

HEALTHCARE BLUEBOOK

Healthcare Bluebook is a cost transparency tool that members can use to shop for healthcare and get rewarded! If a member uses the service and visits a green or fair price provider, they could receive a reward in the form of a debit card varying from $25-$1,500. Click here to learn more. **Not eligible for those enrolled in a Kaiser plan.**

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

App Store | Google play

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)

NOT HERE
- Too Much Medical Center (~ 1 mile)

FOR EXAMPLE PURPOSES

BIG SAVINGS + $1500

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment. **JeffCom911 Communications** provides Basic Life and AD&D Insurance and Dependent Life Insurance to all eligible employees at no cost to employees through The Standard.

Life The Life insurance benefit is payable to the designated beneficiary upon the death of the insured.

AD&D Coverage Accidental Death and Dismemberment insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e.; the loss of a hand, foot, or eye). In the event that death occurs from an accident, both the Life and the AD&D benefit would be payable.

Life / AD&D	The lesser of 2x your Basic Yearly Earnings or $200,000
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
Dependent Life	$5,000 for Spouse $2,000 per Child (from live birth through age 25)

SUPPLEMENTAL LIFE AND AD&D

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental life coverage. **JeffCom911 Communications** provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through The Standard. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded for Supplemental Employee and Spouse life. Benefits will reduce starting at age 65.

- Employee: $10,000 increments up to $500,000—guarantee issue: $150,000
- Spouse: $5,000 increments up to $250,000—guarantee issue: $30,000
- Dependent children: $20,000

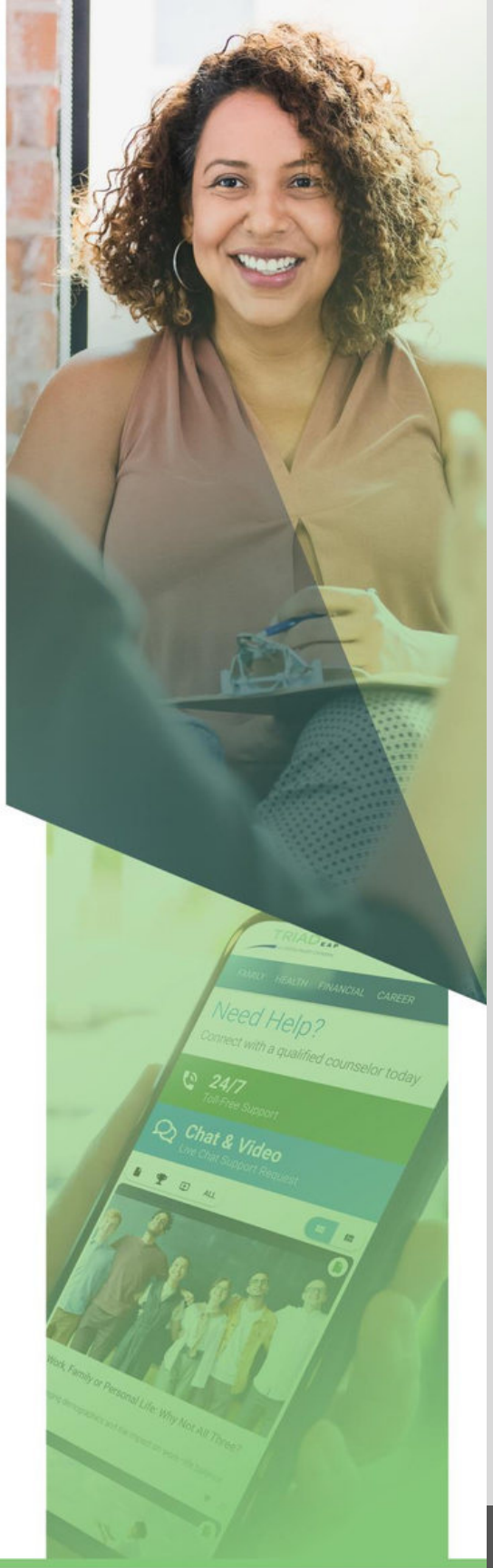
If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by The Standard. Participants that are currently enrolled in additional life coverage less than $150,000 can increase their benefit every year by $20,000 with no medical underwriting up to the Guarantee Issue amount. If you currently have spouse life insurance under 30,000 you may elect to increase your spouse coverage each year by 5,000 or 10,000 but not to exceed 30,000 or 50% of what you have in additional life insurance.

Employee Age	25	30	40	50	60
$20,000	$1.70	$2.10	$2.50	$5.10	$13.70
$50,000	$4.25	$5.25	$6.25	$12.75	$34.25
$100,000	$8.50	$10.50	$12.50	$25.50	$68.50
$150,000	$12.75	$15.75	$18.75	$38.25	$102.75
$200,000	$17.00	$21.00	$25.00	$51.00	$137.00

* This is for illustrative purposes only and is not a representative of all age brackets. For a complete list of rates and benefit information please view the benefit booklet.

Life comes with challenges.

Your Assistance Program is here to help.



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

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

Mental Health Sessions
Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching
Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

Legal Consultation

Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals
Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

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

Member Portal

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

Contact Triad EAP

Call: 877-679-1100
Visit: www.triadeap.com
Code: cebt

CEBT
Benefit by Trust

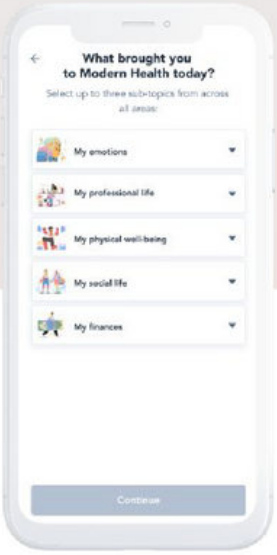
TRIAD EAP
An AllOne Health Company

ADDITIONAL BENEFITS &INFORMATION

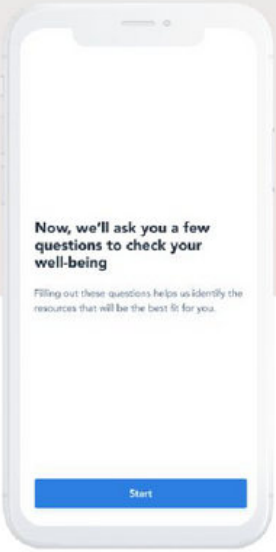
NEW MENTAL HEALTH BENEFIT EFFECTIVE 1/1/2024

We recognize that many things can impact how we show up day-to-day —including our emotions, careers, relationships, health, and finances. ModernHealth makes it simple for you to get support in the areas that matter most to you.

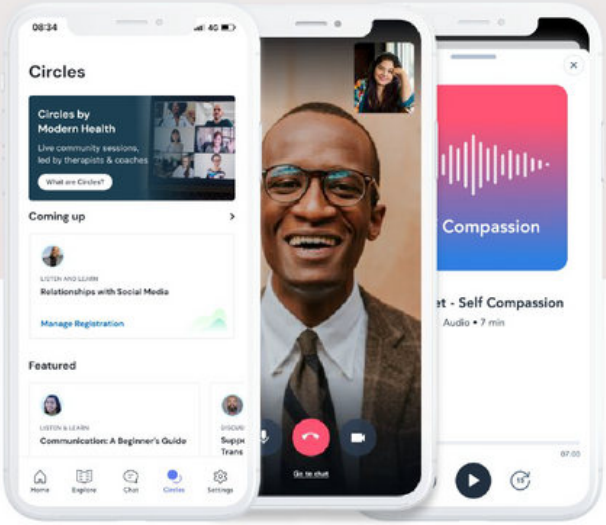
Once you register for Modern Health, you will receive some guidance below that can help you determine which level of care may be best for your unique needs:



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



2. Let us know how you're doing.



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

What Modern Health offers

Once you answer a few questions about your well-being and your preferences for types of care, Modern Health will develop a personalized care plan that recommends a combination of one-on-one, group, and self-serve digital resources that can help you in your focus areas.

Your CEBT Benefits Through Modern Health:

Care options	What is this?	How can this help?	What's included?	How to access:
Guided Meditations	Guided, silent, or music-based meditations	Practice mindfulness and find calm, in just 5 minutes per day, on your own schedule	Unlimited access	Access through the Modern Health web or mobile app here
Digital Programs	Topical wellness programs and exercises	Build mental health into your routine, in just 5 minutes per day, on your own schedule	Unlimited access	Access through the Modern Health web or mobile app here
Circles	Live, topic-based community sessions led by therapists and coaches	Learn, share, connect, and heal with others on topics that impact our well-being	Unlimited access	Access through the Modern Health web or mobile app here
Coaching	1-1 video sessions with certified coaches who help you gain awareness and move toward goals	Learn evidence-based techniques from coaches specializing in mental health, parenting, work, relationships, financial well-being, and more.	**8 sessions per year**	Access through the Modern Health web or mobile app here
Therapy	1-1 video sessions with licensed therapists	Receive treatment for concerns that may be highly impacting your day-to-day mental health	**8 sessions per year**	Access through the Modern Health web or mobile app here

Modern Health is your mental wellness benefit.

Coming Soon! Scan the QR code or visit my.modernhealth.com.
Questions? Reach out to help@modernhealth.com

Digital Disease Management Program

Omada is a virtual care program that combines data-powered human coaching, connected devices, peer support and tailored curriculum to help members achieve their health goals and make sustainable lifestyle changes. The digital care solution offers four programs that focus on pre-diabetes (prevention), diabetes, hypertension, & musculoskeletal issues. Click here to learn more. **Not eligible for those enrolled in a Kaiser plan.**

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."

With Omada, there's a program for you

- Weight loss & overall health
- Joint & muscle pain
- Diabetes
- High blood pressure

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.

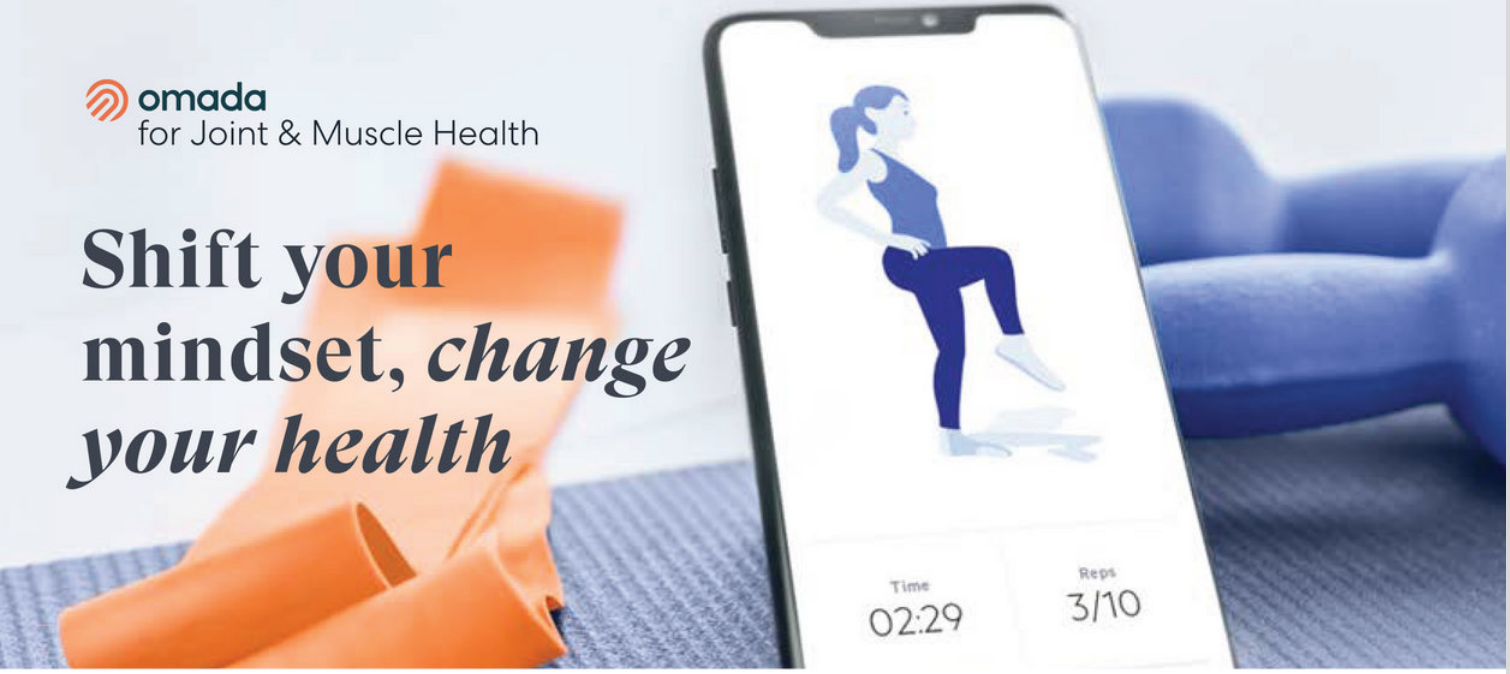
It only takes a few minutes to get started:

omadahealth.com/cebt

CEBT Benefit by Trust

omada
for Joint & Muscle Health

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."

With Omada, there's a program for you

Joint & muscle health

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

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.

UMR CANCER RESOURCE SERVICES (CRS)

A program designed for personal support following a cancer diagnosis. Cancer Resource Services (CRS) will provide guidance, direction, and support through tenured oncology nurses as well as access to quality Cancer Centers of Excellence (COE). **Not eligible for those enrolled in a Kaiser plan.**

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

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

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.

UMR MATERNITY CARE

UMR
A UnitedHealthcare Company

Get the support you need when considering having a baby, or you 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. **Not eligible for those enrolled in a Kaiser plan.**

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.

CARE
A UMR Solution

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

UMR MATERNITY CARE

A UnitedHealthcare Company

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.

Emotional Wellness Apps

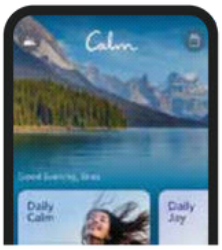
Through Kaiser Permanente, you have access to three different emotional wellness apps at no cost. Click here to learn more.

Support for emotional wellness

Try our on-demand self-care apps today at no additional cost

Get help with anxiety, stress, sleep, mood, and more. Anytime you need it.

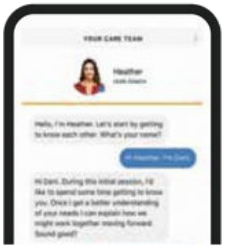
Kaiser Permanente members can explore 3 evidence-based apps: [1,2,3]



Calm

The #1 app for meditation and sleep. You can choose from hundreds of programs and activities, including:

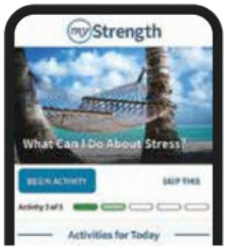
- Guided meditations
- Sleep Stories
- Mindful movement videos



ginger

1-on-1 emotional support coaching and self-care activities to help with many common challenges.

- Coaches are available by text 24/7
- You can use Ginger's text-based coaching services at no cost, no referral needed [4,5]



myStrength by Teladoc Health

Personalized programs designed to help you:

- Set mental health goals
- Learn coping skills
- Track your progress over time
- Make positive changes

Visit kp.org/selfcareapps to get started

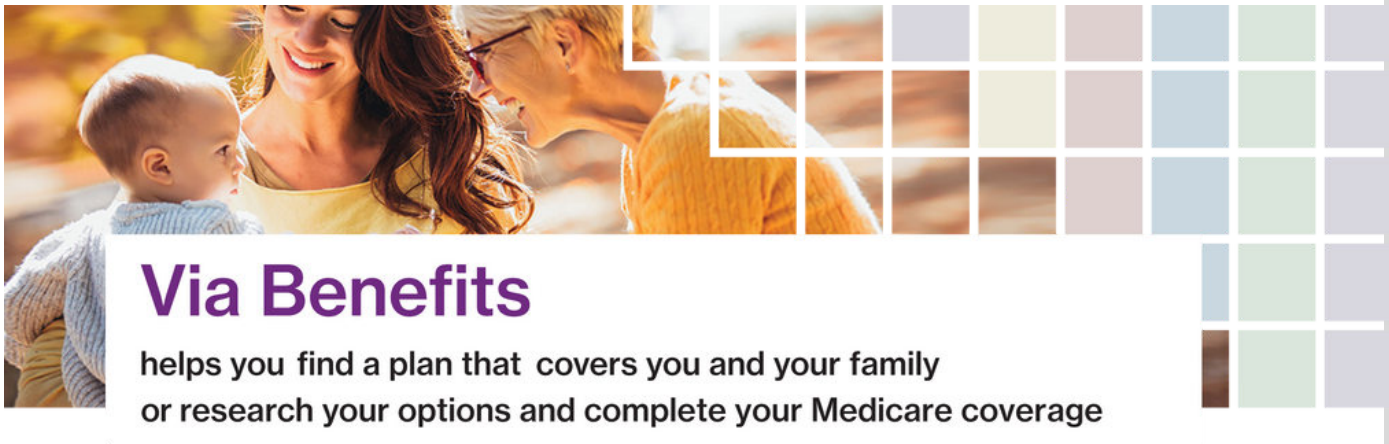
1. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. The apps and services may be discontinued at any time.
2. The apps and services are neither offered nor guaranteed under contract with the FEHB Program, but are made available to enrollees and family members who become members of Kaiser Permanente.
3. Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old.
4. Some individuals who receive health care services from Kaiser Permanente through state Medicaid programs are not eligible for the Ginger app and services.
5. Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost.

Calm, Ginger, and myStrength are not available to Kaiser Permanente Dental-only members.

VIA BENEFITS™

Post-Employment Benefits Concierge

Via Benefits offers a post-employment benefit concierge service to assist former employees that have terminated (or are planning to terminate) from CEBT coverage with enrolling in medical, pharmacy, dental and/or vision coverage. Plans offered include Pre-65 plans from the individual marketplace as well as Post-65 Medicare Advantage plans and Medicare Supplemental plans. Former employees will now have more options and flexibility to choose coverage that is right for them, secure long-term stability, and unlock potential for cost savings. This service is at no cost to you. Click here to learn more.



When you use Via Benefits you get access to:

- An easy-to-use online experience
- Friendly phone support
- A robust recommendation engine
- Efficient, accurate enrollment
- Objective guidance
- Support after you enroll

Contact Us Today!

Go online to find plans:
Pre-65: marketplace.viabenefits.com/ColoradoPublicEmployers
Post-65: my.viabenefits.com/ColoradoPublicEmployers

Call, and ask for Via Benefits
833-414-1452 (TTY:711)
Monday through Friday, 6:00 a.m. until 7:00 p.m. Mountain time

Travel Assistance

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.[1]

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard). [2]

Contact Travel Assistance and reference CEBT, policy # 645869, to receive services.

800.872.1414
United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

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:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories
- Credit card and passport replacement and missing baggage and emergency cash coordination
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains [3]
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability

1 Travel Assistance is provided through an arrangement with Assist America, Inc. and 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. Assist America, Inc. 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 Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

3 Must be arranged by Assist America, Inc.

CONTACT INFORMATION

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

Medical, Dental, Vision, Life/AD&D - WTW	
Member Services	303-773-1373 or 1-800-332-1168
Website	www.cebt.org

Medical - Kaiser Permanente	
Member Services	1-888-681-7878
Website	www.kp.org
Appointments & Advice	303-338-4545
Mail Order Pharmacy	1-866-523-6059
Claims Department	303-338-3600

CVS Caremark	
Mail Order	866-885-4944
Website	www.caremark.com

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

Healthcare Bluebook	
Member Services	1-800-341-0504
Access Code	CEBT
Website	https://www.healthcarebluebook.com/cc/cebt/

SurgeryPlus	
Member Services	1-855-200-6675
Website	cebt.surgeryplus.com

Triad Employee Assistance Program	
Member Services	877-679-1100
Company Code	cebt
Website	www.triadeap.com

Omada Health - Digital Disease Management Program	
Member Services	888-409-8687
Website	https://go.omadahealth.com/cebt

CONTACT INFORMATION

UMR Cancer Resource Services Program	
Member Services	866-494-4502

The Standard- Travel Assistance	
Member Services	800-872-1414 (phone) / 1-609-334-0807 (text)
Email	medservices@assistamerica.com
Policy #	645869

Via Benefits	
Pre-65 Website	marketplace.viabenefits.com/ColoradoPublicEmployers
Post-65 Website	my.viabenefits.com/ColoradoPublicEmployers
Phone	833-414-1452

CEBT HEALTH PLAN REGULATORY NOTICES

As part of federal requirements, employers and health plan sponsors are required to supply benefit eligible employees with communications containing information of their rights, opportunities, and obligations in regard to their health benefit plan. The following notices are available on the CEBT Website and meet the Plan requirements for these regulatory notices. Each notice listed has a direct link to the document on the website for easy accessibility.

BENEFIT BOOKLETS

(https://cebt.org/resources/benefit-booklets)

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

HIPAA NOTICE OF PRIVACY POLICY

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

The following notices are located here: (https://cebt.org/resources/resource-center)

COBRA GENERAL RIGHTS NOTICE

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

ANNUAL & OTHER REGULATORY NOTICES

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

This benefit summary provides selected highlights of the JeffCom 911 Communications 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. JeffCom 911 Communications 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.