

**SAN LUIS VALLEY BOCES**

**BRANCH # S4**

**A GUIDE TO YOUR  
CEBT EMPLOYEE  
BENEFITS**

**BENEFIT PLANS**

**CEBT MEDICAL PPO 4 & HDHP3**

**CEBT DENTAL PLAN B**

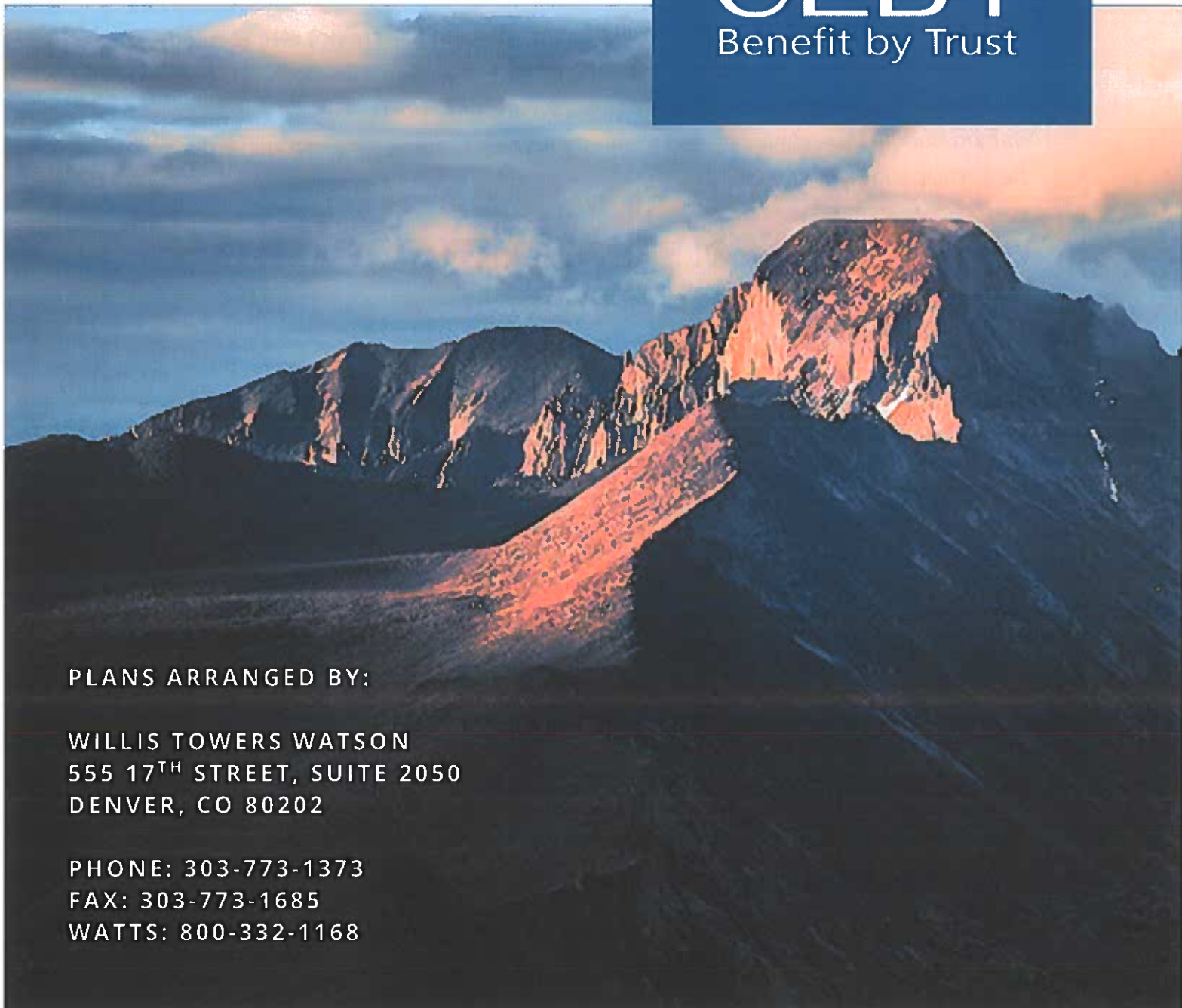
**CEBT GROUP LIFE**

**CEBT**  
Benefit by Trust

**PLANS ARRANGED BY:**

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## WHAT IS CEBT?

Colorado Employers Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over four hundred (400) public entities, with over 35,000 members 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 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 UHC 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.

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.

**SCHEDULE OF BENEFITS**

**LIFE INSURANCE, ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**

<b>CLASS</b>	<b>AMOUNT OF LIFE INSURANCE*</b>	<b>FULL AMOUNT OF AD&amp;D INSURANCE</b>
<b>All employees</b>	<b>\$20,000</b>	<b>\$20,000</b>

\*Your amount of insurance will be reduced as follows:

<b>Age</b>	<b>65</b>	<b>40%</b>
	<b>70</b>	<b>65%</b>
	<b>75</b>	<b>75%</b>
	<b>80</b>	<b>80%</b>

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

**CEBT MEDICAL BENEFITS COMPARISON**  
SAN LUIS VALLEY BOCES

MEDICAL BASE PLAN	PPO4	HDHP3
<b>Office Visit (Primary   Specialty)</b>	\$40 Copay   \$40 Copay	Deductible + 20% to OOP Max
<b>Deductible (Single   Family)</b>	\$1,500   \$3,000	\$3,000 *Embedded   \$6,000 *Embedded
<b>Coinsurance (In   Out)</b>	20% In   40% Out	20% In   40% Out
<b>Out of Pocket Single (In   Out)</b>	\$4,000   \$8,000	\$5,000   \$10,000
<b>Out of Pocket Family (In   Out)</b>	\$8,000   \$16,000	\$10,000   \$20,000
<b>Inpatient Hospital</b>	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>Outpatient Hospital</b>	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>Rx Retail</b>	Generic \$20   Preferred \$40   Non-Preferred \$60	Deductible then: Generic \$20   Preferred \$40   Non-Preferred \$60
<b>Rx Mail Order</b>	2 X Copay	2 X Copay
<b>Preventative Visit</b>	Covered 100%	Covered 100%
<b>Chiropractic</b>	\$40 Copay   20 Visits per year	Deductible + 20% to OOP Max   20 Visits per year
<b>Teladoc</b>	Covered 100%	\$45 Copay
<b>Telehealth</b>	\$40 Copay	Deductible + 20% to OOP Max
<b>Advanced Imaging</b>	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>X-ray</b>	\$40 Copay office setting   Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>Lab</b>	\$40 Copay	Deductible + 20% to OOP Max
<b>Urgent Care</b>	\$75 Copay	Deductible + 20% to OOP Max
<b>Emergency Care</b>	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](http://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.

\*Non-Embedded - Also referred to as an aggregate deductible. Under this arrangement, the total family deductible must be paid out-of-pocket before health insurance starts paying for the health care services incurred by any family member. Usually applies in High Deductible Health plan. The individual deductible doesn't apply if there are multiple people covered by the plan (Employee + 1, Employee + Spouse, Family Coverage, etc.)

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.*

## CEBT DENTAL BENEFITS SUMMARY

BENEFIT INFORMATION (SUBJECT TO DENTAL GUIDELINES)

<b>PREVENTION FIRST</b> 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.
<b>RIGHT START 4 KIDS</b> 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.
<b>COVERED SERVICES</b>	<b>DENTAL B</b>
<b>Annual Max</b>	\$1,500
<b>Deductible (Single   Family)</b>	\$50   \$150
<b>Preventative Services</b>	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
<b>Basic Services</b>	Covered at 80%   emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
<b>Major Services</b>	Covered at 50%   crowns, partial or full dentures, implants
<b>Orthodontia Services</b>	Covered at 50% with lifetime max of \$1,500. Dependent children eligible up to age 19. Treatment must be completed by 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.

# CEBT VALUE ADDED BENEFITS



## 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 varying from \$25-\$1,500.



## TELADOC.

Teladoc gives members access 24 hours, 7 days a week to a U.S board-certified doctor through the convenience of phone, video or mobile app visits. This is great for many non-emergency illnesses including flu, allergies, sinus infections and more.



## Triad

EMPLOYEE ASSISTANCE PROGRAM

Need help with everyday problems? The Triad EAP offers six free counseling sessions per year, per incident for CEBT members and their dependents under 26. Common issues that members can be seen for are divorce, parenting dilemmas, death of a loved one, relationship issues, and conflict. They also provide legal review and financial counseling.



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. This benefit is available to those enrolled in one of the CEBT EPO, PPO, or HDHP medical plans.



A UnitedHealthcare Company

## Cancer Resource Services

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).



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.



Benefit by Trust

## Unique Benefits

- Age limit removed on routine colonoscopies
- \$3500 adult hearing aid benefit every 36 months
- Survivorship Continuation Benefit
- Routine Vision Exam covered under medical
- Potential for Board member eligibility
- CEBT Mobile app

