

MOUNTAIN RECREATION METROPOLITAN DISTRICT

BRANCH # 75S2

A GUIDE TO YOUR CEBT EMPLOYEE BENEFITS

BENEFIT PLANS

CEBT MEDICAL PPO 4, PPO 5

& HD3500

CEBT DENTAL PLAN A

CEBT VISION PLAN B

CEBT GROUP LIFE

CEBT
Benefit by Trust

PLANS ARRANGED BY:

**WILLIS TOWERS WATSON
2000 SOUTH COLORADO BOULEVARD,
TOWER II, SUITE 900
DENVER, CO 80222**

**PHONE: 303-773-1373
FAX: 303-773-1685
WATTS: 800-332-1168**

WHAT IS CEBT?

Colorado Employers Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over 400 hundred (400) public entities, with over 34,000 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, DELTA DENTAL AND VISION SERVICE PLAN (VSP)?

CEBT has contracted with these managed health care companies to provide claims processing and provider network access:

UMR provides third party claim payment services and access to the UHC provider networks for CEBT members who have medical coverage.

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. Additionally, you will receive ID cards from UMR, CVS Caremark, and Delta Dental, but not from VSP.

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

CLASS	AMOUNT OF LIFE INSURANCE*	FULL AMOUNT OF AD&D INSURANCE
All employees	\$50,000	\$50,000

*Your amount of insurance will be reduced as follows:

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

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

CEBT MEDICAL BENEFITS COMPARISON

MOUNTAIN RECREATION METROPOLITAN DISTRICT

MEDICAL BASE PLAN	PPO4	PPO5	HD3500
Office Visit (Primary Specialty)	\$40 Copay \$40 Copay	\$45 Copay \$45 Copay	Deductible + 20% to OOP Max
Deductible (Single Family)	\$1,500 \$3,000	\$2,500 \$5,000	\$3,500 *Embedded \$7,000 *Embedded
Coinsurance (In Out)	20% In 40% Out	20% In 40% Out	20% In 40% Out
Out of Pocket Single (In Out)	\$4,000 \$8,000	\$4,500 \$9,000	\$6,000 \$12,000
Out of Pocket Family (In Out)	\$8,000 \$16,000	\$9,000 \$18,000	\$12,000 \$24,000
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%
Chiropractic	\$40 Copay 20 Visits per year	\$45 Copay 20 Visits per year	Deductible + 20% to OOP Max 20 Visits per year
Teladoc	Covered 100%	Covered 100%	\$49 Copay
Telehealth	\$40 Copay	\$45 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	\$40 Copay office setting Outpatient setting Deductible + 20% to OOP Max	\$45 Copay office setting Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Lab	\$40 Copay	\$45 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.

*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 VISION BENEFITS SUMMARY

COVERAGE	VISION B
Carrier Network	VSP
Benefit Frequency	Exam and Lenses eligible every 12 months Frames eligible every 24 months 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
Routine Exam	\$15 Copay
Lenses, per pair	
Single	\$15 Copay
Bifocal	\$15 Copay
Trifocal	\$15 Copay
Lenticular	\$15 Copay
Frames	\$160 Allowance
Contacts	\$160 Allowance

EXTRA SAVINGS (for Vision Plan B and Vision Plan C)	Glasses and Sunglasses
	Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	Routine Retinal Screening
	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction
	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

Exclusions: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed.

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

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

CEBT DENTAL BENEFITS SUMMARY

BENEFIT INFORMATION (SUBJECT TO DENTAL GUIDELINES)

PREVENTION FIRST PPO AND PREMIER NETWORKS ONLY	Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.
RIGHT START 4 KIDS PPO AND PREMIER NETWORKS ONLY	Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.
COVERED SERVICES	DENTAL A
Annual Max	\$2,000
Deductible (Single Family)	\$50 \$150
Preventative Services	Covered at 100% routine exams & cleanings 2 times per cal year, bitewing x-rays once per cal year, full mouth x-rays eligible once in a 5-year period
Basic Services	Covered at 80% emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered at 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% with lifetime max of \$2,000. Includes adults and dependent children through age 26

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

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

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



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.



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



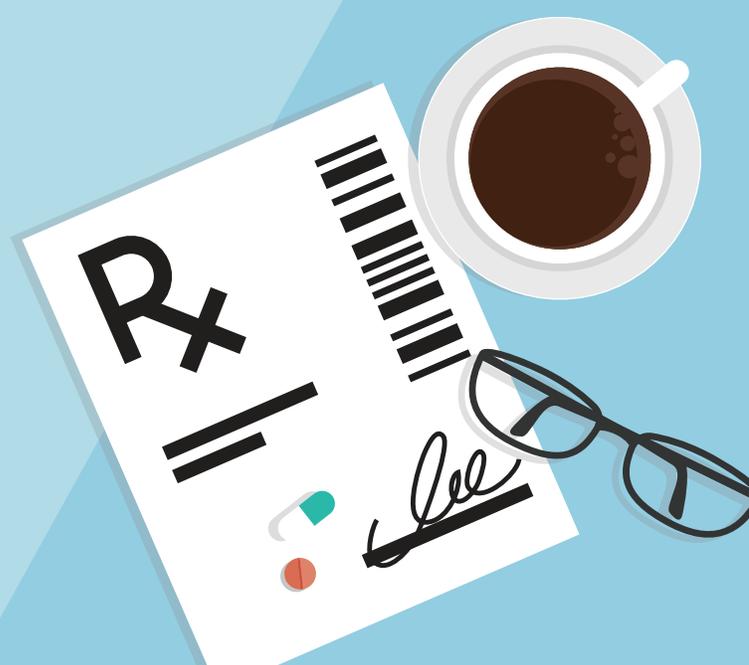
Talk to a doctor from wherever you are for free

Feel better for free without leaving the house.

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

Download the app  

Welcome to CVS Caremark®



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

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

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

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

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

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

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

6. Choose delivery by mail or pick up. We'll deliver your 90-day supplies anywhere you like, with no-cost shipping (and status alerts for tracking). Our discreet packages are tamper-proof, weather-proof and temperature controlled, so it's a safe option for you.

- OR -

Pick them up at any CVS Pharmacy (including those inside Target stores). Either way you get the same quality, price and convenience.

Find even more ways to save when you sign in at Caremark.com.



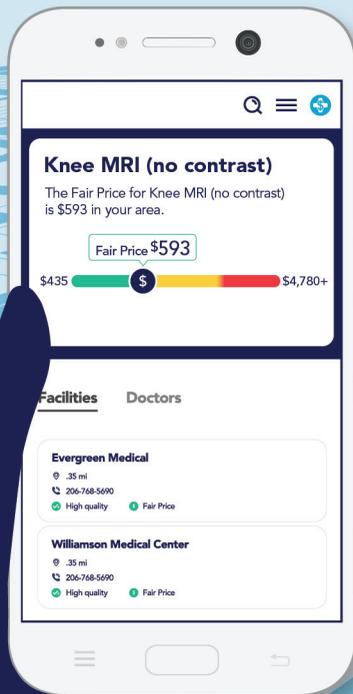
Healthcare Bluebook.



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



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



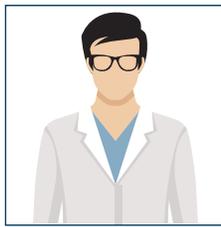
Visit your member portal at cebt.surgeryplus.com
(access code: surgeryplus) or call 855-200-6675 to learn more

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



Benefits at a Glance for Special District Association of Colorado

Group Policy # 427299
Effective Date January 1, 2014

Group Short Term Disability Insurance

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

The cost of this insurance is paid by the Participating Employer of the Special District Association.

Eligibility

Definition of a Member

You are a member if you are a regular employee of a participating employer actively working at least 20 hours each week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Eligibility Waiting Period

You are eligible on the later of:

- The effective date of your Employer's participation under the Group Policy; or
- The first day of the calendar month following 30 consecutive days as a Member.

Benefits

Weekly Benefit

66 2/3 percent of the first \$2,307 of weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)

Maximum Weekly Benefit

\$1,538

Minimum Weekly Benefit

\$15

Benefit Waiting Period

Your weekly benefit becomes payable the first day you are disabled for disability caused by accidental injury 7 days for disability caused by physical disease, pregnancy or mental disorder.

Definition of Disability

For the benefit waiting period and while the STD benefits are payable, you are considered disabled if you:

- Are unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of your own occupation; and

- Suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You will no longer be considered disabled when your earnings from any occupation meet or exceed 80 percent of your predisability earnings.

Maximum Benefit Period

180 days for disability caused by accidental injury

173 days for disability caused by physical disease, pregnancy or mental disorder

Other Features and Services

- Reasonable Accommodation Expense Benefit
- Return to Work Incentive
- Return to Work Responsibility
- Temporary Recovery Provision

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

CEBT Health & Wellness Centers

Extensive service offerings to ignite your health journey:



Prevention

Health Screenings

- Annual exams
- Blood pressure
- Body mass index
- Cholesterol
- Glucose
- School, camp, and sports physicals

Health Coaching

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



Lab Services

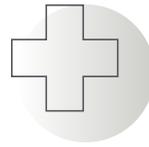
Blood work and lab tests processed at the center include hemoglobin A1C, lipid panel, glucose, rapid strep, mono, urinalysis, oxygen saturation, and pregnancy. Additional lab tests can also be drawn and sent to an outside lab for processing.

Privacy

The care you receive at the CEBT Health & Wellness Centers is confidential and protected by state and federal law.

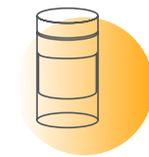
Eligibility and Cost

Employees, spouses, and dependents ages 2 and older who are on the medical plan are eligible to use the virtual and in-person services provided at any of the CEBT Health & Wellness Centers. Services include primary and preventive care such as annual physicals, school and sports physicals, wellness visits, chronic condition coaching, and health coaching. There is no cost to patients for services delivered at the health centers (sick visits are \$45 for members on the HDHP only).



Sick Visits

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



Medications

- Common medications dispensed onsite
- Other prescriptions sent to pharmacies
- Preventive medications are provided at no charge
- Controlled substances such as narcotics are not dispensed at the health center
- Consultation required with a provider to ensure oversight of your medical treatment

CEBT Health & Wellness Centers

Widefield: 930 Leta Drive | 719-551-5808

Rifle: 707 Wapiti Avenue, Suite 201-A | 970-440-8085

Glenwood Springs: 1901 Grand Avenue, Suite 200 | 970-440-8087

Gypsum: 35 Lindbergh Drive, Suite 110 | 970-431-2871

Loveland: 2889 N. Garfield Avenue | 970-744-2866

Greeley: 4675 W. 20th Street Road, Unit B | 970-373-4625

my.marathon-health.com

CEBT
Benefit by Trust



05252022IALL



Benefits at a Glance for Special District Association of Colorado**Group Policy # 427299**
Effective Date January 1, 2014

Group Long Term Disability Insurance

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

The cost of this insurance is paid by the Participating Employer of the Special District Association.

Eligibility

Definition of a Member

You are a member if you are a regular Firefighter and Colorado River Fire Rescue Member employee of a participating Employer or non-FPPA employee of Crested Bute Fire District, actively working at least 20 hours each week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Class Definition

Class 1 Firefighters and Colorado River Fire Rescue Members
Class 2 All other members

Eligibility Waiting Period

You are eligible on the later of:

- The effective date of your Employer's participation under the Group Policy; or
- The first day of the calendar month following 30 consecutive days as a Member.

Benefits

Monthly Benefit

60 percent of the first \$12,500 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)

Maximum Monthly Benefit

\$7,500

Minimum Monthly Benefit

\$100

Benefit Waiting Period

90 days

Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are payable, being unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of your own occupation and suffering a loss of at least 20 percent of predisability earnings when working in your own occupation.

After that, being unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of any occupation:

- That you are able to perform, due to education, training or experience,
- That is available at one or more locations in the national economy, and
- In which you can be expected to earn at least 60 percent of predisability earnings within 12 months of returning to work, regardless of whether you are working in that, or any other, occupation.

Maximum Benefit Period

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

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

Other Features and Services

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

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

Employee Assistance Program

Pointing You In The Right Direction



We all experience times when we need a little help managing our personal lives. Your employer understands this and is providing the Employee Assistance Program¹ (EAP) to covered employees in connection with your group insurance from The Standard, to offer support, guidance and resources to help you and your family find the right balance between your work and home life.

What Can The EAP Do For Me?

Experienced master's-degreed clinicians will confidentially consult with you over the telephone and direct you to the solutions and resources you need. You may also receive referrals to support groups, community resources, a network counselor or your health plan. These services are available for covered employees, their dependents, including children to age 26², and all household members.

The EAP Services Can Help With:

- Child care and elder care
- Alcohol and drug abuse
- Life improvement
- Difficulties in relationships
- Stress and anxiety with work or family
- Depression
- Goal-setting
- Emotional well-being
- Financial and legal concerns
- Grief and loss
- Identity theft and fraud resolution
- Online will preparation

How Do I Access EAP Services?

Follow the directions on the wallet card on this page.

Is It Confidential?

Your calls and all counseling services are confidential. Information will be released only with your permission or as required by law.

continued on reverse

The EAP service is provided through an arrangement with Morneau Shepell, which is not affiliated with The Standard. EAP is not an insurance product, and is provided to groups of 10-2,499 lives

**Call 888.293.6948 or visit
[www.workhealthlife.com/
Standard3](http://www.workhealthlife.com/Standard3).**

The EAP is always ready to assist you. We've also provided a handy reference card for your wallet.

When you call, be sure to tell them that your employer is "SPECIAL DISTRICT ASSOCIATION OF COLORADO."

Contact EAP

888.293.6948
TDD: 800.327.1833
24 hours a day,
seven days a week

workhealthlife.com/Standard3



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

Standard Insurance Company

www.standard.com

When Is The EAP Available?

Over-the-phone consultation and online access to EAP services are always available. Simply call the toll-free number or log on to www.workhealthlife.com/Standard3. In emergency situations, you may call the toll-free number to speak with a master's-degreed clinician who can also connect you to emergency services.

Your program also includes up to three face-to-face assessment and consultative sessions per issue. A clinician will work with you to schedule appointments according to your needs.

What Can WorkLife Services Do For Me?

WorkLife services can save you countless hours by researching and providing referrals for important needs like:

- Child care and elder care
- Education
- Adoption
- Pet care
- Daily living
- Travel

A broad range of educational materials and guide books on dependent care topics are also available.

How Much Does It Cost?

The EAP and WorkLife services are provided to you in connection with your employer-sponsored group insurance from The Standard. If you accept a referral to services that are not a part of your EAP program, you may be responsible for the costs associated with those services.

All The Help You Need Online

The EAP provides the following online services:

- Informative guides and articles
- Monthly webinars and bulletins
- Ability to search on your own for:
 - Child care or elder care services
 - Pet care
 - Adoption resources
- Detailed maps for every search
- Self-assessments
- Healthy lifestyle guidance, from tools for diet and fitness to smoking cessation
- Videos and articles on topics like understanding depression, nutrition advice and preparing for childbirth
- Financial and legal information, including a program for completing a simple will and identity theft consultation recovery and prevention services
- Detailed calculators used to help solve common financial concerns, such as computing college finances

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

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

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





Explore the world with confidence.

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



Standard Insurance Company

Colorado Employer Benefit Trust (CEBT)

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

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 remains³



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

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

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

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.

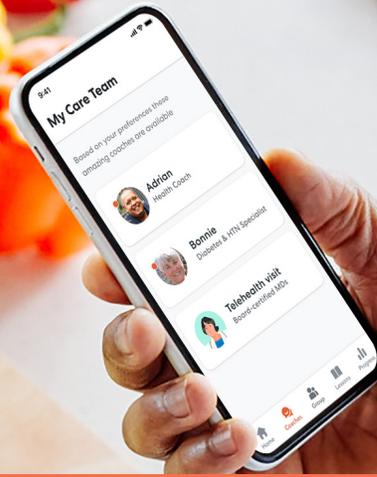
² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

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



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.

Flexible Spending Account Enrollment Guide



What is an FSA?

A health Flexible Spending Account (FSA) allows individuals to use pre-tax dollars to pay for medical expenses not covered by insurance. A dependent care FSA, also known as a Dependent Care Assistance Plan (DCAP) allows individuals to use pre-tax dollars for daycare or dependent care expenses. The dependent care FSA (DCAP) cannot be used to pay for medical expenses. Individuals elect to contribute a portion of their paychecks to either a health FSA or dependent care FSA and save 25% to 40% in taxes.

Know the Rules:

Health (medical) FSA

- Participants may claim and be paid out their entire annual election at any time.
- Every expense must be substantiated. Participants must be able to provide receipts, statements or bills for all expenses if substantiation is requested. Documents must include the date, amount and description of the expense or service.
- Only eligible expenses can be reimbursed. Medical expenses are defined by IRS rules. Expenses generally include items and services for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. See IRS Publication 502.
- All over-the-counter drugs are eligible along with all menstrual care products.
- Only "out-of-pocket" medical expenses are eligible for reimbursement. Medical expenses covered by insurance or any other plan or program are not eligible for reimbursement.
- Expenses for personal use or cosmetic surgery are not eligible for reimbursement. See IRS Publication 502.
- Medical expenses reimbursed under the health (medical) FSA may not be used to claim a federal income tax deduction.



Health FSA and Dependent Care FSA

- Contributions are subject to the IRS "use-it-or-lose-it" rule. However, for the health FSA, the employer may adopt a provision allowing up to a \$550 (2020) carry over of unclaimed monies. Unclaimed monies not carried over are forfeited at the end of the plan year.
- Elections cannot be changed during the plan year, unless the participant has a change of status. IRS Regulations define a change of status.
- Expenses must be incurred by a participant, spouse or eligible dependents during the current plan year and while participating. Expenses are incurred when the medical care is provided and not when the expense is billed, the bill is due or when the bill is paid.
- Every employer sets the deadline when claims and documentation must be submitted after the end of the plan year. It is usually 60 or 90 days after the end of the plan year.

Limited Health (dental & vision) FSA

- Employees contributing to a HSA may only participate in a "limited" health FSA not a "general" health FSA. A limited health FSA can only be used to pay for "out of pocket" dental and vision expenses.

Dependent Care FSA

- Participants may only be paid what they have contributed at any point in time.
- Participants must be ready to provide receipts for dependent care expenses.
- Dependent care expenses reimbursed by the dependent care FSA may not be used to claim the day care credit.

Tax Savings Examples:

Dave, a single taxpayer, earns \$27,000/year and has eligible medical expenses of \$1,200/year.

Dave's annual savings realized by participating in the FSA is **\$327**.

Michael and Sharon, working parents, earn a total of \$48,000/year. They have \$5,000 in child care expenses and \$1,000 per year in eligible medical expenses.

Their annual savings realized by participating in the FSA is **\$1,637**.

Assumptions are based off of 15% Federal, 4.63% State, and 7.65% FICA tax

Eligible Expenses



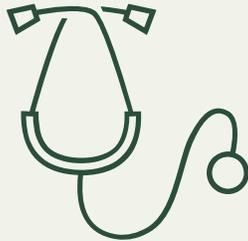
Common Eligible Medical Expenses:

- Eyeglasses, eye exams, sunglasses (prescription)
- Over-the-counter drugs
- Menstrual care products
- Eye surgery
- Fertility enhancement
- HMO expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays

Dual Purpose Expenses That Potentially Qualify:

The expense must be for a specific medical reason and be accompanied by a **prescription**.

- Massage therapy
- Vitamins
- Supplements
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues



Ineligible Expenses:

- Cosmetic surgery
- Long term care
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, cotton swabs, toothbrush, toothpaste, facial care, shampoo
- Teeth whitening
- Drunk driving classes

Health Care Reform & Over-the-Counter Items:

Over-the-Counter Medicine and Drugs **do not** require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patch-es
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Wart removal medication



These are only examples and this list is not all-inclusive -- it only provides some of the more common expenses.

Additional information is available in IRS Publication 502 and on our website: <https://www.rockymountainreserve.com>

Over-The-Counter Items:

- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers

Dependent Care Eligible Expenses:

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. See **IRS Publication 503**.
- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
 - \$5,000 – Married and filing federal taxes jointly or a single parent
 - \$2,500 – Married and filing separate federal tax return
- The amount contributed year-to-date, is available for reimbursement.

Access with a Debit Card



Pay for Expenses with a Debit Card



- Easy to use- the Benefits Card is a stored-value card that simplifies the process of paying for qualified expenses.
- Restricted by merchant code (MCC) to healthcare-related merchants where MasterCard is accepted.
- It pays directly at the point of sale - No waiting for reimbursement!
- You can use it to pay for online mail-order prescriptions.
- You must save all receipts and be prepared to provide receipts if they are requested.

Save All Receipts For Purchases Made With The Benefit Card

Please remember to keep receipts for all purchases made with the Benefit Card. Per IRS regulations, Rocky Mountain Reserve may request itemized receipts to verify the eligibility of purchases made with the card.



- All receipts or other proofs of purchase must include the date of service, name of provider, dollar amount, and a description of the purchased service or product.
- Any receipt that does not contain the detailed information described above is not acceptable. Credit card receipts and canceled checks are not acceptable.
- If the requested receipt is lost or otherwise unavailable, most providers can provide a detailed statement documenting FSA eligible purchases. An Explanation of Benefits (EOB) is sufficient documentation to substantiate a transaction. Additional documentation will be requested UNLESS the transaction matches a co-payment, a previously approved repetitive expense, or was at a merchant that has installed the inventory information approval system referenced above.
- If a receipt is requested, Rocky Mountain Reserve will email a request within hours. Participants can mail, fax, email, upload the receipt online, or take a picture and submit it through the mobile app.

No Receipt Retailers

Some retailers have installed an inventory information approval system for most medical expenses and receipts will not be requested. Below is a sample of some of the retailers who have installed the inventory information approval system:

1-800 Contacts
Albertsons
City Market

Costco
CVS
Drugstore.com

King Soopers
Kroger
Rite Aid

Safeway
Sam's Club
Target



Submit Claims for Reimbursement

Submit Claims Through a Mobile Application

Take a picture of your receipt and submit it with your reimbursement request through the mobile application. You can also look up your account balance and recent transactions. Claims submitted through the mobile application receive high priority. To download the mobile application: Search for "RMR Benefits"



Submit Claims Through a Web Portal

Participants may file requests for reimbursement directly to Rocky Mountain Reserve through <https://www.rockymountainreserve.com>. Claims submitted through the web portal receive high priority.



Submit Claims Manually

Participants may also file requests for reimbursement directly to RMR through fax, mail, or email.

Fax: 866.557.0109

E-mail: claims@r mrbenefits.com

Mail: PO Box 631458 Littleton, CO 80163



Claims are paid by direct deposit or check.



Online & Mobile Access

www.rockymountainreserve.com

To Create Your Online Account:

- 1 Go to www.rockymountainreserve.com
- 2 Click on "Login/Register" in the top right-hand corner
- 3 Click on "Employee Registration"
- 4 Username will be the name you use to log in for the web portal and mobile application.
- 5 The password must contain at least 3 of these: special character, number, upper or lower case letter
- 6 For Employee ID Use SS# or other assigned Employee ID.
- 7 For Registration ID select "Card Number" which is your Benefits MasterCard. If you do not have a card, your Employer will give you an Employer ID.

With Online Access You Can:

- View balance
- View transaction history
- Download statements
- Submit claims and upload receipts
- View debit card receipt requests and upload receipts



RMR Benefits Mobile

Rocky Mountain Reserve Mobile

Download the mobile application and gain real-time access to your:

Flexible Spending Account (FSA)

Health Reimbursement Arrangement (HRA)

Health Savings Account (HSA)

Search "RMR Benefits" on the app store



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 significant other, 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 master's level degrees 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 providing six free counseling sessions. EAP is short-term, solution-based counseling. For help beyond the scope of the EAP; your counselor may suggest continued treatment or other resources. You are responsible for any fees incurred for services used outside of the EAP.

WHAT IF I'M IN CRISIS?

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



HOW DO I GET STARTED?

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

Go to: www.triadeap.com

Username: CEPT

Password: eap

Please call Triad EAP before contacting a counselor:

Phone: 970.242.9536

Toll free: 877.679.1100

triadeap.com • 877.679.1100

Brought to you by:

CEPT
Benefit by Trust



Triad

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 TaxACT to prepare state taxes
- 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
- Balance 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