

CITY OF IDAHO SPRINGS

BRANCH # AAP8

# A GUIDE TO YOUR CEBT EMPLOYEE BENEFITS

## BENEFIT PLANS

CEBT MEDICAL PPO 5, EPO 4

& KP-HMO 45

CEBT DENTAL PLAN B

CEBT VISION 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, KAISER, CVS CAREMARK, DELTA DENTAL AND VISION SERVICE PLAN (VSP)?

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

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

**Kaiser Permanente** provides the claim payment services and access to their provider network for CEBT members who choose Kaiser Permanente for their medical and prescription drug coverage.

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

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

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

Much of your day to day correspondence, such as Explanations of Benefits (EOB) and requests for further information, will come from UMR or Kaiser Permanente. Additionally, you will receive ID cards from UMR or Kaiser Permanente, CVS Caremark and Delta Dental, but not from VSP.

## CEBT MEDICAL BENEFITS COMPARISON

CITY OF IDAHO SPRINGS

MEDICAL BASE PLAN	PPO5	EPO4	KP-HMO 45
Office Visit (Primary   Specialty)	\$45 Copay   \$45 Copay	\$45 Copay   \$60 Copay	\$45 Copay   \$60 Copay
Deductible (Single   Family)	\$2,500   \$5,000	Copay where indicated	Copay where indicated
Coinsurance (In   Out)	20% In   40% Out	N/A	N/A
Out of Pocket Single (In   Out)	\$4,500   \$9,000	\$5,500	\$5,000
Out of Pocket Family (In   Out)	\$9,000   \$18,000	\$11,000	\$10,000
Inpatient Hospital	Deductible + 20% to OOP Max	\$1,500 Copay	\$1,500 Copay
Outpatient Hospital	Deductible + 20% to OOP Max	\$1,000 Copay   Amb Surg Center \$500 Copay	Plan Hospital \$750 Copay   Amb Surg Center \$300 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	\$45 Copay   20 Visits per year	\$45 Copay   20 Visits per year	\$45 Copay   20 Visits per year
Teladoc	Covered 100%	Covered 100%	N/A
Telehealth	\$45 Copay	Applicable copay applies	Covered 100%
Advanced Imaging	Deductible + 20% to OOP Max	\$750 Copay   Freestanding facilities \$400 Copay	\$250 Copay
X-ray	\$45 Copay office setting   Outpatient setting Deductible + 20% to OOP Max	\$50 Copay	Diagnostic \$0 Copay   Therapeutic \$60 Copay
Lab	\$45 Copay	\$45 Copay	Covered 100%
Urgent Care	\$75 Copay	\$75 Copay	\$50 Copay
Emergency Care	Deductible + 20% to OOP Max	\$250 Copay	\$250 Copay

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>.

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.*

EPO NOTE: The member must use a contracted 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.

The member must use a contracted Kaiser Permanente provider for all care. Out of network providers are only covered if the charges are for emergency treatment. If this is not done, there is no guarantee that the charges will be covered.

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



## 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 VISION BENEFITS SUMMARY

COVERAGE	VISION B
<b>Carrier   Network</b>	VSP
<b>Benefit Frequency</b>	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 <a href="http://vsp.com/offers">vsp.com/offers</a> for details.
<b>Routine Exam</b>	\$15 Copay
<b>Lenses, per pair</b>	
<b>Single</b>	\$15 Copay
<b>Bifocal</b>	\$15 Copay
<b>Trifocal</b>	\$15 Copay
<b>Lenticular</b>	\$15 Copay
<b>Frames</b>	\$160 Allowance
<b>Contacts</b>	\$160 Allowance

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

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

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

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

## CEBT LIFE BENEFITS



### SCHEDULE OF BENEFITS

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

CLASS	AMOUNT OF LIFE INSURANCE*	FULL AMOUNT OF AD&D INSURANCE
All employees	\$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 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").

## COBRA GENERAL RIGHTS NOTICE

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



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

## 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



# Health, Dental and Vision Costs 2023

## Health Insurance 2023 Renewal Plan

	EPO 4 Monthly Rate	EE Cost Per Paycheck	PPO 5 Monthly Rate	EE Cost Per Paycheck	KP-HMO 45 Montly Rate	EE Cost Per Paycheck
Employee Only	\$ 860.00	\$ 86.00	\$ 768.00	\$ 76.80	\$ 754.00	\$ 75.40
Employee + Spouse	\$ 1,754.00	\$ 175.40	\$ 1,564.00	\$ 156.40	\$ 1,539.00	\$ 153.90
Employee + Children	\$ 1,706.00	\$ 170.60	\$ 1,447.00	\$ 144.70	\$ 1,500.00	\$ 150.00
Family	\$ 2,191.00	\$ 219.10	\$ 1,880.00	\$ 188.00	\$ 1,925.00	\$ 192.50

## CEBT Dental 2023 Renewal

	Monthly Rate	EE Cost Per Paycheck				
Employee Only	\$ 31.00	\$ 3.10				
Employee + Spouse	\$ 64.00	\$ 6.40				
Employee + Children	\$ 87.00	\$ 8.70				
Family	\$ 118.00	\$ 11.80				

## CEBT Vision 2023 Renewal

	Monthly Rate	EE Cost Per Paycheck				
Employee Only	\$ 9.00	\$ 4.50				
Employee + Spouse	\$ 12.00	\$ 6.00				
Employee + Children	\$ 11.00	\$ 5.50				
Family	\$ 20.00	\$ 12.00				

\* There are 2 pay periods in a year, where no insurance is taken out.

\* The increase to health insurance was 4.5% to all options.

\* The rate for vision coverage did not change.

\* The rate for dental coverage decreased.

Signature \_\_\_\_\_

Date \_\_\_\_\_