



TOWN OF MOUNTAIN VILLAGE

2023 BENEFIT GUIDE

This benefit summary provides selected highlights of The Town of Mountain Village's 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 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. The Town of Mountain Village 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.



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TOWN OF MOUNTAIN VILLAGE BENEFITS



WELLNESS

In an effort to promote healthy lifestyles for employees, thereby resulting in improved employee productivity, morale and healthcare cost savings, the Town will reimburse full time year round employees for the purchase of a ski pass or other qualifying wellness items (up to the cost of a merchant season ski pass). This is a taxable benefit.



PAID TIME OFF - PTO

Employees accrue PTO based on the schedule as set forth below. PTO can be utilized for any purpose related to time away from work, subject only to necessary request/ approval procedures consistent with the Town of Mountain Village Employee Handbook.

PTO Accrual - Plan B (Employees eligible on November 3, 2013 or later)			
Years of Eligibility	Annual Accrual Rate (hours)	Hourly Accrual Rate	Maximum Bankable Hours
0 – 2 years	192	0.0923	384
2.1 – 3 years	208	0.1	416
3.1 – 4 years	216	0.1038	432
4.1 – 5 years	224	0.1076	448
5.1 – 6 years	232	0.1115	464



GROUP LONG TERM DISABILITY - LTD

At no cost to the employee, full time year-round employees are currently automatically enrolled into the Town of Mountain Village Group Long Term Disability Insurance Program. This program provides eligible employees with income protection if they are unable to work more than 90 days due to illness, physical disease, injury, pregnancy or mental disorder.



FLEXIBLE SPENDING ACCOUNTS

The Town offers employees the opportunity to participate in flexible spending plans, both medical and dependent care accounts are offered. Employees become eligible to participate in the plans on the first day of the month following 30 days of employment eligibility. These plans enable participants to pay health care and dependent care expenses with pre-tax dollars rather than after-tax dollars. The plans require advance annual enrollment and money not used during the period specified in the plan document is forfeited.



MASA MEDICAL TRANSPORT SOLUTIONS (MTS)

MASA MTS can help protect members and their families from gaps in group health insurance benefits for emergency transport expenses. Participation is voluntary and premiums are payroll deducted. Two plans are available to choose from. Please see the brochure and/or HR for more information.

RETIREMENT BENEFITS

PERA, PENSIONS, FPPA

PERA PLANS - COLORADO PUBLIC EMPLOYER'S RETIREMENT ASSOCIATION

Colorado PERA is a qualified retirement plan that the Town contributes to in lieu of Social Security, as required by law. PERAChoice is the option some eligible employees have to choose between the PERA Defined Benefit (DB) Plan and the PERA Defined Contribution (DC) Plan. You have 60 calendar days from your date of hire to make a choice between Plans. If you do not make an active choice in that 60 days, you'll be automatically enrolled in the PERA DB Plan. You will also have a one-time option of switching between the PERA DB and DC Plans between years two and five of participation. Visit www.copera.org or call 1-800-759-7372 for more information.



PERA PLUS 401(K)/457 PLANS



Enrollment in the PERAPlus 401(k) and 457 voluntary retirement savings plans is available at any time. Both plans offer the same PERA Advantage investment options and Empower Retirement is the recordkeeper for both plans.

- 401(k)- With the PERAPlus 401(k), you can save additional money for retirement on top of what you contribute to your Defined Benefit (DB) or Defined Contribution (DC) account. Your contributions are automatically taken out of your paycheck and the town offers matching contributions based on years of service.
- 457 Plan- In addition to the PERAPlus 401(k) Plan, you may be eligible to contribute to the PERAPlus 457 Deferred Compensation Plan. There is no employer matching contribution offered.

Please visit copera.org/peraplus-401-k-457-plans for more information.

PERA UNUM VOLUNTARY LIFE

You may purchase group, decreasing-term life insurance (available through Unum) within 90 days after you first become a PERA member or during the annual open enrollment period, which is April 1 through May 31. You may also enroll at other times with evidence of good health. Coverage for your spouse and dependent children is included with your coverage. Information about the life insurance program is sent to all new members and is available at www.copera.org.



FPPA - FIRE & POLICE PENSION ASSOCIATION OF COLORADO- POLICE OFFICERS ONLY



Members covered by the Statewide Defined Benefit Plan may receive a monthly lifetime benefit upon meeting the eligibility requirements for retirement. A 457 Defined Contribution Plan with employer match is also available as well as Death & Disability Plan benefits based on eligibility. To learn more visit: www.fppaco.org

The Town of Mountain Village offers a comprehensive suite of benefits to promote health and financial wellness for you and your family.

This brochure provides a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.



Benefit Basics

As a Town of Mountain Village employee, you are eligible for benefits if you work at least 32 hours per week, are on the regular payroll, and are considered full-time. Member of the town council who are part-time elected officials are also eligible for benefits. Benefits are effective on the first of the month after 30 days of eligibility.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your Legal Spouse
- Civil Union Partner
- Your children up to age 26

Changes in Status / Life Events

You can add dependent(s) during your initial hire, open enrollment, and if a qualifying event occurs. When a qualifying event occurs, you have 30 days from the date of the qualifying event to notify Human Resources in an email. Below are considered qualifying events:

1. Change in marital status

- Marriage
- Death of spouse
- Divorce
- Legal separation

2. Change in number of dependents

- Marriage
- Birth
- Death
- Adoption of child
- Placement of a child for adoption

3. Change in spouse coverage status

- Commencement or termination of spouses health coverage on another health plan

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

What is CEBT?

Colorado Employers Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over four hundred (400) public entities, with over 33,000 employees and dependents covered in the state of Colorado. The CEBT plan offers health, dental, vision and life coverage to the participating groups.

Who is Willis Towers Watson?

Willis Towers Watson is the broker / administrator for the CEBT. It provides customer service for plan participants to obtain answers on claims and benefits questions at (800) 332-1168 or (303) 773-1373. Willis Towers Watson has service representatives that make periodic visits to the participating groups to answer questions. In addition, the Trust administrator markets for prospective new members. Finally, Willis Towers Watson handles the eligibility and premium invoice process between the Trust and the participating employers.

What are the Roles of UMR, CVS Caremark 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 United Healthcare provider network for CEBT members who have medical coverage.

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

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

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

Need help with a claim?

CEBT has a customer service team of eight individuals to assist CEBT clients with a variety of benefit information. The Customer Service Representatives are housed right in Willis Towers Watson offices. Their hours of operation are Monday – Friday 7:30a.m – 4:30p.m (Friday's they close at 4:00p.m). 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

UNDERSTANDING HOW YOUR PLAN WORKS

1: Your deductible

You pay out-of-pocket for most medical and pharmacy expenses until you reach the deductible.



2: Your coverage

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses with coinsurance. The plan will pay a percentage of each eligible expense, and you will pay the rest.



3: Your Out-of-Pocket Maximum

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible, copays, and coinsurance apply toward the out-of-pocket maximum.



IMPORTANT TERMS

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

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

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

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

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

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

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

Items that count towards the out of pocket maximum:

- Copays
- Deductibles
- Co-insurance payments

Items that DO NOT count towards the out of pocket maximum:

- Your premium
- Balance-billed charges
- Charges your health insurance plan does not cover (i.e. plastic surgery and other excluded services)

HEALTH SAVINGS ACCOUNT (HSA): A tax advantaged medical savings account available to those who are enrolled in a High Deductible Health Plan (HDHP). The funds contributed to the account are not subject to federal income tax. These funds may be used for a variety of medical, dental, and vision expenses. For a full list, visit www.irs.gov in [IRS Publication 502](#)

CEBT MEDICAL BENEFITS COMPARISON

Employees of The Town of Mountain Village have the option to choose the Colorado Employer Benefit Trust UnitedHealthcare PPO4 or HDHP3 plan. Following is a brief highlight of each plan. The Summary of Benefits and Coverage (SBC) is posted on the www.cebt.org website. The medical premiums are the listed to the right:

Employee + 1 = \$30 / paycheck
Employee + 2 = \$60 / paycheck
Family = \$90 / paycheck

Medical Base Plan	PPO4	HDHP3
Office Visit (Primary Specialty)	\$40 Copay \$40 Copay	Deductible + 20% to OOP Max
Deductible (Single Family)	\$1,500 \$3,000	\$3,000 *Embedded \$6,000 *Embedded
Coinsurance (In Out)	20% In 40% Out	20% In 40% Out
Out of Pocket Single (In Out)	\$4,000 \$8,000	\$5,000 \$10,000
Out of Pocket Family (In Out)	\$8,000 \$16,000	\$10,000 \$20,000
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Rx Retail	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
Preventative Visit	Covered 100%	Covered 100%

Medical Base Plan	PPO4	HDHP3
Chiropractic	\$40 Copay 20 Visits per year	Deductible + 20% to OOP Max 20 Visits per year
Teladoc	Covered 100%	\$49 Copay
Telehealth	\$40 Copay	Deductible + 20% to OOP Max
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$40 Copay office setting Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Lab	\$40 Copay	Deductible + 20% to OOP Max
Urgent Care	\$75 Copay	Deductible + 20% to OOP Max
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

This comparison of coverages is intended only as a general description for the principle in network features of the benefit plans. Please refer to the plan document that is posted on the www.cebt.org website for details.

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

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

PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.
Family Deductible: Combines individual and family deductible. When a family member has a healthcare expense, the money paid toward the individual deductible is also credited toward the family deductible. *Ex- An individual satisfies a \$3,500 individual deductible which is then credited toward the \$7,000 family deductible and leaves a balance of \$3,500 to be satisfied by another family member or members.*

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.

CEBT DENTAL PLAN SUMMARY



DELTA DENTAL PPO PLUS PREMIER CEBT - PLAN A

MAXIMUM BENEFIT Calendar Year Maximum			\$2,000 per member, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network	
PREVENTION FIRST PPO and Premier Networks Only			Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.	
RIGHT START 4 KIDS PPO and Premier Networks Only			Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group’s plan, is not covered at 100% but at the plan’s listed coinsurance.	
PPO Dentist	PREMIER Dentist	NONPAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.
			Periodontal Maintenance	Limited to 4 in a calendar year
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 15
			Bitewing X-Rays	Once in a calendar year
			Full Mouth X-Rays	Once in a 5-year period
			Fluoride	Twice in a calendar year, through age 15
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
BASIC SERVICES (including occlusal guards)				
80%	80%	80%	Fillings	Once per tooth in a 12-month period; composite (white) fillings
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	
MAJOR SERVICES				
50%	50%	50%	Crowns	Once per tooth in 5-year period. Not a benefit under age 12.
			Implants	Once per tooth in a 5-year period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
ORTHODONTICS \$2,000 lifetime maximum				
50%	50%	50%	For covered employee, spouse and children to 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.

CEBT VISION PLAN A SUMMARY

ELIGIBLE EXPENSES:

Exam – once every calendar year
Lenses – once every two calendar years*
Frames – once every two calendar years

The plan will only cover 1 set of lenses.

Vision care must be provided by an optometrist or doctor.

*If prescription changes, then lenses are eligible for once per calendar year.

** Lasik Surgery Benefit in lieu of glasses or contacts

VISION CARE TABLE

COVERAGE	BENEFIT
Complete Eye Exam (Including refraction)	\$ 75.00
Lenses, per pair	
Single	\$ 75.00
Bifocal	\$100.00
Trifocal	\$150.00
Lenticular	\$125.00
Contacts, cosmetic purposes	\$150.00
Frames	\$150.00
** Lasik Surgery	\$200.00

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.

ENROLLMENT RESTRICTIONS: If any employee or dependent drops coverage, he or she must have proof of a qualifying event in order to do so outside open enrollment. The employee or dependent will need to wait until the next open enrollment period to re-enroll or have proof of a qualifying event.

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

PREMIUMS AND COSTS

Employees of The Town of Mountain Village have the option to choose the Colorado Employer Benefit Trust (CEBT) / UnitedHealthcare Plans PPO4 or HDHP3. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. Your benefits are packaged, therefore when you enroll in medical, you are also enrolling in dental and vision. Below are the costs by tier for medical, dental and vision.

MONTHLY COSTS

PPO 4	medical	dental	vision	total cost/ month	EE cost / month	ER cost/ month	life
EE only	\$670	\$50	\$6	\$726	\$0	\$726	\$7.00
EE + spouse	\$1,364	\$98	\$11	\$1,473	\$60	\$1,413	\$7.95
EE + child	\$1,262	\$105	\$13	\$1,380	\$60	\$1,320	\$7.95
EE + 2 children	\$1,262	\$105	\$13	\$1,380	\$120	\$1,260	\$7.95
EE + 3 children	\$1,262	\$105	\$13	\$1,380	\$180	\$1,200	\$7.95
EE + sp + ch	\$1,640	\$147	\$16	\$1,803	\$120	\$1,683	\$7.95
EE + family	\$1,640	\$147	\$16	\$1,803	\$180	\$1,623	\$7.95

HD 3000	medical	dental	vision	total cost/ month	EE cost / month	ER cost/ month	life
EE only	\$694	\$50	\$6	\$750	\$0	\$750	\$7.00
EE + spouse	\$1,415	\$98	\$11	\$1,524	\$60	\$1,464	\$7.95
EE + child	\$1,298	\$105	\$13	\$1,416	\$60	\$1,356	\$7.95
EE + 2 children	\$1,298	\$105	\$13	\$1,416	\$120	\$1,296	\$7.95
EE + 3 children	\$1,298	\$105	\$13	\$1,416	\$180	\$1,236	\$7.95
EE + sp + ch	\$1,696	\$147	\$16	\$1,859	\$120	\$1,739	\$7.95
EE + family	\$1,696	\$147	\$16	\$1,859	\$180	\$1,679	\$7.95



CEBT LIFE AND AD&D COVERAGE

Life and Accidental Death & Dismemberment (AD&D) Insurance 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. The Town of Mountain Village provides Basic Life and AD&D 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	\$50,000
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

Voluntary Life Additional life insurance coverage is available through convenient payroll deductions. If you enrolled during the initial enrollment period or if you are a new hire, you may increase your amount by one or two increments (\$10,000 or \$20,000) up to the Guarantee Issue amount (\$150,000) without having to submit evidence of insurability. If you are enrolled in the Dependents Life insurance for your spouse, you may elect to increase spouse coverage each year by one or two increments (\$5,000 or \$10,000) up to the Guarantee Issue amount (\$30,000) without having to submit evidence of insurability. **These guarantee issue amounts and incremental units only apply if you enrolled initially (when the product was first offered) or if you are a new hire. Otherwise, medical underwriting is required for any amount elected.**

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Employee	\$10,000	\$10,000	\$150,000	\$500,000
Spouse	\$5,000	\$5,000	\$30,000	\$250,000

Child	\$20,000
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*Please see Voluntary Life age-banded rates on next 2 pages

CEBT - Voluntary Life & AD&D
Employee Rates - Monthly

Age Bands	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
10,000	0.75	0.85	1.05	1.15	1.25	1.75	2.55	4.55	6.85
20,000	1.50	1.70	2.10	2.30	2.50	3.50	5.10	9.10	13.70
30,000	2.25	2.55	3.15	3.45	3.75	5.25	7.65	13.65	20.55
40,000	3.00	3.40	4.20	4.60	5.00	7.00	10.20	18.20	27.40
50,000	3.75	4.25	5.25	5.75	6.25	8.75	12.75	22.75	34.25
60,000	4.50	5.10	6.30	6.90	7.50	10.50	15.30	27.30	41.10
70,000	5.25	5.95	7.35	8.05	8.75	12.25	17.85	31.85	47.95
80,000	6.00	6.80	8.40	9.20	10.00	14.00	20.40	36.40	54.80
90,000	6.75	7.65	9.45	10.35	11.25	15.75	22.95	40.95	61.65
100,000	7.50	8.50	10.50	11.50	12.50	17.50	25.50	45.50	68.50
110,000	8.25	9.35	11.55	12.65	13.75	19.25	28.05	50.05	75.35
120,000	9.00	10.20	12.60	13.80	15.00	21.00	30.60	54.60	82.20
130,000	9.75	11.05	13.65	14.95	16.25	22.75	33.15	59.15	89.05
140,000	10.50	11.90	14.70	16.10	17.50	24.50	35.70	63.70	95.90
150,000	11.25	12.75	15.75	17.25	18.75	26.25	38.25	68.25	102.75
160,000	12.00	13.60	16.80	18.40	20.00	28.00	40.80	72.80	109.60
170,000	12.75	14.45	17.85	19.55	21.25	29.75	43.35	77.35	116.45
180,000	13.50	15.30	18.90	20.70	22.50	31.50	45.90	81.90	123.30
190,000	14.25	16.15	19.95	21.85	23.75	33.25	48.45	86.45	130.15
200,000	15.00	17.00	21.00	23.00	25.00	35.00	51.00	91.00	137.00
210,000	15.75	17.85	22.05	24.15	26.25	36.75	53.55	95.55	143.85
220,000	16.50	18.70	23.10	25.30	27.50	38.50	56.10	100.10	150.70
230,000	17.25	19.55	24.15	26.45	28.75	40.25	58.65	104.65	157.55
240,000	18.00	20.40	25.20	27.60	30.00	42.00	61.20	109.20	164.40
250,000	18.75	21.25	26.25	28.75	31.25	43.75	63.75	113.75	171.25
260,000	19.50	22.10	27.30	29.90	32.50	45.50	66.30	118.30	178.10
270,000	20.25	22.95	28.35	31.05	33.75	47.25	68.85	122.85	184.95
280,000	21.00	23.80	29.40	32.20	35.00	49.00	71.40	127.40	191.80
290,000	21.75	24.65	30.45	33.35	36.25	50.75	73.95	131.95	198.65
300,000	22.50	25.50	31.50	34.50	37.50	52.50	76.50	136.50	205.50
310,000	23.25	26.35	32.55	35.65	38.75	54.25	79.05	141.05	212.35
320,000	24.00	27.20	33.60	36.80	40.00	56.00	81.60	145.60	219.20
330,000	24.75	28.05	34.65	37.95	41.25	57.75	84.15	150.15	226.05
340,000	25.50	28.90	35.70	39.10	42.50	59.50	86.70	154.70	232.90
350,000	26.25	29.75	36.75	40.25	43.75	61.25	89.25	159.25	239.75
360,000	27.00	30.60	37.80	41.40	45.00	63.00	91.80	163.80	246.60
370,000	27.75	31.45	38.85	42.55	46.25	64.75	94.35	168.35	253.45
380,000	28.50	32.30	39.90	43.70	47.50	66.50	96.90	172.90	260.30
390,000	29.25	33.15	40.95	44.85	48.75	68.25	99.45	177.45	267.15
400,000	30.00	34.00	42.00	46.00	50.00	70.00	102.00	182.00	274.00
410,000	30.75	34.85	43.05	47.15	51.25	71.75	104.55	186.55	280.85
420,000	31.50	35.70	44.10	48.30	52.50	73.50	107.10	191.10	287.70
430,000	32.25	36.55	45.15	49.45	53.75	75.25	109.65	195.65	294.55
440,000	33.00	37.40	46.20	50.60	55.00	77.00	112.20	200.20	301.40
450,000	33.75	38.25	47.25	51.75	56.25	78.75	114.75	204.75	308.25
460,000	34.50	39.10	48.30	52.90	57.50	80.50	117.30	209.30	315.10
470,000	35.25	39.95	49.35	54.05	58.75	82.25	119.85	213.85	321.95
480,000	36.00	40.80	50.40	55.20	60.00	84.00	122.40	218.40	328.80
490,000	36.75	41.65	51.45	56.35	61.25	85.75	124.95	222.95	335.65
500,000	37.50	42.50	52.50	57.50	62.50	87.50	127.50	227.50	342.50

Age Bands *65-69 *70-74 *75+

*Life Insurance Amounts/Premiums for members over age 65 are reduced according to the reduction schedule

Children Coverage	Monthly Cost
\$20,000	\$3.50

CEBT - Voluntary Life & AD&D
Spouse Rates - Monthly

Age Bands	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
5,000	0.38	0.43	0.53	0.58	0.63	0.88	1.28	2.28	3.43
10,000	0.75	0.85	1.05	1.15	1.25	1.75	2.55	4.55	6.85
15,000	1.13	1.28	1.58	1.73	1.88	2.63	3.83	6.83	10.28
20,000	1.50	1.70	2.10	2.30	2.50	3.50	5.10	9.10	13.70
25,000	1.88	2.13	2.63	2.88	3.13	4.38	6.38	11.38	17.13
30,000	2.25	2.55	3.15	3.45	3.75	5.25	7.65	13.65	20.55
35,000	2.63	2.98	3.68	4.03	4.38	6.13	8.93	15.93	23.98
40,000	3.00	3.40	4.20	4.60	5.00	7.00	10.20	18.20	27.40
45,000	3.38	3.83	4.73	5.18	5.63	7.88	11.48	20.48	30.83
50,000	3.75	4.25	5.25	5.75	6.25	8.75	12.75	22.75	34.25
55,000	4.13	4.68	5.78	6.33	6.88	9.63	14.03	25.03	37.68
60,000	4.50	5.10	6.30	6.90	7.50	10.50	15.30	27.30	41.10
65,000	4.88	5.53	6.83	7.48	8.13	11.38	16.58	29.58	44.53
70,000	5.25	5.95	7.35	8.05	8.75	12.25	17.85	31.85	47.95
75,000	5.63	6.38	7.88	8.63	9.38	13.13	19.13	34.13	51.38
80,000	6.00	6.80	8.40	9.20	10.00	14.00	20.40	36.40	54.80
85,000	6.38	7.23	8.93	9.78	10.63	14.88	21.68	38.68	58.23
90,000	6.75	7.65	9.45	10.35	11.25	15.75	22.95	40.95	61.65
95,000	7.13	8.08	9.98	10.93	11.88	16.63	24.23	43.23	65.08
100,000	7.50	8.50	10.50	11.50	12.50	17.50	25.50	45.50	68.50
105,000	7.88	8.93	11.03	12.08	13.13	18.38	26.78	47.78	71.93
110,000	8.25	9.35	11.55	12.65	13.75	19.25	28.05	50.05	75.35
115,000	8.63	9.78	12.08	13.23	14.38	20.13	29.33	52.33	78.78
120,000	9.00	10.20	12.60	13.80	15.00	21.00	30.60	54.60	82.20
125,000	9.38	10.63	13.13	14.38	15.63	21.88	31.88	56.88	85.63
130,000	9.75	11.05	13.65	14.95	16.25	22.75	33.15	59.15	89.05
135,000	10.13	11.48	14.18	15.53	16.88	23.63	34.43	61.43	92.48
140,000	10.50	11.90	14.70	16.10	17.50	24.50	35.70	63.70	95.90
145,000	10.88	12.33	15.23	16.68	18.13	25.38	36.98	65.98	99.33
150,000	11.25	12.75	15.75	17.25	18.75	26.25	38.25	68.25	102.75
155,000	11.63	13.18	16.28	17.83	19.38	27.13	39.53	70.53	106.18
160,000	12.00	13.60	16.80	18.40	20.00	28.00	40.80	72.80	109.60
165,000	12.38	14.03	17.33	18.98	20.63	28.88	42.08	75.08	113.03
170,000	12.75	14.45	17.85	19.55	21.25	29.75	43.35	77.35	116.45
175,000	13.13	14.88	18.38	20.13	21.88	30.63	44.63	79.63	119.88
180,000	13.50	15.30	18.90	20.70	22.50	31.50	45.90	81.90	123.30
185,000	13.88	15.73	19.43	21.28	23.13	32.38	47.18	84.18	126.73
190,000	14.25	16.15	19.95	21.85	23.75	33.25	48.45	86.45	130.15
195,000	14.63	16.58	20.48	22.43	24.38	34.13	49.73	88.73	133.58
200,000	15.00	17.00	21.00	23.00	25.00	35.00	51.00	91.00	137.00
205,000	15.38	17.43	21.53	23.58	25.63	35.88	52.28	93.28	140.43
210,000	15.75	17.85	22.05	24.15	26.25	36.75	53.55	95.55	143.85
215,000	16.13	18.28	22.58	24.73	26.88	37.63	54.83	97.83	147.28
220,000	16.50	18.70	23.10	25.30	27.50	38.50	56.10	100.10	150.70
225,000	16.88	19.13	23.63	25.88	28.13	39.38	57.38	102.38	154.13
230,000	17.25	19.55	24.15	26.45	28.75	40.25	58.65	104.65	157.55
235,000	17.63	19.98	24.68	27.03	29.38	41.13	59.93	106.93	160.98
240,000	18.00	20.40	25.20	27.60	30.00	42.00	61.20	109.20	164.40
245,000	18.38	20.83	25.73	28.18	30.63	42.88	62.48	111.48	167.83
250,000	18.75	21.25	26.25	28.75	31.25	43.75	63.75	113.75	171.25

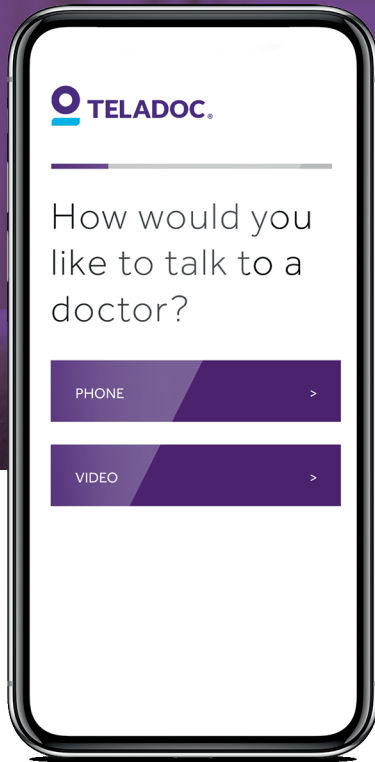
Age Bands *65-69 *70-74 *75+

*Life Insurance Amounts/Premiums for members over age 65 are reduced according to the reduction schedule



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anywhere by phone or video.

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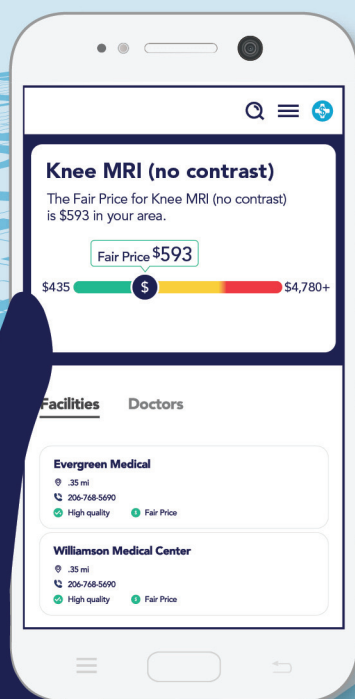
Healthcare Bluebook.



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

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Mobile Code:
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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

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

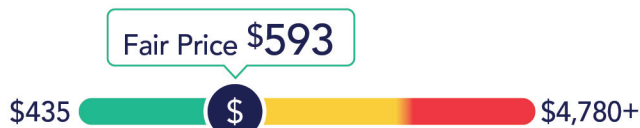


3 USE HEALTHCARE BLUEBOOK AND KNOW WHERE TO GO

Search for your procedure in Healthcare Bluebook, use a **Fair Price™** (green) facility, save big bucks on care, and get a reward.



Knee MRI



At or Below Fair Price Slightly Above Fair Price Highest Price

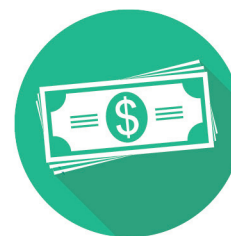
GO
HERE

- 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



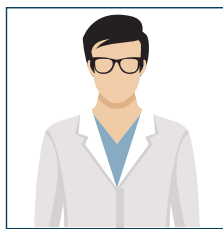
Visit your member portal at cebt.surgeryplus.com
(access code: surgeryplus) or call 855-200-6675 to learn more

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.



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

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



EMPLOYEE ASSISTANCE PROGRAM

Triad EAP provides solutions for today's employee.

Whether you are facing challenging life problems or you want to take your personal or professional life to the next level, Triad has the resources to help.

WHAT IS AN EAP?

Everyone experiences personal problems from time to time that can have a profound impact on your professional and personal life. By utilizing your EAP benefits you'll have access to a wide range of tools that can help you cope with issues such as divorce, parenting dilemmas, the death of a loved one or attempts to overcome addiction - just to name a few. And the problems don't have to be situational: What about stress, anxiety or depression? These problems follow us from home to work and vice versa and ultimately affect how you perform on the job. The goal of the EAP is to help you get through the tough times and flourish in personal growth.

WHAT ARE MY BENEFITS?

Eligible employees, their spouse or domestic partner, and dependents 26 and under can access six counseling sessions per year, per incident with a choice of in-person or telehealth counseling options.

COUNSELORS

Triad EAP's network counselors are highly qualified, credentialed professionals with expertise in various areas. Our counselors have a minimum of a master's level degree or higher in psychology, counseling and/or social work; current liability insurance coverage; and active licensure.

CONFIDENTIALITY

Triad is bound by strict privacy standards. The only information your employer sees is statistical and demographic information — no names or identifying information are given. Confidentiality does not extend to cases of child or elder abuse; if you are a threat to yourself or others; or if you are under a court order. (For more information, see Section 12-43-218 of the Colorado Regulatory Statute.)

HOW MUCH DOES IT COST?

Triad EAP is a prepaid service offered by your employer. EAP is short-term, solution-based counseling. For help beyond the scope of the EAP, your counselor may suggest continued treatment or other resources. You are responsible for any fees incurred for services used outside of the EAP.

WHAT IF I'M IN CRISIS?

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



HOW DO I GET STARTED?

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

Go to: www.triadeap.com

Username: CEBT

Password: eap

Please call Triad EAP before contacting a counselor:

Phone: 970.242.9536

Toll free: 877.679.1100

triadeap.com • 877.679.1100

Brought to you by:

CEBT
Benefit by Trust

Legal/Financial EAP Services:



LEGAL AND FINANCIAL SUPPORT

- Free 30-minute consultation with attorneys on civil or criminal matters with discounted fees for most ongoing legal services*
- Free consultation with financial specialists regarding budgeting, credit concerns, financial planning and help with identity theft and recovery
- To schedule, call Triad between 8 am and 6 pm (MST) Monday through Friday

ONLINE RESOURCES

- Monthly webinars cover a variety of work-life topics with archived webinars available
- Articles and tip sheets on legal and financial issues
- Online free Will Builder
- Free access to tax preparation software to file simple tax returns
- Downloadable legal forms
- A variety of financial calculators
- Access to Corporate Perks, an online shopping discount program

**The free 30-minute telephonic legal consultation with an attorney is available for a variety of issues (except employment law). If you request to meet in-person with an attorney within a certain mileage radius, coverage cannot be guaranteed depending on the category of your legal concern.*

HOW WE CAN HELP

Our counselors can help clients recognize and successfully address issues including:

- Coping with depression
- Calming anxiety
- Stress management
- Enhancing relationships
- Balancing work and home life
- Sharpening parenting skills
- Working through grief, loss or trauma
- Improving work relationships
- Trouncing addictions
- Tackling financial or legal problems

Call today and get back on the road to peace and joy.



AFLAC BENEFITS

Click on the links below to learn more.



Let us show you who we really are.

Health insurance pays doctors and hospitals. Aflac pays you*, and you can use your benefits in any way you see fit. Here are some of the ways our insurance policies can work hard for you:

AFLAC - WHAT WE DO:

They help protect your financial security: We put money in your pocket - quickly - so you can focus on getting well.

Contact Your Aflac Rep

An Independent Aflac Agent | Colorado | New Mexico North

 Cell-970.880.4266 / Office & Fax 970.385.5656

 P.O. Box 1482 - Durango, CO 81302

 Ronald_Corkish@us.aflac.com | <http://aflac.com>



Accident



Cancer



Critical Illness



Hospital Confinement



Dental



Vision



Short Term Disability



Life Insurance

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

IMPORTANT CONTACT INFORMATION

Town of Mountain Village	
HR Coordinator	Lindsay Niehaus
Email Address	lniehaus@mtnvillage.org

Medical, Dental, Vision, LTD, Life / AD&D-- Colorado Employer Benefit Trust	
Phone	303-773-1373 or 1-800-332-1168
Website	www.cebt.org

Teladoc	
Phone	1-800-835-2362
Website	www.Teladoc.com/CEBT

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

Surgery Plus	
Phone	1-855-200-6675
Website	https://cebt.surgeryplus.com/Client/ClientAccount/Login?returnUrl=%2F
Access Code	surgeryplus

Employee Assistance Program--Triad EAP	
Phone	877-679-1100 or 970-242-9536
Website	www.triadeap.com
Username	CEBT
Password	eap

Omada – Digital Disease Management Program	
Phone	888-409-8687
Website	https://go.omadahealth.com/cebt

UMR – Cancer Resource Services Program	
Phone	866-494-4502



This benefit summary provides selected highlights of The Town of Mountain Village's 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 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. The Town of Mountain Village 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.