



Elizabeth School District

Delivering
Employee
Benefit
Solutions at
a **HIGHER**
Standard of
Quality



CEBT Benefits for Elizabeth School District

OPEN ENROLLMENT: Enrollment is 5/1-5/12. Please review your plan for medical, dental and vision. Please review your beneficiary for your life insurance by clicking [here](#). Benefits will become effective **July 1st, 2025**.

CEBT MEDICAL BENEFITS COMPARISON

ELIZABETH SCHOOL DISTRICT

MEDICAL BASE PLAN	PPO6	HDHP3	KP-HDHP 2500
Office Visit (Primary Specialty)	\$50 Copay \$50 Copay	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Deductible (Single Family)	\$3,000 \$6,000 Embedded	\$3,000 \$6,000 Non-Embedded	\$2,500 \$5,000 *Non-Embedded
Coinsurance (In Out)	20% In *40% Out	20% In *40% Out	20% In network only
Out of Pocket Single (In Out)	\$5,000 \$10,000	\$5,000 \$10,000	\$3,000
Out of Pocket Family (In Out)	\$10,000 \$20,000	\$10,000 \$20,000 Embedded	\$6,000
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 Amb Surg Center Deductible + 10% to OOP Max
Rx Retail	Generic \$20 Preferred \$40 Non-Preferred \$60	Deductible then: Generic \$20 Preferred \$40 Non-Preferred \$60	Deductible then: Generic \$20 Preferred \$40 Non-Preferred \$60 Specialty 20% coins
Rx Mail Order	2 X Copay	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%	Covered 100%
Chiropractic	*\$50 Copay 20 Visits per year	*Deductible + 20% to OOP Max 20 Visits per year	Deductible + 20% to OOP Max 20 Visits per year
Teladoc	Covered 100%	\$49 Fee	N/A
Telehealth	\$50 Copay	Deductible + 20% to OOP Max	Deductible then covered 100%
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$50 Copay office setting Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Lab	\$50 Copay	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Urgent Care	\$75 Copay	Deductible + 20% to OOP Max	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 coverage is intended only as a general description for the principle in network features of the benefit plans. If there are questions about a particular benefit or the coverage tier, please refer to the full plan document that is posted on the www.cebt.org website for specific coverage details.

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

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

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

Kaiser Members: 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>

CEBT DENTAL BENEFITS SUMMARY

ELIZABETH SCHOOL DISTRICT

BENEFIT INFORMATION (SUBJECT TO DENTAL GUIDELINES)

PPO AND PREMIER

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

CEBT VISION BENEFITS SUMMARY

ELIZABETH SCHOOL DISTRICT

COVERAGE	VISION C
Carrier Network	VSP
Benefit Frequency	Exam, Lenses and Frames eligible every 12 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	\$10 Copay
Lenses, per pair	
Single	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Lenticular	\$10 Copay
Frames	\$175
Contacts	\$175

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.

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

Life / AD&D	1 X Annual Salary to \$450,000 Maximum
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

Supplemental Life Employee Only Coverage: Employees have the option of purchasing supplemental life through Reliance Standard in the amounts of 1, 2, or 3 times your annual salary to a maximum of \$600,000.

THE COST OF YOUR CEBT BENEFITS

PPO6	
	Employee Cost
EE	\$43
EE + Spouse	\$653
EE + Children	\$509
Family	\$1,074
HDHP3	
	Employee Cost
EE	\$25
EE + Spouse	\$617
EE + Children	\$475
Family	\$1,025
KP-HDHP 2500	
	Employee Cost
EE	\$0
EE + Spouse	\$565
EE + Children	\$428
Family	\$958

Dental Plan	
	Employee Cost
EE	\$0
EE + Spouse	\$38
EE + Children	\$55
Family	\$87

Vision Plan	
	Employee Cost
EE	\$0
EE + Spouse	\$0
EE + Children	\$0
Family	\$0

CEBT **VALUE** ADDED BENEFITS



Healthcare Bluebook is a cost transparency tool that members can use to shop for healthcare and get rewarded! If a member uses the service and visits a green or fair price provider, they could receive a reward varying from \$25-\$1,500.



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



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



Lantern is a supplemental benefit for non-emergency surgeries which provides high-quality care, concierge-level member service and lower costs. CEBT wants members to get the best care possible and will limit or waive member's out-of-pocket costs if you use Lantern. This benefit is available to those enrolled in one of the CEBT EPO, PPO, or HDHP medical plans.



Travel Assistance Program

A comprehensive program of information, referral, assistance, transportation and evacuation services designed to help you respond to medical care situations and many other emergencies that may arise during travel. Services include:

- Credit Card and passport replacement
- Replacement of prescription medication
- Connection to medical care providers



Omada is a virtual care program that combines data-powered human coaching, connected devices, peer support and tailored curriculum to help members achieve their health goals and make sustainable lifestyle changes. The digital care solution offers four programs that focus on pre-diabetes (prevention), diabetes, hypertension, & musculoskeletal issues.



UMR Additional Benefits

Cancer Resource Services (CRS): A program designed for personal support following a cancer diagnosis. Cancer Resource Services (CRS) will provide guidance, direction, and support through tenured oncology nurses as well as access to quality Cancer Centers of Excellence (COE).

Maternity Care: Get the support you need when considering having a baby, or you are already expecting. UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby.



Unique Benefits

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