

DELTA COUNTY

BRANCH # A4

A GUIDE TO YOUR CEBT EMPLOYEE BENEFITS

BENEFIT PLANS

CEBT MEDICAL PPO 5 & PPO 7

CEBT DENTAL PLAN C

CEBT VISION PLAN B

CEBT GROUP LIFE

CEBT
Benefit by Trust

PLANS ARRANGED BY:

WILLIS TOWERS WATSON
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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 400 hundred (400) public entities, with over 35,000 members covered in the state of Colorado. The CEBT plan offers health, dental, vision and life coverage to the participating groups.

WHO IS WILLIS TOWERS WATSON?

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

WHAT ARE THE ROLES OF UMR, CVS CAREMARK, 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.

CEBT MEDICAL BENEFITS COMPARISON

DELTA COUNTY

MEDICAL BASE PLAN	PPO5	PPO7
Office Visit (Primary Specialty)	\$45 Copay \$45 Copay	\$55 Copay \$55 Copay
Deductible (Single Family)	\$2,500 \$5,000	\$4,000 \$8,000
Coinsurance (In Out)	20% In 40% Out	20% In 40% Out
Out of Pocket Single (In Out)	\$4,500 \$9,000	\$6,000 \$12,000
Out of Pocket Family (In Out)	\$9,000 \$18,000	\$12,000 \$24,000
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	Generic \$20 Preferred \$40 Non-Preferred \$60
Rx Mail Order	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%
Chiropractic	\$45 Copay 20 Visits per year	\$55 Copay 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	\$45 Copay	\$55 Copay
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$45 Copay office setting Outpatient setting Deductible + 20% to OOP Max	\$55 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Lab	\$45 Copay	\$55 Copay
Urgent Care	\$75 Copay	\$75 Copay
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>.

PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

Family Deductible: Combines individual and family deductible. When a family member has a healthcare expense, the money paid toward the individual deductible is also credited toward the family deductible. Ex-An individual satisfies a \$3,500 individual deductible which is then credited toward the \$7,000 family deductible and leaves a balance of \$3,500 to be satisfied by another family member or members.

CEBT DENTAL BENEFITS SUMMARY

BENEFIT INFORMATION (SUBJECT TO DENTAL GUIDELINES)

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 C
Annual Max	\$1,500
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	Not Covered

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
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 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	\$20,000	\$20,000

*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.



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

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BENEFIT BY TRUST



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



Reasonable Rates Imaging Center (~ 2 miles)

XTRA Imaging (~ 3 miles)

Too Much Medical Center (~ 1 mile)



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



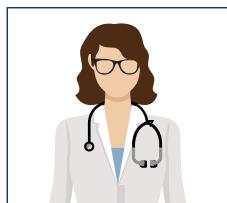
Visit your member portal at cebt.surgeryplus.com
(access code: surgeryplus) or call 855-200-6675 to learn more

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

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.

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



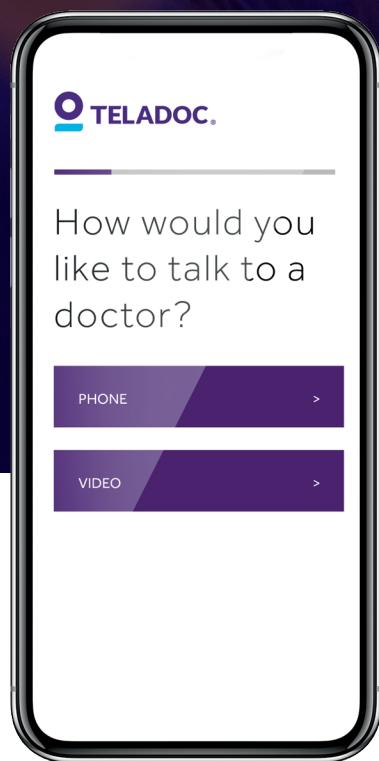
Joint & muscle
health

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.



Made available by



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





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

Brought to you by:

CEBT
Benefit by Trust



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 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.



Is your family growing?

Get the support you deserve

Whether you are considering having a baby or 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.

How we can help

Healthier women are more likely to have healthy babies. If you're thinking about starting a family, our experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, our registered nurses will support you with timely prenatal education and follow-up calls, and will refer you to case management if a serious condition arises. Your CARE nurse will call you each trimester during your pregnancy and once after your baby is born.

If you are pregnant and are identified as high-risk, a CARE nurse will monitor your condition and work to reduce your claims costs throughout your pregnancy and the post-delivery period.

You can self-enroll in Maternity CARE or pre-pregnancy coaching, or you'll be contacted and invited to participate if you're identified as pregnant through a clinical health risk assessment, utilization review or other program referrals.



It pays to participate

You'll receive an incentive gift* as a thank you for participating in the program, sent to you after your delivery.

*To be eligible for the free incentive gift you must enroll during your first or second trimester and continue to actively participate in the program each trimester of your pregnancy.

Once enrolled, you'll receive ...

One-on-one phone calls with a nurse who:

- Provides comprehensive pre-pregnancy and prenatal assessments
- Shares educational information before you become pregnant and throughout your pregnancy
- Encourages you to call with any questions or concerns and continues to reach out each trimester and again after your delivery to see how you and your baby are doing
- Sends a courtesy letter informing your physician that you're in the program

Guidance for your support person:

You may also choose to identify a support person who can receive an education call and electronic educational packet. The packet includes information to help them support you through your pregnancy, labor and delivery, and postpartum.

No-cost educational materials in the mail:

You can choose from a selection of high-quality books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breast-feeding and infant care.

CARE ON THE GO:

The CARE app, powered by Vivify Health, allows us to meet members where they are by connecting them to CARE nurses through their mobile device. Our nurses can view individual health metrics from self-reported data or synchronized monitoring devices and are able to virtually connect with members by text, email or face-to-face via streaming video. It's free and confidential.

No cost:

Maternity CARE is a valuable benefit provided by your employer at no additional cost to you.

Confidential:

UMR takes confidentiality very seriously. It's important to know that we won't share any identifiable, personal health information with your employer. Your employer receives group information only. UMR CARE programs operate in compliance with all federal and state privacy laws.

GET STARTED



Your first step is to enroll in the Maternity CARE program.

Call 1-888-438-8105 OR Scan the QR code to complete the enrollment form online.

Personal support following a complex cancer diagnosis



Effective treatment of advanced cancers can be complicated, involving multiple health care providers and procedures over an extended period of time.



Optum Cancer COEs deliver

Optum's national network of leading cancer centers offers:

- Expertise in rare and complex cancers
- Expanded treatment options
- Shorter stays and fewer complications
- Improved outcomes and financial savings

Participants in this program are assigned a personal case manager who will treat you as a person, not a condition. Our case managers are registered nurses with experience in cancer care and will serve as your advocate through the conclusion of your treatment.

This includes:

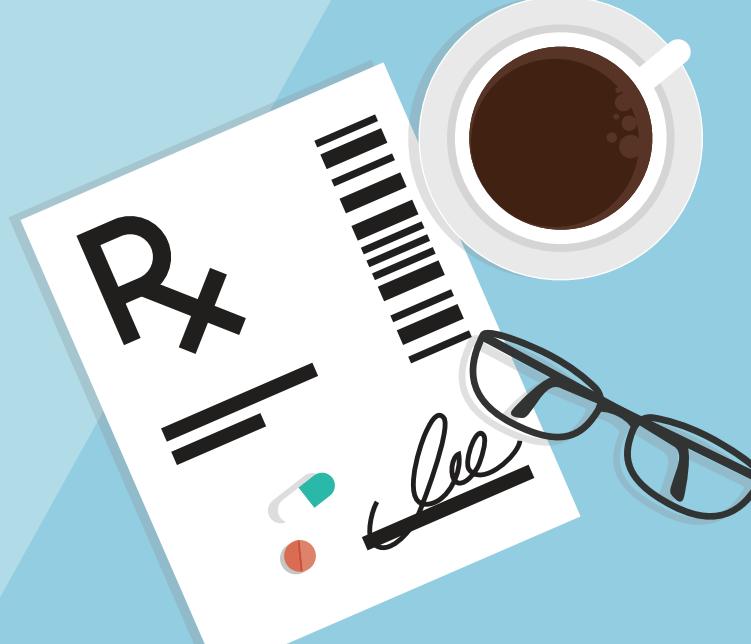
- Taking time to guide you through the complexities of cancer care and your treatment options
- Helping you manage your symptoms and common side effects from chemotherapy and other medications
- Working directly with your benefits plan to determine whether certain procedures or clinical trials will be covered
- Providing assistance in accessing care through an Optum Cancer Centers of Excellence (COE) facility
- Making sure you and your family have the support network you need on your road to recovery

Connect with UMR CARE

If you plan to seek services from Roswell in New York or Huntsman in Utah, you must enroll with UMR CARE. If you are not accessing one of these facilities, we still encourage you to contact the UMR CARE team to help connect you with the appropriate care for your situation.

Please call the number on the back of your health plan ID card to reach UMR CARE.

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.

Get all your answers **quick** and **easy** @ **umr.com**



Access your health benefits in two clicks

You don't have time to dig through paperwork or wonder where to go for care when you need it. And your health and financial resources are too valuable for second guesses.

At **umr.com**, there are no hassles and no waiting – just the answers you're looking for, anytime, night or day.

Log in now to:

Check your benefits and see what's covered

Look up what you owe and how much you've paid

Find a doctor in your network

Learn about medical conditions and treatment options

Access tools and trusted resources to help you live a healthier life

Getting started

If you already have an account, go to **umr.com** and enter your username and password in the upper-right corner. If it's your first time visiting us, click **New user? Register here** to open an account. Make sure you have your ID card handy and follow the steps to get started.



WANT A QUICK TOUR?

Use the QR code reader on your smart phone to watch a short video.

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

Did your dog eat your ID card?

No worries. It's easy to get a replacement online.

Just click **ID card** in the myMenu to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.



Claim search

I want to view:
Claims for
• ALL
• Cade Blank (09/06/1945)
• Elizabeth Blank (03/12/1949)
• Samson Blank (04/29/2003)
• Joseph Blank (08/21/1997)
• Karyn Blank (07/21/1993)

Claim type
• Medical
• Dental

Time period
• ALL
• Last 30 days
• Last 6 months

Status
• ALL
• Completed
• In-progress
• Denied
• Pre-treatment estimate

Search

[Advanced member search](#)

CLAIMS

Need help understanding your health benefits?
The health insurance 101 video series can help.

[Go to YouTube](#)

Claim search results

Subscriber: Cade Blank, 99934427 | My Favorite Company, 76888888
You are viewing: All members, Medical claims, all claims

Claim activity

[Download](#) [Print](#)

CLAIM NUMBER	SERVICE DATE	FAMILY MEMBER	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAY	YOU OWE	EOB
12270222238	08/10/13	Karyn	Alba, Jessica	C	\$1,000.00	\$990.00	\$10.00	View
12270222010	09/10/13	Cade	Alba, Jessica	C	\$1,000.00	\$990.00	\$10.00	View
12270222200	08/09/13	Karyn	Alba, Jessica	C	\$900.00	\$890.00	\$10.00	View
12270222209	09/09/13	Cade	Alba, Jessica	C	\$900.00	\$890.00	\$10.00	View
12270222209	08/08/13	Karyn	Alba, Jessica	C	\$880.00	\$790.00	\$19.00	View
12270222008	08/08/13	Cade	Alba, Jessica	C	\$880.00	\$790.00	\$10.00	View
12270222207	09/07/13	Karyn	Alba, Jessica	C	\$790.00	\$699.00	\$10.00	View
12270222007	05/07/13	Cade	Alba, Jessica	C	\$790.00	\$698.00	\$10.00	View
12270222206	08/08/13	Karyn	Alba, Jessica	C	\$860.00	\$590.00	\$10.00	View
12270222006	09/06/13	Cade	Alba, Jessica	C	\$600.00	\$590.00	\$10.00	View
12270222205	09/05/13	Karyn	Alba, Jessica	C	\$580.00	\$490.00	\$10.00	View
12270222005	09/05/13	Cade	Alba, Jessica	C	\$580.00	\$490.00	\$10.00	View
12270222004	09/04/13	Karyn	Alba, Jessica	C	\$490.00	\$290.00	\$10.00	View
12270222004	08/04/13	Cade	Alba, Jessica	C	\$450.00	\$390.00	\$10.00	View
12270222203	09/03/13	Karyn	Alba, Jessica	C	\$500.00	\$295.00	\$10.00	View

Fictionalized data

Buried in paperwork? A single click lets you track all your claims

Check in at your convenience to see if a claim has been processed and what you might owe. Get more details by selecting the explanation of benefits (EOB) link. This will tell you the type of services provided, the amount billed and the amount paid, if any.

You can choose to receive a secure e-mail any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from our claims center.

Don't be surprised by unexpected costs

- Know the price you'll pay ahead of time. Search treatments or procedures in the **Health cost estimator**.
- Get your in-network discount. Use **Find a provider** to look up doctors and facilities near you.

Helpful apps, calculators, videos and health information all in one place

Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

- Online health information: up-to-date and ad-free
- Our top picks for healthy eating and exercise
- Free tools, apps and calculators

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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.

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



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



CEBT Other Insurance Questionnaire

Group: 76-412150

Enrollee Name: _____

Member ID Number: _____

Providing other insurance information to UMR before a claim is submitted will allow your claims to be processed more quickly. Once our records have been updated, UMR will only request the information annually, unless there is a change in the information.

Other Insurance Information

Do you or any covered family participants have coverage other than your CEBT coverage?

Medical YES NO Dental YES NO Vision YES NO

If yes to any of the above, please provide information about the other coverage:

Insurance Company Name: _____

Type of Coverage: Medical Y / N Dental Y / N Vision Y / N

Telephone Number (____) _____ - _____ Policy or Group Number: _____

Effective Date of Coverage: ____ / ____ / ____

Please provide information about the person who carries other coverage:

Name: _____ Date of Birth: ____ / ____ / ____

Social Security or ID Number: _____ Relationship to: _____

If other coverage is provided by an Employer Plan, please provide the Employee Name:

Employee Actively at Work? YES NO

If the above coverage is Medicare, please indicate the type of coverage:

Part A (Inpatient Hospital) Effective Date: ____ / ____ / ____
 Part B (Outpatient/Medical) Effective Date: ____ / ____ / ____

Names and effective dates of coverage for each dependent (if any) covered by plan described above:

Full Name Effective Date of Coverage

____ / ____
____ / ____
____ / ____

I certify that the above information is true and complete.

Signature of Enrollee: _____ Date _____

Day Time Telephone Number (if additional information is needed) (____) _____ - _____

Please return the completed form to:

Fax (877) 293-4926

Or Mail to:

UMR
PO Box 30541
Salt Lake City, UT 84130-0541