TOWN OF MOUNTAIN VILLAGE

2024 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.

HOW BENEFITS WORK

HEALTH PLANS

SAVINGS

FINANCIAL SECURITY

ADDITIONAL BENEFITS & MORE INFORMATION

BENEFITS

BUILT FOR YOU

At Town of Mountain Village, we care about you. That's why we offer a comprehensive suite of benefits that support your physical, emotional, and financial health for you and your family.

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this guide to learn about the benefits available to you for the **2024** plan year (January 1, 2024-December 31, 2024). Then choose the options that are best for you and your family. If viewing this guide electronically, you can click within the Table of Contents to navigate to that section. You can also click the orange icon displayed on each page if you'd like to to return to the Table of Contents.

WHAT'S INSIDE

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 – 3years	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

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.

MOUNTAIN MUNCHKINS CHILDCARE BENEFIT

The Town of Mountain Village offers discounted daily rates for Town employees with children attending the Mountain Munchkins Childcare Center. This benefit is open to current full and part time employees year round employees. The following are the current discounted rates for eligible Town employees: Mountain Munchkins employee – 50% off the daily rate for each child (regardless of classroom) and Town employee not working at Mountain Munchkins – 30% off the daily rate for each child. Anyone may apply for scholarship funds to help off-set the costs associated with childcare. If awarded, these scholarships will off-set the discounted rates. Information on available scholarships can be obtained from Mountain Munchkins.

529 PLAN VIA COLLEGEINVEST

A 529 is an educational savings plan where your money grows tax-free as long as it's used for specific expenses, ranging from tuition to room and board to laptops, printers, and more. 529s can be used at eligible schools across the country, including trade schools and community colleges. Even apprenticeships. The CollegeInvest 529 Plan is the only 529 plan to offer a state tax deduction for contributions by Colorado taxpayers.

- How to Enroll:
  - Call 1-800-448-2424
  - Online at www.collegeinvest.org
  - Email general@collegeinvest.org

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 PERAdvantage 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

WHO IS ELIGIBLE?

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. Members of the town council who are part-time elected officials are also eligible for benefits. Benefits are effective on the **first day of the month following 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

CHANGING YOUR BENEFITS

Qualifying Events and Dropping Dependents: Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may drop a dependent at anytime or you can change your benefit elections during the year if you experience one of the following qualifying life 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 or placement of a child for adoption
3. **Change in coverage status**
   - Loss or gain of other coverage by the employee or dependent
4. **Change in individual coverage status due to aging out**
   - In the event that an employee loses eligibility on their parent's plan, due to aging out (26)

You have 30 days from the qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event (ie. marriage license, birth certificate etc.). You do not need to provide documentation if your only change is to drop a dependent(s) off your current plan, but documentation will always be required if adding dependents outside of open enrollment.

WHAT IS CEBT?

The Colorado Employer Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over four hundred and forty (440) public entities, with over 37,000 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 WTW?

Willis Towers Watson (WTW) 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 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.

Much of your day to day correspondence, such as Explanations of Benefits (EOB) and requests for further information, will come from UMR. You will receive separate ID cards from UMR, CVS Caremark and Delta Dental. Your vision plan uses the same card as medical (UMR).

NEED HELP WITH A CLAIM?

CEBT has a customer service team of ten 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 7:30am – 4:30pm (except Friday they close at 4:00). 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

THE CEBT MOBILE APP: BENEFITS AT YOUR FINGERTIPS!

The CEBT mobile app gives you simple and convenient access to manage your health care benefits on the go. On the app, you can:

ENROLL IN BENEFITS

New features: Enroll in your benefits, view current plans and dependents, download benefits summaries, and process life event/open enrollment changes.

FIND A PROVIDER

Search for in-network providers and easily navigate to find more information regarding CEBT's Valued Partners.

VIEW & ORDER ID CARDS

Keep a version of your ID cards handy - Access or print your digital ID cards and order new ID cards.

CONNECT WITH CUSTOMER SERVICE

Ask a CEBT customer service representative benefit or claim questions through opening a case.

DOWNLOAD THE 'CEBT HEALTH PLAN' APP

DOWNLOAD NOW

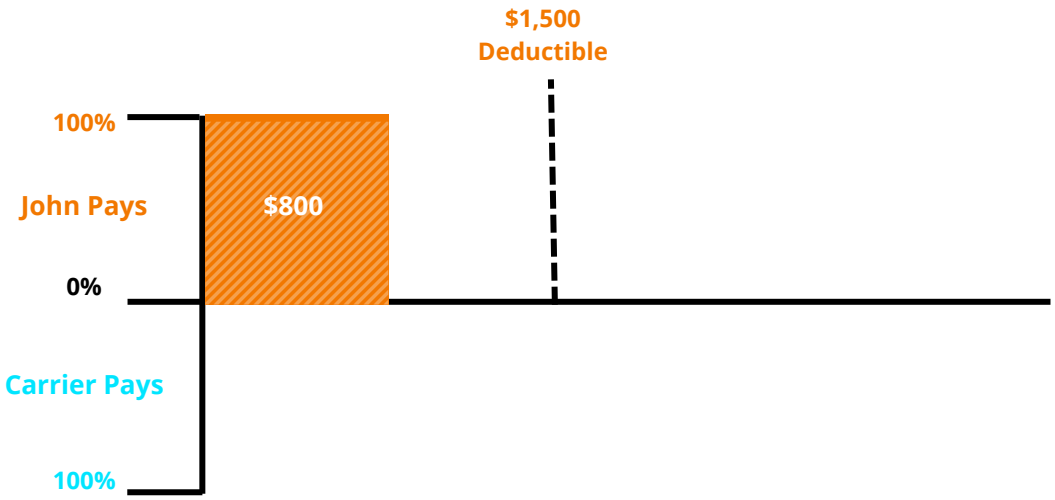
DOWNLOAD NOW

KEY BENEFIT TERMS

BENEFIT YEAR: The 12 months over which the benefits are paid and accumulated. The deductible and out of pocket maximums are accumulated over the Benefit Year and are reset to zero at the beginning of the next Benefit Year. For CEBT, the Benefit Year is January 1 – December 31.

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

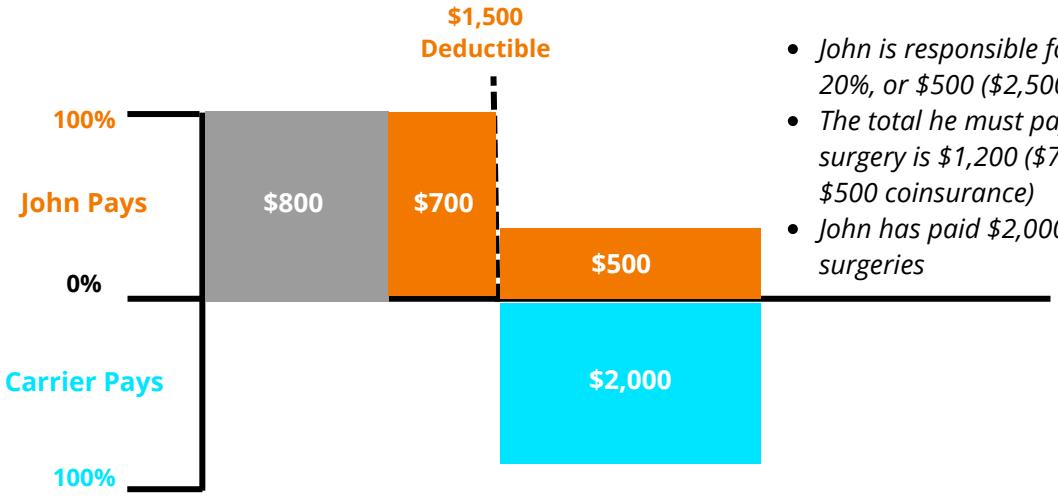
For example: *John has a health plan with a $1,500 annual deductible. He falls of his roof and need three knee surgeries; the first of which is $800. Because John hasn't paid anything toward his deductible this year, he is responsible for 100% of his first surgery. $800 is applied to John's deductible.*



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: *John's second surgery costs $3,200. Because he's paid $800 of his $1,500 annual deductible, John is responsible for the first $700 to meet his deductible. His plan will then cover 80% of the remaining cost, a total of $2,000 ($2,500 x 80%)*



- *John is responsible for the remaining 20%, or $500 ($2,500 x 20%)*
- *The total he must pay for his second surgery is $1,200 ($700 deductible + $500 coinsurance)*
- *John has paid $2,000 for his first two surgeries*

KEY BENEFIT TERMS

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

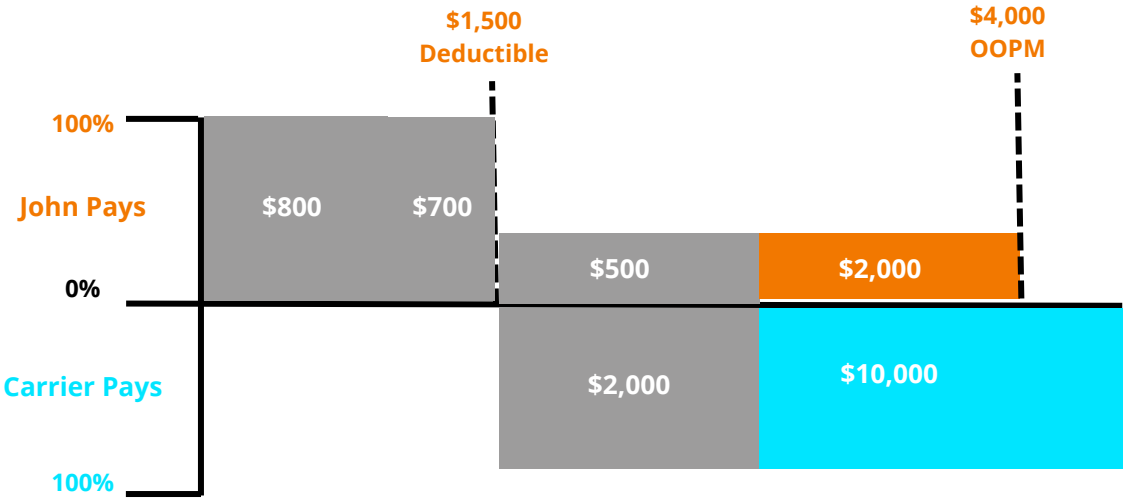
Items that count towards the out of pocket maximum:

- 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)

Example: *John's third surgery costs $12,000; his plan has a $4,000 OOPM. Because John already paid $2,000 toward his OOPM for his first two surgeries, he only needs to spend $2,000 before he hits his OOPM ($4,000 - $2,000). The plan pays the remaining $10,000 ($8,000 - $2,000).*



FLEXIBLE SPENDING ACCOUNT (FSA): An account employees put money into that they can then use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money, which means you'll save an amount equal to the taxes you would have paid on the money you set aside.

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.

EOB-Explanation of Benefits: An explanation of benefits is a statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

Formulary: A list of prescription drugs covered by the health plan.

CEBT
Benefit by Trust

MEDICAL COVERAGE

United Healthcare

UMR
A UnitedHealthcare Company

Employees of **Town of Mountain Village** have the option to choose from two different medical plan options (**PPO4 or HD3500**) offered through the Colorado Employer Benefit Trust (CEBT). Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. These plans use the **United Healthcare Choice Plus** network. This is the network of doctors you will want to stay within in order to access your in network level of benefits.

Before you enroll in medical coverage, take some time to fully understand how each plan works.

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:

Do you prefer to pay more for medical out of your paycheck, but less when you need care?

What planned medical services do you expect to need in the upcoming year?

Do you or any of your covered family members take any prescription medications on a regular basis?

CEBT MEDICAL PLANS

The tables below summarizes the benefits of each medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

MEDICAL BASE PLAN	PPO4	HD3500
Office Visit (Primary|Specialty)	$40 Copay | $40 Copay	Deductible + 20% to OOP Max
Deductible (Single|Family)	$1,500 | $3,000 Embedded	$3,500 | $7,000 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 Embedded
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%
Chiropractic	*$40 Copay | 20 Visits per year	*Deductible + 20% to OOP Max | 20 Visits per year
Teladoc	Covered 100%	Covered 100%
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 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.
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.

PRESCRIPTION DRUG COVERAGE

The vendor that manages your prescriptions on the CEBT UnitedHealthcare plans is CVS Caremark. Please note that CVS is not the only pharmacy you have access to. You are able to use a pharmacy at King Soopers, Safeway, Walmart, Walgreens, etc. To review commonly prescribed medications and specialty medications or learn more about your pharmacy benefits visit the CVS Caremark page on the CEBT website.

If you would like to access CVS 90 day mail order for your maintenance medications (blood pressure, cholesterol, etc.), you will need to do so by calling them directly at 866-885-4944 or have your doctor send the prescription into the CVS mail order pharmacy. By using mail order you are able to get a 90 day supply for the cost of a 60 day supply. You can receive three months for the price of two!

Prescription Drugs (retail 30 day)	Prescription Drugs (mail order 90 day)
$20 copay – Generic $40 copay – Preferred Brand $60 copay – Non- Preferred Brand/Specialty	$40 copay – Generic $80 copay – Preferred Brand $120 copay – Non- Preferred Brand/Specialty

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 aside-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.

DENTAL COVERAGE

It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. The CEBT dental plan uses the Delta Dental network. You can go to any dentist of your choosing with this plan, but it is in your best interest to find a Delta Dental provider. There are 3 different network levels you can access: **PPO Dentist**, **Premier Dentist**, and **Non-Participating Dentist**. You will receive the best benefit and the deepest discounts by choosing a PPO dentist. Delta Dental providers offer the greatest savings and protection from balance-billing for covered services. Please refer to the official plan document or for additional information on coverage and exclusions. Locate a Delta Dental network dentist at https://www.deltadental.com/us/en/member/find-a-dentist.html.

Savings Example for a Major Procedure*

	Estimated Charge	Maximum Allowed Fees	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Amount Dentist can Balance-Bill	Total Amount You Pay	Your Total Cost Savings
PPO Network	$1,200	$850	50%	$425	$0	$425	$350
Premier Network	$1,200	$975	50%	$487.50	$0	$487.50	$225
Out of Network	$1,200	$700	50%	$350	$500	$850	$0

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

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.

DENTAL COVERAGE

DELTA DENTAL

Prevention First: Delta Dental of Colorado knows that regular visits to the dentist can improve your oral health and your overall health. And with our exclusive PREVENTION FIRST program, your diagnostic and preventive visits will not count against your annual maximum. This helps your benefits go further by extending your annual maximum dollars.

HOW PREVENTION FIRST HELPS YOU STRETCH YOUR BENEFIT DOLLARS:

Most of our dental plans cover preventive visits at 100%**, so you pay nothing out of pocket. But with PREVENTION FIRST, not only do you pay nothing, but you still have the money that Delta Dental pays available to you in your annual maximum. So in the example below, it's like you have $350 extra dollars a year to spend.

	WITHOUT Prevention First	WITH Prevention First
Delta Dental Pays	$350	$350
You Pay	$0	$0
Annual Maximum Remaining	**$650**	**$1,000**

**Plan benefits and provider charges vary. The above sample assumes two routine check-ups with a PPO provider and $1,000 annual maximum.

Right Start 4 Kids (RS4K): a plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level.

* Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.

VISION COVERAGE

A UnitedHealthcare Company

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider for your vision care as this plan has no network. Please note that the benefit year runs on a calendar year. The table below summarizes key features of the vision plan. Please refer to the official plan summary or for additional information on coverage and exclusions.

Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

COVERED SERVICES	VISION A
Carrier | Network	UMR | No network
Benefit Frequency	Exam eligible once every calendar year Lenses and Frames eligible every two calendar years *If there is prescription change, lenses are eligible once per calendar year. You must choose between lenses/frames, contacts or eye surgery during the same two calendar year period.
Routine Exam	$75 Allowance
Lenses, per pair	
Single	$75 Allowance
Bifocal	$100 Allowance
Trifocal	$150 Allowance
Lenticular	$125 Allowance
Frames	$150 Allowance
Contact	$150 Allowance

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.

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

THE COST OF YOUR BENEFITS

Your benefits are packaged, therefore when you enroll in medical, you are also enrolling in dental and vision. Please refer to the tables below for the monthly costs by tier for medical, dental, and vision. The per paycheck costs are the following:

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

PPO 4	Medical	Dental	Vision	Total Cost per Month	EE Cost per Month	ER Cost per Month	Life
EE only	$693	$50	$6	$749	$0	$749	$7.00
EE + spouse	$1,412	$98	$11	$1,521	$60	$1,461	$7.95
EE + child	$1,306	$105	$13	$1,424	$60	$1,364	$7.95
EE + 2 children	$1,306	$105	$13	$1,424	$120	$1,304	$7.95
EE + 3 children	$1,697	$105	$13	$1,815	$180	$1,635	$7.95
EE + sp + ch	$1,697	$147	$16	$1,860	$120	$1,740	$7.95
EE + family	$1,697	$147	$16	$1,860	$180	$1,680	$7.95

HD3500	Medical	Dental	Vision	Total Cost per Month	EE Cost per Month	ER Cost per Month	Life
EE only	$678	$50	$6	$734	$0	$734	$7.00
EE + spouse	$1,383	$98	$11	$1,492	$60	$1,432	$7.95
EE + child	$1,268	$105	$13	$1,386	$60	$1,326	$7.95
EE + 2 children	$1,268	$105	$13	$1,386	$120	$1,266	$7.95
EE + 3 children	$1,268	$105	$13	$1,386	$180	$1,206	$7.95
EE + sp + ch	$1,657	$147	$16	$1,820	$120	$1,700	$7.95
EE + family	$1,657	$147	$16	$1,820	$180	$1,640	$7.95

FLEXIBLE SPENDING ACCOUNT (FSA)

Town of Mountain Village offers flexible spending account (FSA) options through **UMR**. A FSA helps you pay for health care or dependent care using tax-free dollars. Your contribution is deducted from your paycheck on a pretax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for eligible expenses.

This chart shows the eligible expenses for each FSA and how much you can contribute each year. Each of these options reduces your taxable income.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and prescriptions).	Maximum contribution is **$3,200** for the **2024** calendar year. You cannot enroll if you are enrolled in a HDHP plan. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) for children under age 13 or elder care so you and your spouse can work or attend school full-time.	Maximum contribution is **$5,000** per year ($2,500 if married and filing separate tax returns). Dependent Care contributions are deposited each pay period. You can only be reimbursed for amounts up to what is currently in your account.

FSA Debit Card

As an FSA debit card holder, you have the convenience of using your card to pay for all eligible out-of-pocket medical, dental, vision, pharmacy and over-the-counter (OTC) expenses. You can login to umr.com to see a full list of eligible expenses. In addition to **umr.com**, you can also download the **Consumer Accounts with UMR Mobile App** to upload documentation directly to a transaction and access the eligible expense scanner. IRS rules require that all FSA card transactions have the appropriate documentation as proof that the purchase was for a qualified expense. The IRS requires that you keep all of your receipts for expenses paid from your FSA.

Important information about FSAs

Your FSA elections are effective from **January 1 - December 31**. Claims for reimbursement must be submitted to **UMR** by March 15 of the following year. Our Health Care FSAs allow you to carry over **$570** in unused funds to the following plan year.
Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.

A full list of eligible expenses is available at IRS Publication 502 and IRS Publication 503 .
For more information on flexible spending account please visit IRS Publication 969.

SURGERYPLUS

SurgeryPlus 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 SurgeryPlus. Click here to learn more.

Guided Access to Excellent Surgical Care

What is SurgeryPlus?

SurgeryPlus provides you with access to excellent and affordable care for many planned surgical procedures. It's already included in your medical benefits at no additional cost to you.

Did you know...

- For PPO and EPO plans, there will be no cost for your surgery.
- For HDHP plans, the cost of your surgery will be significantly reduced.

The SurgeryPlus Difference

Excellent Care
Access to our network of thousands of highly qualified surgeons

Impactful Savings
Your surgery will be at little or no cost to you when you use your SurgeryPlus benefit

Guided Support
Your personal Care Advocate will support you every step of the way through your care

Here's what's covered

In partnership with your employer, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your SurgeryPlus benefit. Your coverage includes:

- Consults and appointments with your SurgeryPlus surgeon
- Anesthesia
- Procedure and facility (hospital) fees
- Dedicated support and guidance

Commonly Covered Procedures

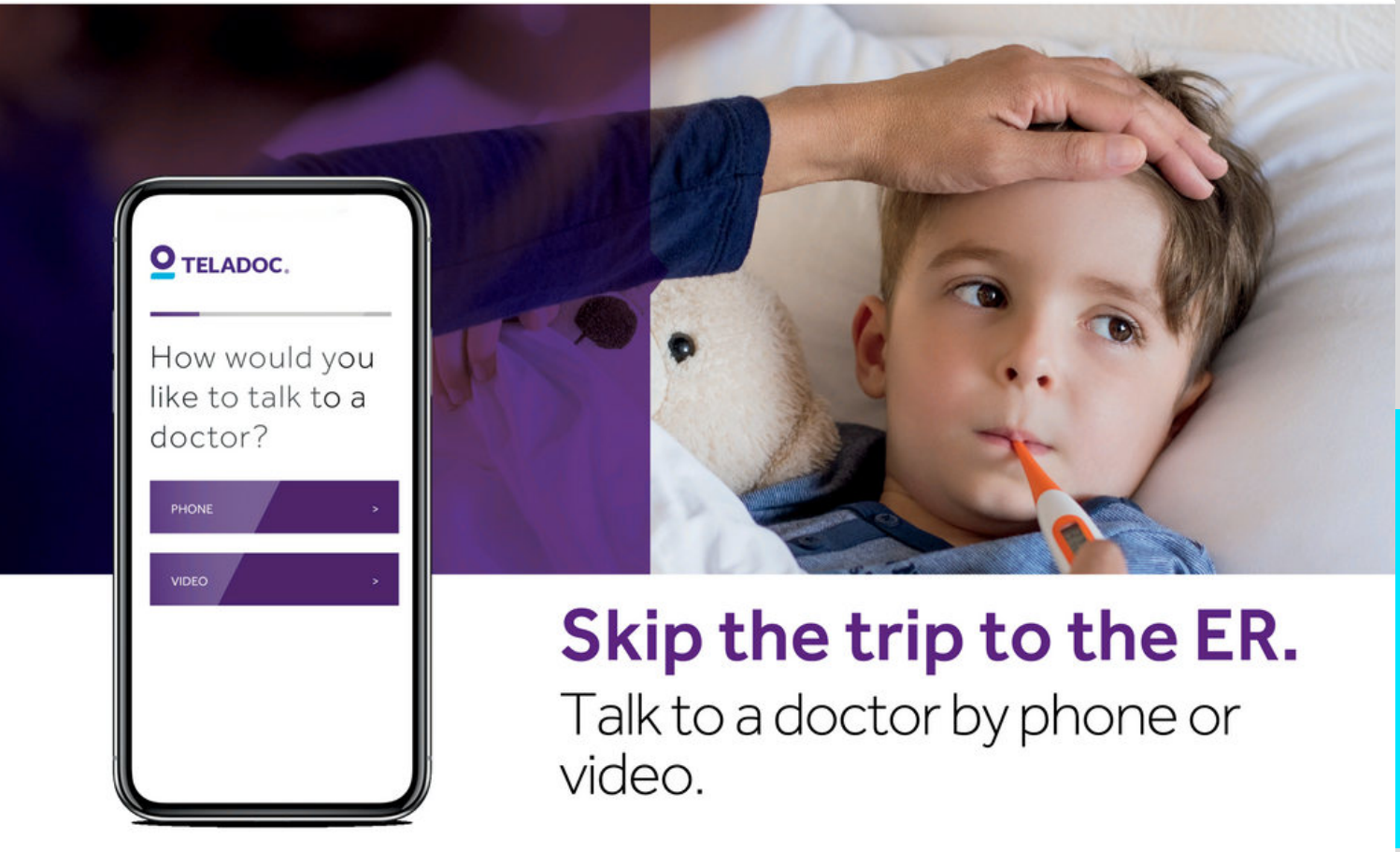
- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections

You deserve excellent and affordable surgical care.
Call us to learn more at 855.200.6675

Email: CEBT@SurgeryPlus.com
Website: CEBT.SurgeryPlus.com

TELADOC

Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults for members. It's an affordable alternative to costly urgent care and ER visits when you need care fast. CEBT pays for the full cost of the consult so there is **NO COPAY** for members**.** Click here to learn more.



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

Made available by CEBT Benefit by Trust

Feel better for free without leaving the house.

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

Download the app

HEALTHCARE BLUEBOOK

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 in the form of a debit card varying from $25-$1,500. Click here to learn more.

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

App Store | Google play

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.

BIG SAVINGS + $1500

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) 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. Town of Mountain Village provides Basic Life and AD&D Insurance and Dependent Life 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
Dependent Life	$5,000 for Spouse $2,000 per Child (from live birth through age 25)

SUPPLEMENTAL LIFE AND AD&D

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental life coverage. Town of Mountain Village provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through The Standard. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded for Supplemental Employee and Spouse life. Benefits will reduce starting at age 65.

- Employee: $10,000 increments up to $500,000—guarantee issue: $150,000
- Spouse: $5,000 increments up to $250,000—guarantee issue: $30,000
- Dependent children: $20,000

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by The Standard. Participants that are currently enrolled in additional life coverage less than $150,000 can increase their benefit every year by $20,000 with no medical underwriting up to the Guarantee Issue amount. If you currently have spouse life insurance under 30,000 you may elect to increase your spouse coverage each year by 5,000 or 10,000 but not to exceed 30,000 or 50% of what you have in additional life insurance.

Employee Age	25	30	40	50	60
$20,000	$1.70	$2.10	$2.50	$5.10	$13.70
$50,000	$4.25	$5.25	$6.25	$12.75	$34.25
$100,000	$8.50	$10.50	$12.50	$25.50	$68.50
$150,000	$12.75	$15.75	$18.75	$38.25	$102.75
$200,000	$17.00	$21.00	$25.00	$51.00	$137.00

* This is for illustrative purposes only and is not a representative of all age brackets. For a complete list of rates and benefit information please view the benefit booklet.

DISABILITY COVERAGE

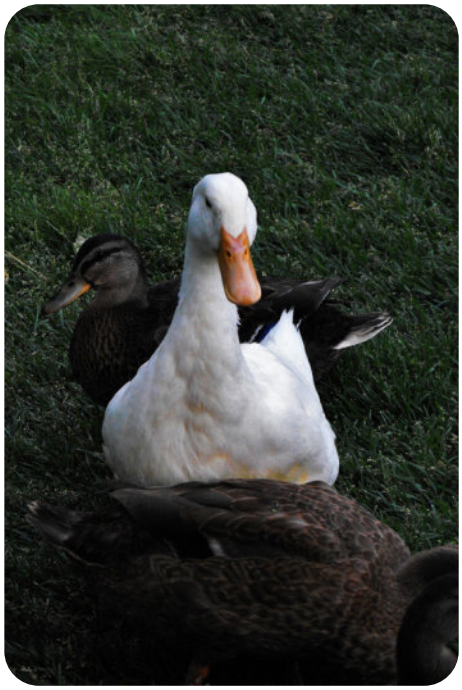
Town of Mountain Village provides short-term disability (STD) and long-term disability (LTD) insurance through **The Standard** to all benefits-eligible employees. STD insurance pays a weekly benefit to you in the event you cannot work because of a covered non-occupational illness or injury. LTD insurance is designed to help you meet your financial needs and provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

Basic Short-Term Disability Insurance	
Benefit Amount	60% of pre-disability earnings
Weekly Minimum Benefit	$15 per week
Weekly Maximum Benefit	$1,500 per week
Benefit Waiting Period for Sickness and Accident	14 days
Premiums Paid By	Town of Mountain Village

Basic Long-Term Disability Insurance	
Benefit Amount	60% of pre-disability earnings
Monthly Minimum Benefit	The greater of $100 or 10% of an employee's gross disability payment
Monthly Maximum Benefit	$7,000 per month
Benefit Waiting Period	90 days
Premiums Paid By	Town of Mountain Village

AFLAC BENEFITS

Click on the links for each plan to learn more.



- Accident
- Cancer
- Critical Illness
- Hospital Confinement
- Dental
- Vision
- Short Term Disability
- Life Insurance

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

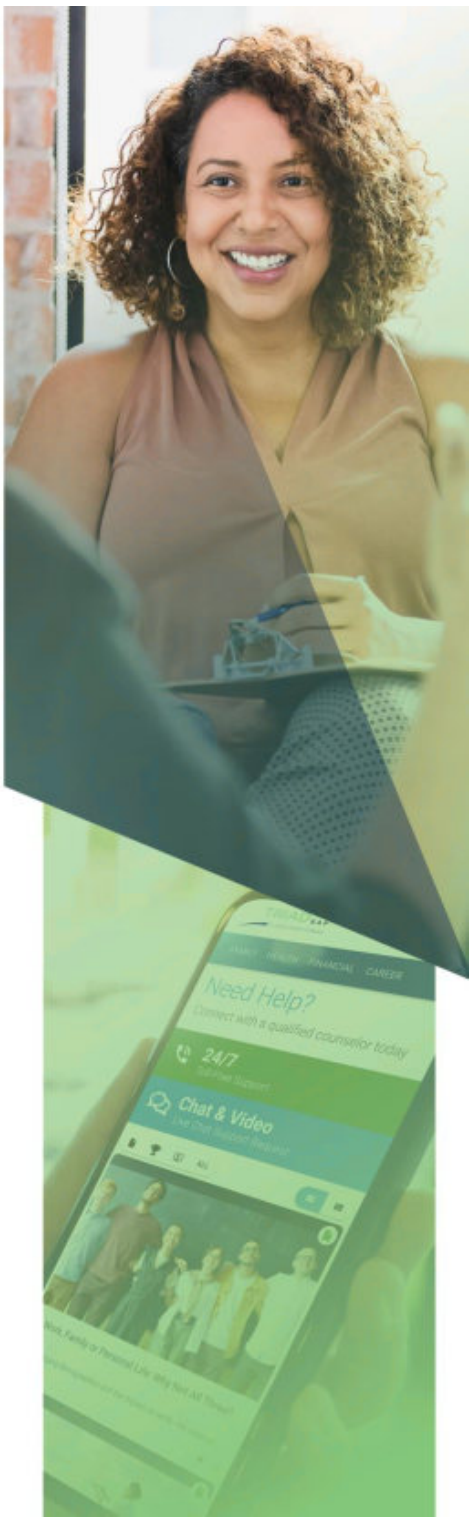
Cell-970.880.4266 / Office & Fax 970.385.5656

P.O. Box 1482 - Durango, CO 81302

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

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Need help with everyday problems? The Triad EAP offers six free counseling sessions per year, per incident for CEBT members and their dependents under 26 and six free life coaching sessions per year. Click here to learn more.



Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your member portal.

Request a Mental Health Session
Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

Request Referrals & Resources
Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal and financial consultation, personal assistant referrals and medical advocacy consultation.

Explore Thousands of Self-Care Articles & Resources
Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

Visit Your Online Financial Center
Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

Getting Started Is Easy

1. Visit triadeap.com and click on “Log In to the Member Portal”
2. To create your account, you will need to use company code “cebt”
3. From the login page, you can also select "Login Help" for assistance

Contact Triad EAP

Call: 877-679-1100

Visit: triadeap.com/

THE STANDARD - EMPLOYEE ASSISTANCE PROGRAM

A helping hand when you need it. Rely on the support, guidance, and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,[1] which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)[2] and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation and other legal documents

Contact EAP:

888.293.6948
(TTY Services: 711)
24 hours a day, 7 days a week

healthadvocate.com/standard3

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

WorkLife Resources

WorkLife Services are included with the EAP. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

NEW MENTAL HEALTH BENEFIT EFFECTIVE 1/1/2024

We recognize that many things can impact how we show up day-to-day —including our emotions, careers, relationships, health, and finances. Modern Health makes it simple for you to get support in the areas that matter most to you.

Once you register for Modern Health, you will receive some guidance below that can help you determine which level of care may be best for your unique needs:

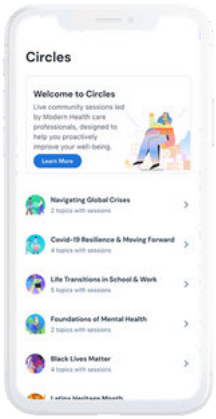
Your CEBT Benefits Through Modern Health:

1-ON-1 SESSIONS

8 Sessions with Certified Coaches

8 Sessions with Therapists, as needed

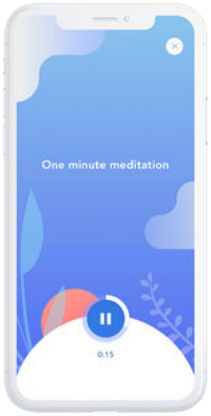
GROUP CIRCLES



Circles: Live Provider-Led Community Sessions

Unlimited Access

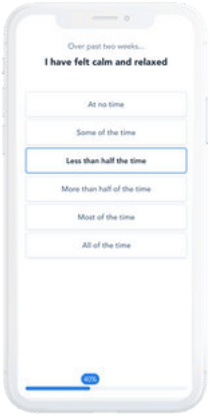
SELF-SERVE



Self-Paced Digital Content Library

Unlimited Access

ACCOUNTABILITY



Well-being Check-ins

Unlimited Access

Here's how you can get started!

1. Download the Modern Health mobile app or go to my.modernhealth.com
2. Sign up with your work email and use the company name; **cebt**
3. Answer a few questions about your well-being, needs, and preferences
4. Get your care recommendation!

Questions? Reach out to help@modernhealth.com

Digital Disease Management Program

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. Click here to learn more.

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."

With Omada, there's a program for you

- Weight loss & overall health
- Joint & muscle pain
- Diabetes
- High blood pressure

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

CEBT Benefit by Trust

UMR 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).

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

Cancer Resource Services (CRS), provided through your benefits plan, can help coordinate all aspects of your care, so you can focus on your health and achieve the best outcome possible.

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

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

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.

UMR MATERNITY CARE

UMR
A UnitedHealthcare Company

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.

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.

CARE
A UMR Solution

UMR MATERNITY CARE

A UnitedHealthcare Company

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.

CONTACT INFORMATION

To learn more about your benefits, use the contact information below.

Medical, Dental, Vision, Life/AD&D - WTW	
Member Services	303-773-1373 or 1-800-332-1168
Website	www.cebt.org

CVS Caremark	
Mail Order	866-885-4944
Website	www.caremark.com

Teladoc	
Member Services	1-800-Teladoc (835-2362)
Website	www.Teladoc.com/CEBT

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

SurgeryPlus	
Member Services	1-855-200-6675
Website	cebt.surgeryplus.com

Triad Employee Assistance Program	
Member Services	877-679-1100 or 970-242-9536
Code	cebt
Website	www.triadeap.com

Omada Health - Digital Disease Management Program	
Member Services	888-409-8687
Website	https://go.omadahealth.com/cebt

UMR Cancer Resource Services Program	
Member Services	866-494-4502

Flexible Spending Account - UMR	
Member Services	800-826-9781 (choose “Consumer Accounts”)
Website	www.umr.com

The Standard - Employee Assistance Program	
Member Services	888-293-6948
Website	workhealthlife.com/Standard3

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://www.cebt.org/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").

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

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

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.