

A GUIDE TO YOUR BENEFITS

Benefit Plans Effective
January 1, 2025 – December 31, 2025






















Welcome!

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 2025 plan year. 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.

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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, a civil union partner, and your children up to age 26.

Changing Your Benefits

New Employees

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

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 any time and they will be covered through the end of the month, or you can change your benefit elections during the year if you experience one of the following qualifying life events.

- **Change in marital status**
 - Marriage
 - Death of spouse
 - Divorce or Legal Separation
- **Change in number of dependents**
 - Marriage
 - Birth
 - Death
 - Adoption of child or placement of a child for adoption
- **Change in coverage status**
 - Loss or gain of other coverage by the employee or dependent.
- **Change in individual coverage status due to aging out**
 - If 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.



Overview of CEBT

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 fifty (450) 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 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 & 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 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.

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 Explanation 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. VSP does not utilize cards.

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, when 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:

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.

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 off his roof and needs 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%))*

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.

Explanation of Benefits (EOB): An explanation of benefits is a statement sent by a health insurance company to cover 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.

In-Network: Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Out-of-Network: A health plan will cover treatment for doctors, clinics, hospitals, and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

PCP - Primary Care Provider: A primary care physician is a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Plan Year: The 12 months over which the plan is in force. Benefit changes, especially those that are mandated by the government are usually required effective no later than the beginning of the next plan year. For CEBC, the plan year runs from July 1 – June 30.

U&C - Usual and Customary: The amount that the plan will allow for a specific procedure or service. Also known as R&C (Reasonable and Customary). The member can be billed for these charges.

Balance Billing: When a provider bills you for the difference between the provider's charge and what your health plan pays. A participating provider contractually cannot balance bill you for covered services. Balance billed amounts do not apply toward your deductible or out-of-pocket maximum.



Medical

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 to access your in-network level of benefits.

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

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?



Medical Base Plan	PPO4	HD3500
Network	United Healthcare Choice Plus	United Healthcare Choice Plus
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



Prescription

CVS Caremark

The vendor that manages your prescriptions on the CEBT United Healthcare plans PPO4 and HD3500 is CVS Caremark. Please note that CVS is not the only pharmacy you have access to. You can 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 (Generic)
\$40 Copay (Preferred Brand)	\$80 Copay (Preferred Brand)
\$60 Copay (Non-Preferred Brand)	\$120 Copay (Non-Preferred Brand/Specialty)

Six tips to help you save time and money on your medications:

- **Register at Caremark.com** – this way we can keep you up to date on new and unique ways to save
- **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**.
- **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 you plan’s list of covered medications at **Caremark.com**.
- **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.
- **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.



Dental Plan A

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's in your best interest to find a Delta Dental provider, as you will receive the best benefit and discounts by choosing a PPO dentist. There are 3 different network levels you can access: **PPO Dentist, Premier Dentist, and Non-Participating Dentist**. Delta Dental providers offer the greatest savings and protection from balance-billing for covered services. Official plan documents can be found on the [Benefits Booklets](#) page on the CEBT website. Locate a Delta Dental network dentist and learn more about the different network levels at: deltadental.com.

Description	Coverage
Annual Max	\$2,000
Deductible (Single Family)	\$50 \$150
Preventative Services	Covered 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 80% emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% Lifetime max of \$2,000. Includes adults and dependent children through age 26

Prevention First

Delta Dental of Colorado knows that regular visits to the dentist can improve your oral health and your overall health. With the 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.

Right Start 4 Kids (RS4K)

Right Start 4 Kids is 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.



Vision Plan A

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. Official plan documents can be found on the [Benefits Booklets](#) page on the CEBT website.

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.

Carrier

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

Lenses	Per Pair
Single	\$75 Allowance
Bifocal	\$100 Allowance
Trifocal	\$150 Allowance
Lenticular	\$125 Allowance
Frames	\$150 Allowance
Contacts	\$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.



CEBT Value Added Benefits

The below benefits are available to CEBT members enrolled in a medical plan. To learn more about the below benefits, please visit the Partners/Providers page on cebt.org or call our customer service at 303-773-1373.

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.

Teladoc

Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults for members on the PPO4 and HD3500 plans. 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.

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.

Omada:

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.

Cancer Resource Services:

Through your medical plan under UMR, you have a program designed for personal support following a cancer diagnosis. Cancer Resource Services (CRS) will provide guidance, direction, and support through tenured oncology nurses as well as access to quality Cancer Centers of Excellence (COE).

Maternity Care Program:

Get the support you need when considering having a baby or if 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. Call 1-888-438-8105 to enroll.



Retirement

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) Plans

Enrollment in the PERAPlus 401(k) and 457 voluntary retirement savings plans is available at any time. Both plans offer the same PERAAdvantage investment options and Empower Retirement is the recordkeeper for both plans. Please visit www.copera.org for more information.

- 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.

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 and 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



Life & 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.

Description	Benefit
Life / AD&D Benefit Amount	\$50,000
Benefit Reduction	40% at age 65, 65% at age 70, 75% at age 75, 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. Please refer to your voluntary life booklet provided by your employer or housed on cebt.org to learn more and to see costs for this coverage.

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



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

Coverage Level	Medical-PPO 4	Dental	Vision	Total Cost per Month	EE Cost per Month	ER Cost per Month	Life
EE Only	\$731	\$50	\$5	\$786	\$0	\$786	\$7.00
EE + Spouse	\$1,490	\$98	\$10	\$1,598	\$60	\$1,538	\$7.95
EE + Child	\$1,378	\$105	\$12	\$1,495	\$60	\$1,435	\$7.95
EE + 2 Children	\$1,378	\$105	\$12	\$1,495	\$120	\$1,375	\$7.95
EE + 3 Children	\$1,378	\$105	\$12	\$1,495	\$180	\$1,315	\$7.95
EE + SP + CH	\$1,790	\$147	\$14	\$1,951	\$120	\$1,831	\$7.95
EE + Family	\$1,790	\$147	\$14	\$1,951	\$180	\$1,771	\$7.95

Coverage Level	Medical-HD 3500	Dental	Vision	Total Cost per Month	EE Cost per Month	ER Cost per Month	Life
EE Only	\$715	\$50	\$5	\$770	\$0	\$770	\$7.00
EE + Spouse	\$1,459	\$98	\$10	\$1,567	\$60	\$1,507	\$7.95
EE + Child	\$1,338	\$105	\$12	\$1,455	\$60	\$1,395	\$7.95
EE + 2 Children	\$1,338	\$105	\$12	\$1,455	\$120	\$1,335	\$7.95
EE + 3 Children	\$1,338	\$105	\$12	\$1,455	\$180	\$1,275	\$7.95
EE + SP + CH	\$1,748	\$147	\$14	\$1,909	\$120	\$1,789	\$7.95
EE + Family	\$1,748	\$147	\$14	\$1,909	\$180	\$1,729	\$7.95



Disability Coverage

Town of Mountain Village provides short-term disability (STD) and long-term disability (LTD) insurance through **The Standard** to all benefit-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.

Short Term Disability Insurance (STD)

Description	Benefit
Benefit Amount	60% of pre-disability earnings
Weekly Minimum Benefit	\$15 per week
Weekly Maximum Benefit	\$1,500 per week
Benefit Waiting Period	14 days
Premiums Paid By	Town of Mountain Village

Long Term Disability Insurance (LTD)

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



Voluntary Benefits

Aflac Benefits

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: they help protect your financial security. We put money in your pocket - quickly - so you can focus on getting well. You have the option of policies for Accident, Cancer, Critical Illness, Hospital Confinement, Dental, Vision, Short Term Disability, and Life Insurance. Please visit [Aflac.com](https://www.aflac.com) for more information on these policies.



Flexible Spending Accounts

Town of Mountain Village offers two flexible spending account (FSA) options—the health care FSA and the dependent care FSA—which allow you to pay for eligible expenses with pre-tax dollars. The FSAs are administered by **UMR**.

Health Care FSA

Eligible expenses include deductibles, copays, and other health related expenses that are not paid by the medical, dental, or vision plans. The health care FSA maximum contribution is \$3,300 for the 2025 plan year.

Dependent Care FSA

Eligible expenses include day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). You may contribute up to \$5,000 to the dependent care FSA for the 2025 plan year if you are married and file a joint return or if you file a single or head of household return.

- **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 [umar.com](https://www.umar.com) to see a full list of eligible expenses. In addition to [umar.com](https://www.umar.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 **\$660** 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. Town of Mountain Village Benefits



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.

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. To enroll, call 1-800-448-2424 or visit www.collegeinvest.org.



CEBT Mental Health Benefits

To learn more about the below benefits, please visit the [Partners/Providers](#) page on cebt.org or call our customer service at 303-773-1373.

Triad Employee Assistance Program (EAP)

The Triad EAP offers six free counseling sessions per year, per incident for CEBT members and their dependents under 26. Common issues that members can be seen for are divorce, parenting dilemmas, death of a loved one, relationship issues, and conflict. They also provide 6 free life coaching sessions, legal review and financial counseling. This benefit is available to all Full-Time employees.

Modern Health

Modern Health is a comprehensive and personalized mental health care platform offering self-guided, community-based, and one-on-one mental health support for members and dependents ages 6+ who are enrolled in a medical plan. Members enrolled in a CEBT medical plan will have access to 8 therapy & 8 coaching sessions per person per calendar year in addition to unlimited access to Modern Health digital resources.

Talkspace

Talkspace is an online therapy tool available to members enrolled in a CEBT medical plan. You can easily find a therapist through the online matching tool and start your first appointment within hours of matching with a provider. Choose between real time face-to-face video visits or messaging your therapist. Messaging is available 5 days a week to offer flexibility in getting care around your schedule.



Additional CEBT Benefits

To learn more about the below benefits, please visit the [Partners/Providers](#) page on cebt.org or call our customer service at 303-773-1373.

Via Benefits

Via Benefits offers a post-employment benefit concierge service to assist former employees that have terminated (or are planning to terminate) from CEBT coverage with enrolling in medical, pharmacy, dental and/or vision coverage. Plans offered include Pre-65 plans from the individual marketplace as well as Post-65 Medicare Advantage plans and Medicare Supplemental plans. Former employees will now have more options and flexibility to choose coverage that is right for them, secure long-term stability, and unlock potential for cost savings. This service is available at no cost to you.

Travel Assistance

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night. You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).





Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact Human Resources.

Lindsay Niehaus

Phone: 970-369-6409

Email: lniehaus@mtnvillage.org

Medical, Dental, Vision, Life/AD&D – CEBT Customer Service

Member Services	303-773-1373 or 1-800-332-1168
Website	www.cebt.org

CVS Caremark

Mail Order	866-885-4944
Website	https://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 (EAP)

Member Services	877-679-1100 or 970-242-9536
Company 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

Member Services	866-494-4502
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Flexible Spending Account – UMR

Member Services	800-826-9781 (choose “Consumer Accounts”)
Website	www.umar.com

The Standard – Group Life and Disability

Short Term Disability	800-368-2859
Long Term Disability	800-368-2859
Group Life & AD&D	800-628-8600
Website	https://www.standard.com/contact-us

The Standard – Travel Assistance

Member Services	800-872-1414 (Phone) / 609-334-0807 (Text)
Email	medservices@assistamerica.com
Policy Number	645869

Via Benefits

Pre-65 Website	www.marketplace.viabenefits.com/ColoradoPublicEmployers
Post-65 Website	www.my.viabenefits.com/ColoradoPublicEmployers
Phone Number	833-414-1452

Modern Health

Member Services	help@modernhealth.com
Website	my.modernhealth.com



This benefit summary provides selected highlights of the Town of Mountain Village 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 any 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. 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.