



2018/2019 CEBT Insurance Highlights



Roaring Fork School District offers a comprehensive suite of benefits to promote health and financial wellness for you and your family.

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



Benefit Basics

As a Roaring Fork School District employee, you are eligible for full time benefits if you work at least 30 hours per week. Benefits are effective on the first day of the month following your date of hire.

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

Open Enrollment

Open Enrollment is April 23, 2018 through May 11, 2018. During this period, you can add dependents, switch health insurance plans or drop dependents. You can enroll in Dental and Vision as long as you have not dropped that coverage in the last two years. Changes made during open enrollment are effective on July 1, 2018. ****New this year: enrollment will be done online. Employees who wish to make a change during open enrollment, will need to register online with CEBT. Instructions on how to enroll online are provided later in this document.**

Changes in Status / Life Events

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

1. Change in marital status

- Marriage
- Death of spouse
- Divorce
- Legal separation

2. Change in number of dependents

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

3. Change in spouse coverage status

Commencement or termination of spouses health coverage on another health plan

What is CEBT?

Colorado Employers Benefit Trust (CEBT) is a self-funded, governmental multiple employer trust that provides employee benefits for over three hundred and twenty (320) public entities, with over 33,000 employees and dependents covered in the state of Colorado. The CEBT plan offers health, dental, vision and life coverage to the participating groups. Being in a Trust helps the district save money!

Who is Willis Towers Watson?

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

What are the Roles of UMR, CVS Caremark, and 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 Rocky Mountain Health Plan network for CEBT members who have medical / dental coverage.
- CVS Caremark provides the pharmacy claim processing and access to their pharmacy network for CEBT members who have medical coverage.
- Vision Service Plan (VSP) provides the vision claim processing and access to their provider network for CEBT members who have vision coverage.

Much of your day to day correspondence, such as Explanations of Benefits (EOB) and requests for further information, will come from UMR. Additionally, you will receive ID cards from both UMR and CVS Caremark, but not from VSP.

Need help with a claim?

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

CEBT Medical Coverage

Employees of Roaring Fork School District have the option to choose the Colorado Employer Benefit Trust PPO5, PPO6, and PPO7. Our provider network is Rocky Mountain Health Plans. The district funds the monthly premium for the PPO 7 plan, employee only. (Rates are below)

MEDICAL BASE PLAN	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 5	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 6	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 7
Office Visits	PPO \$45 co-pay Non PPO Subject to deductible then 60/40	PPO \$50 co-pay Non PPO subject to deductible then 60/40	PPO \$55 co-pay Non PPO subject to deductible then 60/40
Lab Charges	PPO \$45 co-pay Non PPO Subject to deductible then 60/40	PPO \$50 co-pay Non PPO subject to deductible then 60/40	PPO \$55 co-pay Non PPO subject to deductible then 60/40
Prescriptions	Retail – for 30 day supply Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60	Retail – for 30 day supply: Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60	Retail – for 30 day supply: Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60
	Mail Order - for 90 day supply \$40 / \$80 / \$120	Mail Order - for 90 day supply: \$40 / \$80 / \$120	Mail Order - for 90 day supply: \$40 / \$80 / \$120
Deductible	\$2,500 individual / \$7,500 family	\$3,000 individual / \$9,000 family	\$4,000 individual / \$12,000 family
Co-insurance	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Maximum Out of Pocket	PPO \$4,500 (\$9,000 family) Non PPO \$9,000 (\$18,000 family)	PPO \$5,000 (\$10,000 family) Non PPO \$10,000 (\$20,000 family)	PPO \$6,000 (\$12,000 family) Non PPO \$12,000 (\$24,000 family)
Hospital Charges	Subject to deductible then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient	Subject to deductible then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient	Subject to deductible then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient
Emergency Care	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Ambulance	Subject to deductible then PPO 80/20 of “reasonable & customary”	Subject to deductible then PPO 80/20 of “reasonable & customary”	Subject to deductible then PPO 80/20 of “reasonable & customary”
Out Patient Surgery	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Maternity / Prenatal Care	PPO \$45 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then	PPO \$50 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then	PPO \$55 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then

	60/40	60/40	60/40
X-Ray Charges	PPO \$45 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40	PPO \$50 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40	PPO \$55 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40
MRI or CT Scan with or without Contrast	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Pet Scans and SPECT Scans	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Durable Medical Equipment	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Physical, Occupational and Speech Therapy	PPO \$45 co-pay Non PPO Subject to deductible then, 60/40; pre-authorization required, 20 visit limit per injury or sickness	PPO \$50 co-pay, Non PPO subject to deductible then 60/40; pre-authorization required, 20 visit limit per injury or sickness	PPO \$55 co-pay, Non PPO subject to deductible then 60/40; pre-authorization required, 20 visit limit per injury or sickness
Chiropractor	PPO / Non PPO \$45 co-pay, benefits subject to “reasonable & customary” guidelines, 20 visit limit per year	PPO/Non PPO \$50 co-pay, benefits subject to “reasonable & customary” guidelines, 20 visit limit per year	PPO/Non PPO \$55 co-pay, benefits subject to “reasonable & customary” guidelines, 20 visit limit per year

*Ambulance, chiropractic and out of network charges are all subject to reasonable and customary guidelines (R&C)

The Summary of Benefits and Coverage (SBC) is posted on the www.cebt.org website. PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

This comparison of coverages is intended only as a general description for the principle features of the benefit plans. Please refer to the plan document for details.

Prescription Drug Coverage

The vendor that manages your prescriptions is CVS Caremark. Please note that you do not need to access only a CVS pharmacy. You are able to use a pharmacy at King Soopers, Safeway, Walmart, Walgreens, etc. 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**. www.caremark.com **Remember to ask for generic brands and it will save you money!**



CEBT's Covered Preventative Services – Adult Men and/or Women

Eligible charges for the routine items below will be covered at 100% through an in network provider. Through an out of network provider, charges are subject to the plan deductible and coinsurance.

General Screening Guidelines for Women & Men	
Alcohol Misuse – screening & counseling	Aspirin – ages 55 – 79 – Caremark RX Plan
Blood Pressure	Tobacco Screening
Cholesterol Screening	Colonoscopy – over age 50
Depression Screening	Cologuard
Diabetes (Type 2) Screening	Diabetes Test
Hepatitis B & C Screening	Diet Counseling
Immunization Vaccines	HIV Screening – annually
Obesity Screening & Counseling	Lung Cancer Screening - high risk
Sexually Transmitted Infection (STI) – prevention counseling- provided annually	Routine Vision Exam
	Syphilis Screening
General Screening Guidelines for Women	
Anemia Screening – for pregnant women	Bacteruria Screening – for pregnant women
Breast Cancer Chemoprevention Counseling	Breastfeeding - comprehensive support and counseling
BRCA Testing & Counseling	Rental or Purchase of a breast pump – limited to one per pregnancy
Chlamydia Infection Screening	Cervical Cancer Screening
Domestic and Interpersonal Violence – screening and counseling- annually	Clinical Breast Exam
Folic Acid Supplements – RX Plan	Expanded Tobacco – intervention and counseling for pregnant tobacco users
Gonorrhea Screening	Gestational Diabetes Screening
Osteoporosis Screening – over age 60	Routine Mammogram – a baseline age 35-39, one every calendar year age 40-49, no frequency limitations for age 50 and older.
Oral contraceptives and sterilization procedures	Urinary Tract or Other Infection Screening
Rh Incompatibility Screening	Well-woman Visits
	HPV DNA testings COV 30 years and older
General Screening Guidelines for Men	
Abdominal Aortic Aneurysm One Screening – aged 65 - 79	Digital Rectal Exam (DRE)
Prostate Specific Antigen (PSA)	
General Immunization / Vaccine for Women & Men	
Hepatitis A & B	Human Papillomavirus (HPV)
Influenza – flu shots	Measles
Meningococcal	Mumps
Pneumococcal (pneumonia)	Rubella
Zoster (shingles) – age 60 and over	

CEBT's Covered Preventative Services – Children

Eligible charges for the routine items below will be covered at 100% through an in network provider. Through an out of network provider charges are subject to the plan deductible and coinsurance.

General Screening Guidelines for Children	
Alcohol & Drug Use – assessments for adolescents	Autism – screening for children at 18 and 24 months
Behavioral – assessments for children of all ages	Blood Pressure Screening
Cervical Dysplasia Screening – screening for sexually active females	Congenital Hypothyroidism – screening for newborns
Developmental – screening	Dyslipidemia Screening – for children at higher risk of lipid disorders
Fluoride Chemoprevention Supplements	Gonorrhea Prevention Medication- for the eyes of all newborns
Hearing Screening – newborns	Height, Weight & Body Mass Index (BMI) measurements – for children
Hematocrit or Hemoglobin Screening	Hemoglobinopathies or Sickle Cell Screening – for newborns
Hepatitis B Screening	HIV Screening - for adolescents at high risk
Hypothyroidism Screening – for newborns	Immunization Vaccines
Iron Supplements	Lead Screening
Medical History	Obesity Screening and Counseling
Oral Health – risk assessment	Phenylketonuria (PKU) Screening
Sexually Transmitted Infection (STI) – prevention counseling	Tuberculin Testing
Routine Vision Exam	
General Immunization / Vaccine for Children	
Diphtheria, Tetanus, Pertussis	Haemophilus Influenza Type B
Hepatitis A & B	Human Papillomavirus (HPV)
Inactivated Poliovirus	Influenza – flu shots
Measles	Meningococcal
Pneumococcal (pneumonia)	Rotavirus
Varicella (chicken pox)	

Hospital Reimbursement Plan (HRP)

For employees of CEBT member groups, who elect other group health coverage through their spouse on another plan should enroll in the Hospital Reimbursement Plan (HRP). CEBT's coverage would be considered secondary.

The HRP will pay up to \$1,000 per day for otherwise un-reimbursed eligible medical expenses for hospital confinement. The reimbursement will be paid directly to the plan participant. There is a \$30,000 maximum hospital benefit per calendar year. CEBT will require documentation to substantiate that the reimbursement requested is for qualified medical expenses as defined by the HRP that have not been otherwise reimbursed.

Participating employees shall pay \$275 per month for each employee electing coverage under the HRP. (The district's contribution towards this plan for full time employees is \$347 per month.)

Dental Coverage- Dental B

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

MAXIMUM BENEFIT Calendar Year Maximum			\$1,500 per member, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 15
			Bitewing X-Rays	Once in a calendar year
			Full Mouth X-Rays	Once in a 5-year period
			Fluoride	Twice in a calendar year, through age 15
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
BASIC SERVICES				
80%	80%	80%	Fillings	Once per tooth in a 12-month period; composite (white) fillings
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	
			Occlusal Guards	Limited to once per five calendar year period. Occlusal adjustments, limited to once per 24 months
MAJOR SERVICES				
50%	50%	50%	Crowns	Once per tooth in 5-year period. Not a benefit under age 12.
			Implants	Once per tooth in a 5-year period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
ORTHODONTICS \$1,500 lifetime maximum				
50%	50%	50%	For covered children to age 19	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

An employer must have at least 25% of the eligible employees enrolled in the plan in order to have the coverage offered.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.

CEBT Vision Coverage- Plan B



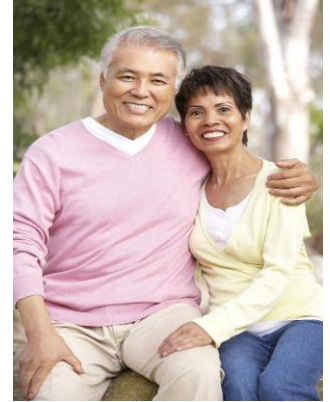
Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	Focuses on your eyes and overall wellness Every 12 months	\$15
Prescription Glasses		\$15
Frame	\$160 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance Every 24 months	Included in Prescription Glasses
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months	Included in Prescription Glasses
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every 12 months	\$50 \$80 - \$90 \$120 - \$160
Contacts (instead of glasses)	\$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months	Up to \$60
Extra Savings	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.	
	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	

CEBT offers vision benefits through VSP, which is the network of vision providers you can access. If you would like to find a provider, you are able to go to www.VSP.com. Right on the front page you can enter your zip code to pull up local providers.

An employee or dependent may only enroll or drop coverage during open enrollment or unless there is a qualifying life event.

CEBT Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment. The monthly premium is \$2.80 and is mandatory for all benefited employees.



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.

EMPLOYEE LIFE INSURANCE

CLASS	AMOUNT OF LIFE INSURANCE*	FULL AMOUNT OF AD&D INSURANCE
All employees	\$20,000	\$20,000

*Your amount of insurance will be reduced as follows:

Age	65	40%
	70	65%
	75	75%
	80	80%

DEPENDENT LIFE INSURANCE Dependents must be on a medical plan in order to receive dependent life coverage. The employee cost is \$0.95 / month regardless of the number of dependents.

CLASS	AMOUNT OF INSURANCE
Spouse	\$ 5,000
Child (each) from live birth through age 25	\$ 2,000

The Cost of Your Benefits

Roaring Fork School District contributes \$729 towards the monthly premium or \$8748 annually for a full time employee (30 hours or more per week). For employees who work between 20 -30 hours per week in a regular, benefited position, the district contributes \$364.50 per month or \$4374 annually. The remaining portion of the monthly premium is the employee's responsibility. Below is the monthly cost of Medical, Dental, and Vision coverage for full time employees.

PPO5			
	Monthly Cost	Monthly District Contribution	Employee Monthly Cost
Employee (EE)	\$835	\$729	\$106
EE + Spouse	\$1584	\$729	\$855
EE + Child(ren)	\$1471	\$729	\$742
Family	\$2028	\$729	\$1299

PPO6			
	Monthly Cost	Monthly District Contribution	Employee Monthly Cost
Employee (EE)	\$776	\$729	\$47
EE + Spouse	\$1473	\$729	\$744
EE + Child(ren)	\$1367	\$729	\$638
Family	\$1887	\$729	\$1158

PPO7			
	Monthly Cost	Monthly District Contribution	Employee Monthly Cost
Employee (EE)	\$729	\$729	0
EE + Spouse	\$1384	\$729	\$655
EE + Child(ren)	\$1284	\$729	\$555
Family	\$1772	\$729	\$1043

Dental B	
	Employee Monthly Cost
Employee (EE)	\$39
EE + Spouse	\$84
EE + Child(ren)	\$113
Family	\$151

Vision B	
	Employee Monthly Cost
Employee (EE)	\$10
EE + Spouse	\$14
EE + Child(ren)	\$13
Family	\$24

*Please note, for two full time employees, each employee receives \$729 towards the monthly premium. For example, the PPO 7 Family plan will cost the family \$314 per month

Three Ways to Save Money on the PPO Plans!

1) Teladoc

For employees on the PPO5, PPO6, or PPO7 plans, Teladoc is available at no cost. Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care fast. Some of the common conditions that Teladoc doctors can treat are: cold and flu symptoms, allergies, sinus problems, and many more. [Call 1-800-TELADOC](tel:1-800-TELADOC) or [visit teladoc.com/cebt](http://www.teladoc.com/cebt). Register now before you need to call and it will save you time!



2) Marathon Health Centers

Saves you money and time! There is no cost for members on a PPO plan or for prescriptions dispensed onsite. Schedule an appointment via the Marathon eHealth portal at www.marathon-health.com/myphr or call the Center in Rifle, Glenwood Springs or Gypsum.



Marathon Health, a third-party vendor, staffs and manages these centers. They operate health centers nationwide, with a focus on helping people become more active in their own health and healthcare. There are also centers in Loveland, Greeley and Colorado Springs.

Gypsum:	Glenwood Springs:	Rifle:
35 Lindbergh Drive, Gypsum 970-431-2871	1901 Grand Ave., Suite 200, Glenwood Springs 970-440-8087	701 Wapiti Ave., Rifle, Suite 201A 970-440-8085
Monday – Thursday	Monday – Thursday	Monday, Wednesday, Friday
7:00am – 5:00pm	7:00am – 6:00pm	7:00am – 4:00pm
(Closed 1:00pm – 2:00pm)	Friday	(Closed 11:00am- 12:00pm)
Friday	7:00am – 4:00pm	Tuesday, Thursday
7:00am – 11:00am	(Closed 11:00am – 12:00pm)	8:00am – 5:00pm
		(Closed 1:00pm – 2:00pm)

3) HealthCare Bluebook

Healthcare Bluebook makes it simple to compare and save on medical procedures! Simply log onto umr.com (If this is your first time visiting, you can register by clicking the link in the upper right-hand corner of the page.) Click on the Health Cost Estimator tile near the middle of the screen to get an estimate for health care services.

You'll be taken to a page with access information for Healthcare Bluebook and a link to get started. If you choose the option that is at or below the fair price, UMR will send you money back for certain procedures!

GET STARTED WITH OPEN ENROLLMENT

Employee Information

First Name

Last Name

Organization

Date of Birth

Gender

Work Email

Phone

Address

City

State

Zip

Country

SSN

DOB

Gender

Work Email

Phone

Address

City

State

Zip

Country

SSN

DOB

Gender

Register

First time users will begin by going to https://willis-production.force.com/employee/employee_self_registration, and inputting the required fields on the registration page. Please use your work email address to register (or the email address you have on file with your employer). Press create and you will receive an email shortly after with a link to create your password.

Welcome to the CEET Employee Community

Hi Employee,

Welcome to the CEET Employee Community Portal for view and enrollment of your group health plan.

To get started go to https://willis-production.force.com/employee/employee_self_registration

Home page: https://willis-production.force.com/employee/employee_self_registration

Thank you,
CEET

Create a password, confirm, and select change password.

Welcome to Your CEET Health Plans Portal

Change Your Password

Enter your new password

Confirm your new password

Change Password

Confirm New Password

Change Password

View Your Current Benefits

In order to view current benefits select the "Your Benefits" tab.

Willis Towers Watson

My Health Benefits

How can we help you today?

My Health Benefits

Open Enrollment

My Health Benefits

Open Enrollment

Begin Enrollment

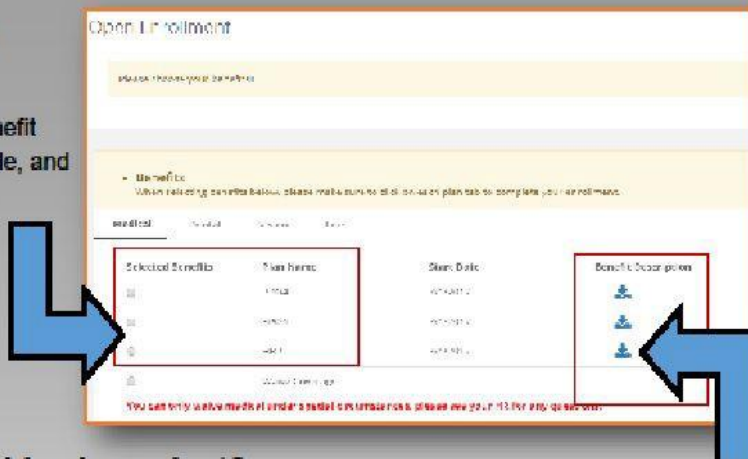
Select the Open Enrollment button in order to choose plan elections for the upcoming plan year.



Please contact your HR Administrator for any questions.

Make your elections

Review the benefit options available, and choose a plan.



Need to add a dependent?

1. Click on "Add New Dependent"
2. Fill in required information
3. Press "Save Dependent"
4. Add dependent by check marking the box next to the dependent you wish to add.

Wondering what plan to choose?

Refer to the benefit descriptions for a comparison of the different plan designs.



Approve your changes

Continue through each benefit tab, and press "Save & Finish" to complete.



Please contact your HR Administrator for any questions.

Important Numbers

Medical, Dental, Vision– Colorado Employer Benefit Trust (CEBT)

Member Services	303-773-1373 or 1-800-332-1168
Website Address	www.cebt.org
Group Number	0019
Portal Access	http://www.cebt.org/online-community

Life / AD&D – Colorado Employer Benefit Trust (CEBT)

Member Services	303-773-1373 or 1-800-332-1168
Website Address	www.cebt.org
Group Number	00P2

Health & Wellness Centers

Rifle	701 Wapiti Ave., Rifle, Suite 201A / 970-440-8085
Glenwood Springs	1901 Grand Ave., Suite 200, Glenwood Springs / 970-440-8087
Gypsum	35 Lindbergh Drive, Gypsum / 970-431-2871
Website	www.marathon-health.com/myphr

Teladoc

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