

**Current Plans Offered:** PPO4; PPO5; PPO8; HRP; Dental B; Vision A; Life A; Dep Life A; EAP Active

**Group Life Coverage:** \$20k Base

**Current Network:** United Choice Plus

Effective January 1<sup>st</sup>, 2024 our group selects the following benefit options to be offered to our staff:

Please mark here to indicate NO PLAN CHANGES and sign the second page

**If you would like to make plan changes, please mark ALL plan options intended to be offered. You may choose up to a maximum of three medical plans**

**\* Benefit changes are applicable; please see the CEBT Benefit & Administrative Changes Document**

MEDICAL	PLAN	OFFICE CO-PAY (primary/specialist)	HOSPITAL CO-PAY	DEDUCTIBLE (single/family)	MAXIMUM OOP (single/family)
<b>PPO Plans</b>					
	PPO2	\$30/\$30	N/A	\$500/\$1,000	\$2,000/\$4,000
	PPO3	\$35/\$35	N/A	\$1,000/\$2,000	\$3,000/\$6,000
	PPO4	\$40/\$40	N/A	\$1,500/\$3,000	\$4,000/\$8,000
	PPO5	\$45/\$45	N/A	\$2,500/\$5,000	\$4,500/\$9,000
	PPO6	\$50/\$50	N/A	\$3,000/\$6,000	\$5,000/\$10,000
	PPO7	\$55/\$55	N/A	\$4,000/\$8,000	\$5,000/\$10,000
	PPO8	\$55/\$55	N/A	\$5,000/\$10,000	\$5,000/\$10,000
<b>EPO Plans</b>					
	EPO3	\$40/\$55	\$1,000	N/A	\$5,000/\$10,000
	EPO4	\$45/\$60	\$1,500	N/A	\$5,500/\$11,000
	EPO5	\$50/\$65	\$2,500	N/A	\$6,000/\$12,000
	EPO6	\$55/\$70	\$3,000	N/A	\$6,500/\$13,000
<b>High Deductible Health Plans</b>					
	HDHP2	N/A	N/A	\$2,000/\$4,000 *Non-Embedded	\$4,000/\$8,000
	HDHP25	N/A	N/A	\$2,500/\$5,000 *Non-Embedded	\$4,500/\$9,000
	HD2800	N/A	N/A	\$2,800/\$5,600 *Non-Embedded	\$5,000/\$10,000
	HDHP3	N/A	N/A	\$3,000/\$6,000 *Non-Embedded	\$5,000/\$10,000
	HD3500	N/A	N/A	\$3,500/\$7,000	\$5,000/\$10,000
	HDHP4	N/A	N/A	\$4,000/\$8,000	\$5,000/\$10,000
	HDHP5	N/A	N/A	\$5,000/\$10,000	\$5,000/\$10,000
<b>Kaiser Health Plans</b>					
	KP-DHMO 0750	N/A	N/A	\$750/\$1,500	\$3,300/\$6,600
	KP-DHMO 1000	N/A	N/A	\$1,000/\$2,000	\$3,500/\$7,000

	KP-DHMO 1500	N/A	N/A	\$1,500/\$3,000	\$4,000/\$8,000
	KP-DHMO 2500	N/A	N/A	\$2,500/\$5,000	\$4,500/\$9,000
	KP-HDHP 1500	N/A	N/A	\$1,500/\$3,000	\$3,000/\$6,000
	KP-HDHP 2500	N/A	N/A	\$2,500/\$5,000	\$3,000/\$6,000
	KP-HMO40	\$40/\$50	\$1,000	N/A	\$4,500/\$9,000
	KP-HMO45	\$45/\$60	\$1,500	N/A	\$5,000/\$10,000
	KP-HMO50	\$50/\$65	\$2,000	N/A	\$5,500/\$11,000
<b>Dental (Please choose one)</b>					
	Plan A	\$2,000 annual benefit maximum, \$2,000 Ortho lifetime maximum (includes adult ortho)			
	Plan B	\$1,500 annual benefit maximum, \$1,500 Ortho lifetime maximum (child only)			
	Plan C	\$1,500 annual benefit maximum, No Ortho			
<b>Vision (Please choose one)</b>					
	Plan A	(UMR)12/24/24 \$150 frames, no network			
	Plan B	(VSP)12/12/24, \$160 frames, \$15 copay at VSPproviders			
	Plan C	(VSP)12/12/12, \$175 frames, \$10 copay at VSPproviders			
<b>Life</b>					
	Basic Life Volume Change (\$20k min to \$450 max) New Amount: _____				
	Dependent Group Life(Employer Paid): Volume \$5k Spouse, \$2k Child				
	Voluntary Life(Employee (\$500K max), Spouse (\$250K max), and Child Coverage (\$20K max))				

Please sign and return this form as soon as possible, preferably by **October 13th, 2023**.

By signing this form, I attest that I have reviewed and accept the renewal rates, plan options and benefit changes as presented.

**OPEN ENROLLMENT**

- Should be held sometime between October and mid-November. To ensure ID cards are received prior to January 1st, 2024, enrollment changes should be returned to WTW by **November 17th, 2023**.
- Once this acceptance form has been signed and returned to WTW, open enrollment supplies will be updated as needed and attached in the Resource Center of the CEBT online Community portal. If no updates are required, supplies will be accessible at any time. Requests for printed supplies will require a case submission in the Community by clicking the "Request Supplies" link located within the Resource Center.

In accordance with your participation agreement, written notice of termination must be received by **November 1st, 2023**, or run-out claims will not be paid by CEBT.

Group Name: Fremont County

Branch Number: 00R1

Authorized by: 

Date: 8/30/2023

(Please keep one copy for your records)

**August 2, 2023**  
**Branch # 00R1**