



# TEACHERS HEALTH TRUST Benefits Guide

2020

# BENEFITS BUILT FOR YOU

At Teachers Health Trust, we care about you. That's why we offer benefits that support your physical, emotional, and financial health.

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 2020 plan year (January 1, 2020, through December 31, 2020). Then, choose the options that are best for you and your family.

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# Who is eligible

### You are eligible for benefits on the first day of the month following your date of hire if you are:

- A Clark County School District (CCSD) licensed employee paid on the teacher's salary schedule and eligible for representation by Clark County Education Association (CCEA).
- ▶ A CCSD licensed employee teaching at a participating charter school.
- ▶ An employee of CCEA, Career & Technical Education (CTE), or Teachers Health Trust.

# Many of the plans allow you to cover your eligible dependents, which include:

- ► Your legal spouse or registered domestic partner.\*
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, a child for whom you are the legal guardian, or dependent children of a domestic partner that meet eligibility requirements).
- ▶ Your dependent children of any age who are physically or mentally unable to care for themselves.

# When to enroll

You can only sign up for benefits or change your benefits at the following times listed below. The choices you make at this time will remain in place through December 31, 2020.

- ▶ Within 31 days of your date of hire as a new employee: Attend a New Hire Orientation. Newly hired employees will automatically be enrolled in medical, dental, vision, and life Insurance (employee only coverage) unless you are covered under another District-sponsored plan, or you specifically decline coverage with the required Teachers Health Trust forms.
- ▶ During the annual open enrollment period: See page 4.
- ▶ Within 31 days of a qualifying life event, such as marriage, birth of a child, or divorce: See page 4.

The choices you make at this time will remain in place through December 31, 2020, unless you experience a qualifying life event as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to change coverage until the next open enrollment period.

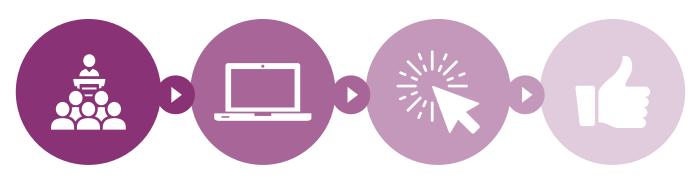
# Download your 2020 ID card

At any time, you can access, download, and print or save a copy of your 2020 ID card to your desktop or mobile phone. Learn how at teachershealthtrust.org.

<sup>\*</sup>Deductions for your domestic partner are made on a post-tax basis.

# How to enroll | New hires and re-hires

As a new teacher of CCSD, you have the option to enroll in Teachers Health Trust, your health plan. To enroll, please follow these steps:



STEP 1

Attend CCEA's New Hire Orientation to receive the password and authorization codes.

STEP 2

Access the online enrollment portal at **teachershealthtrust. org/newmembers** and enter the password provided by CCEA to begin your enrollment.

STEP 3

The enrollment experience via the portal is eight steps. You will add your demographic information, applicable dependent information, upload required legal documents, and add your beneficiary information.

STEP 4

Once you review and finalize your information, our eligibility team will process your enrollment. Your coverage is effective the first of the month.

# Changing your benefits

Due to IRS regulations, once you have made your elections for 2020, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

### Qualifying life events include, but are not limited to:

- ► Marriage, divorce, or legal separation.
- ▶ Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- ▶ Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.



For a benefits change, visit **teachershealthtrust.org** and download the Active Change form under the "For Members" menu.

The form and proof of the event must be sent to **serviceteam@teachershealthtrust.org** within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted.

Teachers Health Trust offers a medical plan which is administered by Allegiance.

Refer to page 6 for an overview of the plan benefits.

### **HOW THE PLAN WORKS**

You have the freedom to choose between providers and services in Tier 1 or Tier 2 at any time. However, you will pay less out of your pocket when you choose a Tier 1 network provider. The deductibles and out-of-pocket maximums in each tier are completely separate and do not cross accumulate.

- ▶ Tier 1 includes providers in the Preferred Network in Clark County. This is your most affordable option.
- ▶ Tier 2 includes providers in the Cigna Open Access Plus National Network, which is Teachers Health Trust's preferred network outside of Clark County. This is your higher-cost option.

Access the provider network at teachershealthtrust.org/directory.

# PRESCRIPTION DRUGS

Teachers Health Trust Exclusive Network Retail Pharmacies include Alto Pharmacy, CVS, Walmart, Sam's Club, Von's, and Lin's Supermarket (in Overton). If you use a pharmacy outside of Teachers Health Trust's exclusive network, you will incur an additional \$10 pharmacy choice fee per prescription. This pharmacy choice fee does not apply towards your out-of-pocket maximum.

For information on Teachers Health Trust's pharmacy formulary as well as information about the 3x drug/pricing tiers that we offer, please visit **teachershealthtrust.org/pharmacyintro**. You can also access the Teachers Health Trust Formulary by visiting **teachershealthtrust.org/pharmacy** and selecting "Search Our Formulary" at the bottom of the page.

### **PLAN COSTS**

Each enrolled participant receives medical, dental, and vision as a bundled benefit package. Employees receive a \$50,000 term life benefit (excludes COBRA).

	ACTIVE PARTICIPANTS				
Coverage Level	Licensed Employee	Charter School Employee	Shared Contract Employee	Self-Pay Participant	COBRA Participant
	Per Paycheck	Per Paycheck	Per Paycheck	Per Month	Per Month
Subscriber Only	\$0.00	\$0.00	\$145.97	\$656.23	\$669.36
Subscriber + 1	\$105.00	\$105.00	\$250.97	\$892.48	\$910.33
Subscriber + Family	\$220.00	\$220.00	\$365.97	\$1,154.97	\$1,178.07

TWO-CCSD EMPLOYEES*					
Coverage Level	Licensed Employee Married to Another Licensed Employee	Licensed Employee Married to Administrator	Licensed Employee Married to Support Staff or School Police	Licensed Employee Married to Shared Contract Employee	Shared Contract Married to Support Staff or School Police
	Per Paycheck	Per Paycheck	Per Paycheck	Per Paycheck	Per Paycheck
2 CCSD Employees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 CCSD Employees + Family	\$0.00	\$0.00	\$0.00	\$76.91	\$109.22

<sup>\*</sup>Both CCSD employees must enroll in coverage—one as the subscriber and one as the dependent—and complete the Two CCSD Employee Enrollment form.

Click here to download the form.

Summary of Covered

**Plan Year Deductible** 

Medical Benefits

# The table below summarizes the benefits of the medical plan.

The deductible, copays, and coinsurance reflect the amount you pay. Please refer to the official plan document for additional information on coverage and exclusions.

Tier 1: Teachers Health Trust

Preferred Network in Clark County

**Tier 2: Cigna OAP** Preferred Network outside Clark County

Individual/Family	\$500/\$1,500	\$1,500/\$4,500	
Out-of-Pocket Maximum	(Includes deductible, copays, and coinsurance)		
Individual/Family	\$6,850/\$13,700	\$7,900/\$15,800	
Preventive Care	Plan pays 100%	Plan pays 100%	
Physician Services Primary Care Physician Behavioral Health Office Visits Telemedicine (MDLive) Specialist Urgent Care CVS Minute Clinic	\$10 copay \$10 copay Plan pays 100% (when you \$20 copay \$50 copay \$15 copay	\$30 copay \$30 copay u use an MDLive provider) 20% after deductible \$50 copay \$15 copay	
Outpatient Lab Quest Diagnostics Dialysis Labs All other Tier 1 and Tier 2 Providers	Plan pays 100% Plan pays 100% 20%, deductible waived	Plan pays 100% 20% after deductible 20% after deductible	
Outpatient Imaging Freestanding Facilities: X-Ray CT/MRI/PET All Other Tier 1 and Tier 2 Facilities: X-Ray/CT/MRI/PET	Plan pays 100% \$50/\$75/\$200 copay 20%, deductible waived	20% after deductible	
<b>Hospital Services</b> Inpatient Outpatient	\$400 copay per day (\$800 max per visit) \$400 copay per day (\$800 max per visit)	20% after deductible 20% after deductible	
Emergency Room¹	\$250 copay (\$400 copay for non-emergency)	\$250 copay (\$400 copay for non-emergency)	
Summary of Covered Prescription Drug Benefits	<b>Retail Network Pharmacies</b> CVS, Walmart, Sam's Club, Von's, Lin's Supermarket (in Overton)2	<b>Courier Service</b> Alto Pharmacy	
Tier 1—Generic	\$12 copay per 30-day supply \$36 copay per 90-day supply	\$10 copay per 30-day supply \$25 copay per 90-day supply	
Tier 2—Preferred Formulary Brand	25% of the cost, copay max of \$100 per 30-day supply 25% of the cost, copay max of \$300 per 90-day supply		
Tier 3—Non-Preferred Formulary Brand	40% of the cost, copay per 30-day supply 40% of the cost, copay per 90-day supply		
Formulary Diabetic Supplies	\$0 copay (Includes syringes, needles, lancets, and test strips; limited to a quantity of 200 per 30-day supply)		
	<b>Specialty Drugs</b> <sup>3</sup> Alto Pharmacy (Up to a 30-day supply)		
Tier 1—Generic Drugs Tier 2—Preferred Brand Tier 3—Non-Preferred Brand	25% of the cost, up to \$500 max copay 25% of the cost, up to \$500 max copay 40% of the cost, copay, per 30-day supply		

<sup>1)</sup> Copay waived if admitted as inpatient immediately following the emergency room. Non-network emergency room care is covered as in-network. Professional provider services are subject to Tier 1 deductible, then you pay 20%. 2) Prescriptions filled at pharmacies other than Teachers Health Trust's Exclusive Network Retail Pharmacies will incur a \$10 per prescription choice fee in addition to applicable copays. The pharmacy choice fee does not accumulate toward your out-of-pocket maximum. 3) For more information about this service, please contact Alto Pharmacy at 800-874-5881 or visit **alto.com**.

The Hospital Supplement Plan provides financial assistance in the event of hospitalization.

# **HOSPITAL SUPPLEMENT PLAN (FOR EMPLOYEES ONLY)**

If you decide you DO NOT want coverage under the Teachers Health Trust medical plan, you may enroll in the Hospital Supplement Plan. This plan does not cover medical or prescription drugs; however, when you elect the Hospital Supplement Plan you will still receive dental, vision, and life insurance coverage.

The Hospital Supplement Plan pays \$260 per day for every day of overnight inpatient hospitalization or each 24 hours of observation for which room and board is charged. This benefit is paid up to a lifetime maximum of 365 days.

The Hospital Supplement Plan pays benefits directly to you and does not coordinate with any other plan. Your claim must be submitted no later than twelve months following the date of your hospital discharge. The claim must be sent to:

Teachers Health Trust P.O. Box 96238 Las Vegas, NV 89193-6238

The Hospital Supplement Plan is NOT available to dependents.

### **PLAN COSTS**

Each enrolled participant receives the Hospital Supplement Plan, dental, vision, and life insurance as a bundled benefit package. Employees receive a \$50,000 term life benefit (excludes COBRA).

	ACTIVE PARTICIPANTS				
		Charter School Shared Contract Self- Employee Employee Partic			COBRA Participant (Dental/Vision Only)
	Per Paycheck	Per Paycheck	Per Paycheck	Per Month	Per Month
<b>Employee Only</b>	\$0.00	\$0.00	\$21.25	\$85.00	\$54.22

# **KEY TERMS TO KNOW**















### Copay

A fixed dollar amount that you may pay for certain covered services. Typically, your copay is due up front at the time of service.

# Deductible

The amount that you must pay each year for certain covered health services before the plan will begin to pay.

# Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

# **Out-of-Pocket Maximum**

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan will pay 100% of covered services the rest of the year.

### In-network preventive care is free for medical plan members.

The Teachers Health Trust medical plan pays 100% of the cost of preventive care when received from a network provider. This means you won't have to pay anything out of your pocket.



# WHAT IS PREVENTIVE CARE?

The focus of preventive health care is to **PREVENT** illnesses, disease, and other health problems, and to **DETECT** issues at an early stage when treatment is likely to work best.



# WHY IS PREVENTIVE CARE IMPORTANT?

It is important that you have a preventive exam each year— even if you feel healthy and are symptom free—in order to IDENTIFY FUTURE HEALTH RISKS



### WHAT'S COVERED?

Covered preventive services

VARY BY AGE AND GENDER.

Talk with your provider to determine which screenings, tests, and vaccines will be covered, when you should get them, and how often.



### Choose a Tier 1 Teachers Health Trust Preferred Network provider.

Locate a Tier 1 provider by visiting teachershealthtrust.org/directory.



## Request a Tier 1 lab.

When your doctor orders a test, confirm that a Tier 1 network lab will be used. If not, you may incur **additional** out-of-pocket costs.



### Check your explanation of benefits at teachershealthtrust.org/myTHT.

After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.



### Important note about your preventive and non-preventive care:

Some services are generally not considered preventive if they are delivered during a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at **healthcare.gov/coverage/preventive-care-benefits/**.

If you are enrolled in Teachers Health Trust, you are eligible for several important services at no extra cost.

### **MDLIVE**

MDLive provides 24/7/365 virtual access to providers and therapists from your home, office, or on the go.

# When should you use MDLive?

- ► For a non-emergency issue.
- During or after normal business hours, nights, weekends, or holidays.
- If your primary care physician is unavailable.
- ► To request prescription refills when appropriate.
- ▶ When you're traveling and in need of non-emergency medical care.

Constipation

### What can be treated?

Acne

	•		
► Allergies	Diarrhea	▶ Joint aches	► Sore throat
► Asthma	► Ear infection	Nausea	► UTI
► Bronchitis	► Fever	► Rashes	
Cold and flu	► Headache		
What behavioral health conce	erns can be addressed?		
► Addictions	► Gay/lesbian/bisexual/	Panic disorders	► Stress
► Bipolar disorders	transgender issues	► Parenting issues	► Trauma and PTSD
► Child and adolescent issues	Grief and loss	► Postpartum depression	► Women's issues
► Depression	► Life changes	► Relationship and marriage	
► Eating disorders	► Men's issues	issues	

▶ Insect bite

► Sinus infection

Visit members.mdlive.com/tht or download the MDLive app at mdlive.com/mobileapp.

# MEDICAL DECISION SUPPORT

Personalized support from an expert team of doctors, nurses, and researchers to help participants:

- ▶ Understand any medical condition and all available treatment options (cancer, diabetes, ADHD, fertility, and more)
- ► Ask their doctor the right questions
- ► Cope with the stress of having a medical condition

For more information, contact Consumer Medical at 888-361-3944 Monday through Friday from 5:30 a.m. to 8:00 p.m. PST.

### SURGERY DECISION SUPPORT

Information and guidance to help participants decide if surgery is right for them, including:

- ▶ Surgery risks, benefits, and alternative treatment options
- ► Tips to be better prepared for surgery
- Expectations for recovery and beyond

For more information, contact Consumer Medical at 888-361-3944 Monday through Friday from 5:30 a.m. to 8:00 p.m. PST.

# **EXPERT MEDICAL OPINION**

Identifying the most qualified doctors and top-rated hospitals in a participant's area and insurance network, as well as:

- ► Checking credentials and verifying a doctor's training, skills, and experience
- ▶ Help getting a second opinion from elite specialists across the country, either in person or virtually for complex cases

For more information, contact Consumer Medical at 888-361-3944 Monday through Friday from 5:30 a.m. to 8:00 p.m. PST.

### **HEALTH IMPROVEMENT BENEFIT**

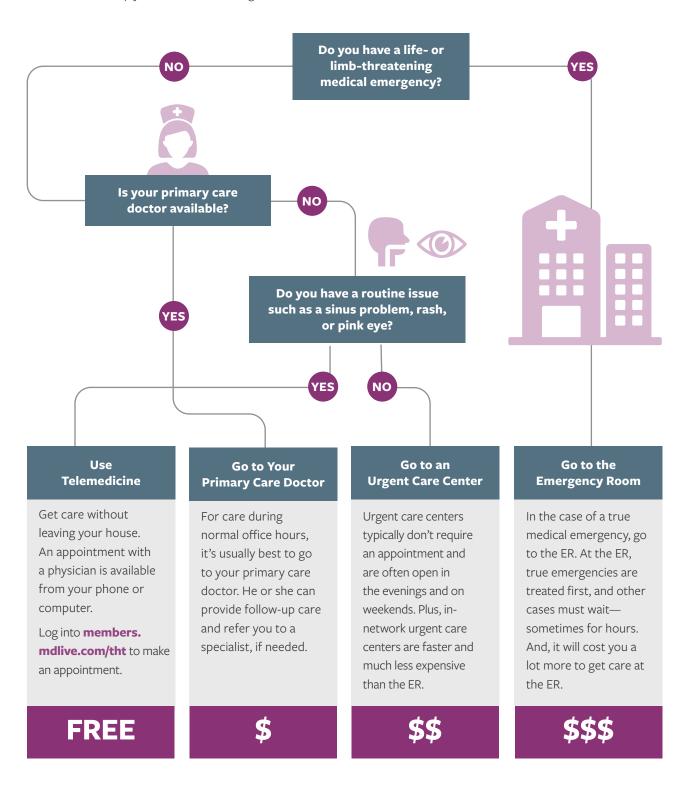
Teachers Health Trust offers a Health Improvement Benefit for all employees enrolled in the medical plan or the Hospital Supplement Plan. The Health Improvement Benefit will pay up to \$50 per calendar year for the following health improvement programs and activities:

- ► Health club memberships
- Personal training
- ► Tobacco prevention counseling and education
- ► Weight management support groups

Claims and itemized receipts must be submitted within six (6) months of receipt date. To download the form, visit **teachershealthtrust.org**. The Health Improvement Benefit is not available to dependents unless the dependent is also a CCSD educator.

## Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



# Dental plan

# Teachers Health Trust offers a dental plan which is administered by Allegiance.

The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Teachers Health Trust network provider in Clark County. If you choose to see an out-of-network provider, you may be responsible for any additional fees exceeding the in-network allowable amounts.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan document for additional information on coverage and exclusions.

Summary of	Teachers Health Trust Dental Plan			
Covered Benefits	In Network	Out of Network		
Plan Year Deductible				
Individual/Family	\$0/\$0	\$0/\$0		
Plan Year Benefit Maximum	\$1,500			
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%		
<b>Basic Services</b> (Periodontal services, endodontic services, oral surgery, fillings)	20% after deductible	20% after deductible		
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	40% after deductible	40% after deductible		
TMJ Appliance Maximum Lifetime Benefit	\$	5500		
Orthodontia Services (up to age 18)	10	00%		
Orthodontia Lifetime Maximum	\$1	,000		



Regular dental visits tell your dentist a lot about your overall health, including whether or not you may be developing a disease like diabetes, heart disease, kidney disease, and some forms of cancer.

# Vision plan

# Teachers Health Trust offers a vision plan through VSP.

The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a VSP network provider at **vsp.com**.

The table below summarizes key features of the vision plan. Please refer to the official plan document for additional information on coverage and exclusions.

Summary of	VSP Vision Plan		
Covered Benefits	In Network	Out of Network	
Eye Exam (Every calendar year)	\$20 copay	\$40 allowance	
Standard Plastic Lenses (Every calendar year) Single/Bifocal/Trifocal/Lenticular	\$o copay	\$30/\$50/\$65/\$125 allowance	
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	\$0 copay \$95–\$105 copay \$150–\$175 copay	\$65 allowance \$65 allowance \$65 allowance	
Frames (Every other calendar year)	\$130 allowance for wide selection, \$150 allowance for featured brands + 20% off balance	\$50 allowance	
Contact Lenses (Every calendar year in lieu of glasses) Elective	\$120 for contacts and contact lens exam (fitting and evaluation)	\$120 allowance	
Medically Necessary	Plan pays 100%	\$210 allowance	



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.



# Life insurance

Teachers Health Trust provides basic life insurance to all benefits-eligible employees AT NO COST through OneAmerica.

► Employee life benefit: \$50,000

Please be sure to keep your beneficiary designations up to date.

The \$50,000 insurance is convertible. You can apply to convert the coverage to an individual whole life policy post-termination of active benefits.

# Notes

# Contact information

# If you have questions regarding your Teachers Health Trust plan, please visit teachershealthtrust.org/contact.

	Contact Number	Website
General	702-794-0272	teachershealthtrust.org
Medical	702-794-0272	teachershealthtrust.org
Claims Questions	702-794-0272	askallegiance.com/THT
Behavioral Health/Substance Abuse	702-780-0738	
Verification of Benefits	406-523-3199	
Hospital Pre-Certification	800-342-6510	
Pharmacy Helpline	833-360-5546	
Alto Pharmacy (Teacher's Health Trust Preferred Pharmacy)	800-874-5881	app.alto.com/signup
Dental	702-794-0272	
Vision—VSP	800-877-7195	vsp.com
Life Insurance—OneAmerica	800-553-3522	ebcontactcenter@oneamerica.com

This summary of benefits is not intended to be a complete description of the terms and Teachers Health Trust benefit plans. Please refer to the plan document for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Teachers Health Trust maintains its benefit plans on an ongoing basis, Teachers Health Trust reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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