

# Benefits Guide

OCTOBER 1, 2022 - SEPTEMBER 30, 2023



TEACHERS HEALTH TRUST  
FOR TEACHERS BY TEACHERS

# In the Know with Your Benefits

**TEACHERS HEALTH TRUST (THT) IS  
A COMPREHENSIVE HEALTH PLAN  
OFFERING MEDICAL WITH  
PRESCRIPTION COVERAGE,  
DENTAL, VISION, AND LIFE  
INSURANCE.**

THT is passionate about providing genuine care, transparency, and optimal health outcomes for the members we serve.

With this spirit, we invite you to review this guide to learn about the benefits available to you for the 2022/2023 Plan Year.

Our dedicated team is always here to help you.  
Email us at: [connect@ththealth.org](mailto:connect@ththealth.org)



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# **Who is Eligible?**

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**YOU ARE ELIGIBLE FOR BENEFITS ON THE FIRST DAY OF THE MONTH FOLLOWING YOUR DATE OF HIRE (I.E. IF HIRED OCTOBER 10, YOUR COVERAGE BEGINS NOVEMBER 1ST) 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 or Teachers Health Trust.
- An active Trustee of the Teachers Health Trust Board of Trustees in the role of a community representative.

**MANY OF THE PLANS ALLOW YOU TO COVER YOUR ELIGIBLE DEPENDENTS, WHICH INCLUDE:**

- Your legal spouse or registered domestic partner in the state of Nevada.\*
- Your children up 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 the eligibility requirements) unless they become an Employee eligible for their own plan.
- Your dependent children of any age who are physically or mentally unable to care for themselves.

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

## **A NOTE ABOUT RETIREE ELIGIBILITY:**

A retiree under age 65 may be eligible for the medical, prescription drug, dental, and vision plans outlined in this guide. Retirees age 65 and older are not eligible for THT but may be eligible for a Medicare Advantage medical and prescription drug plan through UnitedHealthcare as well as the dental and vision plans outlined in this guide. All eligible retirees electing coverage under these THT plans will be covered for \$10,000 term life insurance. For information about retiree benefits, premiums, and how to apply, contact [retirees@ththealth.org](mailto:retirees@ththealth.org) or call 702-794-0272 option 3.

# Coverage Start Date

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**NEWLY HIRED ELIGIBLE EMPLOYEES ENROLLING IN THT BENEFITS WILL HAVE AN EFFECTIVE COVERAGE DATE OF THE FIRST OF THE MONTH FOLLOWING THEIR HIRE DATE.**

If you are a summer new hire starting for the new school year, your coverage will begin on September 1, 2022.

Any changes or additions made during our annual open enrollment period will be effective on October 1, 2022.



# When to Enroll

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## **ENROLLMENT AND/OR CHANGES ARE ONLY AVAILABLE DURING THE FOLLOWING TIMES:**

- 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 THT forms.
- During the annual open enrollment period.
- Within 31 days of a qualifying life event, such as marriage, birth of a child, or divorce: See page 6.
- During a special enrollment period.

## **THE CHOICES YOU MAKE AT THIS TIME WILL REMAIN IN PLACE UNTIL THE FOLLOWING OPEN ENROLLMENT PERIOD UNLESS:**

- You experience a qualifying life event as described on page 6.

## **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.**





**DUE TO IRS REGULATIONS, ONCE YOU HAVE MADE YOUR ELECTIONS FOR THE 2022/2023 PLAN YEAR, YOU CANNOT CHANGE YOUR BENEFITS UNTIL THE NEXT ANNUAL OPEN ENROLLMENT PERIOD. THE ONLY EXCEPTION IS IF YOU EXPERIENCE A QUALIFYING 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.
- Spouse's work status changed affecting their benefits.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

**ADDITIONALLY:**

- Election changes must be consistent with your life event.
- For benefit changes due to a life event, please access your account and make all updates through the HCM PeopleSoft portal.
- Change requests are required to be submitted within 31 days of the qualifying life event date.
- Requests may be submitted after 31 days but will incur an administration fee of \$100.
- Requests submitted after 60 days cannot be accepted.

**WHEN ADDING DEPENDENTS, YOU NEED TO PROVIDE LEGAL DOCUMENTATION. YOUR DOCUMENTS WILL DEPEND ON WHO YOU ARE ADDING TO THE PLAN. HERE IS A LIST OF OPTIONS:**

- Child: Birth certificate or court papers showing they are a legal dependent.
- Spouse: Either your marriage certificate or your most recent tax return and signed affidavit.
- Domestic partner: A copy of your Certificate of Registered Domestic Partnership through the State of Nevada.

# Dual District Employees

## IF YOU AND YOUR PARTNER ARE BOTH BENEFIT ELIGIBLE EMPLOYEES, YOU MAY COMBINE PLANS.

- The benefit for eligible employees on a Dual District plan is a \$0 medical premium.
- A Primary must be designated, making the other employee a dependent.
- If your spouse is support staff or administration and you as the licensed employee wish to join their plan, THT can only offer you the \$50,000 life insurance, all other coverage must be waived.
- A premium is applied for added dependents, see below for details.

## HOW TO ENROLL INTO A DUAL DISTRICT EMPLOYEE PLAN

1. Complete the Dual District Enrollment form available at [ththealth.org/forms](http://ththealth.org/forms).
2. Email the signed and completed form to [connect@ththealth.org](mailto:connect@ththealth.org) OR upload to the OE Portal if enrolling in the Dual District Employee Plan through Open Enrollment.

## PLAN COSTS | PREMIUMS

### SIGNATURE PLAN

	Licensed & Licensed & Licensed & Administrator Per Paycheck DHMO / DPPO	Licensed & Support Per Paycheck DHMO / DPPO	Licensed & Police Per Paycheck DHMO / DPPO	Licensed & Shared & Shared & Administrator Per Paycheck DHMO / DPPO	Shared & Support Per Paycheck DHMO / DPPO	Shared & Police Per Paycheck DHMO / DPPO	Shared & Shared Per Paycheck DHMO / DPPO
Dual District Employees Only	\$0 / \$9.00	\$33.02 / \$42.02	\$48.35 / \$57.35	\$175.87 / \$184.87	\$208.89 / \$217.89	\$224.22 / \$233.22	\$351.74 / \$360.74
Dual District Employees + 1-3	\$61.50 / \$76.50	\$94.52 / \$109.52	\$109.85 / \$124.85	\$237.37 / \$252.37	\$270.39 / \$285.39	\$285.72 / \$300.72	\$413.24 / \$428.24
Dual District Employees + 4+	\$107.50 / \$122.50	\$140.52 / \$155.52	\$155.85 / \$170.85	\$283.37 / \$298.37	\$316.39 / \$331.39	\$331.72 / \$346.72	\$459.24 / \$474.24

### ADVANTAGE PLAN

	Licensed & Licensed & Licensed & Administrator Per Paycheck DHMO / DPPO	Licensed & Support Per Paycheck DHMO / DPPO	Licensed & Police Per Paycheck DHMO / DPPO	Licensed & Shared & Shared & Administrator Per Paycheck DHMO / DPPO	Shared & Support Per Paycheck DHMO / DPPO	Shared & Police Per Paycheck DHMO / DPPO	Shared & Shared Per Paycheck DHMO / DPPO
Dual District Employees Only	\$0 / \$9.00	\$33.02 / \$42.02	\$48.35 / \$57.35	\$175.87 / \$184.87	\$208.89 / \$217.89	\$224.22 / \$233.22	\$351.74 / \$360.74
Dual District Employees + 1-3	\$61.50 / \$76.50	\$94.52 / \$109.52	\$109.85 / \$124.85	\$237.37 / \$252.37	\$270.39 / \$285.39	\$285.72 / \$300.72	\$413.24 / \$428.24
Dual District Employees + 4+	\$107.50 / \$122.50	\$140.52 / \$155.52	\$155.85 / \$170.85	\$283.37 / \$298.37	\$316.39 / \$331.39	\$331.72 / \$346.72	\$459.24 / \$474.24

# Advantage Plan | HDHP

The Advantage Plan is a High Deductible Health Plan (HDHP). This means that you are responsible for all medical costs until you reach your yearly deductible. High-deductible health plans have lower premiums, and you can use a Health Savings Account (HSA) which is a tax benefit.

## PLAN COSTS | PREMIUMS\*

	Full Time Licensed Employees Per Paycheck DHMO / DPPO	Shared Contract Employees Per Paycheck DHMO / DPPO	Self Pay Employees (LOA) Per Month DHMO / DPPO	COBRA Per Month DHMO / DPPO
Subscriber Only	\$7.50 / \$12	\$183.37 / \$187.87	\$718.49 / \$727.49	\$733.16 / \$742.16
Subscriber + 1	\$115 / \$124	\$290.87 / \$299.87	\$933.49 / \$951.49	\$1,089.12 / \$1,107.12
Subscriber + 2-4	\$247.50 / \$262.50	\$413.37 / \$428.37	\$1,198.49 / \$1,228.49	\$1,415.98 / \$1,445.98
Subscriber + 5+	\$252.50 / \$267.50	\$428.37 / \$443.37	\$1,208.49 / \$1,238.49	\$1,405.42 / \$1,435.42

\*For dual district employees, please see page 7.

## HEALTH SAVINGS ACCOUNT (HSA)

An HSA is an account that allows you to set aside money, tax-free, to pay for you and your family's eligible medical expenses. You must be covered by a qualified High Deductible Health Plan (HDHP) to make contributions to an HSA.

## CONTRIBUTION FROM CCSD

Beginning with the 2022-23 Plan Year, CCSD will contribute \$500 for an individual and \$1,000 for a family enrolled in the Advantage Plan. This is deposited into the subscriber's HSA. For all eligible employees who enroll after the 10/01 Plan Year start date, a contribution will be based on the remaining months of the plan.

## IN-AREA/OUT-OF-AREA NETWORK INFORMATION

- ▶ The in-area network benefit is determined by a primary member's registered address with THT received from their employer. If your registered address is in Clark County or Nye County, your in-area network is Sierra Healthcare Options (SHO) and your out-of-network provider is United Healthcare Choice Plus (UHC).
- ▶ If your registered address with THT is outside of Clark County or Nye County, your in-area network is United Healthcare Choice Plus (UHC).

UHC providers in Clark County are not covered unless the service is an emergency or urgent.

- ▶ **DEPENDENT COVERAGE:** If you have a dependent that lives outside of Clark County, please contact us so we can ensure that we have the correct zip code on file so your dependent can access the Choice Plus network. To learn more about these benefits, please visit [ththealth.org/shoelg](http://ththealth.org/shoelg).



# Advantage Plan | HDHP

## MEDICAL | SUMMARY OF BENEFITS

Summary of Covered Medical Benefits	In-Area Network	Out-of-Area Network
PLAN YEAR DEDUCTIBLE Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
OUT-OF-POCKET MAXIMUM Medical and Pharmacy combined <small>Includes deductible, copays, and coinsurance</small>	\$7,000/\$14,000	\$7,000/\$14,000
PREVENTIVE CARE	Plan pays 100%	Plan pays 100%
PHYSICIAN SERVICES Primary Care Physician Behavioral Health Office Visits Telehealth Specialist Urgent Care CVS Minute Clinic	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
LAB/X-RAY Outpatient Clinical Lab Hospital Owned Lab	20% after deductible 20% after deductible	50% after deductible 50% after deductible
STEINBERG DIAGNOSTIC Diagnostic X-Ray Imaging High Tech Services (CT, MRI, PET) All other imaging facilities	20% after deductible 20% after deductible No benefit	50% after deductible 50% after deductible 50% after deductible
HOSPITAL SERVICES Inpatient Outpatient	20% after deductible 20% after deductible	50% after deductible 50% after deductible
EMERGENCY ROOM	20% after deductible	50% after deductible

## PHARMACY | SUMMARY OF BENEFITS

Summary of Covered Prescription Drug Benefits <sup>1</sup>	Home Delivery Service Alto Pharmacy	Retail Network Pharmacy CVS, Walmart, Sam's Club <sup>2</sup>
Tier 1 — Generic	\$15 copay after deductible per 34-day supply <sup>3</sup> \$40 copay after deductible per 35+ day supply <sup>3</sup>	\$15 copay after deductible per 34-day supply <sup>3</sup> \$40 copay after deductible per 35+ day supply <sup>3</sup>
Tier 2 — Preferred Formulary Brand	25% of the cost after deductible, copay max of \$100 per 34-day supply 25% of the cost after deductible, copay max of \$300 per 35+ day supply	
Tier 3 — Non-Preferred Formulary Brand	40% of the cost after deductible, copay per 34-day supply 40% of the cost after deductible, copay per 35+ day supply	
Formulary Diabetic Supplies	\$0 copay after deductible (includes syringes needles, lancets, and test strips; limited to a quantity of 200 per 30-day supply)	
Summary of Covered Prescription Drug Benefits <sup>1</sup>	Specialty Drugs <sup>4</sup> Alto Pharmacy (Up to a 30-day supply)	
Tier 1 — Generic	25% of the cost after deductible, up to \$500 max copay	
Tier 2 — Preferred Formulary Brand	25% of the cost after deductible, up to \$500 max copay	
Tier 3 — Non-Preferred Brand	40% of the cost after deductible, copay, per 30-day supply	

(1) Select products are eligible for a coinsurance assistance program. There is no copay for these products and they do not accumulate toward the out-of-pocket maximum. For more information contact THT at 702-794-0272. (2) Prescriptions filled at pharmacies other than THT'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) If the generic cost of the medication is less than the copay, the individual will be responsible for that lesser amount. (4) For more information about this service, please contact Alto Pharmacy at 800-874-5881 or visit [alto.com](http://alto.com).

# Signature Plan | PPO

The Signature PPO Plan provides more flexibility when picking a doctor or hospital. A key feature of this plan is a larger network of providers. In addition, the Signature Plan may also cover a non-network provider, although it may be at a lower rate.

## PLAN COSTS | PREMIUMS\*

	Full Time Licensed Employees Per Paycheck DHMO / DPPO	Shared Contract Employees Per Paycheck DHMO / DPPO	Self Pay Employees (LOA) Per Month DHMO / DPPO	COBRA Per Month DHMO / DPPO
Subscriber Only	\$15 / \$19.50	\$190.87 / \$195.37	\$733.49 / \$742.49	\$748.16 / \$757.16
Subscriber + 1	\$125 / \$134	\$300.87 / \$309.87	\$953.49 / \$971.49	\$1,209.12 / \$1,227.12
Subscriber + 2-4	\$368 / \$383	\$543.87 / \$558.87	\$1,439.49 / \$1,469.49	\$1,656.98 / \$1,686.98
Subscriber + 5+	\$460.50 / \$475.50	\$636.37 / \$651.37	\$1,624.49 / \$1,654.49	\$1,821.42 / \$1,851.42

\*For dual district employees, please see page 7.

## IN-AREA/OUT-OF-AREA NETWORK INFORMATION

- ▶ The in-area network benefit is determined by a primary member's registered address with THT received from their employer. If your registered address is in Clark County or Nye County, your in-area network is Sierra Healthcare Options (SHO) and your out-of-network provider is United Healthcare Choice Plus (UHC).
- ▶ If your registered address with THT is outside of Clark County or Nye County, your in-area network is United Healthcare Choice Plus (UHC).

UHC providers in Clark County are not covered unless the service is an emergency or urgent.

- ▶ **DEPENDENT COVERAGE:** If you have a dependent that lives outside of Clark County, please contact us so we can ensure that we have the correct zip code on file so your dependent can access the Choice Plus network. To learn more about these benefits, please visit [ththealth.org/shoelg](http://ththealth.org/shoelg).

# Signature Plan | PPO

## MEDICAL | SUMMARY OF BENEFITS

Summary of Covered Medical Benefits	In-Area Network	Out-of-Area Network
PLAN YEAR DEDUCTIBLE Individual/Family	\$500/\$1,500	\$1,500/\$4,500
OUT-OF-POCKET MAXIMUM Medical and Pharmacy combined <small>Includes deductible, copays, and coinsurance</small>	\$7,500/\$15,000	\$7,500/\$15,000
PREVENTIVE CARE	Plan pays 100%	Plan pays 100%
PHYSICIAN SERVICES Primary Care Physician Behavioral Health Office Visits Physical Therapy Telehealth Specialist Urgent Care/CVS Minute Clinic Dispatch Health	\$15 copay \$10 copay \$10 copay Plan pays 100% \$30 copay \$30 copay \$30 copay	50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
LAB/X-RAY Outpatient Clinical Lab Hospital Owned Lab	\$0 copay 20% after deductible	50% after deductible 50% after deductible
STEINBERG DIAGNOSTIC Diagnostic X-Ray Imaging High Tech Services (CT, MRI, PET) All other imaging facilities	\$0 copay \$0 copay No benefit <sup>1</sup>	50% after deductible 50% after deductible 50% after deductible
HOSPITAL SERVICES Inpatient Outpatient	20% after deductible 20% after deductible	50% after deductible 50% after deductible
EMERGENCY ROOM <sup>2</sup>	\$300 copay for first visit after deductible \$750 copay for subsequent visits after deductible	\$300 copay for first visit after deductible \$750 copay for subsequent vi after deductible

(1) Services are 20% after deductible in the event of an emergency. (2) Copay waived if admitted. Non-network emergency room care is covered as in-area network. Professional provider services (emergency or non-emergency) are 20% after deductible.

## PHARMACY | SUMMARY OF BENEFITS

Summary of Covered Prescription Drug Benefits <sup>1</sup>	Home Delivery Service Alto Pharmacy	Retail Network Pharmacy CVS, Walmart, Sam's Club, Smith's <sup>2</sup>
Tier 1 — Generic	\$15 copay per 34-day supply <sup>3</sup> \$40 copay per 35+ day supply <sup>3</sup>	\$15 copay per 34-day supply <sup>3</sup> \$40 copay per 35+ day supply <sup>3</sup>
Tier 2 — Preferred Formulary Brand	25% of the cost, copay max of \$100 per 34-day supply 25% of the cost, copay max of \$300 per 35+ day supply	
Tier 3 — Non-Preferred Formulary Brand	40% of the cost, copay per 34-day supply 40% of the cost, copay per 35+ day supply	
Formulary Diabetic Supplies	\$0 copay (includes syringes needles, lancets, and test strips; limited to a quantity of 200 per 30-day supply)	
Summary of Covered Prescription Drug Benefits <sup>1</sup>	Specialty Drugs <sup>4</sup> Alto Pharmacy (Up to a 30-day supply)	
Tier 1 — Generic	25% of the cost, up to \$500 max copay	
Tier 2 — Preferred Formulary Brand	25% of the cost, up to \$500 max copay	
Tier 3 — Non-Preferred Brand	40% of the cost, copay, per 30-day supply	

(1) Select products are eligible for a coinsurance assistance program. There is no copay for these products and they do not accumulate toward the out-of-pocket maximum. For more information contact THT at 702-794-0272, Option 1. (2) Prescriptions filled at pharmacies other than THT'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) If the generic cost of the medication is less than the copay, the individual will be responsible for that lesser amount. (4) For more information about this service, please contact Alto Pharmacy at 800-874-5881 or visit alto.com.



## Spousal and Domestic Partner Supplement Plan

### A NEW PLAN OPTION THAT REIMBURSES ALL OUT-OF-POCKET COSTS, SUCH AS COPAYS AND COINSURANCES FOR ELIGIBLE EMPLOYEES RECEIVING MEDICAL AND PHARMACY BENEFITS THROUGH THEIR PARTNER.

- The cost of copays, coinsurances and deductibles are eligible for reimbursement.
- The Spousal and Domestic Partner Supplement Plan is NOT a medical insurance plan and does not cover prescriptions.
- This plan is meant to be used in addition to a medical insurance plan you have through your partner's employer.

#### ELIGIBILITY:

- You must have medical insurance through your partner's employer.
- You must have been on a THT medical plan within the past 12 months prior to enrolling. This must be current; historical time on the plan is not eligible.
- Dependents are eligible (12 months on THT medical plan does not apply).
- COBRA participants are not eligible for this plan.

#### HOW TO SWITCH:

1. Select the Spousal and Domestic Partner Supplement Plan during Open Enrollment. This will waive medical coverage with THT.
2. Send the Certificate of Coverage (COC) received from THT to your partner's Human Resources Department in order to be eligible to join their health plan.
  - a. This step must be completed within 30 days of waiving your coverage with THT or you may become ineligible to be added onto your partner's plan.
3. Submit your receipt and EOBs to THT after you receive care.
4. Receive reimbursement for all copays and coinsurances.

#### PLAN COSTS:

	Full Time Licensed Employees Per Paycheck DHMO / DPPO	Shared Contract Employees Per Paycheck DHMO / DPPO	Self Pay Employees (LOA) Per Month DHMO / DPPO
Employee Only	\$0 / \$4.50	\$175.87 / \$180.37	\$703.49 / \$712.49
Employee + 1	\$0 / \$9	\$175.87 / \$184.87	\$703.49 / \$721.49
Employee + 2+	\$0 / \$15	\$175.87 / \$190.87	\$703.49 / \$733.49

# Hospital Supplement Plan (HSP)

- The **Hospital Supplement Plan (HSP)** is available to those with medical coverage outside of Teachers Health Trust.
- The HSP reimburses you for eligible hospital stays, making it a more informed and cost-effective alternative to waiving your THT coverage.
- The HSP reimburses you \$260 per day for:
  - every day of overnight inpatient hospitalization, or
  - each 24-hours of observation for which room and board is charged,
  - with a lifetime maximum benefit of 365 days.

## HOW DOES IT WORK?

- HSP enrollees must send an itemized hospital bill/EOB and payment receipt to THT within 12 months of the discharge date.
- THT will verify, process, and send eligible reimbursements within 7-10 business days.

## WHAT ELSE IS INCLUDED?

- The Hospital Supplement Plan (HSP) includes:
  - Reimbursement for eligible hospital stays
  - Dental Coverage (HMO or PPO)
  - Vision Coverage
  - \$50,000 Life Insurance Benefit

### MAIL CLAIMS TO:

ATTN: HSP  
Teachers Health Trust  
2950 E. Rochelle Ave  
Las Vegas, NV 89121

## AM I ELIGIBLE?

- All active and self-pay (LOA) subscribers are eligible for this plan; however, it is designed for those with active medical coverage through another carrier.
- Retirees and COBRA participants are not eligible for the HSP.
- Dependents are not eligible for the HSP.

## HOW MUCH DOES IT COST?

	Licensed Employee (Per Paycheck)	Shared Contract Participant (Per Paycheck)	Self-Pay Employee / LOA (Per Month)
HSP w/ Dental HMO	\$0.00	\$175.87	\$703.49
HSP w/ Dental PPO	\$4.50	\$180.37	\$712.49

# Dental Plan Options

**THT OFFERS TWO DENTAL PLANS THROUGH CIGNA. ELIGIBLE EMPLOYEES WILL SELECT FROM THE CIGNA DENTAL CARE PLAN AND THE CIGNA DPPO.**

Contact the Cigna line at (800) 564-7642 for more information about your plan options.

## **CIGNA DENTAL CARE PLAN | HMO**

This plan provides the largest network in the nation. Rich benefits include: one treatment per lifetime for orthodontia with no maximum, no deductible, no plan year maximum, and no age limits on sealants. After you enroll, you will receive a notification from Cigna requiring you to select a contracted general dentist.

<b>PLAN COSTS:</b>	Employee only	Employee +1	Employee +2 or more
	\$0 per paycheck	\$0 per paycheck	\$0 per paycheck

## **CIGNA DPPO PLAN | PPO**

This plan offers in- and out-of-network benefits. Members may pay less out-of-pocket when you choose an in-network provider. There is no deductible, an orthodontia lifetime maximum of \$1,000, and a plan year benefits maximum of \$1,500.

<b>PLAN COSTS:</b>	Employee only	Employee +1	Employee +2 or more
	\$4.50 per paycheck	\$9 per paycheck	\$15 per paycheck

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

	Cigna Dental Care Plan In Network Only	Cigna DPPO Dental Plan In Network      Out of Network <sup>1</sup>	
PLAN YEAR DEDUCTIBLE Individual/Family	\$0/\$0	\$0/\$0	
PLAN YEAR MAXIMUM	N/A	\$1,500	
PREVENTIVE CARE (Oral exams, cleanings, x-rays)	Refer to the Patient Charge Schedule (PCS) for a detailed list of covered services and the cost for each. For a list of cost estimates before you enroll, call Cigna at 800-564-7642. After you enroll, a PCS will be mailed to your home. You may also obtain the PCS by visiting mycigna.com or calling 800-244-6224.	Plan pays 100%	Plan pays 100%
BASIC SERVICES (Periodontal services, endodontic, services, oral surgery, fillings)		20%	20%
MAJOR SERVICES (Bridges, crowns, [inlays, onlays], dentures [full/partial])		40%	40%
TMJ APPLIANCE MAXIMUM LIFE BENEFIT		\$500	
ORTHODONTIA SERVICES		100%	
ORTHODONTIA LIFETIME MAXIMUM		\$1,000	

(1) If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balance-billing).

# Vision Plan

## THT 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](http://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.

	VSP Vision Plan	
	In-Network	Out-of-Network
<b>EYE EXAM</b> (Every calendar year)	\$20 copay	\$40 allowance
<b>STANDARD PLASTIC LENSES</b> (Every calendar year)		
Single	\$0 copay	\$30 allowance
Bifocal	\$0 copay	\$50 allowance
Trifocal	\$0 copay	\$65 allowance
Lenticular	\$0 copay	\$125 allowance
<b>LENS ENHANCEMENTS</b>		
Standard Progressive Lenses	\$0 copay	\$65 allowance
Premium Progressive Lenses	\$95-\$105 copay	\$65 allowance
Custom Progressive Lenses	\$150-\$175 copay	\$65 allowance
<b>FRAMES</b> (Every other calendar year)	\$130 allowance for wide selection \$150 allowance for featured brands + 20% off balance	\$50 allowance
<b>CONTACT LENSES</b> (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

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## **THT PROVIDES BASIC LIFE INSURANCE TO ALL BENEFITS-ELIGIBLE EMPLOYEES AT NO COST THROUGH LINCOLN FINANCIAL GROUP**

- The employee life benefit is \$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.

## **OTHER BENEFITS AVAILABLE THROUGH LINCOLN FINANCIAL:**

- FuneralPrep
- LifeKeys®
- TravelConnect®

Visit [ththealth.org/life](http://ththealth.org/life) for further details on your life insurance benefits.

## **HOW TO UPDATE YOUR BENEFICIARIES:**

A life insurance beneficiary is an individual, entity, trustee, or estate named by the policy owner to collect the death benefit proceeds upon the insured's death. There are two types of beneficiaries:

1. Primary beneficiary: The first one in line to collect the death benefit upon the insured's death.
2. Contingent beneficiary: Also known as a secondary beneficiary, is the second one in line to collect the benefit if the primary beneficiary is deceased.

**1**

### **LOG IN TO YOUR HCM PEOPLESOFT PORTAL (HCM.CCSD.NET)**

- Select the 'Benefits Details' tile.
- Click the 'Dependent/Beneficiary' information option from the left side panel.

**2**

### **VIEW OR UPDATE THE BENEFICIARY INFORMATION**

- Click the > icon to begin editing.
- Enter name, personal information, address, SSN, and phone number.

**3**

### **SAVE YOUR UPDATES**

- Click the 'Done' button when finished.
- Save the entry by clicking the 'Save' button (top right corner).



# Insurance Cards

**IF YOU ARE ELIGIBLE AND ENROLLED IN THT, YOU WILL RECEIVE TWO SETS OF NEW INSURANCE CARDS TO YOUR HOME ADDRESS LISTED ON YOUR ACCOUNT PRIOR TO YOUR EFFECTIVE DATE.**

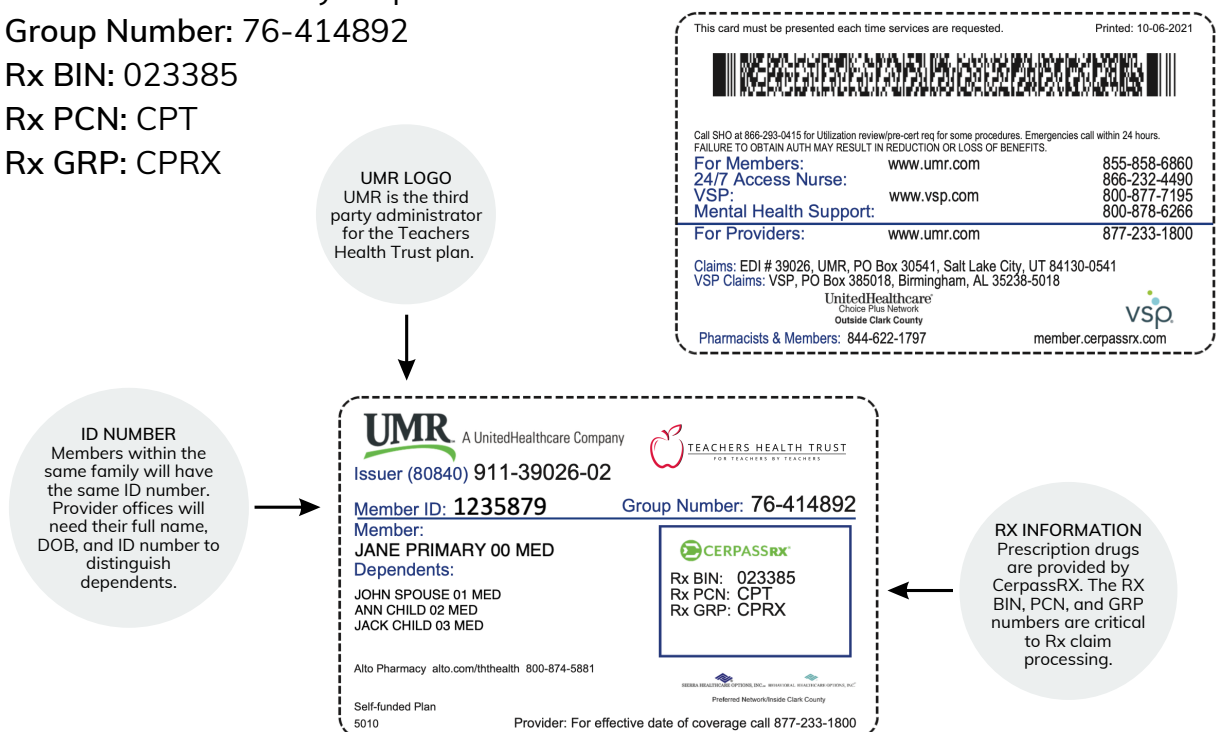
## **REQUESTING A NEW INSURANCE CARD:**

- To order an additional or replacement card, please log into your UMR Member Portal.
- Navigate to the ID Card section under the myMenu column.
- Choose to view a digital card or order physical cards.

This account will need to be registered if not yet already. If you have not received your ID Number and Group ID or need further assistance, please email us at [connect@ththealth.org](mailto:connect@ththealth.org). Your cards should arrive to the mailing address in your account within 10–15 business days.

## **INSURANCE CARD INFORMATION:**

- ID Number: Same as your previous ID Card
- Group Number: 76-414892
- Rx BIN: 023385
- Rx PCN: CPT
- Rx GRP: CPRX



# Preventive Care

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## **THOSE COVERED UNDER A MEDICAL PLAN RECEIVE IN-NETWORK PREVENTIVE CARE AT NO COST.**

The THT 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.

## **TAKE ADVANTAGE OF THT'S ANNUAL PREVENTIVE CARE EXAMS AND SCREENINGS AT NO COST.**

Please note that your provider MUST code your annual exams and screenings as preventive otherwise they will not be paid at 100%. We encourage you to work alongside your doctors as partners in health. You are your own best advocate in this relationship. We have confidence in our providers but knowing your benefits will ensure that your doctor bills these services correctly.

# Covered Services

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## **THE FOLLOWING IS A BRIEF LIST OF ANNUAL PREVENTIVE SERVICES COVERED AT 100%**

Covered preventive care services vary by age and gender, so we recommend you talk with your provider to determine which screenings, tests, and vaccines are recommended for you and your family through every stage of life.

- ▶ Physical examinations
- ▶ Pelvic examinations and pap smears
- ▶ Hearing and vision screenings
- ▶ Mammograms
- ▶ Cardiovascular screening blood tests
- ▶ Colorectal cancer screening tests
- ▶ Vaccinations and immunizations recommended by your physician
- ▶ BRCA1 and BRCA2 when medically indicated
- ▶ Prostate cancer screening (Digital Rectal Examination)
- ▶ Nutritional Counseling

## **COVERED LABORATORY TESTS**

The following laboratory tests are allowed one time per year and covered at 100% when ordered by your provider.

- ▶ CBC (Complete Blood Count with Differential)
- ▶ CMP (Comprehensive Metabolic Panel)
- ▶ Lipid panel (Cholesterol/LDL/HDL/Triglycerides)
- ▶ TSH (Highly Sensitive Thyroid -Stimulating. Hormone)
- ▶ UA (Urinalysis dipstick)
- ▶ HgA1c (Hemoglobin A1c - Determines average blood glucose)
- ▶ PSA (Prostate Specific Antigen)

The following screenings are allowed one time per year for high-risk individuals:

- ▶ Hepatitis B screening
- ▶ Hepatitis C screening
- ▶ HIV screening
- ▶ Syphilis screening

For more information about your preventive care benefits, please call THT at 702-794-0272 or visit [healthcare.gov](https://healthcare.gov) for a list of recommended preventive care services at [healthcare.gov/coverage/preventive-care-benefits/](https://healthcare.gov/coverage/preventive-care-benefits/).

# Additional Benefits

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**IF YOU ARE ENROLLED IN THT, YOU ARE ELIGIBLE FOR SEVERAL IMPORTANT SERVICES AT NO EXTRA COST**

## **VIRTUAL CARE**

Virtual care refers to remote non-clinical services, such as provider care and clinical services, and is provided through video conferencing and/or phone calls and via a HIPAA-compliant platform. The following can be treated through virtual care:

- |              |                 |               |               |
|--------------|-----------------|---------------|---------------|
| ▶ Acne       | ▶ Cold and Flu  | ▶ Fever       | ▶ Nausea      |
| ▶ Allergies  | ▶ Constipation  | ▶ Headaches   | ▶ Rashes      |
| ▶ Asthma     | ▶ Diarrhea      | ▶ Insect bite | ▶ Sore throat |
| ▶ Bronchitis | ▶ Ear Infection | ▶ Joint aches | ▶ UTI         |

Certain treatments are not appropriate for telehealth such as the following:

- |                                   |   |
|-----------------------------------|---|
| ▶ Medical Emergencies             | ▶ Appointments requiring a physical intervention (stitches, wound care, etc.) |
| ▶ Some complex medical conditions | ▶ Contact your provider to learn more   |
| ▶ Pre-operative consultations     |   |

Your telehealth options include:

### **NOWCLINIC**

Visit [nowclinic.com](https://nowclinic.com) to learn more and schedule your telehealth visit.

### **MDLIVE**

Visit [mdlive.com/tht](https://mdlive.com/tht) to learn more and schedule your telehealth visit.

## **DISPATCHHEALTH**

DispatchHealth is a medical care option utilizing on-demand home visits by a licensed medical professional. Your medical team is equipped with all the tools necessary to provide advanced medical care in your home. They are able to treat common to complex injuries and illnesses that are urgent, but not life threatening.

### **USE DISPATCHHEALTH TO:**

- Avoid unnecessary trips to the urgent care or emergency room.
- Access same-day, in-home medical care from the comfort of home.
- Use from 8 a.m. to 10 p.m. seven days a week, including holidays.
- Get assistance with follow-up appointments, calling in prescriptions, and updating your doctors.

Visit [dispatchhealth.com](https://dispatchhealth.com) or call 702-874-8811.

# Additional Benefits

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**IF YOU ARE ENROLLED IN THT, YOU ARE ELIGIBLE FOR SEVERAL IMPORTANT SERVICES AT NO EXTRA COST**

## **HEALTH IMPROVEMENT BENEFIT**

THT offers a Health Improvement Benefit to all employees enrolled in the medical or the Hospital Supplement Plan. This 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 [ththealth.org/forms](http://ththealth.org/forms). The Health Improvement Benefit is not available to dependents unless the dependent is also a CCSD educator.

## **HEALTH EDUCATION AND WELLNESS PROGRAMS**

We understand how difficult it can be to manage a chronic disease and are here to help. We offer health education and wellness programs AT NO COST to you and your family that are designed to support and educate our eligible employees and their dependents on how to reduce the risks when managing or preventing chronic diseases. Our team will help educate, motivate, and provide strategies through individualized 1:1 support for yourself and family.

- ▶ Pre-diabetes
- ▶ Diabetes Type 1 and Type 2
- ▶ Heart health
- ▶ Kidney health
- ▶ Asthma
- ▶ Tobacco cessation
- ▶ Health Education & Wellness
- ▶ Weight management
- ▶ Nutrition

We encourage you to enroll by calling 702-877-5356 or 800-720-7253 (toll free).

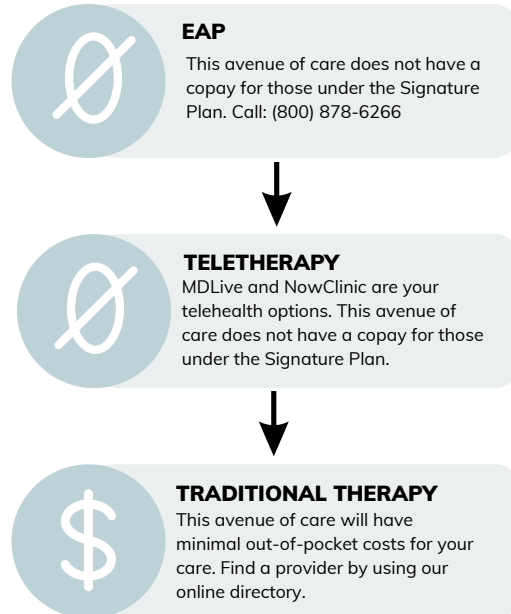
# Healthcare Roadmap

PLEASE REVIEW THESE HEALTH CARE ROADMAPS TO HELP GUIDE YOU IN RECEIVING CARE EFFICIENTLY AND AFFORDABLY:

## I NEED MEDICAL CARE



## I NEED BEHAVIORAL CARE



# **Contact Information**

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**IF YOU HAVE QUESTIONS REGARDING YOUR THT PLAN, PLEASE VISIT [THTHEALTH.ORG/CONTACT](https://ththealth.org/contact).**



## **CALL US (702)794-0272**

- ▶ Option 1 — Claims/Benefits
- ▶ Option 2 — Mental Health
- ▶ Option 3 — Retirees
- ▶ Option 4 — Pharmacy
- ▶ Option 5 — Dental
- ▶ Option 6 — Vision
- ▶ Option 7 — Providers
- ▶ Option 8 — FMLA/LOA/COBRA/  
New hire



## **VIRTUAL MEETING**

Visit [ththealth.org/meeting](https://ththealth.org/meeting)



## **EMAIL US**

[connect@ththealth.org](mailto:connect@ththealth.org)



## **WEBSITE**

[ththealth.org](https://ththealth.org)

This summary of benefits is not intended to be a complete description of the terms and THT 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 THT maintains its benefit plans on an ongoing basis, THT reserves the right to terminate or amend each plan, in its entirety or in any part at any time.