



**Benefits Basics #14:
Open Enrollment Starts October 15!**

Open Enrollment is October 15 – November 15, 2018 for health plan coverage effective January 1, 2019. Are you ready? This issue of *Benefits Basics* has some important Open Enrollment reminders.

What You Need to Know

Open Enrollment is your once-a-year opportunity to review your current plan elections and covered dependents, enroll in or change your medical and/or dental plan, add or drop eligible dependents, and update your beneficiary information. Any changes you make during Open Enrollment will take effect on January 1, 2019.

Think you're happy with your current medical and dental plans and don't want to bother with Open Enrollment? It's important to review your choices carefully. Your health care situation may change for 2019 due to new medical or dental needs and/or dependent changes. Remember: outside of Open Enrollment, you can only make medical and dental plan changes within 60 days of experiencing a qualifying life event, such as getting married or divorced, or having a baby.



**WANT TO COVER YOUR SPOUSE FOR 2019?
REMEMBER TO COMPLETE THE SPOUSAL AFFIDAVIT**

Here's another critical reason to pay attention to Open Enrollment: **even if you completed the Spousal Affidavit last year, you must complete and return it again by November 15 in order to enroll your spouse for 2019 health care coverage.** The Spousal Affidavit indicates whether your spouse has the option to enroll in other group medical coverage through a current employer. If you choose to cover your spouse as primary when he or she has the option to enroll in other group medical coverage, you will need to pay a \$300 monthly spousal premium.

The Spousal Affidavit will be available online starting October 15, at www.teamsters14healthfund.com. After you log in, select *Open Enrollment/Spousal Affidavit* from the left-hand menu.

**OPEN ENROLLMENT:
OCTOBER 15 – NOVEMBER 15**

WHAT HAPPENS IF YOU DON'T ENROLL? If you don't enroll between October 15 and November 15, 2018, you and your covered children will have the same coverage for 2019 as you do now. **But if you're married and your spouse is currently covered under the Fund's medical plan, you MUST complete the Spousal Affidavit by November 15. Otherwise, your spouse will lose medical coverage on January 1, 2019.**

It's Flu Season: Are You Ready?



Flu season starts in October and can last as late as May. It's important to get your flu shot early so you're covered for the entire season. Fortunately, both the PPO and HMO Plans cover annual flu shots for you and your eligible family members at no cost when you see in-network providers. For details about PPO Plan preventive care coverage, see the Preventive Care Services flyer in your enrollment packet or on the Forms and Documents page at www.teamsters14benefits.com. For details about HMO Plan preventive care coverage, see the Preventive Care Guidelines at www.myhpnonline.com. Don't wait until it's too late—get your flu shot today!



Questions about Open Enrollment or Your Benefits?

Contact Zenith American Solutions at **(702) 851-8286**, or visit www.teamsters14healthfund.com and log in.

Be Smart: Don't Overpay for Urgent Care!

If you need medical care quickly but it's not an emergency, don't waste your hard-earned money. **If you go to the emergency room and your medical need is not life-threatening, the PPO Plan pays only \$75 of emergency room charges and you pay the balance—and the HMO Plan pays nothing.**

If you're in the PPO Plan, try one of these options:

- **Urgent Care Centers:** See the list of these centers in your enrollment packet or the Urgent Care Center Pamphlet on the Forms and Documents page at www.teamsters14benefits.com. Or visit www.anthem.com or download the Anthem mobile app from the App StoreSM or Google PlayTM to find a facility near you.
- **LiveHealth Online:** Connect with a doctor 24/7 from the comfort of your home via two-way video on your smartphone, tablet or computer. Visit www.livehealthonline.com or download the LiveHealth Online mobile app from the App Store or Google Play.
- **Dispatch Health:** Have a medical team sent directly to you—at your home, office or wherever you need care. Visit www.dispatchhealth.com, call (702) 848-4443, or download the Dispatch Health app from the App Store or Google Play.

If you're in the HMO Plan, try one of these options:

- Visit a Health Plan of Nevada contracted urgent care facility listed at www.myhpnonline.com.
- Use telemedicine to see a doctor online. Visit www.myhpnonline.com and follow the instructions under NowClinic[®] Virtual Visits.

The Answer Column

Here are the answers to benefits questions we hear most often from our members.

HOW DO I FIND AN IN-NETWORK PROVIDER?



Keep in mind that the Fund has different provider networks for hospital, mental health/substance abuse,

prescription drugs, and other types of medical care. When you need services, choose the right network:

- **Hospitals:** Choose Hospital Coalition providers from the list at www.lvhsc.org.
- **Mental health/substance abuse treatment:** Call Harmony Healthcare at (702) 251-8000 or visit www.harmonyhc.com for an online provider directory.
- **Prescription drugs:** Access the EnvisionRx Pharmacy Locator at www.envisionrx.com or call 1-800-361-4542.

- **All other providers:** Visit www.anthem.com and click "Find a Doctor" under "Menu." Under "Search as a Member," enter "JTF" below "Identification number or alpha prefix," then click "Continue" and follow the instructions.

HOW DO I SUBMIT A CLAIM FOR THE PPO PLAN?



When you receive care from either an in-network or non-network provider, show your Medical ID Card to your provider, who will submit the claim for you. Note that out-of-network benefits will apply for non-network providers.

If your claim involves an accident or injury, the PPO Plan administrator needs additional information before it can process the claim, such as how and where the accident or injury occurred and whether anyone else was involved. This can affect who pays the claim. Medical providers do not include this information when they submit their claims, so the administrator will contact you to obtain it.



HOW DO I PRECERTIFY MEDICAL TREATMENT?



Precertification assures that your health care services meet or exceed accepted standards of care and that the admission and length of stay in a hospital or health care facility, surgery, drug, dental service or other health care services are medically necessary. If you're in the PPO Plan, you will need to precertify certain medical services; see the [Summary Plan Description](#) for a complete list. To start the precertification process, contact Innovative Care Management (ICM) at:

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