



Teamsters Security Fund
for Southern Nevada
Local 14



2019

Open Enrollment Guide



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This brochure is only an overview of your Teamsters Security Fund for Southern Nevada—Local 14 benefits. Refer to the applicable summary plan description for a full description of benefits. In the event of a discrepancy between this brochure and the summary plan description, the information provided in the summary plan description will govern.



Open Enrollment: October 15 – November 15

Important: Your Spouse Could Lose 2019 Coverage

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** (see page 2 for more information).

Welcome to Open Enrollment

Welcome to Open Enrollment for the Teamsters Security Fund for Southern Nevada—Local 14. 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.

Changes you make during this year's Open Enrollment will be effective January 1, 2019.

Outside of Open Enrollment, you are only able to make changes within 60 days of experiencing a qualifying life event, such as getting married or divorced, having a baby, or your spouse losing coverage under his or her own plan. So it's important to think carefully about your choices and make sure you select the right plan choice for your needs.

This Open Enrollment Guide explains your 2019 coverage options and how to enroll. Please read it carefully. If you have questions, call the Teamsters 14 Customer Service Line at (702) 851-8286 or visit www.teamsters14benefits.com—the site will be updated with 2019 Open Enrollment information in mid-October.

How to Enroll and Submit Your Spousal Affidavit

Starting October 15, login to www.teamsters14healthfund.com to complete your Open Enrollment elections and Spousal Affidavit.

ENROLLMENT INSTRUCTIONS

**Open Enrollment:
October 15 – November 15**

1. Login to www.teamsters14healthfund.com.
2. From the left-hand menu, select *Open Enrollment/Spousal Affidavit*.
3. Complete the step-by-step enrollment process.

Note: If you are adding a new dependent, you must upload required documentation, like marriage certificates and birth certificates. If your dependent is already enrolled for 2018 benefits coverage, you do not need to upload new documentation to continue their coverage for 2019.

4. Once you complete the enrollment process, you can either choose to print your enrollment confirmation or have Zenith mail it to you.

REQUIRED: SPOUSAL AFFIDAVIT

To cover your spouse in 2019, you will need to submit a **Spousal Affidavit by November 15** indicating whether your spouse has the option to enroll in other group medical coverage through a current employer. The Spousal Affidavit is available online at www.teamsters14healthfund.com. Note that you will need to complete the Spousal Affidavit during the annual Open Enrollment period each year.

If your spouse has the option to enroll in other group medical coverage but does not elect it and continues to have the Fund's medical plan as primary coverage, you will need to pay a **\$300 monthly spousal premium**. An invoice with payment information will be mailed to you on December 1. Your first payment will be due by December 20, 2018 for coverage in January 2019.

If your spouse does not have the option to enroll in other group medical coverage or is enrolled in his or her employer's health plan as primary and in the Fund's health care plans as secondary, you will not be required to pay a monthly spousal premium, as long as you complete the Spousal Affidavit by November 15.

If you certify that your spouse does not have the option to enroll in other group coverage and enroll him or her in the Fund's medical plan, then later it is determined that your spouse was or had the option to enroll in other group medical coverage, you will need to pay the \$300 spousal monthly premium for each month it should have been applied, plus you may have to pay the Trust Fund back for any benefits that were improperly paid for your spouse.

Questions about Open Enrollment or Your Benefits?

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

Your Medical Plan Choices

Active employees have two medical plan choices:

- PPO Plan (Anthem BlueCross BlueShield Network).** This plan is a preferred provider organization (PPO). It gives you the flexibility to see any medical provider. However, you save money when you use in-network providers. For details on this plan, see the summary plan description, available in your enrollment packet. This plan is self-funded, which means the Fund is financially responsible for the claims, not Anthem or Zenith-American Solutions.
- HMO Plan (Health Plan of Nevada).** This plan is a health maintenance organization (HMO). You must always see Health Plan of Nevada providers in order to receive coverage, except for life-threatening emergencies. Check your enrollment packet for a folder with details on this plan, or review the HMO Summary of Benefits and Coverage at <http://teamsters14benefits.com/forms-and-documents/>. This plan is fully insured, which means Health Plan of Nevada pays the claims.

MEDICAL PLAN COMPARISON CHART

	PPO Plan (Anthem BlueCross BlueShield Network) In-Network Coverage	HMO Plan (Health Plan of Nevada) In-Network Required
Calendar Year Deductible	Single: \$500 Family: \$1,500	None
Out-of-Pocket Maximum The most you pay for covered expenses in a plan year (includes in-network copayments, coinsurance and deductibles) before the plan begins to pay 100%	Medical: Single: \$5,600 Family: \$11,200 Prescription: Single: \$1,000 Family: \$2,000	Single: \$6,250 Family: \$12,500 (Includes prescription drugs)
Preventive Care Services	No cost to you	No cost to you
Physician Services	PCP: \$10 copay Specialist: \$15 copay	PCP: \$35 copay Physician Extender/Asst.: \$25 copay Specialist: \$70 copay
Hospital Inpatient Services	\$100 copay plus 10% coinsurance up to \$5,000	\$500/day up to \$1,500/admission
Hospital Outpatient Services	\$50 copay	\$400/admission
Routine Diagnostic Services	X-ray: \$15/visit Lab: \$5/service	X-ray: \$25/service Lab: \$15/service
Urgent Care Services	\$15 copay	\$40 copay
Emergency Services*	\$50 copay if life-threatening emergency	\$400/visit (waived if admitted)
Prescription Drugs	Generic: \$5 copay Preferred Brand: \$20 copay or 20% coinsurance Non-Preferred: \$45 copay or 45% coinsurance Specialty: \$50 copay (Mail order available)	Low cost: \$25 copay Midrange cost: \$50 copay Highest cost: \$75 copay (Mail order available)

* If your emergency isn't life-threatening, the PPO Plan pays only \$75 of emergency room charges and you pay the balance, which could be as much as \$3,000 per visit, and the HMO Plan pays nothing.



Your Dental Plan Choices

You have two dental plan choices:

✦ **Delta Dental PPO Plan.** Delta Dental gives you the flexibility to see any dental provider, but you save money when you use in-network providers. Delta Dental is America's largest dental network, so you have many providers to choose from. Preventive care services are covered at no cost to you, and you pay coinsurance for other services. The plan has a calendar year maximum and a lifetime orthodontia maximum.

✦ **LIBERTY Dental Plan DHMO-EPO (Benefit Plan NV-400).** LIBERTY Dental Plan is a dental health maintenance organization (DHMO). LIBERTY Dental Plan contracts with a wide network of private dental offices to provide benefits under this plan. With this plan, you can choose any LIBERTY Dental Plan contracted dentist; however, there is no coverage outside of this network. This plan has no annual maximums, no deductibles and \$0 to low out-of-pocket costs.

DENTAL PLAN COMPARISON CHART

	Delta Dental PPO Plan (In-Network Coverage)	LIBERTY Dental Plan DHMO-EPO (Benefit Plan NV-400) (In-Network Required)
Calendar Year Deductible	None	None
Calendar Year Maximum	\$2,000 per person	None
Preventive Care Services	No cost to you for: Routine annual exam and x-rays; Routine cleaning twice/year	No cost to you for: Routine annual exam and x-rays; Routine cleaning twice/year
Basic Services	You pay 20%	See copayment schedule in enrollment packet*
Major Services	You pay 20%	See copayment schedule in enrollment packet*
Orthodontia	You pay 20%; \$1,200 lifetime maximum for children under age 19	Coverage is available for both adults and children; see copayment schedule in enrollment packet*

* The LIBERTY Dental Plan copayment schedule is also available at <http://teamsters14benefits.com/forms-and-documents/>.

Your Other Benefits

Teamsters Security Fund for Southern Nevada—Local 14 provides these other benefits to you automatically—you do not need to enroll for these plans:

- 👉 Vision care
- 👉 Life and accident insurance
- 👉 Employee Assistance Program.

For information about these benefits, see the brochure in your enrollment packet or visit www.teamsters14benefits.com.

Contact Information

To Contact...	Provider Name	Website	Phone Number
Teamsters 14 Customer Service Line, Open Enrollment information	Zenith-American Solutions	www.teamsters14healthfund.com	(702) 851-8286
Fund's Nurse Advocate	Zenith-American Solutions	www.teamsters14healthfund.com	(702) 851-8286
PPO Plan	Anthem BlueCross BlueShield	www.anthem.com	(702) 851-8286
PPO Pharmacy Benefits	Envision Rx	www.envisionrx.com	(800) 361-4542
Precertification of Admissions and Certain PPO Plan Services	Innovative Care Management	www.innovativecare.com	(800) 862-3338
HMO Plan	Health Plan of Nevada	www.myhpnonline.com	(702) 242-7300 or (800) 777-1840
Dental PPO Plan	Delta Dental Plan	www.deltadentalins.com	(702) 851-8286
Dental DHMO-EPO Plan (Benefit Plan NV-400)	Liberty Dental Plan	www.libertydentalplan.com	(888) 401-1128

