



Teamsters Security Fund
for Southern Nevada
Local 14



2021 Open Enrollment Guide



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Appointment Required!

Due to the COVID-19 pandemic, you must call to make an appointment before visiting the Fund Office: **702-851-8286**.

Walk-in appointments are not available.

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 2021 Coverage

If you don't enroll between October 15 and November 15, 2020, you and your covered children will have the same coverage for 2021 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 online spousal affidavit by November 15. Otherwise, your spouse **WILL LOSE** medical coverage on January 1, 2021 (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
- Update your beneficiary information

Changes you make during this year's open enrollment will be effective January 1, 2021.

Outside of open enrollment, you cannot make changes to your plan elections during the year. **Coverage-level changes** are allowed at other times of the year *only if you experience a qualifying life event*, such as getting married or divorced, having a baby, or your spouse losing coverage under his or her own plan, but you must make the changes within 60 days of experiencing the qualifying life event. 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 2021 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 **[teamsters14benefits.com](https://www.teamsters14benefits.com)**.

Visit a Teamsters Local 14 Family Wellness Center for Your Health Care Needs

The Teamsters Local 14 Family Wellness Centers—staffed by experienced medical teams, including a full-time primary care physician—offer high-quality, confidential medical care, access to certain prescription drugs, and lab work. PPO plan members and their covered dependents can visit the centers (by appointment) at no out-of-pocket cost! HMO plan members can also take advantage of the centers. Learn more at **[wp.activatehealthcare.com/teamsters14](https://www.wp.activatehealthcare.com/teamsters14)**.

How to Enroll and Submit Your Spousal Affidavit

Starting October 15, log in to teamsters14healthfund.com to complete your open enrollment elections and spousal affidavit.

Enrollment Instructions

1. Log in to teamsters14healthfund.com.
2. In the left-hand menu, click **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, such as a copy of your certified marriage certificate (not the license) for a spouse and a copy of the certified birth certificate for a child. **If your dependent is already enrolled for 2020 benefits coverage, you do not need to upload new documentation to continue their coverage for 2021.**
4. Once you complete the enrollment process, you can choose to either print your enrollment confirmation or have Zenith American Solutions mail it to you.

Submit an online spousal affidavit by November 15.

Required: Spousal Affidavit

To cover your spouse in 2021, you will need to submit an online **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 an electronic (not paper) questionnaire that is available online at teamsters14healthfund.com. You 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 be required 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, 2020 for coverage starting January 1, 2021.
- **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 coverage (pays first) and in the Fund's health care plan as secondary coverage (pays second)**, you will not be required to pay a monthly spousal premium, as long as you complete the online spousal affidavit by November 15.

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

Frequently Asked Questions

If my spouse is covered under both the Teamsters Local 14 plan and her employer's plan, how will benefits be coordinated?

Your spouse's coverage under her employer's plan will be primary (pays first); coverage under the Teamsters Local 14 plan will be secondary (pays second). This means the Teamsters Local 14 plan will pay the same benefits it would have paid had it paid first, minus whatever payments were actually made by your spouse's employer's plan. The benefits paid will not be more than 100% of the claim amount.

How do I know whether the plan offered by my spouse's employer is a group health plan?

A group health plan is any employer-provided group health plan coverage, whether insured or self-insured, that is or would be excludable from a spouse's gross income under federal tax law if it were paid for by the employer. Generally, this includes most types of medical plans offered to employees by private, not-for-profit, and government employers.

Find more FAQs at teamsters14benefits.com!

Your Medical Plan Choices

Active members have two medical plan choices:

➤ **PPO Plan (Anthem Blue Cross Blue Shield 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, not Anthem or Zenith American Solutions, is financially responsible for the claims.

➤ **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 [teamsters14benefits.com/forms-and-documents](https://www.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 Blue Cross Blue Shield Network) In-Network Coverage	HMO Plan (Health Plan of Nevada) In-Network Required
Calendar-Year Deductible	Single: \$500 Family: \$1,500	None
Teamsters Local 14 Family Wellness Centers · Primary/acute health care · Preventive care · Certain generic medications	No cost to you (no copay or deductible)	No cost to you (no copay or deductible)
Out-of-Pocket Maximum The most you pay for covered expenses in a calendar year (includes deductibles, in-network copayments, and coinsurance) 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
Telemedicine Services	LiveHealth Online: \$10 copay, not subject to deductible	NowClinic: No cost to you
Hospital Inpatient Services	\$100 copay plus 10% coinsurance up to \$5,000	\$500 per day up to \$1,500 per admission
Hospital Outpatient Services	\$50 copay	\$400 per admission
Routine Diagnostic Services	X-ray: \$15 per visit Lab: \$5 per service	X-ray: \$25 per service Lab: \$15 per service
Urgent Care Services	\$15 copay	\$40 copay
Emergency Services*	\$50 copay if life-threatening emergency	\$400 per visit (waived if admitted)
Prescription Drugs (mail order available)	Generic: \$5 copay Preferred Brand: \$20 copay or 20% coinsurance Non-Preferred: \$45 copay or 45% coinsurance Specialty: \$50 copay	Low cost: \$25 copay Midrange cost: \$50 copay Highest cost: \$75 copay

* 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. 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 a year	No cost to you for: Routine annual exam and x-rays; routine cleaning twice a 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 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:

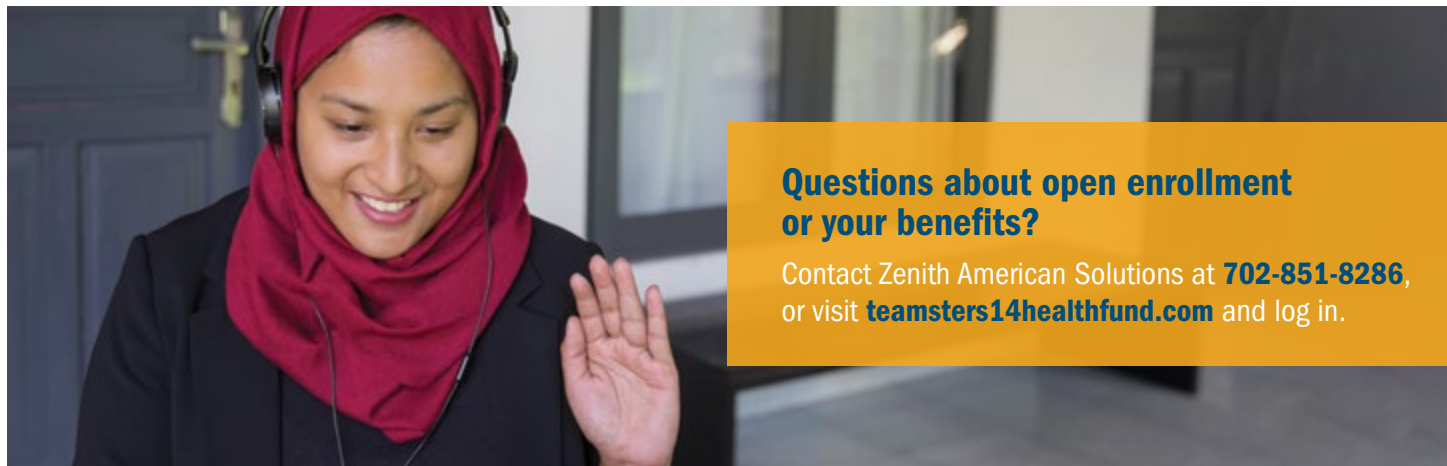
- Vision care
- Life and accident insurance
- Employee Assistance Program

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

Check Your Beneficiaries!
 For your life insurance benefit, it's important to designate a beneficiary. This is a person, persons, or an entity that will receive your benefit if you die while a plan participant. It's essential that you review your beneficiary elections every open enrollment to make sure they are still accurate and that your beneficiary's contact information is up to date.

Contact Information

To Contact...	Provider Name	Website	Phone Number
Teamsters 14 Customer Service Line, Open Enrollment Information	Zenith American Solutions	teamsters14healthfund.com	702-851-8286
Teamsters Local 14 Family Wellness Centers	Activate Healthcare	wp.activatehealthcare.com/teamsters14	Henderson: 702-728-5806 Northwest Las Vegas: 702-844-8143
PPO Plan	Anthem Blue Cross Blue Shield	anthem.com	702-851-8286
PPO Pharmacy Benefits	Elixir (previously EnvisionRx)	elixirsolutions.com	800-361-4542
Precertification of Admissions and Certain PPO Plan Services	Innovative Care Management	innovativecare.com	800-862-3338
HMO Plan	Health Plan of Nevada	myhponline.com	702-242-7300 or 800-777-1840
Dental PPO Plan	Delta Dental	deltadentalins.com	702-851-8286
Dental DHMO-EPO Plan (Benefit Plan NV-400)	LIBERTY Dental Plan	libertydentalplan.com	888-401-1128
Vision Plan	VSP	vsp.com	800-877-7195
Employee Assistance Program (EAP)	Harmony Healthcare	harmonyhc.com/eap/accounts/teamsters-14	702-251-8000 or 800-363-4874



Questions about open enrollment or your benefits?
 Contact Zenith American Solutions at **702-851-8286**, or visit teamsters14healthfund.com and log in.



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