



How Does Your Fund Work?

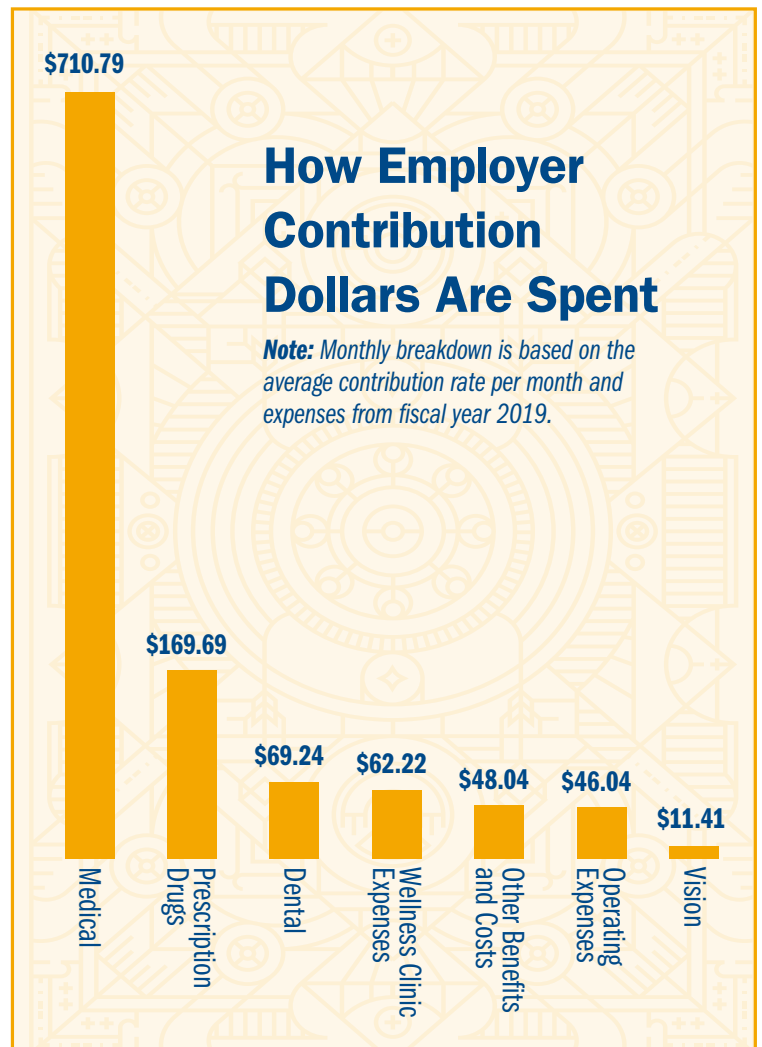
Participating employers have agreements with Teamsters Local 14 that require contributions for members' work in covered employment. In return, the Fund provides medical, prescription drug, dental, vision, and other benefits to participants.

The Security Fund is self-funded for certain coverage options, including the Anthem Blue Cross Blue Shield PPO plan, prescription drug coverage, the Delta Dental PPO plan, and vision coverage.

Self-funded means employer contributions and self-payments (and any investment earnings on those contributions) are used to pay benefits when you have eligible health care expenses. The money does not come from an insurance company—for example, from Anthem Blue Cross Blue Shield for the PPO plan.

If you're enrolled in any of the self-funded plans, benefits for eligible health care expenses that you and your covered family members have are paid by the Fund. Since the Fund manages expenses for these plans, the Fund can build up reserves—which provide a level of stability in times of uncertainty. For example, a portion of Fund reserves was used to continue coverage for out-of-work members at the start of the COVID-19 pandemic.

The chart to the right illustrates how monthly employer contributions are used to pay for different types of Fund expenses. **Note:** Employer contributions vary by employer. This chart shows the average monthly contribution amount.



Questions About Your Benefits? Visit the Teamsters Local 14 benefits website at teamsters14benefits.com.

Save Money—Use In-Network Providers

In-network providers have discounted fee arrangements with Anthem Blue Cross Blue Shield (PPO plan) and Health Plan of Nevada (HMO plan), making their fees lower than non-network providers. So when you use in-network providers, you pay less, and so does the Fund. Under the PPO plan, if you use a non-network provider, your annual deductible is higher and the plan only pays 50% of the allowable expense—you pay the balance. If you use in-network providers, you'll only have a copayment after you meet your deductible. Under the HMO plan, if you use a non-network provider, your non-network care isn't covered, except in emergency situations.

Make the Family Wellness Center Your First Stop for Care

Visit the Family Wellness Center for convenient, primary/acute health care, preventive care, and medications. **It's available at no cost to you!** Your covered dependents can also visit the Family Wellness Center for no-cost care.

If a service is not available at the Family Wellness Center, visit an in-network provider to pay the least for your care.

Don't Have an In-Network Provider? Finding One Is Easy

The Fund has different provider networks for various kinds of care, including for hospitalization, mental health/substance abuse treatment, and prescription drug fulfillment. When you need services, be sure you choose the right network.

Benefit/Service	Phone	Website
PPO Plan (Anthem Blue Cross Blue Shield Network)		
Hospitals (Health Services Coalition)		lvhsc.org/coalition
Mental health/substance abuse treatment (Harmony Healthcare EAP)	702-251-8000 or 800-363-4874	harmonyhc.com/eap/accounts/teamsters-14
Prescription drugs (Elixir)	800-361-4542	elixirsolutions.com
All other providers (Anthem)		anthem.com
HMO Plan (Health Plan of Nevada)		
Visit myhpnonline.com for a provider directory.		

Did You Know You're Eligible for Retiree Coverage?

The Fund provides retiree coverage to eligible non-Medicare participants and their dependents. You're eligible for retiree coverage if you have been eligible for Fund coverage as an active participant, or through COBRA, for 90 of the 120 months immediately before retirement.

If you live in the Health Plan of Nevada (HPN) area, you may only enroll in the HMO medical plan. If you live outside the HPN area, you may only enroll in the PPO medical plan.

As an eligible retiree, you can also continue your Fund-sponsored dental, vision, life insurance, and accidental death and dismemberment (AD&D) coverage until you become eligible for Medicare. You'll make monthly self-payments to the Fund to cover a portion of the cost of your coverage. If you become eligible for Medicare and lose your coverage, you can continue to cover your eligible dependents if you make self-payments.

Preventive Care May Actually Save Your Life

Getting regular checkups and exams can help you and your family stay well and detect health problems early. This will save you time and money and can protect your health. For many diseases and conditions that cause serious illness—or even death—like diabetes, high blood pressure, and high cholesterol, early detection is important to getting the most effective treatment and the best outcome possible.

Preventive care is covered at 100% if you visit an in-network provider.

Consider a visit to the Fund's Family Wellness Centers for your preventive care. The centers provide physicals and annual wellness checkups, flu shots, health coaching, health profiles, and personal health goal development.

Flu season started in October and can last as late as next May. It's important to get your flu shot now.

Call a Teamsters Family Wellness Center to schedule a FREE flu shot: 702-728-5806 (Henderson) or 702-844-8143 (Northwest Las Vegas). Or, visit an in-network provider for no-cost flu shots for you and your eligible family members. Don't wait until it's too late—get your flu shot today!

Your Flu Shot at Your Doorstep

You don't have to leave your house to get quick, convenient, in-person care. Call Doctor Roo (doctoroo.com) or Dispatch Health (dispatchhealth.com)—both are on-demand, mobile urgent care services. They're available to bring your flu shot to you for only a \$15 copay.