



Teamsters Security Fund
for Southern Nevada
Local 14



Understanding Your Health and Welfare Benefits



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Comprehensive Coverage for You and Your Family

As a valued Teamsters Security Fund for Southern Nevada – Local 14 participant, you and your eligible family members are covered by a comprehensive health and welfare benefits package. You have the flexibility to choose between two medical plans and two dental plans, plus your package includes vision care and life insurance coverage, along with an employee assistance program.



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.



Eligibility

You are eligible for Teamsters Security Fund for Southern Nevada – Local 14 health and welfare benefits if you are:

- An active employee of a participating employer, you have met the initial eligibility requirements (see chart to the right), and you have maintained continuous eligibility, or
- A retiree of a participating employer, you have maintained continuous eligibility, you are not yet eligible for Medicare, and you were eligible as an active employee, or through COBRA, for 90 of the 120 months immediately before retirement. **Note:** Up to 30 months of service outside the bargaining unit with the same employer will be counted toward satisfying the 90-month requirement. See the summary plan description for more information on eligibility.

Your eligible dependents include:

- Your legal spouse. If you choose to cover your spouse, you will need to submit a spousal affidavit. See page 4 for more information.
- Your children up to age 26, including:
 - Natural children
 - Stepchildren
 - Legally adopted children
 - Children placed for adoption
 - Children for whom you are the court-appointed guardian

Initial Eligibility Requirements

You become eligible on the first day of the month after the Fund Office receives your employer's first contribution made on your behalf. Employers are required to make contributions on the 20th of each month for benefits coverage starting the first of the following month (see chart below).

Date of Hire	Contribution Date	Coverage Begins
January 1 – January 31	February 20	March 1
February 1 – February 28/29	March 20	April 1
March 1 – March 31	April 20	May 1
April 1 – April 30	May 20	June 1
May 1 – May 31	June 20	July 1
June 1 – June 30	July 20	August 1
July 1 – July 31	August 20	September 1
August 1 – August 31	September 20	October 1
September 1 – September 30	October 20	November 1
October 1 – October 31	November 20	December 1
November 1 – November 30	December 20	January 1
December 1 – December 31	January 20	February 1

Required Documents for Dependent Coverage

To enroll dependents, send copies of the following documents along with your completed enrollment form:

- Spouse: spousal affidavit and certified marriage certificate
- Children/stepchildren: certified birth certificate or court-appointed guardianship certificate; divorce decree for stepchildren, if applicable

If your dependents lose eligibility for coverage due to divorce, legal separation, or death, you must notify the Fund by sending a copy of one of the following applicable documents along with an updated enrollment form:

- Divorce decree
- Legal separation papers
- Death certificate

Note: You must list the Social Security number for all dependents on the enrollment form.



Enrollment

Initial Enrollment

To enroll for health and welfare benefits, complete the enrollment form and spousal affidavit in your enrollment packet and return them both to the address on the form, along with the required documents listed on page 3 for your dependents.

SPOUSAL AFFIDAVIT

To cover your spouse, you will need to submit the spousal affidavit, included with your enrollment materials, indicating whether your spouse has the option to enroll in other group medical coverage through a current employer.

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.

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

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

Making Changes

You can make changes each year to your coverage elections during open enrollment. 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 open enrollment each year are effective the following January 1.

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 their own plan. So it's important to think carefully about your choices and make sure you select the right plan choice for your needs.



Your Medical Plan Choices

Active employees 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. Your enrollment packet includes a summary plan description with plan details. This plan is self-funded, which means the Fund—not Anthem or Zenith American Solutions—pays 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. Your enrollment packet includes a folder from Health Plan of Nevada with plan details. 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
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 drugs: Single: \$1,000 Family: \$2,000	Single: \$6,250 Family: \$12,500 Includes prescription drugs
Family Wellness Centers	Medical services: No cost to you Labs: \$0 copay	Medical services: No cost to you Labs: \$0 copay
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	Generic: \$5 copay Preferred brand: \$20 copay or 20% coinsurance Non-preferred: \$45 copay or 45% coinsurance Specialty: \$50 copay Mail order available for all tiers	Low cost: \$25 copay Midrange cost: \$50 copay Highest cost: \$75 copay Mail order available for all tiers

*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.



Who Is Everside Health?

Everside Health operates health and wellness centers across the country for organizations, employers, and plans of all sizes. Everside's mission is to "transform health care by activating associates and their families to take charge of their health and organizations to take charge of health care costs."

Contact a Wellness Center and Schedule an Appointment

Henderson Family Wellness Center

2739 Sunridge Heights Parkway
Henderson, NV 89052
702-728-5806
After hours: 877-239-9372

Northwest Las Vegas Family Wellness Center

2831 Business Park Court
Las Vegas, NV 89128
702-844-8143
After hours: 877-239-9372

eversidehealth.com/teamsters14

Visit a 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.

At the Family Wellness Centers in Henderson and Las Vegas, you receive the same services as those provided by a board-certified primary care physician (PCP), including:



➤ **Primary/acute health care:** Sick visits, condition management for chronic illnesses, lab/blood work and allergy testing



➤ **Preventive care:** Physicals and annual wellness checkups, flu shots, health coaching, health profiles, and personal health goal development



➤ **Medication:** Approximately 50–75 generic prescription medications dispensed onsite

When needed, center providers will refer you to cost-effective, high-quality specialists and outside services.

You can visit the Family Wellness Centers as much or as little as you want and still continue to see your primary care physician. However, consider making one of these centers your primary medical care home. Physician visits outside of the centers will continue to be subject to deductibles and copays.

Why Visit a Family Wellness Center?

Centers offer three important C's: cost, confidentiality, and convenience. When combined, these three elements help to ensure an excellent medical care experience!



COST

➤ **FREE** services and medications for you



CONFIDENTIALITY

➤ Your medical information will not be shared with your local union or your employer



CONVENIENCE

➤ Two convenient locations
➤ Same-day visits available
➤ Minimal waiting times



Save Money on Medical Costs

Get Preventive Care

Teamsters Local 14 encourages all members to get preventive care services, which are covered by both plans at 100%. Spending a relatively small amount of time now can save you a lot of time, money, and discomfort in the future. Early detection is often key to treatment of many diseases and conditions that cause serious illness or even death. For a list of covered preventive care services for the PPO plan, see the preventive care sheet in your enrollment packet or available at teamsters14benefits.com; for the HMO plan, visit myhpnonline.com.

If You're in the PPO Plan...

- For information on when to visit an emergency room, see page 3 of the urgent care pamphlet. You'll find the pamphlet at teamsters14benefits.com under "Forms and Documents" in the top navigation.
- If you need non-emergency medical services right away, use one of these options rather than an emergency room:
 - **LiveHealth Online:** Get 24/7 advice, treatment, and prescriptions from a board-certified doctor via live, two-way video on your computer or mobile device. See page 8 for details.
 - **Urgent care center or retail clinic:** See the list in your enrollment packet or available at teamsters14benefits.com.
 - **DispatchHealth:** Request on-demand and on-location urgent care services provided by board-certified physicians, nurse practitioners, and physician assistants. Visit dispatchhealth.com, call **702-848-4443**, or download the DispatchHealth app.
 - **Doctoroo:** Accessible and affordable urgent care now comes to your home. Request board-certified doctors, nurse practitioners, and physician assistants to deliver the care you need 365 days a year. Visit doctoroo.com, call **702-919-7718**, or download the Doctoroo app.

➤ **Obtain precertification when needed:** If you need surgery or other high-cost medical services, contact Innovative Care Management (ICM) at **800-862-3338** for precertification.

➤ **Understand the Personal Savings Program:** Save up to 65% on lifestyle medications—including acne and weight loss medications and other dietary supplements. To receive discounts, just show your Elixir prescription card at the counter. There are no forms to fill out or claims to submit.

If You're in the HMO Plan...

Visit myhpnonline.com to learn about Health Plan of Nevada's programs and resources:

- HPN symptom checker
- 24/7 telephone advice nurse service
- NowClinic 24/7 online care
- Health education and wellness programs and classes
- Online health education resources
- Health management program for chronic conditions

How to Find a Medical Plan Provider

PPO Plan (Anthem Blue Cross Blue Shield Network)

- **Hospitals:** lvhsc.org/coalition
- **Mental health/substance abuse treatment:** 702-251-8000 or harmonyhc.com/eap/accounts/teamsters-14
- **All other providers:** Visit anthem.com and click "Find Care" at the top right of the screen. Scroll down to "Member ID number or prefix" and enter "JTF." Select "Search."

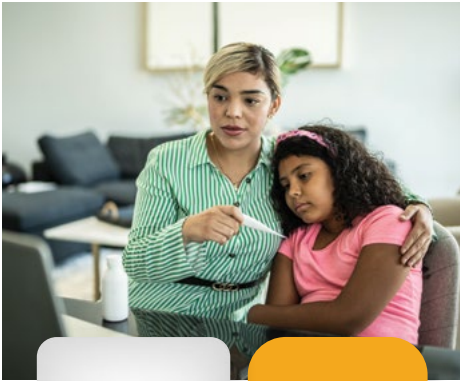
HMO Plan
(Health Plan of Nevada)

Visit myhpnonline.com for a provider directory.

Knowing where to go for care can save you time and money. Remember: Emergency rooms are for emergencies only. If your injury or illness is not life-threatening, please visit an urgent care center or a primary care physician.

Need a Lab Test?

For in-network coverage of laboratory tests, use a LabCorp facility listed at labcorp.com/wps/portal/findalab.



Telemedicine

Connect 24/7 to a U.S.-based, board-certified doctor in minutes via two-way video using your smartphone, tablet, or computer.

Plan	Provider	Cost	Contact Information
PPO Plan	LiveHealth Online	\$10 copay	Visit livehealthonline.com or download the LiveHealth Online mobile app to speak with a doctor.
HMO Plan	NowClinic	\$0 copay	Visit nowclinic.com or download the NowClinic mobile app to speak with a doctor. Behavioral health appointments must be made by calling 800-873-2246 .

If you're in the HMO plan, you can also access behavioral health providers through NowClinic! You must make an appointment before a behavioral health visit. No appointment is necessary for other services.

Here's How It Works

Telemedicine uses the same technology as video chat services such as FaceTime and Skype, but is delivered using secure, HIPAA-compliant technology so your virtual office visits are completely confidential. Consultations generally last 10 minutes and include:

- Evaluation of your issue
- Discussion of your diagnosis
- Summary of your consultation and follow-up recommendations
- Submission of any necessary prescriptions, subject to certain restrictions

When to Use Telemedicine

Use telemedicine when you have a minor medical issue that otherwise might require a visit to your primary care provider, an urgent care center, or an emergency room for a non-emergency issue. The most common conditions typically treated through telemedicine are shown below:

- | | | | |
|------------------|-------------------------|----------------------------|------------------------|
| ➤ Allergies | ➤ Fevers | ➤ Respiratory infections | Pediatric Care: |
| ➤ Asthma | ➤ Headaches | ➤ Sinus infections | ➤ Colds and flu |
| ➤ Bronchitis | ➤ Insect bites | ➤ Skin inflammation | ➤ Constipation |
| ➤ Colds and flu | ➤ Joint aches and pains | ➤ Sore throats | ➤ Ear infections |
| ➤ Constipation | ➤ Poison ivy | ➤ Sports injuries | ➤ Fevers |
| ➤ Diarrhea | ➤ Rashes | ➤ Urinary tract infections | ➤ Nausea |
| ➤ Ear infections | | | ➤ Pinkeye |
| | | | ➤ Vomiting |

Only use telemedicine for non-emergency medical situations. If your medical concern is an emergency, always call 911. If you need care for an ongoing chronic condition or an annual or routine physical, you should schedule an in-person appointment with your provider.

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. 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	LIBERTY Dental Plan DHMO-EPO
	In-Network Coverage	(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; not subject to the calendar-year maximum	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% \$2,000 lifetime maximum for children under age 19	Coverage is available for both adults and children; see copayment schedule in enrollment packet

How to Find a Dental Plan Provider

DELTA DENTAL PPO PLAN

Visit deltadentalins.com and use the “Find a dentist” search box.

LIBERTY DENTAL PLAN DHMO-EPO (BENEFIT PLAN NV-400)

See the provider list in your enrollment packet, or visit libertydentalplan.com, click the “Find a dentist” tab, and, under “Search Criteria,” select “Nevada” as the state and “NV-100 through NV-700” as the network. Complete the rest of the requested information and click “Search.” You can also call LIBERTY Dental Plan at **888-401-1128**.

Your Vision Care Benefits

Your vision care benefits are provided through VSP. You’ll choose from an extensive list of providers in our area and receive coverage for exams, frames, and contacts, as shown below.

	VSP In-Network Required
Eye exam	\$15 copay every 12 months
Frames	100% up to \$200 every 24 months
Contact lenses	Exam and fitting: \$60 copay Contacts instead of eyeglasses: 100% up to \$120 every 12 months

How to Find a VSP Provider

Visit vsp.com, click “FIND A DOCTOR,” and follow the instructions. Or call **800-877-7195**. At your appointment, tell them you have VSP. No ID card is necessary.



Your Life and Accident Insurance Coverage

Teamsters Local 14 provides the following life and accidental death and dismemberment insurance coverage:

- Active employees: \$25,000
- Dependents of active employees:* \$10,000
- Retirees who have maintained continuous eligibility and are not yet eligible for Medicare: \$10,000

* Dependents must be listed on the policy.

Note that dismemberment coverage may be different from life insurance coverage. For details, contact Zenith American Solutions at **702-851-8286**.

Your Employee Assistance Program

Teamsters Local 14 provides an employee assistance program (EAP) through Harmony Healthcare for all members and their immediate families. The program includes two services:

- Mental health and substance abuse treatment authorization
- Free, confidential counseling for personal and family concerns

Mental Health and Substance Abuse Treatment Authorization

If you or a covered family member needs treatment for mental health or substance abuse, you must contact Harmony Healthcare for authorization and use a Harmony Healthcare network provider to pay the least for your care. The Harmony Healthcare network includes two main clinics and over 220 individual providers throughout the Las Vegas area.

To obtain an authorization and receive a referral to a network provider, call Harmony at **702-251-8000** or **800-363-4874**, available 24/7.

Free, Confidential Counseling for Personal and Family Concerns

The employee assistance program (EAP) provides up to eight free visits for professional, confidential counseling for you and your immediate family. This counseling can help you and your family manage many of life's stressors, such as:

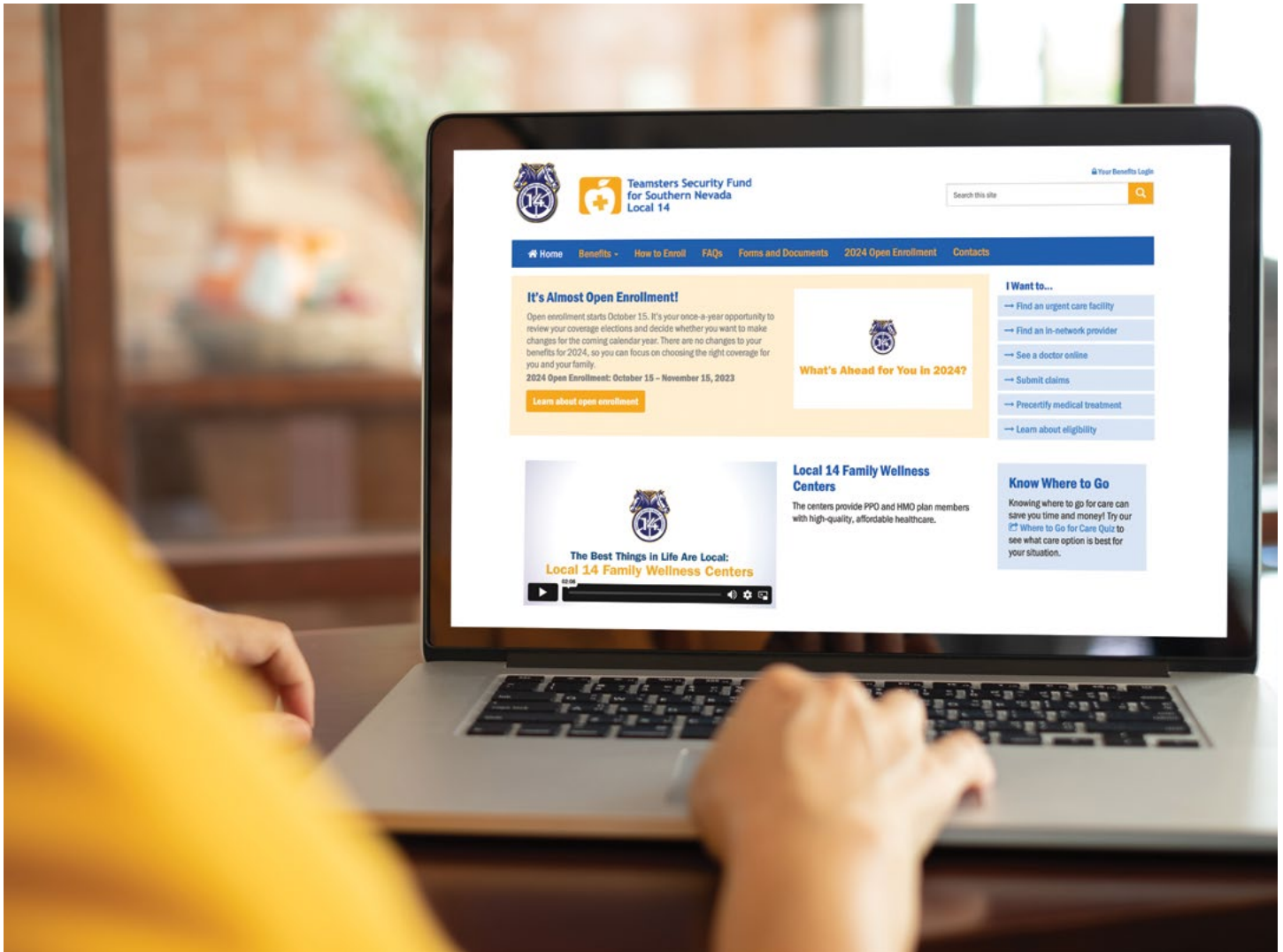
- | | | |
|--------------------------------|--------------------------------|--------------------|
| ➤ Marital and family concerns | ➤ Substance abuse | ➤ Work pressures |
| ➤ Emotional stress | ➤ Grief and loss | ➤ Gambling issues |
| ➤ Depression/suicidal thoughts | ➤ Legal/financial difficulties | ➤ Anger management |

To schedule an appointment, call Harmony Healthcare 24/7 at **702-251-8000** or **800-363-4874**.



Questions?

To find out more, visit **harmonyhc.com/eap/accounts/teamsters-14**. This page also has a link to Harmony's balanced living website, which has great tools to help you with relationships, children, elder care, pets, health, legal problems, personal growth, and more.



GET FAST ANSWERS TO YOUR BENEFIT QUESTIONS

Have questions about your health and welfare benefits?

Go to **teamsters14benefits.com** for:

- Details on all your Local 14 benefits
- Links to the contacts you use most
- Enrollment information
- Forms and documents

Add this website to your smartphone home screen: just go to **teamsters14benefits.com** on your phone and follow the instructions at the bottom of the screen.

Want personalized benefits information?

To find out about your health plan eligibility and the status of your medical claims and deductibles—or to change your address—visit Zenith American Solutions at **teamsters14healthfund.com**.

Want to talk to a representative?

Call Zenith American Solutions at **702-851-8286** to reach the Teamsters 14 Customer Service Line.



Contact Information

To Contact:	Provider Name	Website	Phone Number
Teamsters 14 Customer Service Line	Zenith American Solutions	teamsters14healthfund.com	702-851-8286
Family Wellness Centers	Henderson Center	eversidehealth.com/teamsters14	702-728-5806 After hours: 877-239-9372
	Northwest Las Vegas Center	eversidehealth.com/teamsters14	702-844-8143 After hours: 877-239-9372
PPO Plan	Anthem Blue Cross Blue Shield	anthem.com	702-851-8286
Fund's Nurse Advocate	Zenith American Solutions	teamsters14healthfund.com	702-851-8286
PPO Pharmacy Benefits	Elixir	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	myhpnonline.com	702-242-7300 or 800-777-1840
Dental PPO Plan	Delta Dental	deltadentalins.com	702-851-8286
Dental DHMO-EPO Plan	LIBERTY Dental Plan	libertydentalplan.com	888-401-1128
Vision Plan	VSP	vsp.com	800-877-7195
Life and Accident Insurance Plans	Zenith American Solutions	teamsters14healthfund.com	702-851-8286
Employee Assistance Program	Harmony Healthcare	harmonyhc.com/eap/accounts/teamsters-14	702-251-8000 or 800-363-4874
Telemedicine Services	PPO plan: LiveHealth Online	livehealthonline.com	888-548-3432
	HMO plan: NowClinic	nowclinic.com	877-550-1515 Behavioral health: 800-873-2246