



Teamsters Security Fund
for Southern Nevada
Local 14

MAY 2023

Retiree Coverage:

REVITALIZED

As a retired member of the Teamsters Security Fund for Southern Nevada – Local 14, you have access to retiree health care coverage until you become eligible for Medicare.

Effective July 1, 2023, your retiree coverage is changing.



Coverage With You in Mind

On **July 1, 2023**, all non-Medicare-eligible retirees will automatically transition from their existing retiree coverage (PPO plan or HMO plan) to our new Retiree PPO Plan with Anthem Blue Cross Blue Shield.

Why? When it comes to getting quality care, you want flexibility. Our new Retiree Plan is all about bringing you a wider provider network. That way, you can make your own decisions about where to access care.

There will be no changes to your other retiree benefits, including dental and vision coverage.

Highlights

- You'll have access to the Teamsters Local 14 Family Wellness Centers for **\$0** primary care and preventive care services.
- You can get in-network care from:
 - » Anthem's nationwide network of providers
 - » Health Services Coalition providers
 - » Harmony Healthcare Employee Assistance Program
 - » Elixir (prescription drugs)
- Confirm your providers are in-network. Visit teamsters14benefits.com/benefits/retiree-coverage for instructions.
- The change will happen automatically on July 1. You'll receive a new ID card in June.

Have a question?

Visit teamsters14benefits.com/benefits/retiree-coverage or call the Fund Administrator at **702-851-8286**.



What You Need to Know

Effective June 30, the current Health Plan of Nevada (HPN) HMO plan and the current Anthem Blue Cross Blue Shield PPO plan will be terminated.

You have been asking for the flexibility you had under the PPO, and it is returning!

Here's an overview of how the new Retiree Plan will work:

- You'll pay **\$0** for care received at a Family Wellness Center—even if you haven't met your deductible yet!
- When you need care, you'll first have to meet a deductible except for preventive care and care received at a Family Wellness Center. **Important:** You can apply any amount that has already been applied to your current plan's deductible to the new plan if you submit your most recent explanation of benefits (EOB) to the Fund Office. If you are enrolled in the HPN plan, which does not have a deductible, you will have to meet the deductible for the new Retiree Plan.
- Once you meet the deductible, you and the Plan will share in the cost of services. For care received at an in-network provider, you'll pay the copay shown in the table on the next page.
- You and the Plan will continue to share the cost of services until you meet the out-of-pocket limit. Once you meet this limit, you'll pay **\$0** for covered services for the rest of the plan year. **Note:** There are separate out-of-pocket limits for medical and prescription drug expenses. Any amounts that have already been applied to your 2023 out-of-pocket maximum will carry over to the new plan, including out-of-pocket expenses under the HPN plan.
- If you need to fill a prescription, you must use an **Elixir in-network pharmacy**, which includes Walgreens, CVS, Costco, Raley's, Safeway, Vons, and Smith's pharmacies. Remember, if you see a doctor at the Family Wellness Center, certain generic drugs may be available at **no cost**.

Important! If you are currently enrolled in the Health Plan of Nevada HMO plan, consider changing your primary care doctor to the Family Wellness Center, as your current doctor and pharmacy may NOT be in-network under the new Retiree Plan. If you have an existing prior authorization or open refill for your medications, contact Elixir (using the information under **Options for In-Network Care**) to ensure you're covered.

What Does That Mean?

- **Deductible:** The amount you pay before the Plan will pay anything for covered services.
- **Out-of-pocket limit:** The most you will pay in a plan year for covered services. It includes anything you pay out of pocket toward deductibles, copayments and coinsurance.
- **Annual plan maximum:** The Plan will cover up to \$1 million per person per year. If your annual Plan-paid expenses exceed \$1 million, you'll be required to pay the excess.

Plan Design Comparison

Here's an overview of the new retiree health care plan as well as the current costs. The costs listed below are what **you** pay for in-network care.

NEW!

	Current PPO Plan	Current HMO Plan	Retiree Plan
Provider	Anthem BCBS	Health Plan of Nevada	Anthem BCBS
Deductible¹	Single: \$500 Family: \$1,500	\$0	Single: \$500 Family: \$1,500
Out-of-Pocket Limit	Medical Single: \$5,600 Family: \$11,200 Rx Single: \$1,000 Family: \$2,000	Medical & Rx Single: \$6,250 Family: \$12,500	Medical Single: \$6,000 Family: \$12,000 Rx Single: \$1,500 Family: \$3,000
Family Wellness Center	\$0	\$0	\$0
Primary Care	\$10 copay	\$35 copay	\$50 copay
Specialty Care	\$15 copay	\$70 copay	\$65 copay
Telemedicine Services	\$10 copay	\$0	\$10 copay
Urgent Care	\$15 copay	\$40 copay	\$100 copay
Emergency Room	\$25 copay for facility; \$25 copay for ER physician ²	\$400 copay	\$250 copay
Lab Testing	\$5 copay	\$15 copay	\$25 copay
X-Ray	\$15 copay	\$25 copay	\$30 copay
Prescription Drugs			
Retail (up to a 30-day supply)			
Generic	\$5 copay	\$25 copay	\$25 copay
Preferred Brand	Greater of 20% or \$20 copay ³	\$50 copay	\$50 copay⁴
Non-Preferred Brand	Greater of 45% or \$45 copay ³	\$75 copay	\$75 copay⁴
Specialty	\$50 copay ³	N/A	\$100 copay⁴
Mail Order (up to a 90-day supply)			
Generic	\$0	\$62.50 copay	\$50 copay
Preferred Brand	\$30 copay ³	\$125 copay	\$100 copay
Non-Preferred Brand	\$60 copay ³	\$187.50 copay	\$150 copay
Specialty	\$50 copay ³	N/A	\$200 copay

Note: If you are seen at the Family Wellness Center, certain generic drugs may be available at no cost.

There is an **annual benefit maximum** of \$1 million per retiree per year—that means, once the Plan spends \$1 million on your care for that year, you'll be responsible for any additional expenses.

This is just a brief overview of some of the covered services. Find the complete benefit chart, including what you pay for care received out-of-network, at teamsters14benefits.com/benefits/retiree-coverage.

1 All plan benefits are paid after the deductible is met, unless otherwise noted.

2 Waived if hospitalized within 24 hours.
3 Deductible does not apply.

4 You pay the lesser of the copayment or the cost of the drug.

Options for In-Network Care



Northwest Las Vegas Family Wellness Center
2831 Business Park Ct., Suite 120
Las Vegas, NV 89128
702-844-8143



Henderson Family Wellness Center
2739 Sunridge Heights Parkway
Henderson, NV 89052
702-728-5806

The Family Wellness Centers – Your First Stop for Care

The Teamsters Local 14 Family Wellness Centers offer retirees and their covered dependents high-quality, confidential medical and preventive care. From physicals to condition management for chronic illnesses, the centers are here to support you with services provided by board-certified primary care physicians (PCP), including:

- **Primary and preventive care:** Annual physicals and checkups, sick visits, flu shots, health coaching and goal development, and help with managing chronic conditions
- **Lab and blood work:** Test for allergies and determine diagnoses
- **Medical prescriptions:** Approximately 50–75 generic medications available onsite

Care received at the Family Wellness Centers is FREE. Appointments are required, but generally, same-day appointments are available. **When necessary, Wellness Center providers will refer you to cost-effective, high-quality specialists and outside services.**

Other In-Network Providers

Outside of the Family Wellness Centers, under the new Retiree Plan, you have access to all these providers at in-network coverage levels.

Benefit/Service	Network	Phone	Website
Medical	Anthem	702-851-8286	anthem.com
Telemedicine	LiveHealth Online	888-548-3432	livehealthonline.com
Mental Health/Substance Abuse Treatment	Harmony Healthcare EAP	702-251-8000 800-363-4874	harmonyhc.com/eap/accounts/teamsters-14
Prescription Drugs	Elixir	800-361-4542	elixirsolutions.com

What You Pay for Coverage

Effective July 1, 2023, you will pay the self-pay rates to the right for the new Retiree Plan, based on your coverage level.

Coverage Level	NEW! Retiree Plan
Single	\$535
Two-Party	\$995
Family	\$1,365



Teamsters Security Fund
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Local 14

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With more options comes more flexibility.

Read all about your new Teamsters Security Fund for
Southern Nevada – Local 14 retiree coverage!

