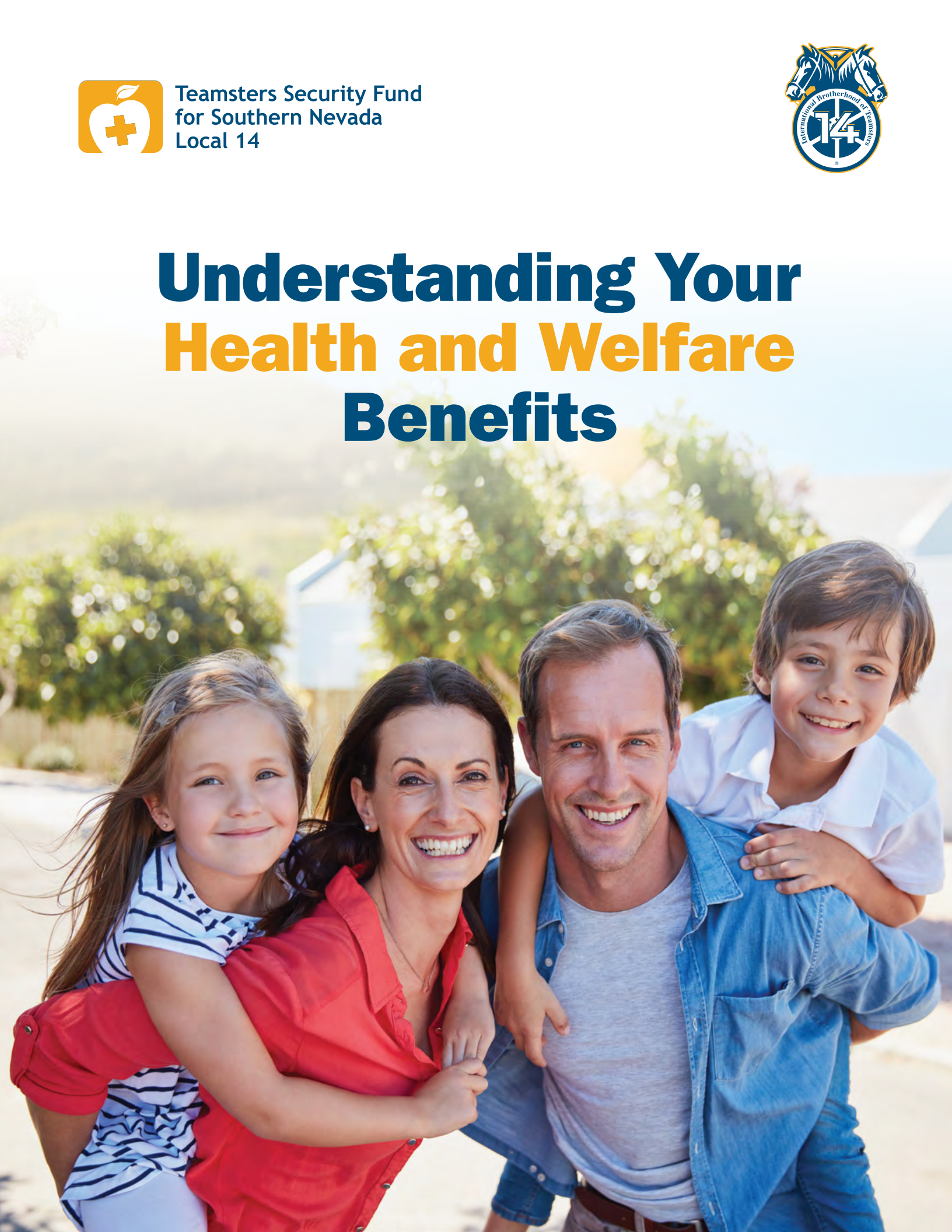
Teamsters Security Fund
for Southern Nevada
Local 14

Understanding Your Health and Welfare Benefits



What's Inside

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:
  - Biological 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.

Engaged Care Plan

(Anthem Blue Cross Blue Shield Network)

This plan promotes the Fund's Family Wellness Centers as your first stop and primary source for high-quality health care services at no cost to you. Whenever you need care, you must visit one of the Family Wellness Center locations first. Only after visiting a wellness center can you access the Anthem Blue Cross Blue Shield PPO national network to see a medical provider at a reduced copay. This plan is self-funded, which means the Fund, not Anthem or Zenith American Solutions, is financially responsible for the claims.

Medical Plan Comparison Chart

	PPO Plan (Anthem Blue Cross Blue Shield Network) **In-Network Coverage**	Engaged Care Plan (Anthem Blue Cross Blue Shield Network) **In-Network Coverage**
Calendar-Year Deductible	**Single:** $500 **Family:** $1,500	None
Teamsters Local 14 Family Wellness Centers · Primary/acute health care · Preventive care · Certain generic medications · Telemedicine	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 Drugs:** **Single:** $1,000 **Family:** $2,000	**Medical:** **Single:** $4,000 **Family:** $8,000 **Prescription Drugs:** **Single:** $500 **Family:** $1,000
Preventive Care Services	No cost to you	No cost to you
Physician Services	**PCP:** $10 copay **Specialist:** $15 copay	**PCP: $5** copay (***with*** wellness center referral/visit) or **$75** copay (***without*** wellness center referral/visit) **Specialist: $5** copay (***with*** wellness center referral/visit) or **$100** copay (***without*** wellness center referral/visit)
Telemedicine Services	**LiveHealth Online:** $10 copay, not subject to deductible	**LiveHealth Online:** $10 copay, not subject to deductible
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	$250 per visit
Routine Diagnostic Services	**X-ray:** $15 per visit **Lab:** $5 per service **Imaging:** $50 per test	**X-ray: $10** copay (***with*** wellness center referral/visit) or **$25** copay (***without*** wellness center referral/visit) **Lab: $5** copay (***with*** wellness center referral/visit) or **$15** copay (***without*** wellness center referral/visit) **Imaging: $45** copay (***with*** wellness center referral/visit) or **$100** copay (***without*** wellness center referral/visit)
Urgent Care Services	$15 copay	**$10** copay (***with*** wellness center referral/visit) or **$40** copay (***without*** wellness center referral/visit)
Emergency Services*	$50 copay if life-threatening emergency	$400 per visit (waived if admitted)
Prescription Drugs (Mail order available)	**MANAGED BY CVS Caremark** **Generic:** $5 copay **Preferred Brand:** Greater of 20% coinsurance or $20 copay **Non-Preferred:** Greater of 45% coinsurance or $45 copay **Specialty:** 30% coinsurance**	**MANAGED BY CVS Caremark** **Generic:** $5 copay **Preferred Brand:** Greater of 20% coinsurance or $20 copay **Non-Preferred:** Greater of 45% coinsurance or $45 copay **Specialty:** 30% coinsurance**

* If your emergency isn't life-threatening, both the PPO and Engaged Care Plan pay $75 toward the total of emergency room charges and you pay the balance, which could be as much as $3,000 per visit.

**This coinsurance only applies to those who choose not to participate in the CVS PrudentRx program, or if you do not affirmatively enroll in any copay assistance as required by the manufacturer, you will be responsible for 30% of the cost of your specialty medication.

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 and Engaged Care Plan members and their covered dependents can visit the centers (by appointment) at no out-of-pocket cost!

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:

- **New in 2026:** Due to popular demand, the wellness centers have expanded their staff! Connect with a registered dietitian/health coach or a physical therapist to assist you along your wellness journey. **Note:** Physical therapy services only available at the Henderson location.
- **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.

Who Is Marathon Health?

Marathon Health operates health and wellness centers across the country for organizations, employers, and plans of all sizes. Marathon'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
702-553-3635, Press 1

Northwest Las Vegas Family Wellness Center
2831 Business Park Court
Las Vegas, NV 89128
702-553-3635, Press 2

clients.marathon.health/teamsters14

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

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 "Use Member ID for Basic Search" and enter "JTF." Select "Search."

Engaged Care Plan
(Anthem Blue Cross Blue Shield Network)

Visit **clients.marathon.health/teamsters14** to schedule an appointment. **Note:** Remember that you cannot access the Anthem PPO network unless you first visit and/or receive a referral from a Family Wellness Center.

Need a Lab Test?

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

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 Engaged Care Plan, visit **clients.marathon.health/teamsters14**.

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**.
- **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.

If You're in the Engaged Care Plan...

The Teamsters Local 14 Family Wellness Centers, staffed by experienced medical teams including a full-time primary care physician, provide high-quality, confidential medical care, access to select prescription medications, telemedicine services, and lab work. Beginning in 2026, the centers will also offer additional services such as physical therapy and access to a registered dietitian or health coach. **Note:** Visiting a wellness center should be your first stop for low-cost, high-quality care if you're enrolled in the Engaged Care Plan. Only once you visit and/or obtain a referral from a wellness center provider can you access the PPO network and the additional benefits listed above.

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.**

Telemedicine

Both PPO Plan and Engaged Care Plan members have access to telemedicine benefits at no additional cost through the Teamsters 14 Family Wellness Centers. Schedule an appointment to connect with a board-certified doctor online or through the Marathon Health app using your smartphone, tablet, or computer. Members also have access to 24/7 virtual care through LiveHealth Online.

Provider	Cost	Contact Information
Family Wellness Center	$0 copay	Visit **clients.marathon.health/teamsters14** or download the Marathon Health mobile app to schedule a virtual visit.
LiveHealth Online	$10 copay, not subject to deductible	Visit **livehealthonline.com** or download the LiveHealth Online mobile app to speak with a doctor. 888-548-3432

Here's How It Works

Telemedicine uses the same technology as video chat services such as FaceTime and Zoom, 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

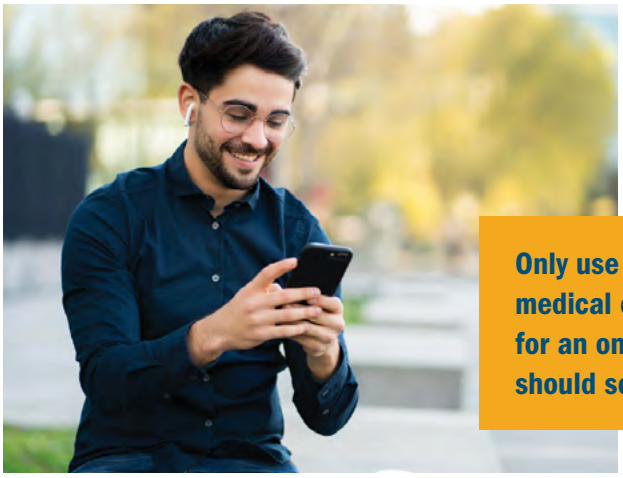
When to Use Telemedicine

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
- Asthma
- Bronchitis
- Colds and flu
- Constipation
- Diarrhea
- Ear infections
- Fevers
- Headaches
- Insect bites
- Joint aches and pains
- Poison ivy
- Rashes
- Respiratory infections
- Sinus infections
- Skin inflammation
- Sore throats
- Sports injuries
- Urinary tract infections

Pediatric Care:

- Colds and flu
- Constipation
- Ear infections
- Fevers
- Nausea
- 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 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; 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. You can also call Delta Dental at **800-521-2651**.

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

To schedule an appointment, call Harmony Healthcare, available 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 (Eligibility, claims, network & benefits)	Zenith American Solutions	**edge.zenith-american.com**	702-851-8286
Teamsters Local 14 Family Wellness Centers (PPO Plan and Engaged Care Plan)	Marathon Health	**clients.marathon.health/ teamsters14**	702-553-3635 Henderson: Press 1 Northwest Las Vegas: Press 2
Engaged Care Plan for appointments, primary care services, and medical referrals for eligibility, claims, and benefit details	Marathon Health Zenith American Solutions	**clients.marathon.health/ teamsters14** **edge.zenith-american.com**	See above 702-851-8286
PPO Network (PPO Plan and Engaged Care Plan)	Anthem Blue Cross Blue Shield	**anthem.com**	702-851-8286
Pharmacy Benefits (PPO Plan and Engaged Care Plan)	CVS Caremark	**caremark.com**	**Customer Service:** 833-809-1039 **Specialty Customer Care:** 800-237-2767 **PrudentRx Program:** 800-578-4403
Precertification of Admissions and Certain Plan Services (PPO Plan and Engaged Care Plan)	Innovative Care Management	**innovativecare.com**	800-862-3338
Telemedicine (PPO Plan and Engaged Care Plan)	LiveHealth Online	**livehealthonline.com**	888-548-3432
Dental PPO Plan	Delta Dental	**deltadentalins.com**	800-521-2651
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
Life and Accident Insurance Plans	Zenith American Solutions	**edge.zenith-american.com**	702-851-8286