



Teamsters Security Fund
for Southern Nevada
Local 14



2027 Open Enrollment Guide



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The Teamsters Local 14 and your employers are pleased to provide you with the following benefit offerings that protect you and your dependents. Through these comprehensive benefit offerings, your family is financially protected, and you have access to medical, dental, and vision care with quality providers.

Open Enrollment: October 15 – November 15



IMPORTANT:
Your Spouse Could Lose 2027 Coverage

If you don’t enroll between October 15 and November 15, 2026, you and your covered children will have the same coverage for 2027 that 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, 2027 (see page 4 for more information).

This guide 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 guide and the summary plan description, the information provided in the summary plan description will govern.

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
- Add or drop eligible dependents
- Enroll in or change your medical and/or dental plan
- Update your beneficiary information

Changes you make during this year's open enrollment will be effective January 1, 2027.

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 their 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 2027 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.

First-Time Users of Participant Edge

Participant Edge enables you to access and oversee your Plan details furnished by Teamsters Local 14 and your employers, but first you must register on the site:

1. Use the following URL to access Participant Edge:
edge.zenith-american.com.
2. Select **Participant** from the LOGIN drop-down menu.
3. Click **Register** and fill in the form fields.
TIP: Ensure that the name you provide matches the one we have on record for you. For instance, if your full name is William but you are commonly known as Bill, try both variations if the first attempt is unsuccessful.
4. You will be prompted to use two-factor authentication when logging in to your portal.
What is this? Two-factor authentication adds extra security to your account by requiring a second identification factor, such as a code sent to a mobile device or email.

How to Enroll for Benefits

1. Log in to edge.zenith-american.com.
2. In the left menu, click **Open Enrollment**.
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 2026 benefits coverage, you do not need to upload new documentation to continue their coverage for 2027.**
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.

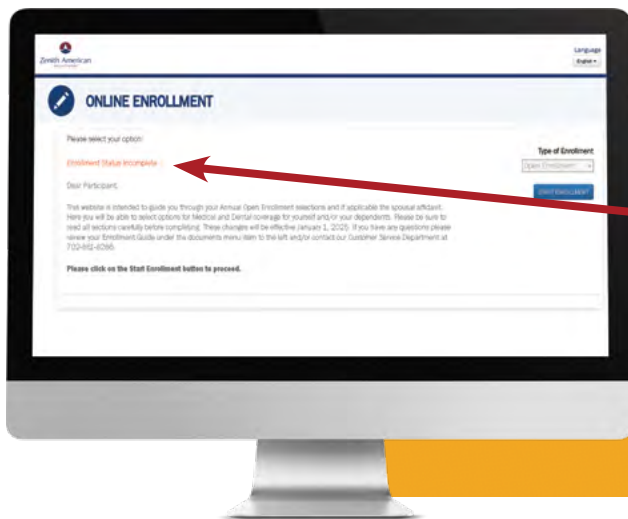
**Submit an online spousal
affidavit by NOVEMBER 15.**

Required: Submit Your Spousal Affidavit

To cover your spouse in 2027, 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 edge.zenith-american.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, 2026, for coverage starting January 1, 2027.
- **If your spouse does not have the option to enroll in other group medical coverage or is enrolled in their employer's health plan as primary coverage (pays first) and in the Fund's health 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 your spouse 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 monthly spousal 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.



Don't Undo Your Enrollment

If you have not completed your enrollment, you'll see **Enrollment Status Incomplete** at the top of the enrollment website. If you see **Enrollment Status Complete**, **DO NOT select Start Enrollment**. Restarting your enrollment will cause your changes to be lost.

Frequently Asked Questions

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

Your spouse's coverage under their 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 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.



For additional details, visit the dedicated plan pages under the Benefits tab at teamsters14benefits.com.

➤ Engaged Care Plan.

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.

**ENROLL
FOR A
CHANCE
TO WIN
TICKETS!**



Members currently enrolled in the PPO Plan who choose to enroll in the Engaged Care Plan during open enrollment will be entered into a raffle for a **chance to win two tickets** to either a Golden Knights or Raiders game during the 2026–2027 season. **Up to 10 winners will be chosen to receive this prize.** Winners will be contacted by Zenith American Solutions after enrollment season ends.

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, provide high-quality, confidential medical care, access to select prescription medications, telemedicine services, and lab work. The wellness centers also offer additional services, such as physical therapy (at select locations) and access to a registered dietitian or health coach. Both PPO and Engaged Care Plan members, along with their covered dependents, can visit the centers by appointment at no out-of-pocket cost. Learn more at clients.marathon.health/teamsters14.

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 or 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 (<i>with</i> wellness center referral/visit) or \$75 copay (<i>without</i> wellness center referral/visit) Specialist: \$5 copay (<i>with</i> wellness center referral/visit) or \$100 copay (<i>without</i> 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 (<i>with</i> wellness center referral/visit) or \$25 copay (<i>without</i> wellness center referral/visit) Lab: \$5 copay (<i>with</i> wellness center referral/visit) or \$15 copay (<i>without</i> wellness center referral/visit) Imaging: \$45 copay (<i>with</i> wellness center referral/visit) or \$100 copay (<i>without</i> wellness center referral/visit)
Urgent Care Services	\$15 copay	\$10 copay (<i>with</i> wellness center referral/visit) or \$40 copay (<i>without</i> 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.

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; 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*

*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: Program

- Vision care
- Employee assistance program
- Life and accident insurance

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 during every open enrollment to make sure they are still accurate and that your beneficiary’s contact information is up to date.



October 2026



Contact Information

To Contact...	Provider Name	Website	Phone Number
Teamsters 14 Customer Service Line, Open Enrollment Information	Zenith American Solutions	edge.zenith-american.com	702-851-8286
Teamsters Local 14 Family Wellness Centers	Marathon Health	clients.marathon.health/teamsters14	702-553-3635 Henderson: Press 1 Northwest Las Vegas: Press 2
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
Engaged Care Plan	Marathon Health	clients.marathon.health/teamsters14	702-553-3635 Henderson: Press 1 Northwest Las Vegas: Press 2
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