



Teachers Health Trust

MANDATORY OPEN ENROLLMENT

It is MANDATORY that the enclosed enrollment forms be returned to the Teachers Health Trust no later than December 15, 2006. This enrollment process will ensure that no retiree will experience a lapse in coverage.

If you do not return the enclosed form by **December 15**, your coverage through the Teachers Health Trust will terminate at midnight on December 31, 2006.

The effective date of all changes to your current enrollment will be January 1, 2007. In order for the changes to be reflected in your December PERS check, you would need to submit your enrollment changes no later than December 10, 2006. Otherwise, any premium balance will need to be paid by check or taken from your January PERS check.

Your packet contains an enrollment form for the medical plan selection and a change form for your dental and vision plan selections. You will need to complete both forms and return both to the Teachers Health Trust in the enclosed envelope.

OPEN ENROLLMENT QUESTIONS

If you have any questions or require additional information concerning the 2007 MANDATORY Open Enrollment process, please contact the Teachers Health Trust Service Team at 702-794-0272 or 1-800-432-5859 from 8 a.m. to 5 p.m. Monday through Thursday and 9 a.m. to 4:30 p.m. Friday. You may also email the Service Team at serviceteam@teachershealthtrust.org.

RETIREE PLAN OPTIONS

The following chart outlines the benefit options available to you and your dependent(s), if any. The benefit options are based on your age and the age of your dependent(s).

	Retiree Age	Dependent Age
Option 1	Under age 65 or age 65 or over and <u>NOT MEDICARE ELIGIBLE</u> PacifiCare Signature POS	Under age 65 or age 65 or over <u>NOT MEDICARE ELIGIBLE</u> PacifiCare Signature POS
Option 2	Under age 65 or age 65 or over and <u>NOT MEDICARE ELIGIBLE</u> PacifiCare Signature POS	Age 65 or over and <u>MEDICARE ELIGIBLE</u> Secure Horizons
Option 3	Age 65 or over and <u>MEDICARE ELIGIBLE</u> Secure Horizons	Age 65 or over and <u>MEDICARE ELIGIBLE</u> Secure Horizons
Option 4	Age 65 or over and <u>MEDICARE ELIGIBLE</u> Secure Horizons	Under age 65 or age 65 or over and <u>NOT MEDICARE ELIGIBLE</u> PacifiCare Signature POS

Important Contact Information

AARP	702-967-2277	Public Employee Benefits Program	1-800-326-5496
PacifiCare	1-800-347-8600 www.pacificare.com	Senior Dimensions	1-800-704-2884
Medicare	1-800-633-4227 www.medicare.gov	VSP	1-800-877-7195 www.vsp.com
PERS	702-486-3900	Secure Horizons	1-866-477-3966 www.securehorizons.com

DENTAL PLANS

- Retirees have the option of choosing either the Diamond or Platinum Plan.
- You and/or your dependents must be enrolled for medical coverage under a Trust-sponsored retiree medical plan in order to be eligible for dental benefits.
- The dental plans available to retirees and their dependents are the same no matter which Trust-sponsored medical plan you are enrolled in; i.e., PacifiCare or Secure Horizons.
- If you enroll your dependents for dental benefits, they will be enrolled in the same dental plan as you choose for yourself; i.e., you cannot enroll yourself in the Diamond Dental Plan and choose the Platinum Dental Plan for your dependents.
- The benefits & allowables are the same for both the Diamond Dental Plan and the Platinum Dental Plan. The difference between the two dental plans is noted below:

Diamond Plan

- \$2,000 annual maximum benefit per person
- Lifetime maximum orthodontia benefit of \$1,000 for dependents under the age of 19 ONLY*
 - * There is a two-year waiting period for orthodontia. Your dependent must be enrolled in the Diamond Dental Plan for two consecutive years in order to be eligible for the orthodontia benefit. Therefore, any dependent under age 19 you enroll in the Diamond Dental Plan at this open enrollment will not be eligible for orthodontia benefits until July 1, 2009, and they must be under age 19 when services are performed.

Platinum Plan

- \$1,000 annual maximum benefit per person
- No orthodontia coverage

Please refer to the Trust Web site, www.teachershealthtrust.org, for additional information on your dental plan.

VISION BENEFITS

You and/or your dependents must be enrolled for medical coverage under a Trust-sponsored retiree medical Plan in order to be eligible for vision benefits.

The vision plan available to retirees and their dependents is the same no matter which Trust-sponsored medical plan you are enrolled in; i.e., PacifiCare or Secure Horizons.

Vision benefits may be purchased for yourself and/or any dependent on an individual basis.

Benefits are provided through VISION SERVICE PLAN (VSP) and include:

Vision examination:

Once every calendar year

Frames:

Once every other calendar year

Lenses:

One set of glass lenses every calendar year OR One set of contact lenses every calendar year

Please refer to the Trust Web site, www.teachershealthtrust.org, for additional information on your vision plan.

MONTHLY RETIREE PREMIUMS

Effective January 1, 2007

Medical Plan Premiums

PacifiCare Signature POS Retiree Only Under Age 65	\$435.00
PacifiCare Signature POS Retiree Under Age 65 + 1 Dependent	\$670.00
PacifiCare Signature POS Retiree Under Age 65 + Family	\$970.00
Secure Horizons Retiree Only Eligible for Medicare A & B	\$70.00
Secure Horizons Retiree Eligible for Medicare A & B + 1 Dependent Eligible for Medicare A & B	\$140.00
Secure Horizons/PacifiCare Signature POS Retiree Eligible for Medicare A & B + 1 Dependent Not Eligible for Medicare	\$505.00

Dental Premiums

Diamond Dental (per person)	\$35.00
Platinum Dental (per person)	\$25.00

Vision Premium

Vision (per person)	\$15.00
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