



# Teachers Health Trust

## 2010 Annual Open Enrollment

The Teachers Health Trust (Trust) is pleased to provide you with your 2010 Open Enrollment brochure. Changes to your plan selections and enrollment options for yourself and your dependent(s) may be made by completing the enclosed change form.

**All changes will be effective January 1, 2010.**

New premium deductions resulting from any changes you make will also be effective January 1, 2010.

**Your new Summary Plan Document (SPD) will be available online effective January 1, 2010.**

**If you wish to keep your current coverage for the 2010 calendar year, you DO NOT need to return a change form.**

If you wish to:

- change plans,
- add/delete coverage for your dependent(s),
- change your primary or contingent beneficiary, or
- enroll in the Section 125 Premium-Only Plan (only if you are not currently enrolled),

then you **MUST** complete the enclosed change form, attach appropriate eligibility documents, and return the required paperwork to the Trust by **5:45 p.m. on Tuesday, November 24, 2009.**

The Trust will send you a confirmation letter once your change form is received and your eligibility is updated. Please allow 10 business days for processing. If you do not receive a confirmation letter, please call the Trust office to confirm that your change form was received. You may reach the Trust at 702-794-0272, 1-800-432-5859, or via e-mail at [serviceteam@teachershealthtrust.org](mailto:serviceteam@teachershealthtrust.org). Trust office hours are Monday through Thursday from 7 a.m. to 5:45 p.m. and Friday from 9 a.m. to 11:45 a.m.

The Trust Service Center will be closed on the following days:

Nevada Day	October 30, 2009
Veterans Day	November 11, 2009
Thanksgiving Holiday	November 25 (at 11 a.m.), 26, & 27, 2009
Winter Break	December 18 & December 23 through December 25, 2009 December 31, 2009 & January 1, 2010

**It is your responsibility to confirm that your forms and/or documentation have been received by the Trust.**

*For Teachers By Teachers*

# Important Plan Changes

## Plan Changes

### Domestic Partnership Change

Effective January 1, 2010, in order to add your domestic partner to a Trust plan, you and your partner are required to register as domestic partners with the state of Nevada and supply the Trust with copies of your registration and certificate. Partner coverage will be effective the date the state certifies your registration. Any domestic partner who has had his/her registration terminated through the state is not eligible to be enrolled for coverage.

You may terminate domestic partner coverage in the future in one of three ways: 1) you may terminate your domestic partnership through the state and supply the Trust with a copy of the termination, 2) you may terminate coverage during Open Enrollment, or 3) you may terminate coverage during a qualifying life event as detailed by the Trust in your Summary Plan Document.

For more information on how to register as domestic partners with the state of Nevada, please visit [www.nvsos.gov](http://www.nvsos.gov) and click on the Domestic Partner Registration link.

### Infertility Benefit Change

Effective January 1, 2010, infertility benefits will no longer be offered under any Trust health plan.

### Emergency Room Copay Change

Effective January 1, 2010, if a participant visits the emergency room for any non-urgent reason (such as a common cold, chronic pain, or minor cuts), there will be a different copay responsibility as indicated below. If you have any questions regarding what distinguishes a true emergency from an urgent care situation, please consult the SPD in January 2010 or pages 20-22 in the Fall 2009 issue of *Health Traxx* for more information as well as a removable chart that outlines emergency indicators.

The Trust encourages you to seek emergency services anytime you or a dependent does experience a true emergency. Please note that copays for visits to the emergency room due to life-threatening circumstances have remained the same.

EMERGENCY ROOM BENEFITS	DIAMOND PLAN	PLATINUM PLAN
Emergency Services	\$150	\$300
Non-Emergency Services	\$250	\$400

### Dental Network Change

Effective January 1, 2010, the Teachers Health Trust will no longer utilize Diversified Dental's provider network. Why? Because the Trust has developed its own dental network!

The Trust's new network will offer you all the same great dental benefits. You will, however, need to verify that your dentist has joined the Trust's network in order to avoid high out-of-pocket costs for out-of-network services. For a complete listing of in-network dentists and detailed information regarding your dental benefits, please visit the Trust's website and Summary Plan Document (SPD) at [www.teachershealthtrust.org](http://www.teachershealthtrust.org) in December and January.

Please be aware that, as always, should you choose to visit a dentist who is not an in-network provider, you will be responsible for paying all amounts your dentist charges above the rates established by the Trust for out-of-network dental services, which will be significantly higher than in-network rates.

We look forward to providing you with the highest quality benefits in this new capacity!

# Eligibility

If you are adding new dependents to your plan during Open Enrollment, documentation is required to establish their eligibility. The type of documents required for each dependent is described below.

**The deadline date to submit documentation to establish eligibility is November 24, 2009.**

DO NOT send any original documents. Please submit a copy of the document(s) with the change form.

## Your eligible dependents are:

Dependent	Type of Documentation Required
Spouse	Copy of your certified marriage certificate.
Never-married child aged 18 and under  The terms “child” and “children” include natural children, legally adopted children, children who have been placed in your home for adoption, stepchildren, and children for whom you are the court-appointed guardian. Foster children are not eligible for dependent coverage.	Copy of the certified birth certificate and any applicable legal papers.
Never-married child aged 19 and over but under age 26 who is a full-time student	In addition to the birth certificate, a proof of student status document from the school or an authorized agent of the school (i.e., a document indicating your dependent is enrolled as a full-time student as defined by the educational institution being attended) and a signed statement from you verifying that the child depends on you for at least half of his/her financial support. Transcripts and/or class schedules are NOT acceptable.
Domestic partners	Copy of the State of Nevada Certificate of Registered Domestic Partnership.

Detailed information regarding eligibility can be found in the Summary Plan Document on the Trust’s website at [www.teachershealthtrust.org](http://www.teachershealthtrust.org).

# Diamond and Platinum Plans

## • Important Information •

- The following is a comparison of your out-of-pocket costs between the two PPO plans—Diamond and Platinum—offered to all licensed employees.
- The Provider Directory is the same for both plans.
- If you enroll your dependents for medical benefits, they will be enrolled in the same medical plan that you choose for yourself; i.e., you cannot enroll yourself in the **Diamond Medical Plan** and choose the **Platinum Medical Plan** for your dependents.
- The following is only a summary of major benefits. The complete information regarding your plan can be found in the Summary Plan Document online at [www.teachershealthtrust.org](http://www.teachershealthtrust.org).

IN-NETWORK BENEFITS	DIAMOND PLAN	PLATINUM PLAN
Lifetime Maximum	\$2,000,000	\$2,000,000
Calendar Year Deductible	None	None
All Office Visits (including Mental Health)	\$20 per visit	\$30 per visit
Laboratory	\$0 if performed by an in-network, free-standing lab in the service area  \$10 per test if performed by a physician or a lab other than an in-area, free-standing lab	\$0 if performed by an in-network, free-standing lab in the service area  \$15 per test if performed by a physician or a lab other than an in-area, free-standing lab
Diagnostic & Radiology Procedures	\$10 per test procedure	\$20 per test procedure
CAT Scans	\$50 per test procedure	\$75 per test procedure
MRI	\$50 per test procedure	\$75 per test procedure
PET SCANS	\$200 per test procedure	\$400 per test procedure
Outpatient Facility	\$150 per surgery	\$200 per surgery
Outpatient Surgeon	\$125 per surgery	\$250 per surgery
Anesthesia	\$100 per surgical session	\$150 per surgical session
Hospital Observation	\$100 per day	\$150 per day
Emergency Room	\$150 per visit	\$300 per visit
Emergency Room (Non-Emergency Visit)	\$250 per visit	\$400 per visit
Ambulance	20% coinsurance	30% coinsurance
Routine OB Care (Physician)	\$150 for all routine office visits and delivery	\$300 for all routine office visits and delivery
Inpatient Routine Newborn Circumcision	\$20	\$30
Inpatient Hospital/Facility (including Mental Health)	\$150 per day (up to \$450 per admission)	\$300 per day (up to \$900 per admission)
Inpatient Procedures (Surgeon)	\$125 per surgery	\$250 per surgery
Anesthesia	\$100	\$150
Inpatient Physician Visits	\$0	\$0
Allergy Testing	\$1 per test	\$2 per test
Allergy Antigen	\$1 per antigen	\$2 per antigen
Allergy Injections	\$5 per injection	\$10 per injection

# Diamond and Platinum Plans

	IN-NETWORK BENEFITS	DIAMOND PLAN	PLATINUM PLAN
	Hearing Aids	Plan will pay 100% of covered charges up to a \$1,000 lifetime maximum per ear. See limitations regarding replacements.	Not a covered benefit.
	Durable Medical Equipment, Prosthetics and Orthotics (including Foot Orthotics)	Participants are responsible for 20% coinsurance.	Participants are responsible for 30% coinsurance.
	Transplant	Benefits available in the network only. Services must be coordinated by the Trust Case Management Department. Participants are responsible for a \$1,500 copay at the time of transplant. All other services relating to the transplant are subject to the applicable Diamond copays.	Benefits available in the network only. Services must be coordinated by the Trust Case Management Department. Participants are responsible for a \$5,000 copay at the time of the transplant. All other services relating to the transplant are subject to the applicable Platinum copays.

If you choose to access services from an out-of-network provider (a provider not on the PPO Provider List), your out-of-pocket expense will be greater. Below is a breakdown of your out-of-pocket costs for out-of-network services.

	OUT-OF-NETWORK BENEFITS	DIAMOND PLAN	PLATINUM PLAN
	Covered Inpatient Hospital and all other covered medical services (including prescription drugs, home health care, durable medical equipment, infusion therapy, hospice, etc.)	\$1,500 calendar year deductible; then you pay 30% of all eligible medical expenses (EME) and all expenses exceeding EME.	\$2,500 calendar year deductible; then you pay 30% of all eligible medical expenses (EME) and all expenses exceeding EME.

For more information regarding eligible medical expenses, please consult your Summary Plan Document on the Trust website at [www.teachershealthtrust.org](http://www.teachershealthtrust.org).

# Diamond and Platinum Plans

## *Mental Health/Chemical Dependency Benefit*

The Human Behavior Institute (HBI) provides a network of mental health and chemical dependency providers available to Diamond and Platinum participants. Participants also have the option of seeing a provider who is not on HBI's provider list, but as a result, benefits will be paid at the out-of-network level of benefits.

Your mental health/chemical dependency benefits are a part of your medical plan benefits. Therefore, you have the same copays and are subject to the same out-of-network benefits as you are under your medical plan. The mental health/chemical dependency benefits for the Diamond and Platinum Plans are described below. For a complete list of exclusions and limitations, please refer to the Summary Plan Document at [www.teachershealthtrust.org](http://www.teachershealthtrust.org).

### **IN-NETWORK Benefits**

Below is a comparison of your out-of-pocket costs for **IN-NETWORK** mental health and chemical dependency benefits between the two PPO plans offered by the Trust:

<b>MENTAL HEALTH BENEFITS</b>			<b>Calendar Year Maximum Benefit</b>
<b>Covered Service</b>	<b>Diamond</b>	<b>Platinum</b>	
Individual/Group Sessions*	\$20 per visit	\$30 per visit	Prior authorization required for 25th & subsequent visits
Inpatient Care, Partial Hospitalization & Residential Treatment (RTC)*	\$150 per day (up to \$450 per admission)	\$300 per day (up to \$900 per admission)	Up to 45 days with prior authorization

<b>CHEMICAL DEPENDENCY BENEFITS</b>			<b>Calendar Year Maximum Benefit</b>
<b>Covered Service</b>	<b>Diamond</b>	<b>Platinum</b>	
Individual/Group Sessions*	\$20 per visit	\$30 per visit	\$3,000 Prior authorization required for 25th & subsequent visits
Inpatient Care*	\$150 per day (up to \$450 per admission)	\$300 per day (up to \$900 per admission)	\$9,000
Partial Hospitalization & Residential Treatment (RTC)*	\$75 per day (up to \$450 per admission)	\$150 per day (up to \$900 per admission)	

\* Your provider must contact HBI at 702-248-8866 to obtain prior authorization on the following:

Inpatient Care, Partial Hospitalization & RTC: Requires prior authorization from HBI before admission. Failure to obtain authorization will result in no benefits being paid.

For therapists and counselors: You are allowed the first 24 visits with a therapist or counselor without prior authorization. Prior authorization from HBI is required on the 25th and subsequent individual/group sessions in a single calendar year.

For psychiatrists: Prior authorization from HBI is required on the first and subsequent visits. Failure to obtain authorization will result in no benefits being paid.

### **OUT-OF-NETWORK Benefits**

If you choose to obtain services from a provider outside of HBI's provider network, your out-of-pocket expenses will be greater, and you will be subject to the same deductible and coinsurance amounts that are applied to out-of-network medical benefits under the Diamond and Platinum Plans. Mental health and chemical dependency eligible medical expenses (EME) are considered to be the amount of the Trust's contracted rate for such services received from in-network providers.

**All plan maximums and requirements for obtaining prior authorization for services apply to both in-network and out-of-network services. Failure to obtain the required authorization for services will result in no benefits being paid.**

# Diamond and Platinum Plans

## Prescription Drug Coverage

- Below is a comparison of the prescription drug benefits between the **Diamond** and the **Platinum Plans**.
- Prescriptions are processed through Medco Health for both plans.

BENEFITS		DIAMOND PLAN	PLATINUM PLAN
	<b>Retail Pharmacy</b> (1-to-30-day supply)		
	<b>GENERIC</b>	<b>\$0 COPAY</b>	<b>\$0 COPAY</b>
	Formulary (Preferred)	\$25 copay	\$30 copay
	Non-Formulary (Non-Preferred)	\$40 copay	\$45 copay
	<b>Mail Order Pharmacy</b> (up to a 90-day supply)		
	<b>GENERIC</b>	<b>\$0 COPAY</b>	<b>\$0 COPAY</b>
	Formulary (Preferred)	\$50 copay	\$60 copay
	Non-Formulary (Non-Preferred)	\$80 copay	\$90 copay
	<b>Maintenance Drugs</b>	\$10 additional charge on all refills at the retail pharmacy after the second fill.	\$20 additional charge on all refills at the retail pharmacy after the second fill.

Additional information on filling prescriptions for **maintenance medications**:

- You will be allowed to fill each of your **maintenance** medications two times at a retail pharmacy for the retail copay amount with no additional surcharge.
- If you are on the **Diamond Plan** and you continue to refill your maintenance medications at a retail pharmacy, **you will be charged \$10 in addition to your regular copay.**
- If you are on the **Platinum Plan** and you continue to refill your maintenance medications at a retail pharmacy, **you will be charged \$20 in addition to your regular copay.**

If you want to know whether the prescription you are taking is classified as “maintenance,” please contact Medco Health directly at **1-800-818-2364** or visit their website at **www.medcohealth.com**.

# Diamond and Platinum Plans

## *Prescription Drug Coverage* continued...

### **Mail Order Information for Diamond and Platinum Plans**

*Note:* If you are taking a **maintenance** medication to treat an ongoing health condition such as high blood pressure, you can save time and money by using the mail order program. You may obtain up to a 90-day supply through the mail order program. To start the mail order process, please follow these two easy steps:

#### **Step 1**

Have your doctor prescribe your **maintenance** medication for a 90-day supply with refills.

***DO NOT send a prescription written for a 30-day supply with refills to the mail order program. Medco Health can ONLY fill a prescription for the quantity limit written on the prescription; Medco Health cannot change a prescription written for a 30-day supply into one that allows for a 90-day supply. The prescription MUST be written for a 90-day supply in order for the mail order program to save you money.***

#### **Step 2**

Mail your prescription and the required copayment with the mail order form to Medco Health. The mail order form can be obtained by calling Medco Health at **1-800-818-2364** or by calling the Trust at **702-794-0272**. You may also request a mail order form by visiting Medco Health's website at **www.medcohealth.com** or the Trust's website at **www.teachershealthtrust.org**.

**OR**

Ask your doctor to call **1-888-EASYRX1** (1-888-327-9791) for instructions on how he or she can fax in your prescription.

**Please allow up to 14 calendar days for receipt of your mail order prescription.**

**Be sure to CAREFULLY review your mail order prescription to ensure it is written for a 90-day supply with refills!**

# Dental Plan

- Participants have the option of choosing either the **Diamond** or the **Platinum Plan**.
- If you enroll your dependents for dental benefits, they will be enrolled in the same dental plan that 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 and eligible expenses are the same for both the **Diamond Dental Plan** and the **Platinum Dental Plan**. The differences between the two dental plans are noted below:

## Diamond Dental 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 prior to when he/she would receive these services in order to be eligible for the orthodontia benefit. Therefore, any dependent under age 19 whom you enroll in the Diamond Dental Plan during this open enrollment will not be eligible for orthodontia benefits until January 1, 2012.

## Platinum Dental Plan

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

Dental benefits will be paid as follows:

### •• Services from a PPO Provider ••

Dental Treatment*	Paid to PPO Provider	Patient Responsibility for PPO Services
Preventative	100% of total PPO contract rate	None
Basic	80% of total PPO contract rate	20% of total PPO contract rate
Major	60% of total PPO contract rate	40% of total PPO contract rate

\* **Examples of Dental Treatment:**

Preventive  
Cleanings

Basic  
Fillings  
Extractions  
Root Canals

Major  
Crowns      Bridges  
Implants    Dentures

**Services received from a non-PPO provider will be paid based on a fee schedule.**

For additional information on dental benefits, please refer to the Summary Plan Document at [www.teachershealthtrust.org](http://www.teachershealthtrust.org).

# Vision Plan

- There is only **one** vision plan regardless of which health plan you choose.
- If you enroll your dependents in a dental plan, vision benefits are automatically included.
- Refer to the Summary Plan Document at [www.teachershealthtrust.org](http://www.teachershealthtrust.org) for additional information on your vision plan.

## Hospital Supplement

The third plan option is an Income Supplement Plan, which provides a payment of \$260 per day for either each day of **overnight** inpatient hospitalization for which room and board is charged **or** each 24 hours of observation.

- This plan is available to employees who choose not to enroll in either the Diamond or Platinum Plans.
- There is **NO MEDICAL COVERAGE** on the Hospital Supplement Plan.
- This plan is not available to dependents.
- For additional information on the Hospital Supplement Plan, refer to the Summary Plan Document at [www.teachershealthtrust.org](http://www.teachershealthtrust.org).

# Section 125 Premium-Only Plan

The **Section 125 Premium-Only Plan** allows you to pay your portion of health insurance on a pre-tax basis rather than an after-tax basis. The amount of your eligible payroll deductions for coverages selected will be deducted from your **gross** earnings before your taxes are calculated. This means that your take-home pay may increase because insurance payments are deducted from your gross pay before federal and Medicare taxes are applied. Please note that you **cannot** enroll in Section 125 if you enroll a domestic partner on your plan. Below is an example comparing take-home pay with and without the Premium-Only Plan:

WITHOUT PREMIUM-ONLY PLAN (POST-TAX)		WITH PREMIUM-ONLY PLAN (PRE-TAX)	
Monthly Gross	\$2,333.33	Monthly Gross	\$2,333.33
Federal Tax (15%)	350.00	Family Coverage	<u>168.00</u>
Medicare Only (1.45%)	<u>33.83</u>	Adjusted Gross	\$2,165.33
Net Pay	\$1,949.50	Federal Tax (15%)	324.80
Family Coverage	<u>168.00</u>	Medicare Only (1.45%)	<u>31.40</u>
<b>Take-Home Pay</b>	<b>\$1,781.50</b>	<b>Take-Home Pay</b>	<b>\$1,809.13</b>
		<b>MONTHLY SAVINGS:</b>	<b>\$27.63</b>
		<b>ANNUAL SAVINGS:</b>	<b>\$331.56</b>

## Important Section 125 Plan Provisions

- Your annual tax withholding (W-2) statement will reflect your reduced taxable income. Therefore, you should **not** report premiums paid on your income tax returns.
- You may change or revoke your pre-tax deductions at the end of each calendar year only during Open Enrollment (for an effective date of January 1 of the following year) unless there is a qualifying life change. A qualifying life change is defined as one of the following: *marriage; divorce; death of a spouse or child; birth or adoption of a child; commencement or termination of employment of a spouse; change in premiums; change in coverage; separation from service; a significant change in the health coverage obtained through your or your spouse's employment; unpaid leaves of absence taken by you or your spouse; your over-19, never-married child returning to school; or a change from part-time to full-time employment for you or your spouse.*

# Premium Schedule

To calculate your **PER-PAYCHECK** premium, select a plan for yourself from section one. Next, select a plan for your dependent(s) from section two. Write the listed dollar amount(s) for your selection(s) in the corresponding numerical box(es). Please remember that you must select the same medical and/or dental plan for your dependent(s) that you choose for yourself.

<b>1. EMPLOYEE SELECTION:</b> Please select one of the following plans and write the dollar amount in 1.			
Diamond Medical/Diamond Dental/Vision.....		\$25.00	
Diamond Medical/Platinum Dental/Vision.....		\$17.00	
Platinum Medical/Diamond Dental/Vision.....		\$8.00	
Platinum Medical/Platinum Dental/Vision.....		\$0	
Hospital Supplement/Diamond Dental/Vision.....		\$8.00	
Hospital Supplement/Platinum Dental/Vision.....		\$0	
			1. \$ _____
<b>2. DEPENDENT SELECTIONS</b>			
<b>2a. Medical Coverage</b>			
	<i>Diamond Medical</i>	<i>Platinum Medical</i>	
1 Dependent.....	\$60.00.....	\$45.00	
2 Dependents.....	\$70.00.....	\$53.00	
3 Dependents.....	\$80.00.....	\$61.00	
4 Dependents.....	\$90.00.....	\$69.00	
5 Dependents.....	\$100.00.....	\$77.00	
6 Dependents.....	\$110.00.....	\$85.00	
7 Dependents.....	\$120.00.....	\$91.00	
8 Dependents.....	\$130.00.....	\$99.00	
9 Dependents.....	\$140.00.....	\$107.00	
			2a. \$ _____
<b>2b. Dental/Vision Coverage</b>			
	<i>Diamond Dental/Vision</i>	<i>Platinum Dental/Vision</i>	
<i>Dependents with Medical Coverage</i>			
1 Dependent.....	\$28.00.....	\$21.00	
2 Dependents.....	\$48.00.....	\$36.00	
3 Dependents.....	\$68.00.....	\$51.00	
4 Dependents.....	\$88.00.....	\$66.00	
5 Dependents.....	\$108.00.....	\$81.00	
6 Dependents.....	\$128.00.....	\$96.00	
7 Dependents.....	\$148.00.....	\$111.00	
8 Dependents.....	\$168.00.....	\$126.00	
9 Dependents.....	\$188.00.....	\$141.00	
			2b. \$ _____
<b>2c. Dental/Vision Only</b>			
	<i>Diamond Dental/Vision</i>	<i>Platinum Dental/Vision</i>	
1 Dependent.....	\$30.00.....	\$23.00	
2 Dependents.....	\$50.00.....	\$38.00	
3 Dependents.....	\$70.00.....	\$53.00	
4 Dependents.....	\$90.00.....	\$68.00	
5 Dependents.....	\$110.00.....	\$83.00	
6 Dependents.....	\$130.00.....	\$98.00	
7 Dependents.....	\$150.00.....	\$113.00	
8 Dependents.....	\$170.00.....	\$128.00	
9 Dependents.....	\$190.00.....	\$143.00	
			2c. \$ _____
<b>TOTAL PER-PAYCHECK PREMIUM (add lines 1 &amp; 2)</b>			\$ _____