



TEACHERS HEALTH TRUST
For Teachers By Teachers

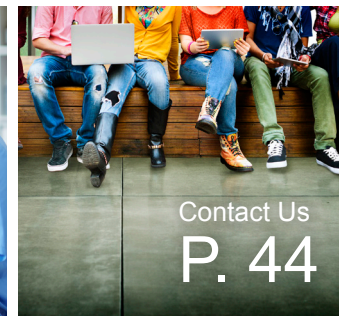
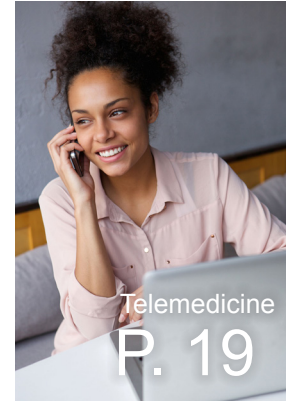
2018

Performance Plus Plan
PARTICIPANT GUIDE

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Your Health Plan ID Card

Teachers Health Trust Performance Plus Plan

Member Name and ID:

Members within the same family will all have the same Member ID. When provider offices need to request information regarding members, they will need their full name, DOB and ID number in order to distinguish dependents

Copay, Deductible and Prior Authorization Information

Copayment, Deductible and Prior Authorization information can be found on the Teachers Health Trust website.



WellHealth Quality Care Logo

WellHealth Quality Care is the provider network for Trust participants. They ensure providers are adhering to quality standards.

RX Information:

Prescription drugs are provided by MedImpact. The RX BIN, GRP, and PCN numbers are critical to Rx Claim Processing.

Your Health Plan ID Card (continued...)

Teachers Health Trust Performance Plus Plan

Member Services and Associated Contact Information

Members can call these numbers for assistance regarding the following:

- **Member Services:** eligibility, premiums, copayment, benefit and deductible information, and explanation of benefits (EOBs) of past claims.
- **Healthcare Advocates:** finding an in-network provider and PCP provider changes, scheduling appointments and referral assistance.

This card does not guarantee coverage, it is for ID purposes only. Obtain authorizations and referrals, or verify benefits by calling Member Services.

Member Services: (702) 794-0272 (800) 432-5859
Healthcare Advocates: (855) 404-9355
TeleMedicine Virtual Care: wellhealthonline.com
Mental Health/Substance Abuse: (702) 248-8866 (800) 441-4483

A complete list of services requiring prior authorization can be found at thtlvnnv.org

For Providers Only

All hospital admissions as well as certain outpatient, DME, and office services require prior authorization through TRISTAR at (702) 216-8623, fax (702) 216-8700.

Medical Claims: Trust Claims, PO Box 96238, Las Vegas, NV 89193

Pharmacy Claims: MedImpact, PO Box 509098, San Diego, CA 92150-9098



For life-threatening emergencies call 911, or go to the nearest emergency room.

Prior Authorization

- A full list of services that require prior authorizations can be found on the teachershealthtrust.org website.
- Providers may also call (702) 216-8623 to request prior authorization status updates.

Copay, Deductible and Prior Authorization Information

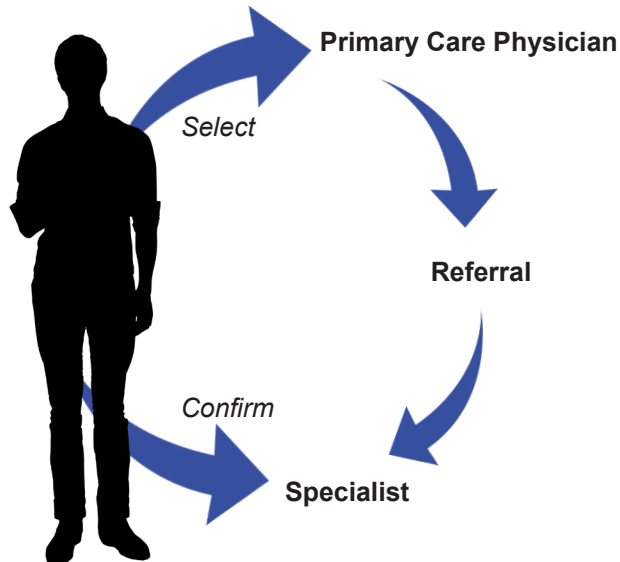
Copayment, Deductible and Prior Authorization information can be found on the Teachers Health Trust website.

Trust Performance Plus Plan

Patient-Centered Medical Home (PCMH) Overview

Your health plan is based upon the concepts of a Patient-Centered Medical Home or PCMH. It is a way to care for patients so that you feel “at home” with your care. The PCMH emphasizes the quality of interactions between you, your family doctor and the specialists you might need. A key part of a PCMH health plan is the referral process. To minimize your healthcare cost, here are the three main things to remember about the Specialist Referrals process for In-Network Providers:

The Referral Process



1. **Select an In-Network Primary Care Physician (PCP)**

Your PCP is your family doctor - the one you see for regular check-ups and general health problems. You only have to select a PCP once; but have opportunity to change during open enrollment (mid-October through late November), quarterly, and when you or your PCP moves location. Contact the Health Care Advocate team to select or modify your PCP. Additionally, the Advocate team will inform you of the new effective date for your selection.

2. **Get a referral to see an In-Network Specialist from your PCP**

While your PCP can treat many health conditions; he or she may also want you to see a specialist for certain issues. For example: you may see a cardiologist or dermatologist. Just remember that you need to get your PCP's official go-ahead (also called your referral) to see that specialist. Consult with your PCP to select a specialist within the Plan's network. Your PCP will then send the referral to the identified specialty provider.

3. **Make appointment and confirm referral**

Referrals are transmitted electronically and are good for a specific amount of time (an expiration date applies). To ensure a smooth claims process, please contact your specialist's office, make appointment and confirm referral prior to your scheduled visit to ensure the referral is in place. If the referral has expired, please contact your PCP to issue a new referral. Please contact the Health Care Advocate team for other concerns.

Trust Performance Plus Plan (continued...)

Patient-Centered Medical Home (PCMH) Overview



Saving you money in 2018

When you obtain a Specialist Referral, the health benefit plan provides greater benefits.

In-Network Specialist with Referral = Higher Benefit

The Benefit

A \$20 copay for office visit; and 20% coinsurance for all other services (deductible does not apply)

Description

Services included in the \$20 Office Visit Copayment include charges for the office visit or consult only. The 20% coinsurance applies to all other services such as, but not limited to: urinalysis, pulse oximetry, administration of injections, medications, procedures, surgery, and testing. Lastly, a deductible does not apply. Please refer to the Plan Document located on the Trust website for complete details.

**You are still covered when you do not have a Specialist Referral. You are eligible for a lesser benefit.*

In-Network Specialist without Referral = Lower Benefit

The Benefit

A 20% coinsurance for all services and deductible applies

Description

The 20% coinsurance applies after \$600 deductible (individual) or \$1,800 deductible (family). Please refer to the Plan Document located on the Trust website for complete details.

Referral Quick Tips

What You Need To Know

Referrals are the key to care coordination, working to make sure that you receive the right care by the right provider. It takes the guesswork out of which specialist you should see. Referrals are also important so your PCP can ensure all specialists and other members of your PCMH are fully aware of all your care outcomes and care plan outside of their office. The benefit of obtaining a referral has often been over-shadowed with feelings of frustration because it takes additional time to see a provider in order to seek care elsewhere. However, understanding why a referral is needed and what the purpose is can help ease that frustration.

What is a referral?

A referral is a medical recommendation from a PCP to a specialist physician to facilitate a more focused level of care.

Is a referral required?

While a referral from a PCP is not required, it is strongly recommended to maintain the highest quality and continuity of care. If you choose to forgo obtaining a referral from your PCP, you will experience higher out-of-pocket costs. Refer to the Teachers Health Trust plan document for a detailed breakdown of costs.

What is the value of a referral?

A referral ensures that a PCP is involved in the entirety of each participant's healthcare journey to better coordinate care. The PCP will be able to have transparent oversight on keeping participants' in-network when referring to specialists.

Once my PCP generates a referral, what are the next steps?

Once your PCP has generated a referral, you will receive notification that the referral has been placed. It is your responsibility to schedule the appointment with the specialist and before your next appointment ensure the referral is in place.

Do I need a referral to see behavioral health specialists?

No referral is required although some services require prior authorization. The first step is to contact Human Behavior Institute (HBI) at (702) 248-8866 and they can assist you in finding an In-Network therapist that will work well for you and your family. You can also visit their website www.hbnetwork.com to search the provider directory. Lastly, please review page 46 of the Plan Document for all services requiring prior authorization. If a prior authorization is required, ensure that your selected In-Network therapist will obtain this for you.

If someone has a true emergency, will they be penalized for not obtaining a referral from the primary care physician?

In the event of a true emergency, no referral is required for medical care. For the propose of coverage, a true emergency is defined as seeing a physician in connection with an unforeseen injury or illness that could lead to serious physical impairment or death if care is not received immediately.

Please review page 44 of the Performance Plus Plan Document for more information on the referral process.





Deductible, Copay and Coinsurance Overview

A brief reference guide of the Teachers Health Trust Performance Plus Plan for quick and easy answers when you need them.

Copayment and Coinsurance Overview

A brief reference guide for the Teachers Health Trust plan benefits

Here's our quick guide to understanding health plan terminology like, deductible, co-pay, co-insurance and out-of-pocket maximum.

Deductible: How much you must pay for care first, before the Plan contributes.

Copay: Your cost for routine services to which your deductible does not apply.

Coinsurance: The percentage you must pay for certain services.

Out-of-pocket maximum: The absolute maximum you'll pay annually for in-network services.

Deductible

A deductible is the amount you pay for healthcare services before your health insurance begins to pay. The Performance Plus Plan's deductible is \$600 per individual or \$1,800 per family per calendar year. That means for your services where your deductible applies (example: surgery, etc.), you'll pay 100 percent of your medical bills until the amount you pay reaches the appropriate deductible. Typically, your deductible does not apply for preventive health checkups and many routine health services.

Copay

Your copay is the fixed amount you pay for using common services defined by the Plan. For example, the Plan has copays for visiting your primary care physician, utilizing urgent care, or purchasing a prescription drug. This means you'll pay much less for these services right away. Additionally, copays allow you to manage your family budget with known fixed costs for routine medical expenses.

Coinsurance

Coinsurance is the portion of a medical service that is your responsibility. Whether you pay a copayment or coinsurance depends on the type of service, and in some cases, whether you've met your deductible.

For example, assume your plan has \$600 calendar year deductible and 20 percent coinsurance. You use \$1,000 in medical services. Therefore, you'll pay the \$600 calendar year deductible, plus 20 percent coinsurance of the remaining \$400, up to your out-of-pocket maximum.

Out-of-Pocket Maximum

Your out-of-pocket maximum is an important feature of your health plan because it limits the total amount you pay each calendar year for covered healthcare services. The OOP is calculated by adding the copays, deductibles, and coinsurance you've paid during the calendar year. If you hit your OOP maximum for the calendar year, the Plan will pick up 100 percent of costs for any in-network covered care for the rest of the year. For family OOP, the first member of the family who reaches the individual maximum amount will be covered at 100 percent thereafter. A maximum OOP does not apply for out-of-network service.

Participant Portal

Registration and account access

Participant Portal

The Teachers Health Trust is proud to announce the new participant portal is now active. Our goal is to provide a robust system to give you even better access to the most relevant and useful information to meet your needs.

Here are some benefits that the new system provides:

- Explanation of Benefits
- Easier and simplified navigation
- Checking the validity of statements
- Verify PCP selection
- Quick and easy access to important and pertinent claim status(es)
- Detailed itemized information such as remark codes and/or claim deductions

Signing up is easy

Visit TeachersHealthTrust.org/Participants/Portal to access the new portal, and then click on New Member Registration and enter your information. If you have any questions or concerns please contact the Member Services team at (702) 794-0272.



Please use group ID

THT20660

when registering for the portal

FAQs

Find quick answers to your most common questions

2018 Plan Changes

Q: Where can I locate the complete Plan Document?

The complete Plan Document can be found on the Trust's website under the Plan Benefits section found on the participant drop-down menu.

Q: Is it possible to have a meeting with the appeals committee if there is a pending appeal?

The appeal process that the Trust has implemented follows the guidelines of the Affordable Care Act (ACA). The Trust's appeal process includes a three-tier policy, which provides participants the opportunity to attend and take an active role at the 2nd tier (Appeals Committee). The participant must simply provide formal notification of their intent to attend when completing the appeals packet.

Q: Will our plan have significant changes in 2018?

The short answer to this question is no.

Referrals/Prior Authorization

Q: What is a referral?

A referral is a medical recommendation from a primary care provider (PCP) to a specialist physician to facilitate a more focused level of care.

Q: Is a referral required?

While a referral from a primary care provider (PCP) is not required, it is strongly recommended to maintain the highest quality and continuity of care. If you choose to forgo obtaining a referral from your PCP, you will experience higher out-of-pocket costs. Refer to the Teachers Health Trust plan document for a detailed breakdown of costs.

Q: What is the value of a referral?

A referral ensures that a primary care provider (PCP) is involved in the entirety of your healthcare journey and allows for a better coordination of care in the long term. Your PCP will be able to help keep participants' in-network when referring to specialists which can lower your out-of-pocket expenses.

Q: Once my primary care physician generates a referral, what are the next steps?

Once your primary care provider (PCP) has generated a referral, you will receive notification that the referral has been placed. This does not mean an appointment with the specialist has been made; it is your responsibility to schedule the appointment.

Q: Is prior authorization required?

Yes. Prior authorization is required for specific services as outlined in the Plan Document on page 46 and 47.

FAQs (continued...)

Find quick answers to your most common questions

Q: Do I need a referral to see behavioral health specialists?

No referral is required although some services require prior authorization. The first step is to contact Human Behavior Institute (HBI) at (702) 248-8866 and they can assist you in finding an In-Network therapist that will work well for you and your family. You can also visit their website www.hbinetwork.com to search the provider directory. Lastly, please review page 46 of the Plan Document for all services requiring prior authorization. If a prior authorization is required, ensure that your selected In-Network therapist will obtain this for you.

Q: If someone has a true emergency, will he/she be penalized for not obtaining a referral from his/her PCP?

In the event of a true emergency, no referral is required for medical care.

Q: What is a true emergency condition?

A true emergency is when an illness or injury places a person's health or life in serious jeopardy and treatment cannot be delayed. Examples include, but are not limited to: chest pain, heart attack, fractures, head injury, ingestion of toxic substances.

A non-true emergency is when an illness or injury is not life threatening or does not lead to serious physical impairment. Examples include, but are not limited to: chronic pain, minor cuts, gastritis, ear aches, flu.

Benefits and Eligibility

Q: What is the limit for Speech Therapy in 2018?

The first 20 speech therapy visits in a calendar year may be obtained without prior authorization. If you require additional visits beyond 20, your provider will need to obtain prior authorization for long-term therapy. Once authorized for long-term therapy, Prior authorization only needs to be renewed after 60 visits or 6 months, whichever occurs first.

Q: If the doctor I need to see is not in Clark County, will I be covered going outside of the county or state?

Yes, you may visit a doctor outside of the county or state, but your out-of-pocket costs will be calculated under the out-of-network benefits (See Page 89 of the Performance Plus Plan Document). If your physician believes that a service you need requires you to go out of state because it is unavailable in-network, prior authorization for the Extended Network Benefit may lower your out-of-pocket costs when prior authorized.

Q: What is included in the maximum out-of-pocket cost?

Any In-Network eligible expenses for Medical and Prescriptions benefits (only formulary drugs on the list).

FAQs (continued...)

Find quick answers to your most common questions

Q: My child is away to College and has Teachers Health Trust insurance. What doctor can he/she see?

If your child happens to get sick while they are away at school, they can always access a provider through telemedicine at no out-of-pocket cost to them or your family. Telemedicine is available for all Teachers Health Trust participants and enrollees 24 hours a day, 7 days a week, nationwide, which means it is great for students away at school.

- **Telemedicine** is an online virtual visit with a provider that acts as “bridge care” - that is, care that is meant to hold your child over until they can go see their chosen PCMH provider back home. Telemedicine is meant to be utilized in place of the quick care or emergency rooms for non-emergent or non-life-threatening symptoms.

You can access Telemedicine through your smart phone (a download option will be available soon), or online at wellhealthonline.com.

Northern Nevada

- There are also a few providers available in Northern Nevada . Please check the complete Network Provider List for a full listing of in-network providers that are located outside the Las Vegas Valley and surrounding areas.

CVS Minute Clinics

- CVS Minute Clinics are located nationwide and are part of our PPO Network.

Your child can also see any provider that is not in-network, but at a higher out-of-pocket cost. In addition, all true emergencies are covered nationwide, so if your child has to visit an emergency room, you can be rest-assured that any true emergencies will be covered.

Routine Services

- For routine services, students may schedule visits with in-network providers in the Las Vegas service area..

Q: Does the plan offer discounts for a gym membership?

The Plan will pay up to \$50 per Calendar Year for the following health improvement programs and activities:

- Health Club Memberships
- Personal Training (The Trust may audit personal trainers to ensure appropriate and up-to-date licensing and certifications are in order for their field of expertise.)
- Tobacco Prevention Counseling and Education
- Weight Management Support Groups (for example, TOPS, Inc., Jenny Craig, Weight Watchers, etc.)

This benefit is available to the primary subscriber only. For additional information, please see the Health Improvement Benefit in the Performance Plus Plan Document.

FAQs (continued...)

Find quick answers to your most common questions

Q: I need to have a minor outpatient surgery. What are some of the costs that will be associated with this, and who should I reach out to in order to determine exact costs?

In-network outpatient Surgery in the physician's office, with a referral, has a coinsurance of 20% (deductible does not apply). Outpatient surgery in a facility has a copayment of \$400 (deductible does not apply). The Surgeon and the Anesthesiologist each have a 20% coinsurance after the deductible is met. The in-network calendar year out-of-pocket maximum for an individual participant is \$6,850.

While the above provides the portion of the cost you are responsible for an in-network outpatient surgery, the Trust cannot predict your total costs. The final cost will depend upon what services, procedures, etc. are billed in respect to your surgery. The Trust highly encourages you to speak to your provider prior to surgery to assist in determining what services and procedures will be included in your case.

Q: What will my copayments be for the 2018 Performance Plus Plan?

- Preventive in-network care from your PCP provider will have a \$0 copayment;
- Office visits to your PCP provider will have a \$10.00 copayment, plus 20% coinsurance for all other services (deductible does not apply);
- Office visits to a specialist, with referral, will have a \$20.00 copayment, plus 20% coinsurance for all other services (deductible does not apply).

Q: How much will my premiums be in 2018?

There will be no increases to the current premium structure and/or amounts applied for 2018.

Q: Why is there no premium for two CCSD Employees and their Family? Am I paying for them with my premiums?

No. You are not paying for other participants on the plan. The Teachers Health Trust receives a contribution for each CCSD employee. For the majority of participants, this results in the Teachers Health Trust receiving a single contribution for a household (family). However a household with two CCSD employees results in the Trust receiving two contributions for a single household. This additional contribution offsets that household's premium payment, resulting in no per paycheck deduction for the household.

Q: Can I change my Primary Care Provider (PCP)?

Yes, all participants will be able to change their PCMH providers once per quarter. You may do so by using the Provider Change Request Form (found on the Trust website under participants then forms) and submitting it through the WellHealth Healthcare Advocates at wh_advocates@hcpnv.com. Once you change your Primary Care Physician (PCP), you will be able to see that provider on the first day of the following quarter.

FAQs (continued...)

Find quick answers to your most common questions

Q: What are my coverage options if I am traveling out of town during the summer?

Your coverage options include using WellHealth Online (Telemedicine), Urgent Care, CVS Minute Clinics nationwide or, in the event of a true emergency, the Emergency Room. For detailed information, please refer to pages 62-63 of the Performance Plus Plan Document.

Telemedicine

Q: What is telemedicine?

Telemedicine refers to clinical diagnosis and monitoring that is delivered by technology. It is the use of telecommunication and information technology (i.e., smart phones, computers, tablets) to provide clinical healthcare remotely. Telemedicine is aimed to provide an added benefit for non-emergent and nonlife-threatening symptoms that would otherwise be addressed through urgent care environments. To access telemedicine, please visit the WellHealth Quality Care app from your smartphone, or online at WellHealthOnline.com.

Q: What is teletherapy?

Teletherapy is a new way to get behavioral health care. You can see a licensed therapist and have an online video therapy session, on your schedule, from wherever you are located. Our HIPAA-compliant teletherapy service is easy to use and requires no specialized hardware.

Q: Who can access telemedicine?

Telemedicine is available for all Teachers Health Trust participants and enrollees 24 hours a day, seven days a week, nationwide and anywhere you have to access the internet. It is incredibly convenient and easy to use. You can also use telemedicine in Puerto Rico, Guam and the US Virgin Islands. Telemedicine is not available in Arkansas.

You can access telemedicine through the WellHealth Quality Care app from your smartphone, or online at WellHealthOnline.com. This service is provided for Teachers Health Trust participants at no out-of-pocket cost.

Q: How do I register for telemedicine?

Visit WellHealthOnline.com and follow the instructions to register. You will need to add two additional zeroes (00) to the end of your participant ID number.

Additional Benefits

Benefit Resources and Population Health Management.



Rx Savings Solutions

Did you know that medication prices could vary as much as 2,000 percent from one pharmacy to the next? To assist you in managing these costs, the Trust offers a new cutting-edge tool provided by Rx Savings Solutions. This benefit is designed to notify you if there is another pharmacy in your area with lower out-of-pocket prices for your prescription drugs. Remember to stay in-network, if you use a non-preferred pharmacy, your copayment/coinsurance is the same but you are charged the \$10 Pharmacy Choice Fee in addition to your standard cost.

Additionally, this tool will provide recommendations on alternative medications that perform the same or better in clinical trials but with a lower out-of-pocket price. Rx Savings Solutions will also provide you with a letter that can help you as you speak with your doctor about making any changes to your prescriptions. You may access this benefit by signing up for an online account today via the Rx Savings Solutions website <https://portal.rxsavingsolutions.com/auth/login> or by calling 1-800-268-4476. Once you access these services, you can choose to receive saving opportunities via email or text messages.



WellDyne

WellDyneRx is an innovative, full-service prescription benefit manager, servicing its health plan members through a retail network of over 65,000 pharmacies nationwide for high cost specialty drugs and mail order service.

You will be able to register and manage your prescription benefits through their member portal found at WellDyneRX.com. The portal allows for members to: order medications, check order status, estimate co-payment costs, locate pharmacies, find drug alternatives and manage your health.



Grand Rounds

Whether you need information about a new diagnosis or treatment, or support deciding if surgery is right for you, Grand Rounds will take care of it all. A free health benefit courtesy of the Teachers Health Trust.

Grand Rounds is with you when:

- You need an expert. We'll get you a second opinion or personalized care plan from a world-leading expert.
- You need support. We'll help you make tough decisions or help you decide if surgery is right for you.
- You need answers. We'll tell you everything you need to know about a new diagnosis or existing condition.

Additional Benefits

Here's to Health Population Health Management.

A Healthier You: Population Health Management Programs

Population Health Programs are created to help Teachers Health Trust participants improve their overall health and well-being. Our current programs are:

- Breathe Easy for Asthma and COPD
- Control Is the Goal for diabetes care
- Have a Heart for heart health.
- My Best Pregnancy which targets high risk pregnancy

There are many benefits of enrollment into these special programs such as zero co-payments when visiting your in-network specialist and free or discounted diabetic supplies. Consult your Plan Benefit information for a list of all additional benefits.

Where To Access Care for Laboratory and Radiology

Exclusive contracts held by the Teachers Health Trust.

Laboratory Services



Quest Diagnostics

The Plan has an exclusive lab contract with Quest Diagnostics. The world's leading provider of diagnostic information services, as its exclusive laboratory services provider. Per contract agreement participant must have all lab work done at a Quest Diagnostics location. Participating provider agrees to refer participants only to other in-network providers. If you as the participant elect to go to an out-of-network laboratory you will be responsible for any additional (EME) eligible medical expenses.

Radiology Services



Steinberg Diagnostic

Participants should request to have any diagnostic and screening radiology to be done at Steinberg Diagnostic, the Trust's contracted groups for Free-Standing Radiology Services in the Las Vegas services area.

If you as the participant elect to go to an out-of-network radiology group you will be responsible for any additional (EME) eligible medical expenses.

Where To Access Care: Telemedicine

Healthcare when you need it



Teachers Health Trust Performance Health Plan participants now have the ability to access medical and behavioral health providers 24 hours a day, 7 days a week through a Telemedicine platform powered by MDLIVE.

Providers are able to diagnose and treat conditions such as the cold and flu, fevers, strep throat, conjunctivitis (pink-eye), sinus infections, rashes and more!

In addition, participants have access to behavioral health professionals to help them with their immediate health needs.

Telemedicine Co-Pay is \$0

Get started today:

Visit - [WellHealthOnline.com](https://www.wellhealthonline.com)

FAQs:

What can Telemedicine treat?

Telemedicine can treat an array of symptoms such as: allergies, asthma, bronchitis, cold and flu, diarrhea, ear infection, fever, headache, infections, insect bites, joint aches, rashes, respiratory infections, sinus infections, skin infections, sore throat, urinary tract infections, and more.

How long will I wait to see a doctor?

The goal of telemedicine is to give you the ability to see a doctor within minutes. However, there could be a delay based on the amount of participants trying to access care at the same time. You do have the ability to schedule an appointment with any of the doctors available and see them when it is convenient for you.

Where To Access Care: Urgent Care

Urgent Care Offices and Locations

Advanced Urgent Care & NightLight Pediatrics

9975 S. Eastern Ave. Ste 110.
Las Vegas, NV 89183
Phone: (702) 835-9700

BullHead Urgent Care Center

1355 Ramar Rd. Ste. 11
BullHead City, AZ 86442
Phone: (928) 704-9202

CareNow Urgent Care

10652 S. Eastern Ave.
Henderson, NV 89052
Phone: (702) 476-2800

CareNow Urgent Care

8300 W. Cheyenne Ste. 106
Las Vegas, NV 89129
Phone: (702) 656-0911

CareNow Urgent Care

2269 N. Green Valley Pkwy.
Henderson, NV 89014
Phone: (702) 855-0500

CareNow Urgent Care

6125 W. Tropicana Ave. Ste. A
Las Vegas, NV 89103
Phone: (702) 701-8900

CareNow Urgent Care

4575 W. Charleston Blvd. Ste. A
Las Vegas, NV 89102
Phone: (702) 877-8777

CareNow Urgent Care

2202 W. Craig Rd.
N. Las Vegas, NV 89032
Phone: (702) 826-3200

CareNow Urgent Care

4900 W. Craig Rd.
Las Vegas, NV 89130
Phone: (702) 901-8230

CareNow Urgent Care

3020 W. Ann Rd.
N. Las Vegas, NV 89031
Phone: (702) 701-9501

CareNow Urgent Care

4075 S. Durango Dr.
Las Vegas, NV 89147
Phone: (702) 701-9509

CareNow Urgent Care

585 College Dr.
Henderson, NV 89015
Phone: (725) 777-3200

CareNow Urgent Care

9785 S. Maryland Pkwy.
Las Vegas, NV 89138
Phone: (702) 474-0077

CareNow Urgent Care

10530 Southern Highlands
Pkwy. Ste 150
Las Vegas, NV 89141
Phone: (725) 777-3350

CareNow Urgent Care

5891 E. Charleston Blvd.
Ste. 150
Las Vegas, NV 89142
Phone: (725) 777-3120

CareNow Urgent Care

7424 S. Rainbow Blvd.
Las Vegas, NV 89139
Phone: (702) 464-3213

For more information regarding urgent care offices visit the Teachers Health Trust website at www.teachershealthtrust.org

Where To Access Care: Urgent Care (continued...)

Urgent Care Offices and Locations

CareNow Urgent Care

7040 S. Durango Dr.
Las Vegas, NV 89113
Phone: (702) 260-1261

CareNow Urgent Care

5570 Camino Al Norte Ste 1
N. Las Vegas, NV 89031
Phone: (702) 657-0756

Childrens Urgent Care & Pediatric Center

1600 W. Sunset Rd. Ste. A
Henderson, NV 89014
Phone: (702) 898-6400

HealthCare Partners Medical Group

595 W. Lake Mead Pkwy.
Henderson, NV 89105
Phone: (702) 566-5500

HealthCare Partners Medical Group

4880 S. Wynn Rd
Las Vegas, NV 89103
Phone: (702) 871-5005



HealthCare Partners Medical Group

9499 W. Charleston Blvd. Ste 150
Las Vegas, NV 89117
Phone: (702) 228-5477

HealthCare Partners Medical Group

1397 S. Loop Rd.
Pahrump, NV 89048
Phone: (775) 727-5500

Las Vegas Urgent Care

2901 N. Tenaya Way Ste. 200
Las Vegas, NV 89128
Phone: (702) 852-2000

Legacy Urgent Care

105 N. Pecos Rd. Ste. 111
Henderson, NV 89074
Phone: (702) 263-4555

Rapid Care Medical Clinic

4270 S. Decatur Blvd. Ste. A1
Las Vegas, NV 89103
Phone: (702) 798-7770

Rapid Care Medical Clinic

916 W. Owens Ave Ste. B
Las Vegas, NV 89106
Phone: (702) 798-7770

For more information regarding urgent care offices visit the Teachers Health Trust website at www.teachershealthtrust.org

Where To Access Care: Hospitals

Hospitals and Locations

Boulder City Hospital

901 Adams Blvd
Boulder City, NV 89005
Phone: (702) 293-4111

Centennial Hills Hospital

6900 N Durango Dr.
Las Vegas, NV 89149
Phone: (702) 835-9700

Desert Springs Hospital

2075 E Flamingo Rd.
Las Vegas, NV 89119
Phone: (702) 733-8800

Dignity St. Rose - Blue Diamond

4855 Blue Diamond Rd.
Las Vegas, NV 89139
Phone: (713) 637-1146

Dignity St. Rose - Craig Ranch

1550 W. Craig Rd.
N. Las Vegas, NV 89032
Phone: (713) 637-1146

Dignity St. Rose - Flamingo

9880 W. Flamingo Rd.
Las Vegas, NV 89147
Phone: (713) 637-1146

Dignity St. Rose - Sahara

4980 W. Sahara Ave.
Las Vegas, NV 89102
Phone: (713) 637-1146

Henderson Hospital

1050 Galleria Dr
Henderson, NV 89011
Phone: (702) 963-7000

Mesa View Regional Hospital

1299 Bertha Howe Ave
Mesquite, NV 89027
Phone: (702) 346-8040

Mountain View Hospital

3100 N Tenaya Way
Las Vegas, NV 89128
Phone: (702) 255-5000

Southern Hills Hospital

9300 W Sunset Rd.
Las Vegas, NV 89148
Phone: (702) 880-2100

Spring Valley Hospital

5400 S Rainbow Blvd
Las Vegas, NV 89118
Phone: (702) 853-3000

St. Rose De lima Hospital

102 E Lake Mead Pkwy
Henderson, NV 89015
Phone: (702) 564-2622

St. Rose San Martin Hospital

8280 W Warm Springs Rd
Las Vegas, NV 89113
Phone: (702) 492-8000

St. Rose Siena Hospital

3001 St Rose Pkwy
Henderson, NV 89052
Phone: (702) 616-500

Summerlin Hospital

657 N Town Center Dr.
Las Vegas, NV 89144
Phone: (702) 233-7000

Sunrise Hospital

3186 S Maryland Pkwy
Las Vegas, NV 89109
Phone: (702) 731-8000

University Medical Center

1800 W Charleston Blvd
Las Vegas, NV 89102
Phone: (702) 383-2000

Valley Hospital Medical Center

620 Shadow Ln
Las Vegas, NV 89102
Phone: (702) 388-4000

The hospitals listed above are Nevada only. For a full list of in-network hospitals please visit the Teachers Health Trust website at www.teachershealthtrust.org. Hospital locations are open 24/7, 365 days a year.

Where To Access Care: CVS MinuteClinics

CVS MinuteClinic's and Locations

All locations: Open Monday - Friday, 8:30 a.m. - 7:30 p.m., Saturday 9 a.m. - 5:30 p.m. and Sunday 10 a.m. - 5:30 p.m.

4755 W. Ann Rd.

(at North Decatur Blvd. & West Ann Rd.)

North Las Vegas, NV 89031

Phone: (866) 389-2727

55 Damonte Ranch Pkwy.

(at South Virginia St. & Damonte Ranch Pkwy)

Reno, NV 89521

Phone: (866) 389-2727

7285 S. Durango Dr.

(at West Warm Springs Rd. & South Durango Dr.)

Las Vegas, NV 89113

Phone: (866) 389-2727

3290 S. Fort Apache Rd.

(at West Desert Inn Dr. & South Fort Apache Rd.)

Las Vegas, NV 89117

Phone: (866) 389-2727

2662 W. Horizon Ridge Pkwy.

(South Eastern Ave. & West Horizon Ridge Pkwy)

Henderson, NV 89052

Phone: (866) 389-2727

21 W. Horizon Ridge Pkwy.

(at West Horizon Dr. & East Horizon Ridge Pkwy)

Henderson, NV 89012

Phone: (866) 389-2727

8116 S. Las Vegas Blvd.

(at East Windmill Ln. & South Las Vegas Blvd.)

Las Vegas, NV 89123

Phone: (866) 389-2727

3758 S. Las Vegas Blvd.

(at East Harmon Ave. & South Las Vegas Blvd.)

Las Vegas, NV 89109

Phone: (866) 389-2727

680 N. McCarran Blvd.

(at East Prater Way & Howard Dr.)

Sparks, NV 89431

Phone: (866) 389-2727

1695 Robb Dr.

(at Mae Anne Ave. & Robb Dr.)

Reno, NV 89523

Phone: (866) 389-2727

1825 E. Warm Springs Rd.

(at Spencer St. & East Warm Springs Rd.)

Las Vegas, NV 89119

Phone: (866) 389-2727

3645 S Las Vegas Blvd.

(at Flamingo and S. Las Vegas Blvd)

Las Vegas, NV 89109

Phone: (866) 389-2727

Traveling? Find the nearest CVS Minute Clinics nation wide for fast easy access: [CVS.com/minuteclinic/clinic-locator](https://www.cvs.com/minuteclinic/clinic-locator)

Copayment and Coinsurance Overview

A brief reference guide for the Teachers Health Trust medical plan benefits

Plan Document

The full plan document can be found on the Teachers Health Trust website. The following is a summary description of the deductible and out-of-pocket benefits.

Calendar Year Deductible	Per Individual Per Calendar Year	In-Network	\$600
		Out-Of-Network	\$2,500
	Per Family Per Calendar Year	In-Network	\$1,800
		Out-Of-Network	\$10,000
Calendar Year Total Out-of-Pocket	Per Individual Per Calendar Year	In-Network	\$6,850
		Out-Of-Network	No Maximum
	Per Family Per Calendar Year	In-Network	\$13,700
		Out-Of-Network	No Maximum

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

PATIENT-CENTERED MEDICAL HOME SERVICES

The Patient-Centered Medical Home (PCMH) is a health care delivery model that provides primary health care that is coordinated and focuses on quality and safety while improving accessibility. It is not a physical place; it is the way your healthcare is accessed. See 89-95 for more information.

Your assigned/chosen PCMH provider will be a Primary Care Physician (PCP), Family Practice, Internal Medicine, or Pediatrician Provider. Women may also choose to have an OB/GYN as her second PCMH physician. Services included in the "Office Visit Copayment" include charges for the office visit or consult only. 20% coinsurance applies to all other services such as, but not limited to, urinalysis, pulse oximetry, administration of injections, medications, procedures, surgery, and testing.

Preventive Care <i>(Available only at PCP unless services can not be performed; in which case another in-network provider may be used.)</i>	In-Network	\$0 copay for office visit (deductible does not apply)
PCP Provider <i>(Inpatient or Outpatient Services)</i>	In-Network	\$10 copay for office visit (deductible does not apply); and 20% coinsurance for all other services (deductible does not apply)
Specialist Physician <i>(In Physician's Office)</i>	In-Network	\$20 copay for office visit with referral (deductible does not apply); and 20% coinsurance for all other services (deductible does not apply).
Specialist Physician <i>(Out of Physician's Office)</i>	In-Network	20% coinsurance after \$600 deductible.
Medical Home Identified Chronic Condition Patients <i>(Primary Care or Specialist Physician Office Visit - Diabetes, High-Risk, Pregnancy, Cardiovascular, COPD and Asthma)</i>	In-Network	\$0 copay for office visit (deductible does not apply) 20% coinsurance for all other services (deductible does not apply)

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

In-Office Surgery	In-Network	20% coinsurance with referral from PCMH PCP (deductible does not apply)
Obstetrician Services - OB/GYN, Inpatient or Outpatient Services <i>(pregnancy, prenatal, delivery and post-natal: Normal Pregnancy)</i>	In-Network	\$10 copay for office visits applies, if billed separately from complete delivery services; 20% coinsurance for all other services (deductible does not apply)
ALL OTHER SERVICES PROVIDED OUTSIDE OF THE MEDICAL HOME		
Preventive Care <i>(Available only at PCP unless services can not be performed, in which case another in-network provider may be used)</i>	In-Network	Not Covered
	Out-Of-Network	Not Covered
Primary Care Physician <i>(Other than your chosen PCP)</i>	In-Network	20% coinsurance after deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Specialist Physician	In-Network	WITHOUT REFERRAL - 20% coinsurance after deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Office Surgery	In-Network	WITHOUT REFERRAL - 20% coinsurance after deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

Obstetricians Services other than Your Chosen PCMH (<i>pregnancy, prenatal, delivery and post-natal</i>)	In-Network	20% coinsurance after deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Anesthesia	In-Network	WITH OR WITHOUT REFERRAL - 20% coinsurance after deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Facility (<i>Includes Skilled Nursing and Mental Health/Chemical Dependency Facilities, Inpatient Outpatient, Ambulatory Surgical Center, Long-Term Acute Care, or Acute Rehabilitation</i>) When there is no facility copay; applicable copay and or coinsurance will apply:	In-Network	WITH OR WITHOUT REFERRAL - \$400 per day; \$800 Max Per Stay (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Outpatient services (<i>such as but not limited to; clinics; radiation; radiology services; chemotherapy; sleep studies; physical, occupational and speech therapy; and testing</i>)	20% coinsurance (deductible does not apply)	

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

Home Health/Hospice/Insulation	In-Network	WITH OR WITHOUT REFERRAL - 20% coinsurance (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Durable Medical Equipment - prosthetics, braces and orthotics, including foot orthotics	In-Network	WITH OR WITHOUT REFERRAL - 20% coinsurance (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Urgent Care	In-Network	NO REFERRAL REQUIRED - \$50 copay (deductible does not apply)
	Out-Of-Network	NO REFERRAL REQUIRED - \$75 copay (deductible does not apply)
Minute Clinic	In-Network	NO REFERRAL REQUIRED - \$15 copay (deductible does not apply)
	Out-Of-Network	NO REFERRAL REQUIRED - \$15 copay (deductible does not apply)
Telemedicine (MDLive)	In-Network	\$0 copay
	Out-Of-Network	N/A

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

Emergency Room - True Emergency	In-Network	\$250 True Emergency (deductible does not apply)
	Out-Of-Network	\$250 True Emergency (deductible does not apply)
Emergency Room - Non-Emergency	In-Network	\$400 copay non-emergency (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Laboratory	In-Network	WITH OR WITHOUT REFERRAL - \$0 copay at Quest Diagnostics
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Radiology	In-Network	<p>Freestanding Diagnostic Facility: \$0 copay (deductible does not apply)</p> <p>Hospital/Facility: 20% coinsurance (deductible does not apply) Radiology coinsurance only applies when Facility copay does not.</p> <p>PCP Office: 20% coinsurance - X-rays of chest, spine, pelvis and extremities, abdomen; ultrasound of abdomen, dexa bone density (deductible does not apply) All other radiology services in PCP office are not covered.</p> <p>All Other In-Network Providers: 20% coinsurance with a referral (deductible does not apply); 20% coinsurance after \$600 deductible without a referral</p>
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

CAT Scan	In-Network	<p>Freestanding Diagnostic Facility: \$50 copay (deductible does not apply)</p> <p>Hospital/Facility: 20% coinsurance (deductible does not apply) Radiology coinsurance only applies when Facility copay does not.</p> <p>PCP Office: Not Covered</p> <p>All Other In-Network Providers: 20% with a referral (deductible does not apply); 20% coinsurance after \$600 deductible without a referral</p>
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
MRI	In-Network	<p>Freestanding Diagnostic Facility: \$75 copay (deductible does not apply)</p> <p>Hospital/Facility: 20% coinsurance (deductible does not apply) Radiology coinsurance only applies when Facility copay does not.</p> <p>PCP Office: Not Covered</p> <p>All Other In-Network Providers: 20% with a referral (deductible does not apply); 20% coinsurance after \$600 deductible without a referral</p>
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Acupuncture	In-Network	WITH OR WITHOUT REFERRAL - 20% copay (deductible does not apply), Limit of 20 visits per calendar yer
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

Chemical Dependency Counseling, Mental Health Office Visit, Therapy	In-Network	WITH OR WITHOUT REFERRAL - \$20 copay (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Chemotherapy	In-Network	WITH REFERRAL - \$20 copay (deductible does not apply) WITHOUT REFERRAL - 20% coinsurance after \$600 deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Radiation	In-Network	WITH REFERRAL - \$20 copay (deductible does not apply) WITHOUT REFERRAL - 20% coinsurance after \$600 deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Chiropractic	In-Network	WITH OR WITHOUT REFERRAL - 20% copay (deductible does not apply), Limit of 20 visits per calendar year
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Diabetic Education	In-Network	WITH REFERRAL - \$0 copay (deductible does not apply) WITHOUT REFERRAL - 20% coinsurance (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

Dialysis	In-Network	WITH OR WITHOUT REFERRAL - \$20 copay (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Hearing Aids	In-Network	NO REFERRAL NEEDED - Plan pays \$1,000 per ear, every 5 years (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Inpatient Surgeon	In-Network	NO REFERRAL NEEDED - 20% coinsurance after \$600 deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Outpatient Surgeon	In-Network	NO REFERRAL NEEDED - 20% coinsurance after \$600 deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Inpatient Physician Visits (Specialist)	In-Network	NO REFERRAL NEEDED - 20% coinsurance after \$600 deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Laboratory Pathology/Radiology Interpretation (Inpatient)	In-Network	NO REFERRAL NEEDED - \$0 copay (deductible does not apply)
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust medical plan benefits

Physical Therapy (<i>Only when performed in an office. PT in a hospital facility falls under the hospitals section</i>)	In-Network	WITH OR WITHOUT REFERRAL - \$20 copay (deductible does not apply), 20 visits per year
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Sleep Studies (<i>In-Office</i>)	In-Network	WITH REFERRAL - \$75 copay (deductible does not apply) WITHOUT REFERRAL - 20% coinsurance after \$600 deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Sleep Studies (<i>Facility</i>)	In-Network	WITH REFERRAL - 20% coinsurance (deductible does not apply) WITHOUT REFERRAL - 20% coinsurance after \$600 deductible
	Out-Of-Network	40% coinsurance after deductible, plus any charges over Eligible Medical Expenses*
Transplant Services	In-Network	\$1,500 in addition to all other copayment/coinsurance - Prior Authorization Required
	Out-Of-Network	Not Covered

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust Prescription Plan Benefits

The Teachers Health Trust has an exclusive retail pharmacy contract with CVS/Caremark (CVS, Walmart, Sam's Club and Vons), both in Nevada and nationwide. Additionally, Lin's in Overton, Nevada may be used.

Exclusive In-Network Retail Pharmacies	
Generic Drugs: Cost Up to \$25	\$5
Generic Drugs: Cost Over \$25	25% of cost of prescription, copay max of \$50 per 30-day prescription
Preferred (Formulary)	25% of cost of prescription, copay max of \$100 per 30-day prescription
Non-Preferred Brand	40% of cost of prescription, minimum \$50
Formulary Diabetic Supplies (Includes Syringes, Needles, Lancets and Test Strips)	If enrolled in WellHealth Diabetic Program: \$0 copay; If not enrolled in WellHealth Diabetic Program: \$10 copay (Included in Out-of-Pocket Max). Glucose monitors are provided, at no charge to the participant, by the Trust.
Formulary Diabetics Insulin and Medications	25% of the cost of the prescription (Included in Out-of-Pocket Max). Participants enrolled in and compliant with the WellHealth Diabetic Program: \$100 Out-of-Pocket max per prescription per 30-day supply. Participants not enrolled in and compliant with the WellHealth Diabetic Program: \$200 Out-of-Pocket max per prescription per 30-day supply.

For prescriptions filled at non-preferred in-network pharmacies other than those contracted for the Performance Plus Plan (CVS, Walmart, Sam's Club, Vons and Lin's in Overton), the participant will pay a pharmacy choice fee (PCF) of \$10 per prescription in addition to the copayments listed above.

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust Prescription Plan Benefits

Mail Order Program Information

The mail order program is a cost-effective choice for long-term medications. You may get up to a 90-day supply for less than what you would pay at retail.

For new long-term or maintenance medications, ask your doctor to write two prescriptions:

- The first for up to a 90-day supply, plus any appropriate refills, to fill through the mail service pharmacy.
- The second for up to a 30-day supply, which you can fill at a participating retail network pharmacy for use until your mail service prescription arrives.
- Remind your doctor that generic medications are the most cost-effective.

Complete a mail service order form and send it to the mail order supplier, along with your original prescription(s) and the appropriate copayment for each prescription. Be sure to include your original prescription. Photocopies are not accepted. You must mail in a Mail Service Order Form the first time you request a new prescription through mail service. Our automated refill service is only available after we process your first prescription order.

Please note: You should not send in a prescription written for a 30-day supply permitting refills to the mail order program. The mail order service can ONLY fill for the quantity limit written on your prescription. The prescription MUST be written for a 90-day supply in order for the mail order program to save you money.



Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust Prescription Plan Benefits

Mail Order Program (90-Day Supply)	
Generic Drugs: Cost Up to \$75	\$12.50
Generic Drugs: Cost Over \$75	25% of cost of prescription, copay max of \$150 per 90-day prescription
Preferred (Formulary)	25% of cost of prescription, copay max of \$300 per 90-day prescription
Non-Preferred Brand	40% of cost of prescription, minimum \$125
Formulary Diabetic Supplies (Includes Syringes, Needles, Lancets and Test Strips; Limited to a quantity of 600 per 90-day supply.)	If enrolled in WellHealth Diabetic Program: \$0 copay; If not enrolled in WellHealth Diabetic Program: \$30 copay (Included in Out-of-Pocket Max). Glucose monitors are provided, at no charge to the participant, by the Trust
Formulary Diabetics Insulin and Medications	25% of the cost of the prescription. (Included in Out-of-Pocket Max) Participants enrolled in and compliant with the WellHealth Diabetic Program: \$300 Out-of-Pocket max per prescription per 90-day supply. Participants not enrolled in and compliant with the WellHealth Diabetic Program: \$600 Out-of-Pocket max per prescription per 90-day supply

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust Dental Plan Benefits

The Trust provides a dental plan for participants. In-network services are available from dentists contracted on behalf of the Trust. Out-of-Network Services are also available, but your personal expense may be much greater. The Plan is designed to provide benefits for preventive, basic and major dental services, including orthodontia treatment.

- No annual deductible for the dental benefits
- \$1,500 annual maximum benefit per person
- Dependents enrolled in the plan automatically receive dental benefits
- Lifetime maximum orthodontia benefit of \$1,000 for dependents under the age of nineteen (19) only

There is a two-year waiting period for orthodontia. Your dependent must be enrolled in the Performance Plus Dental Plan for two consecutive years in order to be eligible for the orthodontia benefit. Therefore, any dependent under age nineteen (19) you enroll in the Performance Plus Dental Plan at your initial enrollment will not be eligible for orthodontia benefits until two years after his or her enrollment date. Those dependents who meet eligibility requirements for orthodontia services must incur such services before reaching age nineteen (19).

Services received from an in-network provider will be paid based on a coinsurance structure. After you have met the annual maximum, you will be responsible for the contracted rate for the remainder of the year. The following is an example of what you will pay to an in-network provider.

Preventive	Paid to In-Network Provider	100% of total contracted rate
	Patient Responsibility For In-Network Services	None
Basic	Paid to In-Network Provider	80% of total contracted rate
	Patient Responsibility For In-Network Services	20% of total contracted rate
Major	Paid to In-Network Provider	60% of total contracted rate
	Patient Responsibility For In-Network Services	40% of total contracted rate

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust Dental Plan Benefits

Periodic Oral Evaluation	Treatment Type	Preventive
	What You Will Pay	\$0
Adult Cleaning	Treatment Type	Preventive
	What You Will Pay	\$0
Child Cleaning	Treatment Type	Preventive
	What You Will Pay	\$0
Filling - one surface, amalgam primary or permanent	Treatment Type	Basic
	What You Will Pay	\$15.20
Crown - porcelain fused to high noble metal	Treatment Type	Major
	What You Will Pay	\$268.40

Services received from an out-of-network provider will be paid based on a fee schedule.

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust Vision Plan Benefits

There is only one vision plan. If you enroll your dependents, vision is automatically included. Benefits are administered through Vision Service Plan (VSP) and include:

Vision Examination - Once every calendar year **Lenses** - Once every calendar year (*only if needed*) **Frames** - Once every other calendar year

WellVision Exam	<ul style="list-style-type: none"> • \$20 copayment • Every calendar year • Focuses on your eyes and overall wellness
Prescription Glasses Frame	<ul style="list-style-type: none"> • Every other calendar year • \$130 allowance for wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance
Lenses	<ul style="list-style-type: none"> • Every calendar year • Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	<ul style="list-style-type: none"> • Copayments \$55/\$95-\$105/\$150-\$175 • Every calendar year
Contacts (Instead of Glasses)	<ul style="list-style-type: none"> • Every calendar year • \$120 allowance for contacts and contact lens exam (fitting & evaluation) • 15% savings on 20-25% on other lens exam (fitting & evaluation)
Primary Eyecare	As needed; Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.

Copayment and Coinsurance Overview (continued...)

A brief reference guide for the Teachers Health Trust Vision Plan Benefits

- If services are obtained from a VSP provider, the out-of-pocket expense you will incur will be a \$20 copayment per person per exam as well as any expense in excess of the plan's eligible medical expense (EME) amount for glasses or contacts. You may obtain the plan's eligible medical expense (EME) amounts by registering online at vsp.com.
- If you choose, you may obtain either contact lenses or one set of eyeglass lenses per calendar year. If you obtain contact lenses, this utilizes all benefits for that year and the frame benefits for the following year.
- For contact lenses that are not medically necessary (i.e., glasses will correct the problem), VSP will pay for a standard eye exam (after the \$20 copay) and \$120 toward the cost of materials and/or fitting.

The vision benefit will not cover:

- Tinting
- Hi-Index Lenses
- UV Protection
- Progressive/Blended Bifocals
- Scratch Coating
- Polarized Lenses

Additional Notes

Use this section to make notes or questions you may have

Additional Notes

Use this section to make notes or questions you may have



Connect With Us

Contact Information for Participants

Mailing Address

2950 E. Rochelle Ave.
Las Vegas, NV 89121

P: (702) 794-0272 or (800) 432-5859 | F: (702) 794 2093

Healthcare Advocates

P: (855) 404-9355

Teachers Health Trust

www.TeachersHealthTrust.org