

Open Enrollment

2017



TEACHERS HEALTH TRUST
For Teachers By Teachers



Welcome to the 2017 Open Enrollment.



This guide is designed to help walk you through each of the steps during your time in the Open Enrollment portal. If you have any questions that may not be listed in this document, please contact the Teachers Health Trust Member Services team at:

E: serviceteam@teachershealthtrust.org

P: (702) 794 0272

Login Page

Step 1:
Each participant will need to create a new login, click here to start that process.

Step 2:
Once you have create your login, click here to enter the portal.

2017 OPEN ENROLLMENT FORM

Welcome to the Teachers Health Trust Online Open Enrollment Form. Use of this form is allowed for current Teachers Health Trust coverage primary subscribers and requires an active Health Portal account. If you do not have a Health Portal account, or you have forgotten your account login information, visit the [Health Portal Account Management Tool for Members](#) page for assistance.

Before you get started with the Online Open Enrollment Form, we encourage you to review the [Important Informational Documentation](#) provided below.

LOG IN TO BEGIN

Use your Health Portal username and password to access your online Open Enrollment form.

User ID:

Password:

[Log Into Your Account](#)

If you do not have a Health Portal username and password, or if you have forgotten your login information, please visit the [Health Portal Account Management Tool for Members](#) page for assistance.

IMPORTANT DOCUMENTATION

The following is a list of compiled documentation created as an aid to information on the rights, responsibilities and benefits associated with your enrollment with the Teachers Health Trust.

- [Performance Plus Dental Plan](#): The Plan is designed to provide benefits for preventive, basic and major dental services.
- [Copayments at a Glance](#): This Copayments-At-A-Glance section provides important copayment and coinsurance information for the most commonly utilized benefits.
- [Premium Rate Sheet](#): Information regarding premium amounts for both active and retired CCSD employees.
- [Prescription Drug Plan](#): Information regarding in-network, out-of-network and mail order pharmacies.
- [HIPAA Notice](#): This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
- [Informational Sheet](#): The Teachers Health Trust (Trust) is pleased to provide you with your 2016 Open Enrollment information.
- [Medicare Creditable Coverage](#): This notice has information about your current prescription drug coverage with Teachers Health Trust and about your options under Medicare's prescription drug coverage.
- [Notice Regarding Exemption Election](#): The law permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer rather than provided through a health insurance policy.
- [Notice Regarding Prescription Drug Coverage](#): This notice has information about your current prescription drug coverage with Teachers Health Trust and prescription drug coverage available for people with Medicare.
- [Notification of Grandfathered Status](#): As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.



Personal Information

Step 3:

Verify that your personal information is correct.

If you need to change any of the information listed, click the “Edit My Information” button located here.

Step 4:

Once your information is verified, click the “proceed to next step” button located here.

Teachers Health Trust For Teachers By Teachers

MY PERSONAL INFORMATION : 2016-2017 OPEN ENROLLMENT FORM

Review the information we have about you. If additions or corrections are necessary, click the “Edit My Information” button. If you need to make changes to your first or last name, please contact the Service department at 702-794-0272. When you are ready to go to the next section of the form, click the “Proceed to Next Step” button.

Your Last Name:	Jane
Your First Name:	Doe
Your Middle Name:	<input type="text"/>
Date of Birth:	10/19/75
Social Security Number:	-----1234
Gender:	Female
Your Address:	<input type="text" value="1800 S. Manor Street"/>
Apt/Suite:	<input type="text" value="210"/>
City:	<input type="text" value="LAS VEGAS"/>
State:	<input type="text" value="Nevada"/>
Zipcode:	<input type="text" value="123456"/>
Phone Number:	<input type="text" value="555-555-5555"/>
E-mail Address:	<input type="text" value="janedoe@gmail.com"/>
	<input type="button" value="Edit My Information"/>

Reminder! You must proceed through all of the sections of the Open Enrollment form. If you do not complete all of the sections of the online form, any changes you have made will be disregarded!

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1-702-794-0272
Mon-Fri 7am-5:45pm PST



My Dependents

Step 5:

Verify that your dependent information is correct.

If you need to change any of the information listed, click the “Edit My Information” button located here.

Step 6:

Once your information is verified, click the “proceed to next step” button located here.

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DEPENDENT INFORMATION : 2017 OPEN ENROLLMENT FORM

Review the information we have regarding your dependents. If additions or corrections are necessary, click the “Edit Info” button next to the person that needs modification. If you need to add a dependent to your plan, click the “Add New Dependent” button. When you are ready to move on to the next section of the form, click the “Proceed to Next Step” button.

A few reminders about dependent eligibility:

- if you are legally separated, or divorced your ex-spouse is not eligible for coverage as your dependent;
- if you have terminated your registered domestic partnership, your domestic partner and his/her children are not eligible for coverage as your dependent(s);

[Edit Info](#)

Name: Russle Doe	Relationship: Child
Date of Birth: 08/02/2011	SSN: ***-**-2906
Gender: Male	Phone: (702) 555-5555
Address: 201 West Manor Street LAS VEGAS, NV 89145	Record Status: Active[?]
Email: RussleDoe@gmail.com	

[Add New Dependent](#)

Reminder! You must proceed through all of the sections of the Open Enrollment form. If you do not complete all of the sections of the online form, any changes you have made will be disregarded!

[Go Back](#)

[Proceed to Next Step](#)

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Patient Centered Medical Home (PCMH) Information

Step 7:

Verify that your PCMH information is correct.

Please Note: If you choose to change your PCMH provider, your change will become effective on January 1, 2017.

If you need to change any of the information listed, click the "Edit" button located here.

Step 8:

Once your information is verified, click the "proceed to next step" button located here.



PRIMARY CARE PHYSICIAN SELECTION : 2017 OPEN ENROLLMENT FORM

Click the "Edit" button next to each individual's name and then select a primary care physician using the provided dropdown lists. When you are ready to move on to the next section of the form, click the "Proceed to Next Step" button.

Selected Primary Physicians for You and Your Dependents	
Name	Primary Physician
Edit Doe, Jane	Physician: John Smith Location: Smith Medical Center Address: 663 N TOWN CTR DR STE 502, LAS VEGAS, NV 89144 Phone: (702) 555-555 Map: View on Google Maps
Edit Doe, Russle	Physician: Jerry Davis Location: Davls Medical Center Address: 1805 S Town Center Drive Las Vegas, NV 89144 Phone: (702) 555-5555 Map: View on Google Maps

Reminder! You must proceed through all of the sections of the Open Enrollment form. If you do not complete all of the sections of the online form, any changes you have made will be disregarded!

[Go Back](#) [Proceed to Next Step](#)

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Coordination of Benefits

Step 9:

If you have additional benefits (i.e. yourself or dependents have additional insurance coverage through an additional plan), you must re-submit verification of coverage to the Trust.

If you need to change any of the information listed, click the “Edit” button located here.

Step 10:

Once your information is verified, click the “proceed to next step” button located here.

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COORDINATION OF BENEFITS : 2017 OPEN ENROLLMENT FORM

If you and/or your dependents have any health coverage other than through the Teachers Health Trust, click the “add new policy” button, fill in the requested information, and then click “Save”. Also, please take a moment to review any existing Coordination of Benefit information we may have on file for you and ensure its accuracy. Once you have finished, click the “Proceed to Next Step” button.

Coordination of Benefits

No additional health insurance policies have been added

Reminder! You must proceed through all of the sections of the Open Enrollment form. If you do not complete all of the sections of the online form, any changes you have made will be disregarded!

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Life Insurance

Step 11:

Please note: It is important that you verify your life insurance beneficiary. You can add up to three beneficiaries.

If you need to change any of the information listed, click the “Edit” button located here.

Step 12:

Once your information is verified, click the “proceed to next step” button located here.

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LIFE BENEFICIARY : 2017 OPEN ENROLLMENT FORM

Review your life insurance beneficiary information below. Click on the “Edit” button next to an individual to update their information, or the “Delete” button to remove them as a beneficiary. Click the “Add a new beneficiary” to add a new individual as a beneficiary. Once you have finished, click the “Proceed to Next Step” button.

To ensure your life insurance beneficiary information is up to date, we strongly suggest you complete both the primary and contingent beneficiary sections of this form. Otherwise, any life insurance benefits will be paid to the beneficiary we currently have on file.

If the primary beneficiary dies before you, the benefit payment will be made directly to the contingent upon claim and submitting the applicable forms and documents.

You may add up to three (3) primary life insurance beneficiaries and three (3) contingent beneficiaries by clicking on the “add new beneficiary” button. To add more than three beneficiaries of a particular type, you will need to contact the Trust and request a change of life insurance beneficiary form to be mailed to you.

Life Insurance Beneficiaries

Add new beneficiary

Delete Edit

Beneficiary Type	Beneficiary and Distribution Percentage
Primary	ben1, name (100%)

Reminder! You must proceed through all of the sections of the Open Enrollment form. If you do not complete all of the sections of the online form, any changes you have made will be disregarded!

Go Back

Proceed to Next Step

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Review Your Choices

Step 13:

Review your personal information, verifying that the information in the sections filled out previously are correct.

This is the final opportunity to look at the additions, deletes, or edits. Be sure to make note of the documentation you will need to send to the Trust by December 16th, 2016.

Continued on next page →

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REVIEW : 2017 OPEN ENROLLMENT FORM

Review your information below. Be sure to take note of any required documentation necessary to complete the enrollment of your dependents. If changes are necessary, use the Back button to navigate back to the section that needs to be changed. If everything looks ok, click the "Proceed to Next Step" button.

Reminder! You must proceed through all of the sections of the Open Enrollment form. If you do not complete all of the sections of the online form, any changes you have made will be disregarded!

Required Documentation

No further documentation required

If you are adding dependents, the documents listed above are required in order to complete the enrollment process. You may fax, e-mail or mail in the documents to the Teachers Health Trust (Trust). If the required documentation is not received in the Trust office, your dependents will not be able to enroll for coverage until the next Open Enrollment, unless they experience a life event.

Primary Subscriber Information

Name: Jane Doe
Address: 1800 S. Manor Street
LAS VEGAS, NV 89145
Email: JaneDoe@gmail.com
Date of Birth: 10/19/75
SSN: ***-**-1234
Gender: Female
Phone: 555-555-5555

Dependent Information

Name: Russle Doe
Address: 201 West Manor Street
Las Vegas, NV 89145
Relationship: Child
Email: RussleDoe@gmail.com
Date of Birth: 5/02/11
SSN: ***-**-2905
Gender: Male
Phone: 702-555-5555
Participant Record: Active



Review Your Choices (cont.)

Step 13:

Review your personal information, verifying that the information in the sections filled out previous are correct.

This is the final opportunity to look at the additions, deletes, or edits. Be sure to make note of the documentation you will need to send to the Trust by December 16th, 2016

Continued on next page →

Plan and Premium Information

Your THT plan name is: Employee + 1

Your Estimated Premium Per Paycheck Will Be: \$105.00

Pre-Tax Premium Deduction (Section 125): Yes

Covered Individuals: Jane Doe

• Russle Doe

Primary Care Physician Selections

Name	Primary Physician
Doe, Jane	Physician: John Smith Location: Smith Medical Center Address: 653 N TOWN CTR DR, STE 502, LAS VEGAS, NV 89144 Phone: (702) 555-5555 Map: View on Google Maps
Doe, Russle	Physician: Jerry Davis Location: Davis Medical Center Address: 1805 S Town Center Drive Las Vegas, NV 89144 Phone: (702) 555-5555 Map: View on Google Maps

Spouse/Domestic Partner Employment Information

No employment information was entered for your spouse or domestic partner.

Coordination of Benefits Information

You and/or your dependents do not have any health insurance other than through the Teachers Health Trust.

Life Insurance Beneficiary Information

Beneficiary Name: Brian Smith

Address: 1505 N Ramon Street
Las Vegas NV, 89345

Beneficiary Type: Primary

Distribution Percentage: 100%

Relationship: husband

If you need to add more than three beneficiaries of a particular type, you will need to contact the Teachers Health Trust and request a change of life insurance beneficiary form to be mailed to you.



Review Your Choices (cont.)

Step 13:

Review your personal information, verifying that the information in the sections filled out previously are correct.

This is the final opportunity to look at the additions, deletes, or edits. Be sure to make note of the documentation you will need to send to the Trust by December 16th, 2016

Step 14:

Once your information is verified, click the “proceed to next step” button located here.

Life Insurance Beneficiary Information

Beneficiary Name: Brian Smith
Address: 1505 N Ramon Street
Las Vegas NV, 89345
Beneficiary Type: Primary
Distribution Percentage: 100%
Relationship: husband

If you need to add more than three beneficiaries of a particular type, you will need to contact the Teachers Health Trust and request a change of life insurance beneficiary form to be mailed to you.

Reminder! You must proceed through all of the sections of the Open Enrollment form. If you do not complete all of the sections of the online form, any changes you have made will be disregarded!

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Disclaimer Agreement

Step 15:

Read and review the Terms and Conditions. Once you have read through and agreed, please click the Submit My Open Enrollment Form For Processing.

Please Note:

You must click the “Submit My Open Enrollment Form For Processing” to finalize your Open Enrollment.



DISCLAIMER : 2017 OPEN ENROLLMENT FORM

Please review the information below, acknowledge your acceptance by checking the "I Understand and Accept the Above Guidelines and Rules" checkbox, and then click the "Submit My Open Enrollment Form For Processing" button. Please note that until you indicate your acceptance, your open enrollment form will not be processed.

You aren't finished yet! You must click the "Submit My Open Enrollment Form For Processing" button at the bottom of this screen after you have indicated your acceptance of the terms and agreements before your Open Enrollment form can be processed! If you do not complete this final step of the online form, any changes you have made will be disregarded!

Please be aware that once you have agreed to the terms listed below and click the "Submit My Open Enrollment Form For Processing" button, you will not be able to make any further changes to your Open Enrollment selections. If further changes are necessary after you've submitted your Open Enrollment Form, you will need to contact the Service Department at 702-794-0272.

Terms and Conditions

- By my acceptance on this form, I certify and warrant to the Teachers Health Trust Board of Trustees that all information on this enrollment form is true, correct, and current as of the date signed. I agree to immediately notify the Trust in writing of any changes in this information, including any change in eligibility status for myself or any dependent listed on this form.
- I agree to abide by all plans as they are today or as they may be amended in the future.
- I acknowledge the right of the Board of Trustees to require of and promptly receive from me proof of eligibility status (such as marriage certificates, birth certificates, or any other proof of eligibility) as the Board of Trustees, in its sole discretion, may demand. I agree to promptly furnish such proof to the Board of Trustees and further agree that furnishing such proof satisfactory to the Board of Trustees is a precondition to the payment of any benefits for or on behalf of me or my dependents. I understand that any failure to comply with any request made or condition imposed by the Trust could result in the denial of my benefits.
- If the Trust provides coverage for or on behalf of me or any person listed as a dependent on this form when I am not, or such person is not, in fact, eligible or entitled to the benefits, or if the Trust otherwise mistakenly pays benefits, I agree to promptly reimburse the Trust in full for any such benefits paid on my or my dependent's behalf or any premiums I may still owe. I also agree that the Trustees, in their sole discretion, may deduct or offset any such owed monies from my future benefits. If the Trust files any legal action against me to recover any such monies, I agree to pay all attorney fees and costs incurred whether or not such an action proceeds to judgment.
- Health benefits are not a vested right but may be changed, reduced, or modified at the discretion of the Board of Trustees.
- I authorize any licensed physician, medical practitioner, hospital, clinic, or other medically related provider or facility; insurance company, health plan (including my selected plan), or any other organization, person, or entity that has any information as to my health or the health of my dependents to give my selected plan (as indicated by the checkmark of this form) or its authorized representative any such information. I also authorize the Trust to release any information available regarding my health and the health of any of my dependents (without using names or other identifying data) to approved organizations for purposes of research, public health, improving services for the Trust, and comparison to other similar health plans.
- A photographic copy of this authorization shall be as valid as the original.
- I Understand and Accept the Above Guidelines and Rules
- A photographic copy of this authorization shall be as valid as the original.
- I Understand and Accept the Above Guidelines and Rules

[Go Back](#) [Submit My Open Enrollment Form For Processing](#)





Thank you for completing the 2017 Open Enrollment. Remember to send your documents to the Trust by December 16, 2017. You can submit documentation via:

E: ServiceTeam@TeachersHealthTrust.org

F: 1-702-794-2093

Be sure to have your participant ID on each piece you send.

Thank you.