



TEACHERS HEALTH TRUST

For Teachers By Teachers



THT is making changes to our health plan to help lower out-of-pocket costs for members and improve access to quality providers. Beginning January 1, 2019 you and your covered family members will have access to two tiers of medical benefits. For the most affordable level of care, you should access Tier 1 benefits for the same THT/WellHealth providers that you currently utilize. Tier 2 is available for you when you are unable to get care from the THT/WellHealth network provider. The Tier 2 Cigna Open Access Plus Network replaces the current out-of-network benefit with a lower deductible and coinsurance.

TIER 1

The Highest Level of Benefits and Most Affordable Care in Southern Nevada

- THT/WellHealth providers and services.
- The same low copays for physician visits that you have today.
- Deductible will decrease to \$500 per individual, \$1,500 per family.
- Coinsurance will remain at 20% for tier 1.
- You can continue to see your current THT/WellHealth Network PCP for \$10 per visit, and if your PCP is not available you can now see any other PCP in the THT/WellHealth network for the same \$10 copay. Also, any PCP can refer you to a specialist.

TIER 2

New Benefit in 2019

- Cigna Open Access Plus Network across the country.
- All services subject to a deductible of \$1,500 per individual, \$4,500 per family.
- Coinsurance will be 20% for tier 2.

Beginning January 1, 2019 THT's medical and dental claims will be processed by Allegiance Benefit Plan Management, a national health plan administrator that has been in business for over 35 years. Allegiance handles benefits for some of the nation's most recognizable employers and several large school districts across the country. Allegiance is committed to providing THT members with:



- A local team of customer service representatives and claims examiners dedicated exclusively to THT
- Prompt and accurate claims payments
- First call resolution of claims issues

You will receive a new ID card from Allegiance. Please give your providers a copy of your new ID card to ensure that 2019 medical and dental claims are submitted to Allegiance. All medical and dental claims for services provided prior to 12/31/18 will be handled by TriStar.

Allegiance will honor all prior authorizations you have already received for services that will occur in 2019. We recommend that you or your provider contact Allegiance to make sure they have a record of your prior authorization.



If you have any questions about the 2019 benefits, call Allegiance at 855-999-1050

www.askallegiance.com



Q: Do I still need to select a PCP?

A: Yes. We encourage you to seek services from your selected PCP whenever possible. If your selected PCP is not available you can now see any other PCP in the THT/WellHealth network.

Q: What if I want to change my PCP?

A: You can change your PCP at any time by calling Allegiance at 855-999-1050.

Q: Can my OB/GYN be my PCP?

A: Yes. You may now choose your OB/GYN as your PCP.

Q: Do I need a referral to see a specialist?

A: Yes. This requirement has not changed. Your WellHealth PCP will make all the arrangements for your referral to a specialist.

Q: What if I have a procedure coming up in 2019 that was already approved?

A: Allegiance will honor all prior authorizations for services that will occur in 2019. Please contact Allegiance to make sure they have a record of your prior authorization. Allegiance may request that you provide a copy of the prior authorization letter you received from TriStar.

Q: Who do I call if I have questions about claims submitted in 2018?

A: TriStar will be processing all claims for dates of service on or before 12/31/18. Please call TriStar at 702-794-0272 if you have questions about 2018 claims.

Q: How much will my premiums be in 2019?

A: Your premiums will remain the same as 2018.

Q: Q: When do I choose between benefit Tiers 1 and 2?

A: This plan allows you to choose the benefit tier that is best for you at the time of service.

Q: My child is attending college in another state and has the THT health plan. What doctors can he or she see?

A: Your child can see doctors in Cigna's Open Access Plus national network. If your child does not see a doctor in the Cigna network, he or she will not receive benefits.

Q: What if my doctor is not a member of the THT/WellHealth network?

A: If your doctor is a member of the Cigna Open Access Plus network, you will receive tier 2 level benefits. If your doctor is not a member of THT/WellHealth or Cigna, you will not receive benefits.

Q: What if I am traveling outside Clark County and need to see a doctor?

A: The most affordable level of care outside Clark County will be through the Cigna Open Access Plus national network. If you do not see a doctor in the Cigna network, you will not receive benefits unless your condition is determined to be an emergency.

Q: If I am a retiree, what are my benefits?

A: Pre-65 retirees living in Southern Nevada have the same benefits as active employees. Pre-65 retirees living outside Southern Nevada have access to the Cigna Open Access Plus national network benefits; however, your deductible will be \$250. Post-65 employees have the option to elect Medicare or Senior Dimensions.

Q: I notice there are now two benefit tiers and each tier has a different deductible. Do I need to meet both deductibles each year?

A: The deductibles for each tier are separate. You will only be required to meet the deductible for the level of care you receive. In other words, tier 1 benefits have a \$500 individual/\$1,500 family deductible and tier 2 benefits have a \$1,500 individual/\$4,500 family deductible.