

HEALTH

A Publication for Teachers Health Trust Participants



TRAXX

Summer 2015 * Volume 14, Issue 2
For Teachers by Teachers



2015 WellFit for Life & Best Weigh to Go

Winners' Circle
p.23

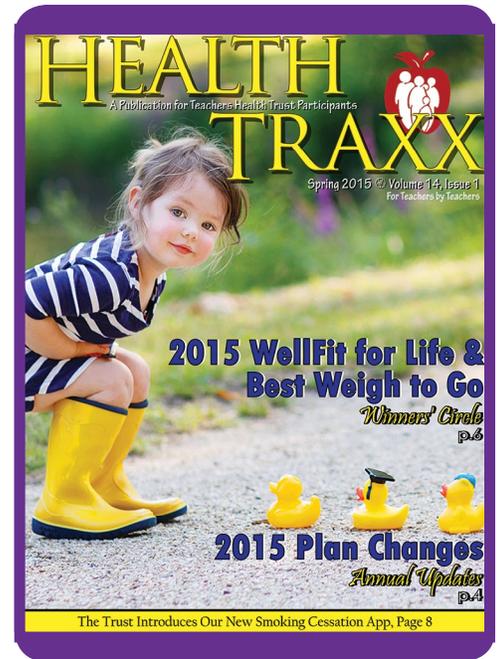


2015 Plan Changes

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Trust Tidbits

Trust Office Closures

The Teachers Health Trust will be closed on Friday, July 3rd in observance of Independence Day. The Trust will resume normal business hours on Monday, July 6th. The office will also be closed on Monday, September 7th in observance of Labor Day. The Trust will resume normal business hours on Tuesday, September 8th.

Vacationing, Prescription Drug & Non-PPO Benefits

The summer months are here again and the Trust hopes you will be enjoying some well-earned free time visiting fun locales outside of Clark County. Participants in need of prescription medications while on vacation should know that Prescription Drug services are available nationwide. All participants can obtain an additional 30-day supply of their prescription medication once per calendar year. If you will be away for an extended period, be sure to discuss the additional supply with your pharmacist.

Also, all participants travelling this summer should be aware of their non-PPO benefits:

Emergency Care: Paid as In-Network.

Urgent Care: Deductible is waived and Trust pays 70% of the Eligible Medical Expense.

Standard Care: Office visits, consultations and/or treatments will be processed as Out-of-Network

Special Open Enrollment Through June 30th

The Trust will be holding a Special Online Open Enrollment through June 30. Information can be found at www.teachershealthtrust.org as well as the 2015 Plan Changes mailing packet sent to all participants' homes. Turn to [page 18](#) for more information.



HEALTH TRAXX

*The Teachers Health Trust
Quarterly News Publication*

Health Traxx is published quarterly by the Teachers Health Trust to help participants make life-saving decisions about health care. Although editorial content is based on sound medical information, we ask that you consult a health care professional regarding all medical concerns. We encourage you to keep copies of this news publication for the purpose of building a handy home medical reference guide or to recycle issues to friends and family.

Any opinions expressed by an author/source whose article appears in this publication are solely the opinions of the author/source and do not necessarily reflect the views of the Trust. If you have questions or comments regarding this issue, e-mail the Trust at wellness@teachershealthtrust.org or write to:

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A MESSAGE FROM THE CEO

Why the changes? The answer to this question reveals a perplexing dilemma for all healthcare plans across the nation and their participants.

The Teachers Health Trust (Trust) pays about 400,000 medical and dental claims as well as approximately 250,000 prescription drug claims annually. The statistics derived from this volume of claims gives us a wealth of information on the types of medical services utilized by teachers and their families along with the manner in which their healthcare dollars are being spent.

The Trust has received no increase in funding since 2008. Healthcare costs, on the other hand, have risen by 33% during the same time period. Prescription drug costs, alone, have increased 17% this year and will add \$5.3 million to costs. Healthcare Reform (Affordable Care Act) taxes have added \$3.2 million in costs this year. Meanwhile, other than a small increase in the Diamond Plan this year, the monthly cost to our participants has not increased since 2002.

The average cost to an employee for single coverage charged by other employers is \$90 per month. 85% of all large medical plans include a deductible. The average deductible in the western United States is over \$1,000. Despite all of the financial challenges the Trust faces, our plans still have no annual deductible requirement.

The Trust plans have always been considered to be extremely generous and rich; all while receiving funding on the lower end of the spectrum. The Trust continues to offer our participants a broad network of providers and freedom of choice in their healthcare decisions. The Platinum Plan is still free to the employee. Fortunately, because the Trust is a non-profit organization and operates efficiently, our average costs are 38% less than the typical commercial health insurance plan.

We are all faced with the threat of being saddled with debt as healthcare costs continue to escalate. Unfortunately, without additional revenue funding from the Clark County School District or a premium increase from our participants, benefit changes had to be made. In order to address the funding deficit, a new program is being developed for 2016; one that will still offer choice and options at a lower cost.

A change for the better will, likewise, take a collective effort, but that happens in increments of one person at a time. We all need to take responsibility for maintaining our own health and the health of our family members in order to attain an acceptable quality of life. Take advantage of preventive measures that the Trust offers, continue a healthy diet and remain active.

Sincerely,

Chief Executive Officer
June, 2015

Source of Comparison Data –Kaiser Family Foundation 2014 Report

2015 Plan Changes

Important Notices About Your Plan

Teachers Health Trust Plan Changes

The Teachers Health Trust (Trust) continues to provide the best medical benefits to all participants. We have maintained good benefit plans for years without making substantial changes and have done this with the same amount of revenue to pay medical claims for the past several years.

Recently, we sent notice to participants that our costs of claims were outspending our revenue. Medical care, prescription drugs and the added cost of taxes from the Affordable Care Act have all increased our expenditures while our revenue has remained flat. We have been able to subsidize this difference through the use of reserves. However, we can no longer continue to sustain this practice.

Working in conjunction with the Clark County Education Association (CCEA), the Trust has found it necessary to make plan benefit changes in order to stay within our means. Therefore, effective July 23, 2015, the Trust has found it necessary to make the benefit plan changes below for the Diamond, Platinum and Retiree Plans.

These plan changes are set in place as a short-term resolution to our immediate cash flow issues. The Trust and CCEA will continue to work collaboratively and reorganize the Trust with a new affordable healthcare plan to be rolled out in the near future. We anticipate that the coinsurance outlined below could end as early as November 1, 2015 and, most likely, no later than December 31, 2015.

Medical Plan Changes Effective July 23, 2015

A medical plan coinsurance will be implemented for all Teachers Health Trust plans. The coinsurances will be a cost sharing of 80/20% and are in addition to the current plan copays. Participants will be responsible for 20% of the Trust's eligible medical expenses plus the applicable current copays.

For example, if an office visit has a total eligible medical expense of \$100, your cost would be:

Diamond Plan: \$20 copay + \$16 coinsurance ($\$80 \times 20\%$) = \$36

Platinum Plan: \$30 copay + \$14 coinsurance ($\$70 \times 20\%$) = \$44

Retiree Plan: \$30 copay + \$14 coinsurance ($\$70 \times 20\%$) = \$44

Services that currently have coinsurance will not be affected.

Coinsurance will not apply to laboratory or pathology services performed by an in-network, in-area, free standing laboratory; prescription drugs obtained at an in-network pharmacy; or through the Trust mail order provider.

An Open Enrollment period to change your plan will be held from June 1, 2015 through June 30, 2015. Please visit our website at www.teachershealthtrust.org to make your plan changes. You may also contact the Trust to request a change form. The Trust must receive your plan changes no later than June 30, 2015. **If you do not wish to make changes, you will remain on your existing plan.**

These plan changes will be effective July 23, 2015.

If you have any questions or require additional information, please contact the Trust's Service Department at 702-794-0272 or 800-432-5859, Monday through Thursday from 7:00 a.m. to 5:45 p.m., and from 8:00 a.m. to 11:45 a.m. on Friday. You may also e-mail the Service Team at serviceteam@teachershealthtrust.org.

Summaries of Coverage

The following pages contain a Summary of Coverage for each of the three medical plans offered by the Teachers Health Trust. Before accessing the Online Special Open Enrollment, we encourage you to review the following pages in order to help you determine which plan you wish to select. If you have further questions, contact the Trust Service Department via phone at 702-794-0272 or 800-432-5859. Additionally, you may contact them via e-mail at serviceteam@teachershealthtrust.org.

What These Plans Cover and What They Cost

- **Copayments** are fixed dollar amounts (for example \$20) you pay for covered health care, usually when you receive the service.
- The plan's payment for covered services is based on the **eligible medical expense (EME)**. If an out-of-network provider charges more than the EME, you may have to pay the difference. For example, if the hospital bills \$5,000 and the plan allows \$1,700, you may be responsible for \$3,300. (This is called balance billing.)
- **Coinsurance (CI)** is your share of the costs of a covered service, calculated as a percent of the eligible medical expense (EME).
- **Calendar Year Deductible (CYD)** is the amount you must pay under this health insurance plan for out-of-network services before the plan will begin paying. After the deductible amount is met, you are responsible for the coinsurance plus any amount over EME.
- This plan encourages you to use in-network providers by charging you copayments and lower coinsurance amounts.

Diamond PPO Plan

Important Questions	Answers	Why this Matters:
What is the premium?	\$35.00 per paycheck for the employee only. To determine total cost, a rate sheet is available online at www.teachershealthtrust.org .	The premium is the amount paid for health insurance. This amount is determined by your plan choice and the number of dependents you have on the plan.
What is the overall deductible?	\$1,500 for out-of-network services	This is applied to services rendered by doctors that are not contracted with the Teachers Health Trust.
Are there other deductibles for specific services?	No	
Is there an out-of-pocket limit on my expenses?	\$6,600.00 per individual/ \$13,200 per family	This is the maximum amount you will have to pay for copayments and coinsurance for all in-network services in a calendar year.
What is not included in the out-of-pocket limit?	Services rendered by out-of-network providers	There is not an out-of-pocket maximum for services rendered by out-of-network providers.
Is there an overall annual limit on what the insurer pays?	No	There are limits for some individual services such as chemical dependency. A complete listing of limitations is available in the plan document located at www.teachershealthtrust.org .
Does this plan use a network of providers?	Yes. See www.teachershealthtrust.org or call 702-794-0272 for a list of participating providers.	The Teachers Health Trust contracts with different providers who agree to specific allowables for specific services. Any amount the in-network provider bills in excess of the contracted amount will be written off.
Do I need a referral to see a specialist?	No	You may make an appointment directly with a specialist without seeing a primary care provider first.
Are there services this plan doesn't cover?	Yes. Examples are: Infertility treatment, cosmetic services, any non-medically necessary services.	A complete list of exclusions and limitations can be found in the plan document located at www.teachershealthtrust.org .

Common Medical Event	Services You May Need	Your cost if you use a provider		Limitations and Exceptions
		In-Network	Out-of-Network	
If you visit a health care provider's office or clinic	Primary Care Visit	\$20 +20% coinsurance	After CYD: 30% CI + any in excess of EME	
	Specialist Visit	\$20 +20% coinsurance		
	Other practitioner Visit	\$20 +20% coinsurance		
	Essential Health Benefits	\$0		
If you are having a test performed	Lab done by Lab	\$0	After CYD: 30% CI + any in excess of EME	Prior Authorization Required - Out of Network
	Lab done by Dr office	\$10 +20% coinsurance		Prior Authorization Required - Out of Network
	X-ray	\$10 +20% coinsurance		
	MRI/CT Scan	\$50 +20% coinsurance		Prior Authorization Required
	Pet Scan	\$200 +20% coinsurance		Prior Authorization Required
If you need medication to treat your illness or condition	Generic Under \$25/Retail	\$0	After CYD: 30% CI	Out-of-network prescriptions have a calendar year maximum benefit of \$2,500
	Generic Over \$25/Retail	25% up to \$20		
	Preferred Brand/Retail	25%/\$25-\$50		
	Non-preferred Brand/Retail	40%/\$40-\$80		
	Pharmacy Choice Fee	\$10 per RX	N/A	PCF if other than CVS, Wal-Mart or Sam's Club
	Generic Under \$75/Mail	\$0	N/A	
	Generic Over \$75/Mail	\$25	N/A	
	Preferred Brand/Mail	\$70	N/A	
	Non-preferred Brand/Mail	\$105	N/A	
If you have outpatient surgery	Facility Fee	\$150 +20% coinsurance	After CYD: 30% CI + any in excess of EME	
	Surgeon Fee	\$125 +20% coinsurance		
	Anesthesia Fee	\$100 +20% coinsurance		

Q & A

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Common Medical Event	Services You May Need	Your cost if you use a provider		Limitations and Exceptions
		In-Network	Out-of-Network	
If you need immediate medical attention	E/R Room - emergency	\$150 +20% coinsurance	After CYD: 30% CI + any in excess of EME	If you are on vacation out of the area, the deductible is waived. For emergency services benefits are paid in-network; for urgent services you pay 30% of EME and any amount in excess of EME.
	E/R Room - non-emergency	\$250 +20% coinsurance		
	Urgent Care	\$20 +20% coinsurance		
	Ambulance	20%	20%	
If you have a hospital stay	Hospital	\$150 per day to \$450 max per admission +20% coinsurance	After CYD: 30% CI + any in excess of EME	Authorization required
	Surgeon's Fee	\$125 +20% coinsurance		
	Anesthesia	\$100 +20% coinsurance		
If you have mental health or substance abuse needs	Mental health outpatient	\$20 +20% coinsurance	After CYD: 30% CI + any in excess of EME	Authorization required after 24 th visit
	Mental health inpatient	\$150 per day to \$450 max per admission +20% coinsurance		Annual maximum benefit of 100 days for inpatient, partial stay or residential treatment center - Authorization required
	Substance abuse outpatient	\$20 +20% coinsurance		Authorization required after 24 th visit/Annual maximum
	Substance abuse inpatient	\$150 per day to \$450 max per admission +20% coinsurance		
If you become pregnant	Total OB care-OB/GYN	\$150 +20% coinsurance	After CYD: 30% CI + any in excess of EME	
	Ultrasounds	\$10 +20% coinsurance		Limited to 4 per pregnancy unless done by a perinatologist
	Perinatologist Visit	\$20 +20% coinsurance		
If you have recovery or other special health needs	Home Health Care	20%	After CYD: 30% CI	Authorization required
	Physical Therapy	\$20 +20% coinsurance	After CYD: 30% CI + any in excess of EME	
	Rehabilitation - facility	\$150 to \$450 max +20% coinsurance		Authorization required/100 days max paid per calendar year
If you have recovery or other special health needs	Skilled Nursing - facility	\$150 to \$450 max +20% coinsurance	After CYD: 30% CI + any in excess of EME	Authorization required
	Durable medical equipment	20%	After CYD: 30% CI	Authorization required for DME over \$500

Platinum PPO Plan

Important Questions	Answers	Why this Matters:
What is the premium?	\$0.00 per paycheck for the employee only. To determine total cost, a rate sheet is available online at www.teachershealthtrust.org .	The premium is the amount paid for health insurance. This amount is determined by your plan choice and the number of dependents you have on the plan.
What is the overall deductible?	\$2,500 for Out-Of-Network Services	This is applied to services rendered by doctors that are not contracted with the Teachers Health Trust.
Are there other deductibles for specific services?	No	
Is there an out-of-pocket limit on my expenses?	\$6,600.00 per individual/ \$13,200 per family	This is the maximum amount you will have to pay for copayments and coinsurance for all in-network services in a calendar year.
What is not included in the out-of-pocket limit?	Services rendered by out-of-network providers	There is not an out-of-pocket maximum for services rendered by out-of-network providers.
Is there an overall annual limit on what the insurer pays?	No	There are limits for some individual services such as chemical dependency. A complete listing of limitations is available in the plan document located at www.teachershealthtrust.org .
Does this plan use a network of providers?	Yes. See www.teachershealthtrust.org or call (702) 794-0272 for a list of participating providers.	The Teachers Health Trust contracts with different providers who agree to specific allowables for specific services. Any amount the in-network provider bills in excess of the contracted amount will be written off.
Do I need a referral to see a specialist?	No	You may make an appointment directly with a specialist without seeing a primary care provider first.
Are there services this plan doesn't cover?	Yes. Examples are: Infertility treatment, cosmetic services, any non-medically necessary services.	A complete list of exclusions and limitations can be found in the plan document located at www.teachershealthtrust.org .

Q & A

What are some of the assumptions behind the Coverage Examples?

- Costs do not include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and are not specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient received all care from out-of-network **providers**, costs would have been higher.

Does the Coverage Example predict my future expenses?

X No. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge and the reimbursement your health plan allows.

Common Medical Event	Services You May Need	Your cost if you use a provider		Limitations and Exceptions
		In-Network	Out-of-Network	
If you visit a health care provider's office or clinic	Primary Care Visit	\$30 +20% Coinsurance	After CYD: 30% CI + any in excess of EME	
	Specialist Visit	\$30 +20% Coinsurance		
	Other practitioner Visit	\$30 +20% Coinsurance		
	Essential Health Benefits	\$0		
If you are having a test performed	Lab done by Lab	\$0	After CYD: 30% CI + any in excess of EME	Prior Authorization Required - Out of Network
	Lab done by Dr office	\$15 +20% Coinsurance		Prior Authorization Required - Out of Network
	X-ray	\$20 +20% Coinsurance		
	MRI/CT Scan	\$75 +20% Coinsurance		Prior Authorization Required
	Pet Scan	\$400 +20% Coinsurance		Prior Authorization Required
If you need medication to treat your illness or condition	Generic Under \$25/Retail	\$0	After CYD: 30% CI	Out-of-network prescriptions have a calendar year maximum benefit of \$2,500
	Generic Over \$25/Retail	25% up to \$25		
	Preferred Brand/Retail	25%/\$30-\$60		
	Non-preferred Brand/Retail	40%/\$45-\$90		
	Pharmacy Choice Fee	\$10 per RX	N/A	PCF if other than CVS, Wal-Mart or Sam's Club
	Generic Under \$75/Mail	\$0	N/A	
	Generic Over \$75/Mail	\$30	N/A	
	Preferred Brand/Mail	\$75	N/A	
	Non-preferred Brand/Mail	\$115	N/A	
If you have outpatient surgery	Facility Fee	\$200 +20% Coinsurance	After CYD: 30% CI + any in excess of EME	
	Surgeon Fee	\$250 +20% Coinsurance		
	Anesthesia Fee	\$150 +20% Coinsurance		

Q & A

Does the Coverage Example predict my own care needs?

X No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious the condition is and many additional factors.

Common Medical Event	Services You May Need	Your cost if you use a provider		Limitations and Exceptions
		In-Network	Out-of-Network	
If you need immediate medical attention	E/R Room - emergency	\$300 +20% Coinsurance	After CYD: 30% CI + any in excess of EME	If you are on vacation out of the area, the deductible is waived. For emergency services benefits are paid in-network; for urgent services you pay 30% of EME and any amount in excess of EME.
	E/R Room - non-emergency	\$400 +20% Coinsurance		
	Urgent Care	\$30 +20% Coinsurance		
	Ambulance	30%	30%	
If you have a hospital stay	Hospital	\$300 per day to \$900 max per admission +20% Coinsurance	After CYD: 30% CI + any in excess of EME	Authorization required
	Surgeon's Fee	\$250 +20% Coinsurance		
	Anesthesia	\$150 +20% Coinsurance		
If you have mental health or substance abuse needs	Mental health outpatient	\$30 +20% Coinsurance	After CYD: 30% CI + any in excess of EME	Authorization required after 24 th visit
	Mental health inpatient	\$300 per day to \$900 max per admission +20% Coinsurance		Annual maximum benefit of 45 days for inpatient, partial stay or residential treatment center - Authorization required
	Substance abuse outpatient	\$30 +20% Coinsurance		Authorization required after 24 th visit/Annual maximum
	Substance abuse inpatient	\$300 per day to \$900 max per admission +20% Coinsurance		
If you become pregnant	Total OB care-OB/GYN	\$300 +20% Coinsurance	After CYD: 30% CI + any in excess of EME	
	Ultrasounds	\$20 +20% Coinsurance		Limited to 4 per pregnancy unless done by a perinatologist
	Perinatologist Visit	\$30 +20% Coinsurance		
If you have recovery or other special health needs	Home Health Care	30%	After CYD: 30% CI	Authorization required
	Physical Therapy	\$30 +20% Coinsurance	After CYD: 30% CI + any in excess of EME	
	Rehabilitation - facility	\$300 to \$900 max +20% Coinsurance		Authorization required/100 days max paid per calendar year
If you have recovery or other special health needs	Skilled Nursing - facility	\$300 to \$900 max +20% Coinsurance	After CYD: 30% CI + any in excess of EME	Authorization required
	Durable medical equipment	30%	After CYD: 30% CI	Authorization required for DME over \$500

Retiree PPO Plan

Important Questions	Answers	Why this Matters:
What is the premium?	To determine total cost, a rate sheet is available online at www.teachershealthtrust.org .	The premium is the amount paid for health insurance. This amount is determined by your years of service and unused sick leave.
What is the overall deductible?	\$250.00 for out-of-network Services	This is applied to services rendered by doctors that are not contracted with the Teachers Health Trust.
Are there other deductibles for specific services?	No	
Is there an out-of-pocket limit on my expenses?	\$6,600.00 per individual/ \$13,200 per family	This is the maximum amount you will have to pay for copayments and coinsurance for all in-network services in a calendar year.
What is not included in the out-of-pocket limit?	Services rendered by out-of-network providers	There is not an out-of-pocket maximum for services rendered by out-of-network providers.
Is there an overall annual limit on what the insurer pays?	No	There are limits for some individual services such as chemical dependency. A complete listing of limitations is available in the plan document located at www.teachershealthtrust.org .
Does this plan use a network of providers?	Yes. See www.teachershealthtrust.org or call (702) 794-0272 for a list of participating providers.	The Teachers Health Trust contracts with different providers who agree to specific allowables for specific services. Any amount the in-network provider bills in excess of the contracted amount will be written off.
Do I need a referral to see a specialist?	No	You may make an appointment directly with a specialist without seeing a primary care provider first.
Are there services this plan doesn't cover?	Yes. Examples are: Infertility treatment, cosmetic services, any non-medically necessary services	A complete list of exclusions and limitations can be found in the plan document located at www.teachershealthtrust.org

Q & A

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you will find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the premium you pay. Generally, the lower your **premium**, the more you will pay in out-of-pocket costs, such as **copayments**, **deductibles** and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Common Medical Event	Services You May Need	Your cost if you use a provider		Limitations and Exceptions
		In-Network	Out-of-Network	
If you visit a health care provider's office or clinic	Primary Care Visit	\$30 +20% Coinsurance	After CYD: 30% CI + any in excess of EME	
	Specialist Visit	\$30 +20% Coinsurance		
	Other practitioner Visit	\$30 +20% Coinsurance		
	Essential Health Benefits	\$0		
If you are having a test performed	Lab done by Lab	\$0	After CYD: 30% CI + any in excess of EME	Prior Authorization Required - Out of Network
	Lab done by Dr office	\$15 +20% Coinsurance		
	X-ray	\$20 +20% Coinsurance		
	MRI/CT Scan	\$75 +20% Coinsurance		Prior Authorization Required
	Pet Scan	\$400 +20% Coinsurance		
If you need medication to treat your illness or condition	Generic	\$0	After CYD: 30% CI	Out-of-network prescriptions have a calendar year maximum benefit of \$2,500
	Preferred Brand/Retail	\$30		
	Non-preferred Brand/Retail	\$45		
	Generic/Mail	\$0	N/A	
	Preferred Brand/Mail	\$60	N/A	
	Non-preferred Brand/Mail	\$90	N/A	
If you have outpatient surgery	Facility Fee	\$200 +20% Coinsurance	After CYD: 30% CI + any in excess of EME	
	Surgeon Fee	\$250 +20% Coinsurance		
	Anesthesia Fee	\$150 +20% Coinsurance		

Common Medical Event	Services You May Need	Your cost if you use a provider		Limitations and Exceptions
		In-Network	Out-of-Network	
If you need immediate medical attention	E/R Room - emergency	\$300 +20% CI	After CYD: 30% CI + any in excess of EME	
	E/R Room - non-emergency	\$400 +20% CI		
	Urgent Care	\$30 +20% CI		
	Ambulance	20%	20%	

Medical Event	Services You May Need	Your cost if you use a provider		Limitations and Exceptions
		In-Network	Out-of-Network	
If you have a hospital stay	Hospital	\$300 per day to \$900 max per admission +20% Coinsurance	After CYD: 30% CI + any in excess of EME	Authorization required
	Surgeon's Fee	\$250 +20% CI		
	Anesthesia	\$150 +20% CI		
If you have mental health or substance abuse needs	Mental health outpatient	\$30 +20% CI	After CYD: 30% CI + any in excess of EME	Authorization required after 24 th visit
	Mental health inpatient	\$300 per day to \$900 max per admission +20% Coinsurance		100 Days Combined Maximum Benefit Inpatient Skilled Nursing, Inpatient Acute Rehabilitation, Outpatient, Comprehensive Day or Half-Day Rehabilitation; Inpatient Long Term Acute Care; Mental Health Inpatient Care, Partial Hospitalization and Residential Treatment; Chemical Dependency, Inpatient Care, Partial Hospitalization and/or Residential Treatment. Authorization required.
	Substance abuse outpatient	\$30 +20% CI		
	Substance abuse inpatient	\$300 per day to \$900 max per admission +20% Coinsurance		
Total OB care-OB/GYN	\$300 +20% CI	After CYD: 30% CI + any in excess of EME	Limited to 4 per pregnancy unless done by a perinatologist	
Ultrasounds	\$20 +20% CI			
Perinatologist Visit	\$30 +20% CI			
If you have recovery or other special health needs	Home Health Care	20%	After CYD 30%	Authorization required
	Physical Therapy	\$30 +20% CI	After CYD: 30% CI + any in excess of EME	100 Days Combined Maximum Benefit Inpatient Skilled Nursing, Inpatient Acute Rehabilitation, Outpatient, Comprehensive Day or Half-Day Rehabilitation; Inpatient Long Term Acute Care; Mental Health Inpatient Care, Partial Hospitalization and Residential Treatment; Chemical Dependency, Inpatient Care, Partial Hospitalization and/or Residential Treatment. Authorization required.
	Rehabilitation - facility	\$300 to \$900 max +20% Coinsurance		
If you have recovery or other special health needs	Skilled Nursing - facility	\$300 to \$900 max +20% Coinsurance	After CYD: 30% CI + any in excess of EME	
	Durable medical equipment	20%	After CYD 30%	Authorization required for DME over \$500

Excluded Services and Other Covered Services

Services Your Plan Does NOT Cover (This is not a complete list. Check you Plan Document for others.)

Infertility Treatment	Bariatric Surgery	Cosmetic Services	See Non-covered services in the Plan Document
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Other Covered Services (This is not a complete list. Check you Plan Document for others.)

Orthotics and Prosthetics	Hearing Aids (<i>Diamond and Retiree plans only</i>)	Chiropractic Services
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Your Rights to Continue Coverage: You can keep this insurance for a specified time as long as you pay your premium and the Trust continues to receive contributions on your behalf, unless one or more of the following happens:

- You commit fraud
- The Teachers Health Trust no longer exists
- You fail to comply with any request made or condition imposed by the Trust

For more information on COBRA continuation of coverage, refer to the Legal Notices section of the plan document at www.teachershealthtrust.org, click on plan benefits.

Your Grievance and Appeals Rights: If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice or assistance, you can contact 702-794-0272 or 800-432-5859.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value minimum standard for the benefits it provides.

Questions: Call 702-794-0272 or 800-432-5859 Monday through Thursday from 7:00 a.m. to 5:45 p.m., and 9:00 a.m. to 11:45 a.m. on Fridays. You may also e-mail the service team at serviceteam@teachershealthtrust.org. The complete plan document is available on our web site www.teachershealthtrust.org, click on Plan Benefits.

Q & A

Does the 20% coinsurance apply to dental services?

X No. There are currently no changes to your dental benefits. Services such as but not limited to oral surgery that are processed under the medical benefit do have the 20% coinsurance.

Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in two situations. Use these examples to see, in general, how much insurance protection you might get from different plans.



This is not a cost estimator.

Do not use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care, also, will be different. See the next page for important information about these examples.

Having a Baby (normal Delivery)	
Sample care costs:	
First Office Visit	\$170
Radiology (4 ultrasounds)	\$850
Total OB Care	\$2,800
Hospital Charges (mother)	\$13,000
Hospital Charges (baby)	\$1,600
Anesthesia	\$1,000
Circumcision	\$500
Total:	\$19,920
Plan Pays:	\$4,132
Patient Pays:	\$1,838

Treating Breast Cancer (lumpectomy, chemotherapy)	
Sample care costs:	
Office Visits/Procedures	\$3,750
Radiology	\$7,400
Laboratory	\$8,550
Chemotherapy	\$115,800
Hospital Services	\$44,670
Wig	\$200
Outpatient Surgery	\$10,350
Total:	\$190,720
Plan Pays:	\$81,200
Patient Pays:	\$6,600

These examples utilize the Diamond Plan for cost information.



YOU MUST FILE A REPORT ON ALL INJURIES AND/OR ILLNESSES INCURRED AT WORK WITHIN SEVEN DAYS!

Claims resulting from work-related injuries must be filed through your Workers' Compensation carrier, not the Teachers Health Trust. This includes, but is not limited to, coaching injuries, environmental illnesses, etc.

If you are injured on the job, the Clark County School District (CCSD) and the State of Nevada require that you submit a written Notice of Injury or Occupational Disease (Form C-1) within seven (7) days of the incident.

If a timely-filed claim and all permissible appeals (including court reviews) are denied as not being work-related, the Trust will review your claims for payment. The Trust will not consider claims if Workers' Compensation denied them because you failed to file your claims in a timely manner.

Regardless of the severity or type, any injury or illness sustained on the job should be submitted to Workers' Compensation. Notify your administrator immediately and then call the School District's Risk Management office at 702-799-2967.



2015 Plan Changes Frequently Asked Questions

Q. Is there a difference between the providers' billed charges and the Trust's eligible medical expenses?

A. Yes, the providers' billed charges are the actual amount the provider charges for their services. The Trust's eligible medical expenses are the amount that the Trust is contractually liable to pay to the provider. In most cases, this amount is less than the actual provider's charge.

Q. Will I be responsible to pay 20% of the providers' billed charges?

A. No. However; participants will be responsible for 20% of the Trust's eligible medical expenses.

Q. Will the coinsurance be payable in addition to copayments?

A. Yes.

Q. Will I be responsible for coinsurance in addition to my prescription copayment?

A. No. If prescriptions are obtained at an in-network retail pharmacy; or through the Trust in-network mail order using the prescription benefit card, you will not be responsible for additional coinsurance.

Q. Will I be responsible for an additional coinsurance in addition to my dental coinsurance?

A. No, there have been no changes made to the dental plan.

Q. Will I be responsible for coinsurance for laboratory or pathology services?

A. No. Provided that your services are performed by an in-network, in-area, free-standing laboratory, you will have no coinsurance. You will be responsible for coinsurance if the services are provided by your doctor.

Q. If I receive medication in my provider's office, will the medication be subject to coinsurance.

A. Yes. All services that are performed in your doctor's office during your office visit that are submitted to the Trust by a provider are subjected to the coinsurance.

Q. Will I be able to waive my coverage during the Special Open Enrollment period?

A. Yes, but you must notarize and sign the Trust Waiver of Coverage Statement Form. Be aware that waiving coverage also waives your \$50,000.00 life insurance policy. If you are currently subscribed to a Trust Plan and decide to waive your coverage, your coverage will terminate on the last day of the month in which the notarized waiver is received by the Trust. If you cancel your coverage, all coverage for your dependents will also be canceled. The Trust must receive your notarized and signed waiver no later than June 30, 2015. You must contact the Trust to waive your insurance.

Q. When will the Plan Changes become effective?

A. Open enrollment changes will become effective on July 23, 2015.

Q. When is the Open Enrollment period to make my changes?

A. The Special Open Enrollment period is being held from June 1, 2015 through June 30, 2015. You may visit the Trust website at www.teachershealthtrust.org to make your plan changes. You may also contact the Trust to request a change form.

Q. When are the forms due for the Open Enrollment?

- A. The Trust must receive your plan changes no later than 5:45 p.m. on June 30, 2015.

Q. Is it legal for the Trust to make these changes to the plan?

- A. Yes. Chapter nineteen under Legal Notices General Plan Provisions of the Plan Document in (page 477) states under Change or Discontinuance of the Plans:

“This Plan Document and any group insurance policies are the entire instruments for establishing the Teachers Health Trust. The Trust expects the benefits described to be an ongoing program. However, it does reserve the right to change, suspend or discontinue all or any part of the plan at any time.

Health benefits are not a vested right but may be changed, reduced or modified at the discretion of the Board of Trustees. The cost of benefits described in this Plan Document are paid directly from the assets of the Teachers Health Trust, and there is no liability on the Board or Trustees, any individual or entity to provide payments over and above the amounts the Teachers Health Trust collected and has available for such purposes. Any benefits provided by a plan can be paid only to the extent that the Teachers Health Trust has adequate resources available for payment. The CCSD is only obligated to make contributions per the Collective Bargaining Agreement; providing necessary payroll deductions, including eligibility lists; and verifying employment. The District’s function is solely ministerial. There is no obligation on the Board of Trustees, either individually or collectively, nor upon the CCSD, or upon any person or entity, to provide benefit payments if the Teachers Health Trust does not have sufficient assets to provide benefit payments.”

Q. Is there an out-of-pocket limit and how does it affect me and the plan changes?

- A. Yes, there is \$6,600.00 per individual and \$13,200.00 per family annual out-of-pocket limit for in-network eligible medical expenses. Once your family has met the \$13,200.00 in in-network eligible medical expenses, your out-of-pocket maximum is met for the calendar year and the Trust will pay 100% of in-network eligible medical expenses.

Q. Who should I pay the coinsurance amount to and how will I know what coinsurance amount I must pay?

- A. When you arrive for your doctor’s appointment after July 23, 2015; you will pay the applicable copayment for the service, as outlined in the Plan Document. The medical providers are aware that the 80/20% coinsurance, in addition to your current plan copayment, is your responsibility. It will be the medical provider’s responsibility to advise you of what your 20% coinsurance is. If the medical provider is unsure, they may charge you the copayment and bill the coinsurance to you after the Trust has processed the claim. The Trust cannot predict what medical codes the provider will bill. For this reason, the Trust is unable to provide you with your cost prior to receiving and processing your claim.

Q. I am currently pregnant and am not due to deliver my baby until after the plan change has taken effect on July 23, 2015. Will I be subject to the new plan changes?

- A. Yes, all Trust participants are subject to the plan changes that become effective on July 23, 2015.

Q. During the Special Open Enrollment period starting June 1, 2015, will I be able to add a dependent to my already existing plan?

- A. No, you will not be able to add dependents during this Special Open Enrollment. During this time, you will be able to: Upgrade or Downgrade your medical or dental/vision plans; delete dependents from your existing plan; and add dental/vision coverage for your dependents.

Q. How long will this 80/20% coinsurance be in effect?

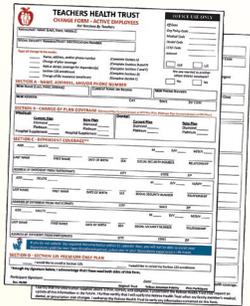
- A. This is only a short-term resolution. The Trust will continue to work collaboratively with CCEA towards a new, affordable healthcare plan to be rolled out in the near future. These changes could end as early as November 1, 2015 and, in all likelihood, will end no later than December 31, 2015.

2015 Special Open Enrollment

The Online Special Open Enrollment for active employees will run from June 1 - June 30, 2015. All changes will become effective July 1, 2015. All participants may utilize the online open enrollment during these dates by following the steps below:

1. Log on to www.teachershealthtrust.org.
2. Select the Online Open Enrollment link.
3. Review the online PDF documentation.
4. Open and complete the 2015 Online Open Enrollment Form.
5. Once you have completed the form, simply click **Submit**.

After the online submission has been completed and all required documents have been received by the Trust, your eligibility will be updated and you will receive confirmation by e-mail or mail.



If you do not have access to complete the form online, contact the Service Department at (702) 794-0272 to request that a Change Form be sent or e-mailed to you. If you add any new dependents, you may submit the required documents to the Trust via fax at (702) 794-2093 or e-mail to the Service Department at serviceteam@teachershealthtrust.org.

All change forms and required documents must be received by the Trust no later than 5:45 p.m. on Tuesday, June 30, 2015.

Open Enrollment Important Dates

- ◆ **Special Open Enrollment runs from June 1 - June 30, 2015**
- ◆ **All change forms and required documents must be received by June 30, 2015.**

Text **CCEA** to

877877

and stay connected on education issues

Exclusive Radiology Group Notification

Effective September 1, 2015

The Teachers Health Trust (Trust) has narrowed the number of Free-Standing Radiology Groups in the Clark County service area, effective September 1, 2015.

As of the above effective date, the following providers will be the Trust's contracted groups for Free-Standing Radiology Services in the Clark County Service area:

- **Steinberg Diagnostic Imaging Centers**
- **Nevada Imaging Centers**

In-network physicians should only refer you to in-network providers; however, it is also your responsibility to verify that you are being referred to a contracted, in-network provider. Using out-of-network providers will increase your out-of-pocket expenses. You may visit our website at www.teachershealthtrust.org to find an in-network list of providers or you may contact our Customer Service Department at 702-794-0272 to verify if a provider is in the Trust network before scheduling services.

The Trust provides benefits for out-of-network services; however, they differ greatly from the benefits for in-network services. You will pay more out of your own pocket for services received from out-of-network providers, even if you were referred by an in-network physician. Out-of-network benefits are subject to all plan provisions as detailed in your Plan Document. Please refer to the Plan Document on the Trust website at www.teachershealthtrust.org for details on out-of-network benefits.

This change will be effective September 1, 2015.

If you have any questions or require additional information, please contact the Trust's Service Department at 702-794-0272 or 800-432-5859, Monday through Thursday from 7:00 a.m. to 5:45 p.m., and from 8:00 a.m. to 11:45 a.m. on Friday. You may also e-mail the Service Team at serviceteam@teachershealthtrust.org.



MENTAL MUSCLE EXPRESS

Boost your brain power by solving these puzzles. See if you can uncover the meaning in these words, letters, symbols and positions. Each puzzle represents a common word, phrase, expression, person or place.



The example below is "spring break."

SPR ING

(1)

**JUST
TIME**

(2)

PLATE

(3)

CHETONGUEEK

(4)

your hat

keep it

(5)

GOT M+👁

**FINGER
FINGER**

See answers on page 28.



Protect
your vision
with VSP.

Get the best in eyecare and eyewear with Teachers Health Trust and VSP® Vision Care.

At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.



See why we're consumers' #1 choice in vision care².

Contact us. **800.877.7195**
vsp.com

Your VSP Vision Benefits Summary



Teachers Health Trust and VSP provide you with an affordable eyecare plan.

VSP Coverage Effective Date: 07/01/2015

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	\$20	Every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance 	\$0	Every other calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	\$0	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
Primary Eyecare	<ul style="list-style-type: none"> • 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. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <hr/> <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <hr/> <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam.....up to \$40	Single Vision Lenses.....up to \$30	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$120
Frame.....up to \$50	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$65	

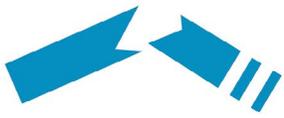
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Contact us. [800.877.7195](tel:8008777195) | vsp.com

1 Brands/Promotion subject to change.

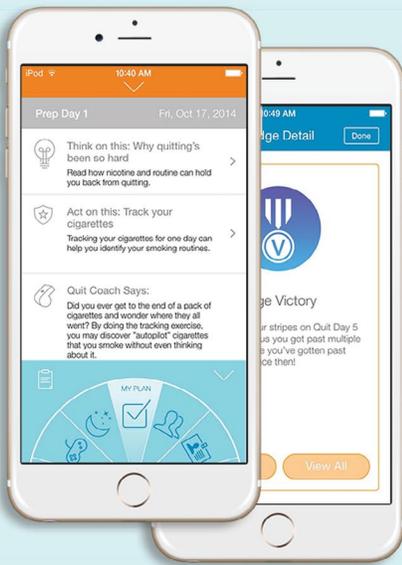
2 Blueocean Market Intelligence National Vision Plan Member Research, 2014



Quitting smoking can be tough...



Don't go on this journey alone.



Plan Q is a mobile application that provides support to patients who want to quit smoking. With Plan Q, you can have quitting support in the palm of your hand.

Key features in this app include:



Customizable tools, such as the smoking log and cost calculator, to help track your progress



Games and inspirational messages to help you when you have the urge to smoke



A built-in support community to make it easy to connect to other users and share your experience

Download the Plan Q app today to take advantage of all these features, and more.

PLAN



To download the Plan Q app to your device, search for and download "Plan Q" from the Apple App Store or Google Play Store, and when prompted, enter the following code:

THT



Take a photo to remember your activation code.



2015 Wellfit for Life: Individual Winners



Nancy Mellor
M.J. Christensen E.S.
Intermediate
112.63 miles



Cece Meyer
Marion Cahlan E.S.
Advanced
374.92 miles



Ramona Morgan
Hal Smith E.S.
Intermediate
140.00 miles



Barbara Naftal
Laura Dearing E.S.
Extreme
1,505.87 miles



Alissa Washington
Helen Herr E.S.
Intermediate
159.67 miles



Raymond Affleje
James Cashman M.S.
Intermediate
131.00 miles



Shawn Aizman
Berkeley L. Bunker E.S.
Intermediate
177.75 miles



Sylvia Demasi
Lyal Burkholder M.S.
Intermediate
248.57 miles



Isabel Goldstein
Gordon McCaw E.S.
Intermediate
182.26 miles



Leanna Kromer
Kathleen & Tim Harney M.S.
Intermediate
289.63 miles



Cere Henson
Gordon McCaw E.S.
Intermediate
219.88 miles



Cameron Roehm
Brian & Teri Cram M.S.
Advanced
308.00 miles



Rachel Cardona
Gordon McCaw E.S.
Intermediate
223.75 miles



Stephanie Fitzgerald
Arbor View H.S.
Intermediate
168.07 miles



Julie Tolbert
Jack Dailey E.S.
Intermediate
282.46 miles



Sarah Marlott
East Career & Tech. Academy
Intermediate
290.95 miles



Dena Demman
Palo Verde H.S.
Advanced
498.44 miles



Joseph Holguin
Homebound
Advanced
317.02 miles



Dena Trees
Foothill H.S.
Advanced
600.95 miles

Not Pictured: E. Andrus, C. Campbell, L. Clark,
K. Cooper, D. Disalvio, A. Edison, A. Hernandez,
N. Hunt, E. Isham, C. Johnson, C. Polkowski, J.
Polzin, S. Rhodes & J. Turner

Divisional Winners

Elementary School

Gordon McCaw
Marion Cahlan
Jack Dailey
Berkeley Bunker

High School

Basic
Foothill

Licensed Department

Visually HDCP

Middle School

Lyal Burkholder
James Cashman
Brian and Teri Cram

Special & Rural School

Biltmore Continuation H.S.



Program Completion

ELEMENTARY SCHOOL

Aizman, Shawn
Cardona, Rachel
Disalvio, Diana
Edison, Amy
Goldstein, Isabel
Henson, Cere
Isham, Elissa
Johnson, Cindy
Mellor, Nancy
Meyer, Cece

Morgan, Ramona
Naftal, Barbara
Polkowski, Christel
Polzin, Janet
Rhodes, Scott
Tolbert, Julie
Washington, Alissa

MIDDLE SCHOOL

Afleje, Raymond
Demasi, Sylvia
Hunt, Nicole

Kromer, Leanna
Roehm, Cameron

HIGH SCHOOL

Cooper, Kent
Demman, Dena
Fitzgerald, Stephanie
Hernandez, Ashley
Marlott, Sarah
Trees, Dena
Turner, Joyce

SPECIAL SCHOOL

Andrus, Erik
Campbell, Cindy
Clark, Latonya
Holguin, Joseph

LICENSED DEPT.

Bennett, Jeanette
Marley, Shari
Perkins, Kelly

Best Weigh to Go Winners



2015 Best Weigh to Go
1st Place

Total Loss
60 Pounds
14.74%



CHAMOLLI 10



2015 Best Weigh to Go
2nd Place

Total Loss
61 Pounds
10.82%

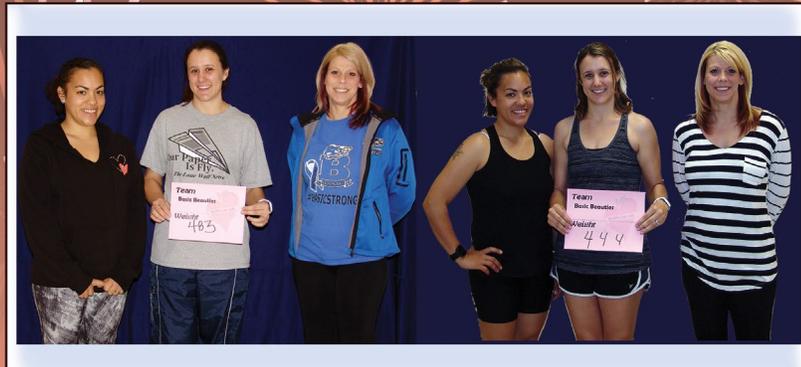


Beauty and Her Beast



2015 Best Weigh to Go
3rd Place

Total Loss
39 Pounds
8.07%



Basic Beauties

Legal News: Forms & More Forms

The Purpose of the Trust's Injury/Accident Information Sheet & Subrogation Agreement



An emergency room visit is never a pleasant experience. In most cases, the dreaded visit is prompted by an unplanned, accidental injury that requires immediate medical attention. As if nursing the injuries surrounding your loss is not enough, the waiting and endless forms seem to go on forever, in some cases, even after your visit to the doctor!

I was not involved in an automobile accident. Why has the Trust mailed an Injury/Accident Information Sheet and Subrogation Agreement?

The Teachers Health Trust requires its participants to fill out a form entitled *Injury/Accident Information Sheet and Subrogation Agreement* whenever a participant is involved in an accident or sustains injuries caused by another party or entity. This includes, but is not limited to, automobile accidents, medical malpractice, slip and fall incidents, and assault and battery charges against a first or third party. This form is sent to you when the Trust receives a medical claim and the reason for the claim is unknown.

The Trust's plan requires that the form be completed and signed before any claims will be processed. Once the form is received, and all applicable reports are submitted, all pending claims will be paid, regardless of who was at fault in the incident. The only exception is if the participant is convicted of a felony, DUI,

reckless driving, or assault and battery, while involved in the specific loss, all of which are exclusions under the Trust's plan.

I was injured at my friend's home. Why is the Teachers Health Trust requiring that I pursue reimbursement from my friend?

The Teachers Health Trust's Plan Document requires its participants to actively pursue a claim once it is determined a party may be at fault for the injuries a participant may have sustained. In the case where a participant is injured at a business or home, even in a case where an entity or individual is determined to not have caused the injury or loss, the Trust will require verification of whether the homeowner or business entity's insurance policy afforded premises medpay coverage.

The majority of business and homeowner's insurance policies contain a provision called "premises medical payments coverage" that allows for the payment of injuries sustained on the property, regardless of fault. In the State of Nevada, if medical payments coverage is available through an automobile policy, homeowner policy, or business insurance policy, that coverage is the primary source of payment for any accident/incident related injuries.

When this provision has been exhausted, and the Trust has received a log of the claims paid by the carrier, the Trust will address any and all claims in excess of the amount of these provisions.

Since this coverage is considered a "no-fault" provision, the owner of the insurance policy will not be adversely affected by the claim, nor will the owner be penalized with a higher premium on the policy, unless it is specifically noted in the policy.

Will my claims be paid if I decide not to pursue a claim against the owner of the property?

As per the Trust's Plan Document, the Teachers Health Trust will require a participant to complete the form if the participant wishes to have the Trust process the incident-related claims.

If a participant refuses to actively pursue a claim, the Trust will not process claims. The Trust will offer a participant the opportunity to verify premises medpay information and, once this information is verified, the Trust will give the participant the opportunity to complete and return the form in order to process the claims.

What if I do not know the owner of the property or the owner does not wish to comply with my request for insurance information?

The Teachers Health Trust understands there may be instances where a participant will be injured at a business location or home where a participant may not know the owner of the property. In these cases, the Trust requests participants fill out the form with the address of the property and send written notification of the situation. This works the same for instances where an owner will not comply with the participant's rights for recovery while injured on an owner's property.

What should I do if I am unsure about who is at fault for my injuries?

The Trust encourages its participants to protect his/her rights for recovery. It would be in the best interest of the participant to contact an attorney to review their rights. If the attorney does not feel there is a genuine issue of liability on behalf of the property owner or third party, please forward correspondence to the Trust confirming you have actively pursued the claim. This information will confirm the participant complied with the terms of the Trust's Plan Document, and the Trust will be in a position to release the claims related to the loss.



Is there a time limit to submit the Injury/Accident Information Sheet and Subrogation Agreement?

Yes. The Teachers Health Trust requires its participants to complete, sign and return the requested form within thirty (30) days of the date of the initial letter. Failure to submit the form within the time limit set by the Trust may result in a denial of the claims related to the loss.

Who is responsible for returning the form if a participant is seriously injured in an accident or loss?

In this case, the Trust will accept the completed form signed and returned by a relative or attorney.

The information in this article is intended to summarize the Trust's requirements surrounding an accidental loss. Please review the section in the Trust's Plan Document entitled, "Other Party Liability" for a complete description of the process. Although this information may be helpful in coping with the anxiety surrounding an accidental injury, it is important to take time to independently research your legal rights regarding these issues as the Trust cannot give you legal advice. Beyond these issues, the most important goal is to seek the appropriate medical care for your injuries.

 For more information on the Teachers Health Trust's Injury/Accident Information Sheet and Subrogation Agreement, visit www.teachershealthtrust.org or contact the Trust's service team at 702-794-0272 or 800-432-5859.

Sandra Garza-Chavez, Contributor
 Teachers Health Trust

Did You Know?

Summer Safety

Summer is here, bringing with it extreme temperatures that can last for days or weeks. Did you know that approximately 175 Americans die each year from causes directly attributable to extreme heat? Furthermore, here in Clark County, the conditions caused by the dry climate compound the adverse health effects of extreme heat. The key to avoiding heat-related injuries and illnesses is to defend yourself through prevention. When the temperature rises above 90°, extreme caution and preventive behavior must be practiced. Protect yourself and your family by taking the following safety precautions:

- * Drink plenty of water
- * Use sunscreen with a high SPF rating
- * Plan activities before noon or in the evening
- * Be sure you have access to shady areas to allow your body to recover
- * Stay cool by staying indoors; visit a shopping mall or library for a few hours
- * Never leave pets or children in the car for any amount of time
- * Use an electric fan and take cool showers or baths to stay cool
- * Dress in loose-fitting, lightweight, light-colored clothing
- * Wear a wide-brimmed hat to protect your face and head

Along with protecting yourself from heat exhaustion, knowing its warning signs can prevent over-exposure and life-threatening symptoms. Be aware of warning signs, such as:

- * Pale, sweaty skin
- * Rapid and weak pulse
- * Weakness or fatigue
- * Headache, nausea, dizziness and muscle twitching

When any of these signs appear, quick responses such as moving to a cooler place, taking a cool shower or bath or consuming a cool beverage can keep victims safe and healthy!

The Teachers Health Trust wishes all of our participants & their families a

HAPPY INDEPENDENCE DAY



TEACHERS HEALTH TRUST
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MENTAL MUSCLE ANSWERS

1. Just in time
2. Step up to the plate
3. Tongue in cheek
4. Keep it under your hat
5. Got my fingers crossed

Thank You, 2015 Diabetes Day in May Sponsors

