

HEALTH

A Publication for Teachers Health Trust Participants



TRAXX

Spring 2016 * Volume 15, Issue 1
For Teachers by Teachers

Lesson One

2016 Performance Plus Plan Document

A new streamlined way to quickly get to the benefit information you need.

p. 4

Control is the Goal Diabetes Program

The newest program designed for better diabetes management.

p. 6

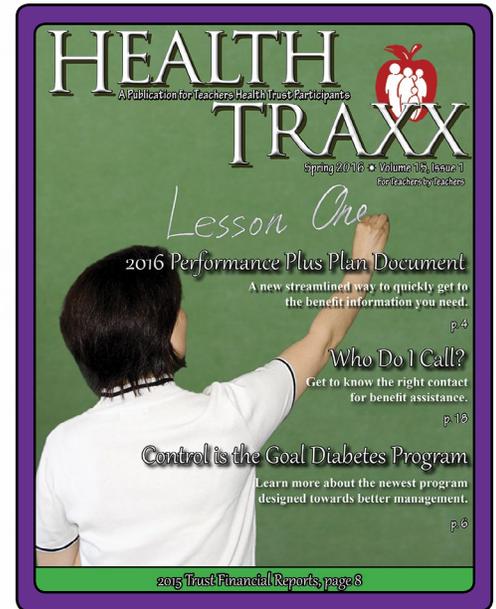
Who Do I Call?

Get to know the right contacts for benefit assistance.

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Trust Tidbits

Trust Office Closures & Important Dates

The Teachers Health Trust will be closed on: Friday, March 25 for Spring Break and Monday, May 30 for Memorial Day.

Provider Changes: Patient-Centered Medical Home

For the Patient-Centered Medical Home model to be successful we want to encourage teachers to form a relationship with their Primary Care Provider to make sure an easily treatable condition does not develop into a long-term medical problem.

We also understand that sometimes personalities, schedules, or methods do not match, and we want to give you the opportunity to change your provider in order to create and sustain a relationship. You are welcome to submit a provider change form which can be found on the Teachers Health Trust website or contact your Healthcare Advocate at 855-404-9355. Your change will take effect at the beginning of the upcoming quarter. For example, if you submit a request through March 31st, 2016 the change will be effective on April 1st, 2016. There are circumstances under which this may need to be changed sooner. If you need to discuss your situation, please call a Healthcare Advocate at 855-404-9355.

Important News for Diabetic Participants

Diabetic participants in our Control is the Goal program now benefit from the \$100 per prescription, per 30-day supply, out-of-pocket expense limit. Participants enrolled in the Control is the Goal program will be reimbursed for any out-of-pocket expenses exceeding this cap for receipts dated January 1st, 2016 to February 3rd, 2016. All reimbursement requests, complete with copies of your receipts, can be submitted to a Healthcare Advocate at advocates@wellhealthqc.com.

The \$100 maximum and reimbursement does not include the \$10 Pharmacy Choice Fee incurred when members choose to fill their prescription in a pharmacy other than CVS, Walmart, Sam's Club, Vons and Lin's Supermarket. These charges are at the participant's expense, based on the terms of the pharmacy benefit. Please note that diabetic supplies, such as glucose meters, are free of charge for participants.

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 WellHealth Quality Care at osingleton@wellhealthqc.com or write to:

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INTRODUCING OUR NEW CEO GARY EARL



"I am honored, humbled and privileged to have been awarded this extraordinary opportunity to serve each and every one of our valued members and partners through this important role. As a seasoned veteran and leader in innovative, impactful health and well-being improvement missions, I am delighted to be coming back home to Southern Nevada. My goals and intentions are ambitious, as the needs are great, however I am completely convinced that together we can be more than successful, we can be significant."

For the past 35 years, Gary Earl has dedicated his energy and passion to the subject of health. He utilizes the perspective of the study, creation and demonstration of solutions relating to conditions, cultures, communities and economics. He is a national leader in the effort to refocus the traditional dialogue of managing costs and treating diseases to uncovering and addressing the social and environmental effects on health.

Mr. Earl joined the Teachers Health Trust after being the Vice President and Corporate Health & Well-being Ambassador of Anthem BC&BS. He is deeply dedicated and committed to expanding the dialogue and agenda of health and cultural awareness and improvement on a local, national and global level. Prior to his time with Anthem, Mr. Earl worked in the field of well-being, social science and systems-engineering as Senior Vice President of CIGNA, where he co-founded CIGNA's Communities of Health Group for the explicit purpose of creating a legacy of improvement to individuals, companies and communities alike.

"By bringing in a seasoned healthcare veteran, we will be able to continue to achieve positive results within the Teachers Health Trust", said Mike Steinbrink, President of the Teachers Health Trust Board of Trustees. "Change is never easy, but in order to become a sophisticated and innovative leader in healthcare, the board believes that Gary will be able to provide the vision and leadership to realize the full capability of a medical home model. Gary will be the catalyst in transforming the healthcare we provide for our teachers and helping our community of teachers become healthier than ever before."



How to Get Better Sleep and More of It!

One of the simplest things you can do for your health is to get enough sleep, say experts. Unfortunately, many Americans have difficulty sleeping, making this seem like a simple task, but it can be anything but simple.

According to the National Sleep Foundation, the average American sleeps about six hours and 55 minutes per night during the week, and 15 percent of adults sleep less than six hours per night.

“Lack of sleep can take a significant toll on your overall health and interfere with some of your daily activities,” said Dr. Michael Thorpy, director of the Sleep-Wake Disorders Center at the Montefiore Medical Center in New York.

Almost everybody has trouble sleeping now and then, but many Americans experience significant problems getting to sleep or continually wake up in the middle of the night.

Such problems may be clinical symptoms of insomnia. According to the National Sleep Foundation, if you have trouble falling asleep at night, or staying asleep, or you wake up in the morning feeling unrefreshed, you may be suffering from insomnia.

Insomnia can affect people in different ways. Some sufferers have trouble initially getting to sleep, while others wake up in the middle of the night and have difficulty falling back asleep.

To help you get better sleep, Dr. Thorpy suggests these simple tips:

- Set and stick to a sleep schedule. Establish a regular bedtime and wake time.
- Set aside time at night to “wind down.” Spend some quiet time before bedtime. Such activities as watching TV, using the computer or working right before bedtime, or in the bedroom, can make it harder to fall asleep.
- Avoid caffeine and alcohol before bed.
- Exercise regularly. Just don’t exercise rigorously near bedtime, and check with your doctor before starting an exercise regimen.
- Don’t clock-watch. If you awaken in the middle of the night and stay in bed, don’t lie there staring at the clock. And don’t watch TV or use your laptop or cell phone, because these technologies stimulate the brain, making it tougher to fall back to sleep.

If these tips don’t help, speak with your healthcare professional to help determine whether you are suffering from insomnia and require treatment.

More information regarding insomnia is available at the National Sleep Foundation website at www.sleepfoundation.org.

Reprinted, with permission from National Sleep Foundation



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.



Telemedicine: 24/7 Access to Care

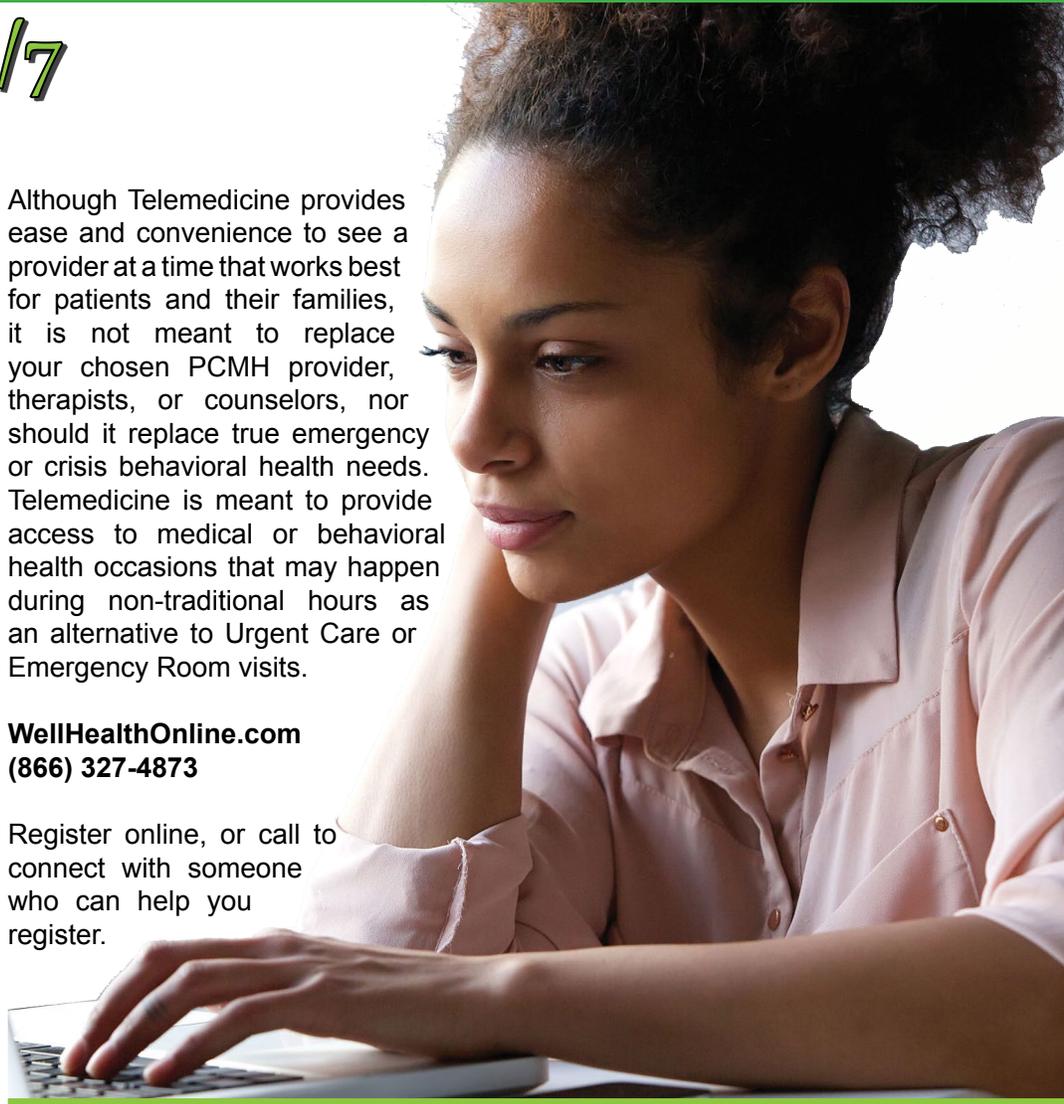
WellHealth Online is powered by MDLIVE, with a \$0 co-pay for Trust participants. Providers are able to diagnose and treat conditions such as the cold and flu, fevers, strep throat, conjunctivitis (pink-eye), sinus infections, rashes and more. In addition, members also have access to counselors and therapists for behavioral health needs who can assist with needs such as coping with loss and grief, financial hardship, marital problems, parenting advice, problems at work, stresses and challenges of everyday life, anxiety, and depression.

Accessing care through Telemedicine is a secure way to see a provider. Personal medical information is only visible to the patient and the doctor during the appointment. Through their diagnosis, patients that may need antibiotics for treatment will be able to receive a prescription from their Telemedicine doctor, pending the doctor's discretion.

Although Telemedicine provides ease and convenience to see a provider at a time that works best for patients and their families, it is not meant to replace your chosen PCMH provider, therapists, or counselors, nor should it replace true emergency or crisis behavioral health needs. Telemedicine is meant to provide access to medical or behavioral health occasions that may happen during non-traditional hours as an alternative to Urgent Care or Emergency Room visits.

WellHealthOnline.com
(866) 327-4873

Register online, or call to connect with someone who can help you register.



Control is the Goal: Diabetes Program

The Teachers Health Trust (Trust) is proud to announce it will be launching its new diabetes management program for all Teachers Health Trust members beginning February 1st in partnership with WellHealth Quality Care. The diabetic program, called Control is the Goal, will help all Trust participants with diabetes to manage their illness both through remote monitoring systems and discounted supplies and medication.

Those Trust participants with diabetes or at high risk for diabetes have been pre-qualified for enrollment into the Control is the Goal program. At this time, all diabetic-identified participants have been pre-enrolled and will be able to access all the benefits of this program; however, they must complete enrollment. To do this, please fill out and

return the program enrollment form by email to controlisthegoal@wellhealthqc.com. There are no other qualifications at this time to be accepted into this program.

In the future, the Trust together with WellHealth will be developing more advanced methods to help you manage your diabetes. This will include remote monitoring tools to keep you healthy and provide you with personalized instruction based on your individualized blood sugar trends. Our ultimate goal is to keep you healthy and happy!

If you have any questions or concerns, please feel free to reach out at any time to our Healthcare Advocate team at (855) 404-9355 or controlisthegoal@wellhealthqc.com.

In recognition of the extremely high out-of-pocket cost for diabetic medications and supplies, the Control is the Goal program offers the following benefits **at no cost for enrolled members**:

- Glucometer (limit 1 per participant/ per year) - Test strips, Lancets, Syringes, and Needles
- Educational resources covering the basics of diabetes care to more advanced instruction
- A \$100 maximum per prescription, per month, on out-of-pocket expenses for identified formulary diabetic medications (Drug List available at www.teachershealthtrust.org)

You're Invited

KEEPING YOUR HEALTH IN THE FOREFRONT



TEACHERS HEALTH TRUST
For Teachers By Teachers

\$500
CASH PRIZE RAFFLE!

★YOU CAN WIN★

2016 MEN'S HEALTH FAIR

The Best In Health!

SPONSORED BY:



A WellSource Health Care Company

TOWN SQUARE
LAS VEGAS



NUTRITION/WELLNESS

**WE HAVE A PROFESSIONAL
TEAM TO HELP YOU**

What To Expect

- Free Health Screenings For Men
- Medical Booths - Various Specialties
- Nutrition Booths
- Athletic Booths (hands-on-demos)
- Free Snacks Samples
- Live Music
- Over 15 giveaways valued at over \$50

This event is free and will focus on the different types of illnesses men face today.

Ladies - This is something you shouldn't have the men in your life miss.

APRIL 2, 2016
1:00 - 3:00 PM

Prize Eligibility

All CCSD employees currently enrolled in a Teachers Health Trust plan who attend must bring your insurance card or CCSD badge in order to enter the raffle. A Passport to Health card will be issued. You'll need to visit 4 booths in order to qualify. After visiting the designated vendor booths you will be able to enter for the prize of your choice. You do not need to be present to win.

Located In The Center Of Town Square

TeachersHealthTrust.org • events@wellhealthqc.com
Location: 6605 S. Las Vegas Blvd., Las Vegas, NV 89119

2015 Trust Financial Reports

The Teachers health Trust makes its annual audit financial report available to all participants. The following includes all critical financial information about the Trust. The full version, which includes all auditor notes and accompanying data is also available for review and/or download by visiting the Financial tab found at www.teachershealthtrust.org and selecting the view statement option for the 2015 document.

Teachers Health Trust

Statements of Net Assets Available for Plan Benefits
June 30, 2015 and 2014

	2015	2014
Assets		
Investments, at fair value	\$ 62,404,793	\$ 25,501,378
Receivables		
Related party receivable	17,866	15,116
Prescription drug rebate receivable	2,133,292	710,466
Interest receivable	-	53,462
Total receivables	550,222	779,044
Cash and cash equivalents	550,222	-
Property and equipment (net of accumulated depreciation of \$5,616,337 and \$5,218,874, respectively)	5,802,435	6,106,152
Other assets	12,338	12,100
Prepaid expenses	271,196	217,968
Total assets	71,192,142	32,616,642
Liabilities		
Accounts payable for administrative expenses	924,202	758,350
Cash overdraft	589,682	752,147
Due to related party	25,000	25,000
Deferred insurance contribution	209,554	16,705
Line of credit	3,001,725	3,003,252
Capital lease payable	148,207	203,648
Total liabilities	4,898,370	4,759,102
Net Assets Available for Plan Benefits	\$ 66,293,772	\$ 27,857,540

Teachers Health Trust

Statements of Changes in Net Assets Available for Plan Benefits Years Ended June 30, 2015 and 2014

	2015	2014
Additions		
Contributions		
Clark County School District/Charter Schools	\$ 117,808,041	\$ 116,049,878
Employee deduction	29,076,629	25,006,304
Retiree participants	1,261,724	-
Self-pay, COBRA, staff participants	2,003,511	1,955,082
Total contributions	150,149,905	143,011,264
Investment Income		
Net appreciation (depreciation) in fair value of investments	(1,280,671)	2,335,853
Interest and dividends	1,512,086	861,882
Total investment income	231,415	3,197,735
Less: Investment manager fees	135,172	76,833
Net investments income	96,243	3,120,902
Other income	4,880,946	2,615,886
Total additions	155,127,094	148,748,052
Deductions		
Insurance premiums	2,299,823	2,102,514
Benefits paid for participants		
Medical	101,133,415	96,583,969
Prescription drugs	36,925,725	31,823,942
Dental	13,306,159	12,898,674
Vision	2,440,020	2,328,489
Total benefits paid for participants	153,805,319	143,635,074
Administrative expenses	8,820,418	6,894,603
Total deductions	164,925,560	152,632,191
Net Decrease	(9,798,466)	(3,884,139)
Net Assets - Retiree Health Trust	48,234,698	-
Net Assets Available for Benefits		
Beginning of Year	27,857,540	31,741,679
End of Year	\$ 66,293,772	\$ 27,857,540

Teachers Health Trust

Statements of Benefit Obligations
 Years Ended June 30, 2015 and 2014

	2015	2014
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Vision claims	\$ 287,705	\$ 244,457
Medical and dental claims	8,123,555	6,181,253
Prescription drugs	1,681,461	1,570,345
Total currently payable	<u>10,092,721</u>	<u>7,996,055</u>
Other Current Benefit Coverage Obligations		
Claims incurred but not reported, at present value of estimated amounts	<u>6,776,445</u>	<u>5,818,747</u>
Postretirement Benefit Obligations		
Plan participants not yet fully eligible for benefits	58,942,000	-
Other plan participants not fully eligible for benefits	16,131,000	-
Retirees	7,332,000	-
Administrative fixed cost (unallocated)	<u>3,156,000</u>	<u>-</u>
Total postretirement benefit obligations	<u>85,561,000</u>	<u>-</u>
Total Benefit Obligations	<u>\$ 13,814,802</u>	<u>\$ 13,814,802</u>

Teachers Health Trust

Statements of Changes in Benefit Obligations Years Ended June 30, 2015 and 2014

	2015	2014
Amounts Currently Payable to Participants, Beneficiaries, and Dependents		
Balance, beginning of year	\$ 7,996,055	\$ 7,071,341
Claims, reported and approved for payment	158,201,808	146,662,302
Claims paid	(156,105,142)	(145,737,588)
Balance, end of year	10,092,721	7,996,055
Other Obligations for Current Benefit Coverage, at Estimated Amounts		
Balance, beginning of year	5,818,747	4,880,795
Net change during year	957,698	937,952
Balance, end of year	6,776,445	5,818,747
Postretirement Benefit Obligations		
Balance, beginning of year	-	-
Merger of Retiree Health Trust obligation	114,336,000	-
Normal cost	8,124,000	-
Interest	5,583,000	-
Administrative expenses	(389,000)	-
Benefits paid	(1,775,000)	-
Plan design changes	(11,654,000)	-
Actuarial (gains)/losses	(28,664,000)	-
Balance, end of year	85,561,000	-
Total Benefit Obligations, at End of Year	\$ 102,430,166	\$ 13,814,802

Teachers Health Trust

Schedule of Administrative Expenses
Years Ended June 30, 2015 and 2014

	2015	2014
Staff salaries and benefits:		
Claims administration	\$ 1,084,528	\$ 1,080,190
Accounting and administrative	1,078,670	929,605
Participant services	930,645	918,874
Support services	589,250	560,456
Provider services	352,465	345,814
Information technology	312,024	304,908
Clinical initiatives	270,464	282,441
Document imaging	191,559	184,922
Wellness and health programs	148,606	186,806
	<u>4,931,211</u>	<u>4,794,016</u>
ACA transitional reinsurance and PCORI fees	1,925,791	70,550
Depreciation expense	397,461	438,036
Claims processing expenses	256,628	261,465
Postage and delivery	189,379	174,342
Professionals fees	167,423	133,835
Legal fees	137,847	115,557
Benefit communications	129,653	149,892
Building expenses	109,392	98,293
Utilities expenses	76,423	83,226
Computer supplies and expenses	61,691	70,006
Audit and actuarial fees	61,100	30,800
Health education programs	51,955	50,562
Fiduciary liability insurance	51,262	36,940
Photocopying expenses	42,403	40,214
Printing expenses	39,690	17,037
Insurance expenses	39,481	45,396
Bank fees, interest, and penalty	30,744	53,068
Outside services	23,299	1,990
Publications, subscriptions, and dues	19,796	17,159
Trustees conference and meeting expenses	19,239	16,789
Employee related expenses	14,616	10,204
Miscellaneous expenses	11,475	13,253
Office supplies and expenses	9,321	13,083
Rental expenses	9,132	9,579
Business personal property tax	6,710	9,195
Health Traxx newsletter	5,577	19,520
Staff training and conference	1,719	4,320
CCEA service agreement	-	116,276
Total	<u>\$ 6,824,053</u>	<u>\$ 6,824,053</u>

TEACHERS HEALTH TRUST

Scheduled of Insurance Premiums
Years Ended June 30, 2015 and 2014

	2015	2014
Group Term Life Insurance - Lincoln National Life	\$ 1,212,114	\$ 1,139,882
Utilization Management - Health Care Partners/Telligen	538,293	524,286
Behavioral Health - Human Behavioral Institute	226,328	220,438
Vision PPO Network - Vision Service Plan	164,159	159,950
Retiree Premium - United Healthcare/Secure Horizons	111,910	-
Medical PPO Network - Coalition of America	47,019	57,958
Total	\$ 2,299,823	\$ 2,102,514

Five Quick Facts About COBRA Brought to You by POMS & Associates

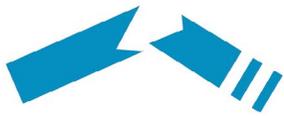
Understanding your responsibilities when it comes to COBRA compliance is the best way to prevent expensive mistakes. The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that requires certain-sized employers with group health plans to offer employees, their spouses, and their dependents a temporary continuation of health coverage if they lose coverage due to certain specified events. If you need a refresher, the following are five key points:

- 1. COBRA generally applies to group health plans maintained by employers with at least 20 employees on more than 50% of typical business days in the prior year.** Each part-time employee counts as a fraction of a full-time employee, equal to the number of hours the part-time employee worked divided by the hours an employee must work to be considered full-time.
- 2. Only qualified beneficiaries are entitled to COBRA continuation coverage.** Generally, qualified beneficiaries include employees, their spouses, and their dependent children who are covered under a group health plan on the day before a qualifying event. In addition, any child born to or placed for adoption with a covered employee during a period of COBRA coverage is automatically considered a qualified beneficiary.
- 3. Qualifying events are events that cause an individual to lose group health coverage.** Voluntary or involuntary termination of a covered employee (other than for gross misconduct) or a reduction in hours of work are qualifying events for the employee and his or her spouse and dependent child. Additional qualifying events for a spouse and dependent child include the covered employee's death, divorce, or entitlement to Medicare.
- 4. The type of qualifying event determines the amount of time the plan must offer qualified beneficiaries COBRA continuation coverage.** When the qualifying event is the covered employee's termination of employment (other than for gross misconduct) or reduction in hours of work, qualified beneficiaries must be provided 18 months of continuation coverage. (In certain circumstances, this period may be extended due to disability or the occurrence of a second qualifying event.) For other qualifying events, qualified beneficiaries must be provided 36 months of continuation coverage.
- 5. Group health plans must provide qualified beneficiaries with specific notices explaining their COBRA rights.** One way to avoid mistakes is to use the Model General Notice and the Model Election Notice provided by the U.S. Department of Labor, filling in the blanks with your plan information. Other notices, such as the Notice of Unavailability of Continuation Coverage and the Notice of Early Termination of COBRA Coverage, should be sent to qualified beneficiaries as necessary. COBRA rights must also be described in the plan's summary plan description (SPD).

Keep in mind that many states have enacted what are commonly referred to as "mini-COBRA" laws, which typically require continuation of group health plan coverage provided by employers with fewer than 20 employees. Employers of all sizes should check to see if a state mini-COBRA law applies to their plans and if so, how the law differs from federal COBRA. Be sure to consult with a trusted employment law attorney or benefits advisor if you have any questions as to how COBRA and/or mini-COBRA apply to a particular plan or your obligations under the law.

Visit our section on COBRA at www.pomsassoc.com for additional information regarding compliance, including step-by-step guidance, FAQs, and model notices and forms.

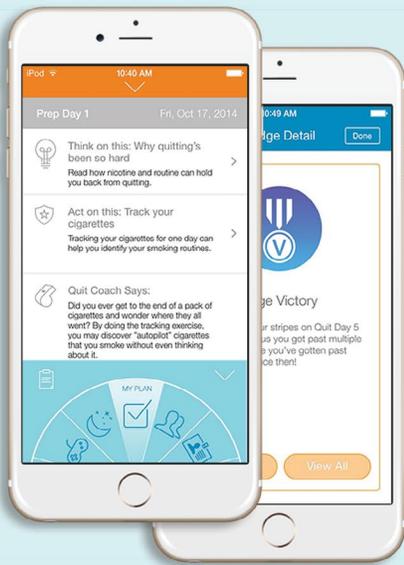




Quitting smoking can be tough...



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.

Protect Yourself from Heart Disease Starting Today!

Coronary Artery Disease

Coronary artery disease (CAD) is the most common type of heart disease in the United States. For some people, the first sign of CAD is a heart attack. You and your health care team may be able to help you reduce your risk for CAD.

Causes of CAD

CAD is caused by plaque buildup in the walls of the arteries that supply blood to the heart (called coronary arteries) and other parts of the body. Plaque is made up of deposits of cholesterol and other substances in the artery. Plaque buildup causes the inside of the arteries to narrow over time, which could partially or totally block the blood flow. This process is called atherosclerosis.

Too much plaque buildup and narrowed artery walls can make it harder for blood to flow through your body. When your heart muscle doesn't get enough blood, you may have chest pain or discomfort, called angina. Angina is the most common symptom of CAD.

Over time, CAD can weaken the heart muscle. This may lead to heart failure, a serious condition where the heart can't pump blood the way that it should. An irregular heartbeat, or arrhythmia, also can develop.

Diagnosing CAD

To find out your risk for CAD, your health care team may measure your blood pressure, cholesterol, and sugar levels. Being overweight, physical inactivity, unhealthy eating, and smoking tobacco are risk factors for CAD. A family history of heart disease also increases your risk for CAD. If you're at high risk for heart disease or already have symptoms, your doctor can use several tests to diagnose CAD.

Reducing Your Risk for CAD

If you have CAD, your health care team may suggest the following steps to help lower your risk for heart attack or worsening heart disease:

- Lifestyle changes, such as eating a healthier (lower sodium, lower fat) diet, increasing physical activity, and quitting smoking.
- Medications to treat the risk factors for CAD, such as high cholesterol, high blood pressure, an irregular heartbeat, and low blood flow.
- Surgical procedures to help restore blood flow to the heart.

Reprinted, with permission from www.cdc.gov

Test	What it Does
ECD or EKG (electrocardiogram)	Measures the electrical activity, rate and regularity of your heartbeat.
Echocardiogram	Uses ultrasound (special sound wave) to create a picture of the heart.
Exercise Stress Test	Measures your heart rate while you walk on a treadmill. This helps to determine how well your heart is working when it has to pump more blood.
Chest X-ray	Uses x-rays to create a picture of the heart, lungs and other organs in the chest.
Cardiac Catheterization	Checks the inside of your arteries for blockage by inserting a thin, flexible tube through an artery in the groin, arm, or neck to reach the heart. Health care professionals can measure blood pressure within the heart and the strength of blood flow through the heart's chambers as well as collect blood samples from the heart or inject dye into the arteries of the heart (coronary arteries).
Coronary Angiogram	Monitors blockage and flow of blood through the coronary arteries. Uses X-rays to detect dye injected via cardiac catheterization.



Coronary artery disease is caused by plaque buildup in the wall of the arteries that supply blood to the heart (called coronary arteries). Plaque is made up of cholesterol deposits. Plaque buildup causes the inside of the arteries to narrow over time. This process is called atherosclerosis.

HEART DISEASE

is the leading cause of death for men & women in the US.

THE FACTS

About 600,000 people die of heart disease in the US every year.



THAT'S 1 IN 4!



Coronary heart disease is the most common type of heart disease, killing nearly **380,000** people annually.



Heart disease is the leading cause of death for both **men** and **women**.

Warning Signs of a Heart Attack :
SHORTNESS OF BREATH AND/OR
CHEST DISCOMFORT
BACK DISCOMFORT
SWEATING
NAUSEA



The majority of heart attacks happen between the hours of 8 & 9 in the morning.
(The majority of those on Mondays.)

Every year, **720,000** Americans have a heart attack.

Of these, **515,000** are a first heart attack, and **205,000** happen in people who have already had a heart attack.

(If you experience these symptoms, call **911**.)

Eat Heart Smart

via cdc.gov

- Eat 12 ounces of **fish** per week.



- Eat Heart-Healthy **fats**

Nuts
Olive Oil
Avocado



- Eat 2 1/2 cups of veggies and 2 cups of fruit per day.



- Reduce Sodium Intake. (Try to **boost flavor** with natural herbs)



WELLHEALTH
Cardiology

A WellHealth Quality Care Clinical Center of Excellence

With you every step of the way toward a heart healthy life.

(702) 304-5700 | WellHealthCardiology.com

Know Your Benefits: Who Do I Contact?

The Teachers Health Trust has made significant changes to your health care plan. As we have moved into 2016, we understand that one of the most common challenges our participants face is knowing the quickest way to get answers to your questions.

Teachers Health Trust Service Team

TRISTAR Managed Care oversees the Trust service team, which is the best contact for answers to your questions about **BENEFIT COVERAGE, ELIGIBILITY AND CLAIMS**. Please note that while you may contact the service team for any question, you may be forwarded to the appropriate party after the Service Representative determines the best team to address your individual needs. Due to call volume, contacting the appropriate team first will minimize your wait time.

Phone: 702-794-0272

E-Mail: serviceteam@teachershealthtrust.org

Fax: 702-794-2093

TeleMedicine

Participants have access to medical and behavioral health providers 24 hours a day, 7 days a week through Telemedicine. Telemedicine providers are able to diagnose and treat conditions such as the cold and flu, fever, strep throat, conjunctivitis (pink-eye), sinus infections, rashes and more. Additionally, participants have access to counselors and therapists when the need arises.

Online: www.WellHealthOnline.com

Phone: 866-327-4873

Prior Authorization

Some medical procedures and services require Prior Authorization for medical necessity and the appropriateness of the service. Accredited medical and behavioral health organizations conduct these reviews for the Trust.

You should be sure to advise your physician to obtain Prior Authorization on your behalf. If not obtained, benefits for the service may be greatly reduced or not paid at all.

Phone: 702-832-4658

Toll-Free: 844-586-2244

Fax: 702-318-2404

Prescription Drugs

Prescription medication questions can be answered by MedImpact or CVS Caremark (if you are enrolled in the mail order program).

MedImpact: 844-336-2676

CVS Caremark: 855-298-2486

WellHealth Healthcare Advocates

Healthcare advocates are available to assist our participants' needs with quality care and efficient customer service. The healthcare advocates will assist you with finding a provider, scheduling appointments, sending referrals, basic member questions, medical records, website/app navigation, and more. If you have questions or concerns, please feel free to reach out to our Healthcare Advocate team. Please note that questions about benefit coverage, eligibility and claims should be referred to the Trust Service Team.

Phone: 855-404-9355

E-mail: advocates@wellhealthqc.com

Human Behavior Institute

Some mental and chemical dependency services require prior authorization. Unlike for medical services, though, the Human Behavior Institute (HBI) must be contacted for prior authorization. Always make sure your physician contacts HBI before you obtain the services.

Failure to obtain prior authorization will result in your claim being denied for coverage.

Phone: 702-248-8866

Toll-Free: 800-441-4483

Trust Wellness Division

The Wellness Division distributes **blood glucose monitors** to diabetic participants and **breast pumps** to new mothers. Contact the Wellness Division directly if you need to schedule for either of these benefits

Phone: 702-866-6192

E-Mail: wellness@teachershealthtrust.org

Getting to Know TRISTAR

Meet the Trust's Newest Partner in Service

The Teachers Health Trust recently partnered with the good people at TRISTAR Benefits Administrators. TRISTAR will be taking on numerous administrative duties in order to assist the Trust in providing excellent service to our participants.

We realize that many of our participants may be wondering about the identity of this organization and how they can help to assist you when accessing your benefits. With that in mind, the Trust has asked TRISTAR to introduce themselves to you; in their own words.



TRISTAR Insurance Group was founded in 1987. Originally named Topa Risk Services, the company began as an insurance program manager and medical malpractice claims administrator. Workers compensation claims management services were added to our offerings in 1989. Growth and change followed, and in 1995 the Company was renamed TRISTAR Risk Management. As managed care and benefits administration services were added to our offerings, the organization grew into TRISTAR Insurance Group.

Since our early days, we have focused on continually improving our products and services to ensure the best value for our clients which has resulted in

providing a strong, secure, and growing organization for our employees and business partners. We are the nation's largest independent third party claims administrator. We empower more than 1,000 employees in offices throughout the United States, focusing business operations in three divisions: property casualty claims management, benefits administration, and managed care services.

We have maintained a reputation for being lean and effective with a very flat organization structure; and expect all in our company to be true to our values and make the right choices, both financially and ethically. We apply state-of-the-art technology and intellectual acumen that comes from experience and deep analysis to create financial and operational efficiencies, radically reduce costs and increase savings for our clients. We believe that intellect and ability can be applied to our entire range of risk and benefit services, to creating an opportunity for you – to improve your bottom line, to fund additional projects and services, or simply to help people feel safe, healthy, and secure.

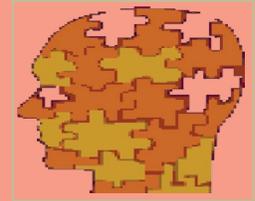
When you engage TRISTAR, you help create a world in which together we transform risk into opportunity.

THE TRISTAR PROMISE

- **RESPECT** for our clients and one another
- To operate with **INTEGRITY**, adhering to strong moral and ethical codes
- To earn your **TRUST** and confidence by always doing the right thing
- To deliver **EXCELLENCE** through our quality work and customer service each and every day

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)

FIBER

FAT

(2)

10SNE1?

(3)

T M
 A U
 H S
 W T

(4)

| SUN |
|-----|-----|-----|-----|-----|-----|-----|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

(5)

BAMONEYNK

See answers on page 24.



Important Prescription Benefit Update

Out-of-Pocket Maximums on Prescriptions

How the Update Works

Many participants of the Trust have expressed concerns regarding the increase in costs for their prescription drugs.

Recognizing the need for change, the Teachers Health Trust, together with our partners at WellHealth Quality Care and our prescription benefit consultants, immediately began working to find solutions.

Recently, we announced the implementation of a cap program that limits a participant's out-of-pocket expenses for their medications. We would like to take this opportunity to remind you of how this program works. Please remember to use one of the Trust's exclusive in-network pharmacies (CVS, Walmart, Sam's Club, Von's or Lin's Supermarket) in order to avoid any additional out-of-pocket costs.

- Covered Formulary Prescriptions filled by Trust participants now have a maximum amount a participant can be charged per prescription. The maximum copayment does not apply to non-formulary drugs. The Pharmacy Choice Fee applies if the pharmacy is an in-network non-preferred pharmacy.
- The maximum amount participants can be charged per prescription for formulary drugs filled at an exclusive pharmacy are listed below. These charges include, but are not limited to, the following:

30-Day Supply	
Generic Drugs: Cost Up to \$25	\$5 Copayment
Generic Drugs: Cost Over \$25	25% of cost of prescription, copayment maximum of \$100 per prescription, per 30-day supply
Preferred (Formulary)	25% of cost of prescription, copayment maximum of \$200 per prescription, per 30-day supply
Specialty (Formulary Generic/Brand)	25% of cost of prescription, copayment maximum of \$500 per prescription, per 30-day supply
90-Day Supply	
Generic Drugs: Cost Up to \$25	\$12.50 Copayment
Generic Drugs: Cost Over \$25	25% of cost of prescription, copayment maximum of \$300 per prescription per 90-day supply
Preferred (Formulary)	25% of cost of prescription, copayment maximum of \$600 per prescription per 90-day supply

- If the cost of the prescription is LESS than the cap, the participant will pay only the copayment or coinsurance listed in the Plan Document. If the cost of the prescription is GREATER than the maximum, the member will only be charged the Rx Cap amount for that type of prescription (Generic, Formulary Brand and Formulary Specialty filled at exclusive in-network pharmacy).
- Any covered formulary prescriptions filled beginning January 1st, 2016 that exceeded the out-of-pocket maximum will be reimbursed, (less the Pharmacy Choice Fee where applicable). Information on how to submit for reimbursement is available on the Teachers Health Trust website at www.teachershealthtrust.org.



Prescription Plan Update Examples



Jane Doe has a 30-day prescription for a GENERIC DRUG at an exclusive in-network pharmacy. The cost of her prescription is LESS than \$100. Jane will pay \$5 if the cost is \$25 or less and she will pay 25% of the cost of the drug, up to \$100 if it is more than \$25.

GENERIC DRUG COST \$22.00 → PARTICIPANT PAYS \$5 FLAT FEE

GENERIC DRUG COST \$49.59 → PARTICIPANT PAYS 25% (\$12.40)

John Smith has a 30-day prescription for a GENERIC DRUG at an exclusive in-network pharmacy, and the cost of his prescription is GREATER than \$100. Nonetheless, since he is responsible John will pay the maximum for a 30-day Generic drug, which is \$100.



GENERIC DRUG COST \$129.72 → PARTICIPANT PAYS 25% (\$32.42)



Last, but not least, Joan Smith has a 30-day prescription for a GENERIC DRUG at an exclusive in-network pharmacy. The cost of her prescription is \$450. Since Joan's 25% copayment would be \$112.50, which is GREATER than the maximum for a 30-day Generic drug, she would only pay \$100.

GENERIC DRUG COST \$450.00 → 25% (112.50) IS GREATER THAN MAX → PARTICIPANT PAYS ONLY \$100 (Cap Max for Generics)

Remember: if the total cost of the prescription is less than the maximum, members will not pay the maximum; they will pay only the copayment or coinsurance amount listed in the Plan Document.

If you have any questions on this program, please contact the Trust Customer Service Department at 702-794-0272 or by e-mail at serviceteam@teachershealthtrust.org; or contact your Health Advocate by phone at 855-404-9355 or by e-mail at advocates@wellhealthqc.com.

Text **CCEA** to

877877

and stay connected on education issues

Preventing Insurance Fraud: The Smart Thing to Do

The Trust Reviews the Actions that Result in Soft Insurance Fraud



When people think about insurance fraud, they likely envision hardened criminals or shady con artists. For most insurers, it is not the diabolical minds of criminals or con artists that concern them but rather the little white lies told or information withheld by their otherwise honest policyholders.

So what constitutes an instance of fraud?

- a. Failing to report updated current insurance information to your provider and/or insurance carrier. Make sure that you submit all primary and/or secondary

insurance information to your provider, insurance carrier, and pharmacist.

- b. Not notifying your provider and/or insurance carrier of how and where your injury or accident transpired.
- c. Not completing and returning Trust forms such as a Third Party Liability (TPL) or a Coordination of Benefits (COB) form.
- d. Failing to notify your insurance carrier that you reside out of the area.
- e. Not notifying your insurance carrier of any status changes, such as a divorce, the dissolution of a domestic partnership, or a dependent no longer meeting eligibility requirements as a student.

For many, these little white lies or omission of information are often rationalized into justifiable actions through beliefs such as: "I always pay my premiums and rarely make claims"; "Insurance companies overcharge anyway"; "Everyone fudges insurance information a little"; or "The insurance carrier will never find out." One primary responsibility of the Teachers Health Trust is to protect our assets so that participants like you may continue to receive the high-quality coverage that you are used to at a reasonable cost. The bottom line on all types of fraud, whether provider fraud or participant fraud, is that it costs the Trust money and ultimately will cause an increase in premiums.

So remember, the cost of withholding information and telling little white lies may not be so little in the long run.



IRS Form 1095-B: What You Need to Know

How the Affordable Care Act Requirement Impacts Your Return

You may have recently received a tax form that you are unfamiliar with from the Teachers Health Trust (Trust). This form is entitled IRS Form 1095-B, and it is a health insurance tax form that the Trust has sent to you on behalf of your employer, the Clark County School District.

The purpose of the 1095-B tax form is for verification that you and your dependents (where applicable) are receiving health insurance coverage that meets at least the minimum essential coverage as determined by the Affordable Care Act (ACA). The information on this form will allow you to complete the ACA portion of your tax return. Doing so informs the IRS that you are **NOT** subject to the penalty applied to those who do not have the

minimum essential coverage.

The Teachers Health Trust has distributed 1095s to:

- CCSD-Employed Trust Participants;
- Retirees covered under the Trust PPO Plan; and
- Trust Employees

The Trust is not issuing 1095s to:

- CCEA or CTE Employees;
- Retirees under the United Healthcare Plan;
- Retirees under the Medicare Supplemental Plan; or
- Participants who had only Hospital Supplement or Dental/Vision Only plans in 2015.

The Trust is required by law to issue all IRS 1095-B forms no later than March 31, 2016. At this time, though, the Trust has completed issuing the form to all eligible recipients.

For more information on IRS Form 1095-B, please visit the following link: www.irs.gov/uac/About-Form-1095-B. If you have questions about the Form 1095-B that you received from the Trust, please contact the Service Department by phone at 702-794-0272 or 800-432-5859, Monday through Thursday from 7:00 a.m. to 5:45 p.m., and Friday from 9:00 to 11:45 a.m. You may also e-mail the Service Department at serviceteam@teachershealthtrust.org.

Services Requiring Prior Authorization

Save Money By Knowing What Services Are Included

Certain procedures and services require **Prior Authorization** to evaluate the medical necessity and appropriateness of the service. Accredited medical and behavioral health organizations conduct these reviews for the Trust.

Regardless of what the reviewing organization recommends, it is always up to you and your doctor to decide what, if any, care you receive. In the event you and/or your Physician do not agree with the authorization decision that you receive, your Physician may appeal the decision to the reviewing organization by providing (in writing) additional information to support the initial request for authorization.

You should advise your Physician to obtain **Prior Authorization** on your behalf if the services require it. **If Prior Authorization is not obtained, benefits for the service may be greatly reduced or not paid at all. Prior Authorization** does not guarantee payment of benefits or determine what level of Plan benefits will apply.

Medical Services

- Air Ambulance
- Blepharoplasty
- Botox
- Breast Surgery
- Continuous Glucose Monitoring Devices
- Cosmetic Surgery
- CT Scan
- CT – PET
- Dialysis
- Durable Medical Equipment (over \$500)
- Endoscopy
- Extended Network Benefit
- Genetic Testing
- Hernia Repair
- Home Health Care
- Hospice Care
- Hyperbaric Oxygen Therapy
- Inpatient Admissions
- IV Infusion
- MRI and MRA
- Nerve Conduction Studies/ EMG
- Oral Appliance for Sleep Apnea
- Out-of-Network Laboratory
- Pain Management (Nerve Blocks)
- PET Scans
- Sclerotherapy
- Skilled Nursing Facility
- SPECT Cardiolyte
- Testosterone Pellets Insertion
- Transplant and Follow-up Transplant Services
- Virtual Testing



Obtain prior authorization from TRISTAR Managed Care:

Phone: (702) 832-4658 or Toll Free at (844) 586-2244

Fax: (702) 847-7690

E-mail: authorizations@wellhealthqc.com

Mental Health & Chemical Dependency

Mental Health/Chemical Dependency services are covered under the Performance Plus Plan. Services obtained by mental health/chemical dependency providers, such as counselors and psychiatrists, do not require a referral from the participant's PCMH physician, but prior authorization for medical necessity from Human Behavior Institute (HBI) applies. See below.

- Counselor Visits (after 24 sessions)
- Detoxification Medications
- Group Therapy Visits (after 24 sessions)
- Inpatient Care
- Mental Health NP Visits
- Partial Hospitalization
- Psychiatric Visits
- Psychosocial Rehabilitation and Autism Services
- Residential Treatment
- Therapist Visits (after 24 sessions)
- MD Visits

Obtain prior authorization by calling HBI: (800) 441-4483 or (702) 248-8866.

Should be obtained at least 48 hours prior to service.

MENTAL MUSCLE ANSWERS

1. Low Fat, High Fiber
2. Tennis anyone?
3. What goes up, must comes down.
4. A month of Sundays
5. Money in the Bank

Did You Know?

Spring-time Skin Care for Diabetics

Spring is almost here, and for participants with diabetes, there also comes important skin care considerations. This is because diabetes can make you more prone to some skin conditions, so be mindful as the warmer and wetter days begin.

Diabetic participants, on average, deal with more bacterial infections. Since the warmth and humidity of spring help bacteria to thrive, the season may lead to an increase in sties, boils and carbuncles for people with diabetes.

Fungal infections are more prevalent amongst diabetics due to the common drops and spikes in blood sugar. These highs and lows coupled with the spring climate increase the chances of common infections; such as ringworm, athlete's foot and jock itch.

Spring is here and so are considerations to allergic reactions. In addition to possible reactions from medications, insulin and food, diabetes participants should be aware of the risk from chlorine and insect bites as well. Be sure to confer with your doctor, who may recommend specific precautions for your personal needs.

In the end, we want all of our participants to enjoy the warmer weather, but want you to be vigilant when it comes to preventing and relieving skin conditions. Simple precautions can go a long way; such as staying hydrated to avoid blood sugar issues, applying powder to stay dry, using mild soaps and shampoos, and treating minor cuts immediately to avoid infection. A little attention to proper care will help you to make the most out of the months of springtime!