

TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA



Hotel and Casino Workers



**Making the Most of Your
Health & Welfare Benefits**

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Plan and Benefits Contact Information

To Contact...	Contact Name	Website	Phone Number
Health and Welfare Benefits	Zenith American Solutions	teamstersHCWbenefits.com	702-734-8601
Administrator Customer Service Line	Zenith American Solutions	zenith-american.com	702-734-8601
Fund's Nurse Advocate	Zenith American Solutions	zenith-american.com	702-734-8601
PPO Plan	Anthem Blue Cross Blue Shield	anthem.com	702-734-8601
PPO Pharmacy Benefits	Elixir	elixirsolutions.com	800-361-4542
Precertification of Admissions and Certain PPO Plan Services	Innovative Care Management	innovativecare.com	800-862-3338
HMO Plan	Health Plan of Nevada	myhpnonline.com	702-242-7300 or 800-777-1840
Telemedicine Services	PPO Plan: LiveHealth Online	livehealthonline.com	888-548-3432
	HMO Plan: NowClinic	nowclinic.com	877-550-1515 Behavioral Health: 800-873-2246
Dental PPO Plan	Diversified Dental Services	ddsppo.com	702-734-8601
Dental DHMO-EPO Plan (Benefit Plan NV-400)	LIBERTY Dental Plan	libertydentalplan.com	888-401-1128
Vision Plan	VSP	vsp.com	800-877-7195
Life and Accident Insurance Plans	Zenith American Solutions	zenith-american.com	702-734-8601
Disability Benefit	Zenith American Solutions	zenith-american.com	702-734-8601
Employee Assistance Program	Harmony Healthcare	harmonyhc.com	702-251-8000 or 800-363-4874

This brochure is only an overview of your Teamsters Security Fund for Southern Nevada – Hotel and Casino Workers benefits. Refer to the applicable summary plan description or plan contract/certificate for a full description of benefits. In the event of a discrepancy between this brochure and the official plan documents, the information provided in the plan documents will govern.



Our Benefits Website: Your First Stop for Benefits Information

To get more information about your health and welfare benefits, visit **teamstersHCWbenefits.com** for:

- Descriptions of all your health and welfare benefits
- Links to the Zenith American Solutions website and other plan and benefit contacts
- Details on how to enroll for benefits
- Important benefits-related forms and documents

Add this website to your mobile device by going to the site on your mobile device and following the simple instructions at the bottom of the page.

You can also call Zenith American Solutions at **702-734-8601** to speak with a representative.



Great Benefits for You and Your Family

Teamsters Security Fund for Southern Nevada – Hotel and Casino Workers offers an outstanding and competitive benefits program with the protection and security you and your family need. You have two high-quality medical and dental plan choices, plus your package includes vision care, life insurance, a disability benefit, and an employee assistance program. This brochure provides an overview of your benefits, how to enroll, and what to do if you need care.

Eligibility

You are eligible for Teamsters Security Fund for Southern Nevada – Hotel and Casino Workers health and welfare benefits if you are:

- An active employee of a participating employer, you have met the initial eligibility requirements (you became eligible the first day of the month after the receipt of three consecutive months' contributions*), and you have maintained continuous eligibility, or
- A retiree of a participating employer, you are receiving a pension from the Teamsters Western Conference or another collectively bargained pension plan, you have maintained continuous eligibility, and you are not yet eligible for Medicare. You must have been eligible as an active employee, or through COBRA, for 90 of the 120 months immediately before retirement. **Note:** Up to 30 months of service outside the bargaining unit with the same employer will be counted toward satisfying the 90-month requirement. See the summary plan description for more information on eligibility.

*Certain collectively bargained groups, including valet units under Virgin Hotel, MGM Grand properties, and Caesar's Entertainment properties, are eligible the first of the month following the first month of contributions.

Your eligible dependents include:

- Your legal spouse (including same-gender spouse)
- Your children up to age 26, including:
 - Natural children
 - Stepchildren
 - Legally adopted children
 - Children placed for adoption
 - Children for whom you are the court-appointed guardian
- Your unmarried disabled adult child



Required Documents for Dependent Coverage

To enroll dependents, send copies of the following documents along with your completed enrollment form:

- **Spouse:** Certified marriage certificate
- **Children/stepchildren:** Certified birth certificate or court-appointed guardianship certificate; divorce decree for stepchildren, if applicable

If your dependents lose eligibility for coverage due to divorce, legal separation, or death, you must notify the Fund by sending a copy of one of the following applicable documents along with an updated enrollment form:

- Divorce decree
- Legal separation papers
- Death certificate

Note: You must list the Social Security number for all dependents on your enrollment form.





Enrollment

Initial Enrollment

To enroll for health and welfare benefits, complete the enrollment form in your enrollment packet and return it to the address on the form, along with the required dependent documents listed at the bottom of page 2.

Making Changes

You can change your benefit elections once every 12 months. To make changes, complete and return a new enrollment form, available at teamstersHCWbenefits.com, to Zenith American Solutions or your employer's Human Resources office. Complete all sections of the form and enclose any required documents for your dependents. To drop a dependent from coverage, send a request to the Trustees with an explanation of why the change is justified.

You can also make enrollment changes due to certain qualifying life events, such as getting married or divorced, having a baby, or your spouse losing coverage under his or her own plan. You must make these changes within 60 days after the life event. For more information, see the summary plan description in your enrollment packet or available at teamstersHCWbenefits.com.

Your Medical Plan Choices

Active employees have two medical plan choices:

PPO Plan (Anthem Blue Cross Blue Shield Network)

This plan is a preferred provider organization (PPO). It gives you the flexibility to see any medical provider. However, you save money when you use in-network providers. Your enrollment packet includes a summary plan description with details. This plan is self-funded, which means the Fund—not Anthem or Zenith American Solutions—pays the claims for participants' eligible health care services.

HMO Plan (Health Plan of Nevada)

This plan is a health maintenance organization (HMO). You must always see Health Plan of Nevada providers in order to receive coverage, except for life-threatening emergencies. If you see an out-of-network provider, you will pay all costs for those services.

Your enrollment packet includes a folder from Health Plan of Nevada with details on this plan. This plan is fully insured, which means Health Plan of Nevada pays the claims for participants' eligible health care services.

Medical Plan Comparison Chart

	PPO Plan (Anthem Blue Cross Blue Shield Network) In-Network Coverage*	HMO Plan (Health Plan of Nevada) In-Network Required
Calendar-year deductible	Single: \$500 Family: \$1,500 (All items shown below are subject to the deductible except preventive care and prescription drugs)	None
Out-of-pocket maximum	Medical: Single: \$5,600 Family: \$11,200 Prescription drugs: Single: \$1,000 Family: \$2,000	Single: \$6,250 Family: \$12,500 Includes prescription drugs
Preventive care services	No cost to you	No cost to you
Physician services	PCP: \$10 copay Specialist: \$15 copay	PCP: \$35 copay Physician extender/asst.: \$25 copay Specialist: \$70 copay
Telemedicine services	LiveHealth Online: \$10 copay	NowClinic: \$0 copay
Hospital inpatient services	\$100 copay plus 10% coinsurance up to \$5,000	\$500 per day up to \$1,500 per admission
Hospital outpatient services	\$50 copay	\$400 per admission
Routine diagnostic services	X-ray: \$15 per visit Lab: \$5 per service	X-ray: \$25 per service Lab: \$15 per service
Urgent care services	\$15 copay	\$40 copay
Emergency services**	\$50 copay if life-threatening emergency	\$400 per visit if life-threatening emergency (waived if admitted)
Prescription drugs	Generic: No charge Preferred brand: Greater of \$20 copay or 20% coinsurance Non-preferred: Greater of \$45 copay or 45% coinsurance Specialty: \$50 copay Mail order available at different amounts	Low cost: \$25 copay Midrange cost: \$50 copay Highest cost: \$75 copay Mail order available

*Note that non-network coverage is different from in-network coverage. See the summary plan description for details.

**If you visit the emergency room for non-life-threatening treatment, the PPO plan pays \$75 of emergency room charges and you pay the balance; the HMO plan pays nothing in this case.

Definitions of Terms Used in This Chart

- **Coinsurance:** The percentage of the cost you pay for certain services once you meet your deductible.
- **Copay:** A fixed dollar amount you pay usually at the time of service for certain services and products.
- **Deductible:** The amount you pay toward covered expenses each plan year before the plan begins to pay.
- **Out-of-pocket maximum:** The most you pay for covered services from in-network providers in a plan year before the plan begins to pay 100%.

What to Do if You Need Care

If you're sick or injured, you don't want to waste time trying to figure out how to get care under the plan. Review this section now—and keep it handy so you know what steps to take.

Need to Find a Medical Provider?

PPO Plan (Anthem Blue Cross Blue Shield Network)

The PPO plan has different networks for hospital and other types of medical care. To keep costs as low as possible for you and the Fund, choose the right network from the chart below.

If You Need...	Use This Network	Find an In-Network Provider
Southern Nevada hospital care	Health Services Coalition	Choose a provider from the list at lvhsc.org/coalition .
Mental health/substance abuse treatment	Harmony Healthcare	Call 702-251-8000 or 800-363-4874 , or visit harmonyhc.com/eap/accounts/teamsters-986 for an online provider directory.
All other medical care	Anthem Blue Cross Blue Shield Network	Visit anthem.com . Under "Find Care," enter "TDG" as your Member ID number or prefix, then click "Continue" and follow the instructions.

HMO Plan (Health Plan of Nevada)

See the primary care physician (PCP) you chose when you enrolled. Your PCP will coordinate your care, including referring you to a specialist and managing a hospital admission if needed. You can change your PCP at any time.

Visit myhpnonline.com for a provider directory.

If you're in the HMO plan, you can also access behavioral health providers through NowClinic! You must make an appointment before a behavioral health visit. No appointment is necessary for other services.

Telemedicine

Connect 24/7 to a U.S.-based, board-certified doctor in minutes via two-way video using your smartphone, tablet, or computer.

Use telemedicine for common, non-life-threatening health concerns like allergies, colds, flu, fevers, infections, pinkeye, rashes, and more.



Plan	Provider	Cost	Contact Information
PPO plan	LiveHealth Online	\$10 copay	Visit livehealthonline.com , call 888-548-3432 , or download the LiveHealth Online mobile app to speak with a doctor.
HMO plan	NowClinic	\$0 copay	Visit nowclinic.com , call 877-550-1515 , or download the NowClinic mobile app to speak with a doctor. Behavioral health appointments must be made by calling 800-873-2246 .



Is It an Emergency?

If you have a life-threatening emergency, call 911 or go to the nearest emergency room. But remember that for *non-life-threatening emergencies*, the PPO plan pays only \$75 of emergency room charges and you pay the balance. And the HMO plan pays nothing in this case. So if you need non-emergency help right away, visit an in-network urgent care center or health care clinic. In addition to saving money, you may avoid long wait times and exposure to illness and viruses.

If you're in the PPO plan, see the lists of urgent care centers and convenience care centers in your enrollment packet. You can also use the Anthem mobile app shown on page 9 to find an urgent care center or health care clinic near you, or visit [anthem.com](https://www.anthem.com). Under "Find Care" enter "TDG" as your Member ID number or prefix, then click "Continue" and follow the instructions.

If you're in the HMO plan, visit a Health Plan of Nevada contracted urgent care facility listed at myhpnonline.com.

Need Fast Advice?

Not sure whether you have a real emergency? Or whether and how soon you need to see a doctor? Call your plan's 24/7 nurse advice line:

- **PPO plan:** Find information on urgent care and convenience centers under "Is It an Emergency?" above.
- **HMO plan:** Call 800-288-2264.

Need Surgery or Other High-Cost Services?

Under the PPO plan, certain services, such as elective hospitalization or surgery, require preapproval (also called precertification or prior authorization) before they are performed. For preapproval, call Innovative Care Management (ICM) at 800-862-3338. For details, see the summary plan description in your enrollment packet or available at teamstersHCWbenefits.com. Or, if you have questions, call Zenith American Solutions at 702-734-8601.



No Time to Go to Urgent Care? Check Out DispatchHealth or Doctoroo

Request urgent care services where you need them—at your office, home, or anywhere else. You'll see board-certified physicians, nurse practitioners, and physician assistants with experience in acute injuries and illnesses. If you're enrolled in the PPO plan, you'll only have a \$15 copay for this service, subject to the deductible. (This service is not available for participants enrolled in the HMO plan.) To get started, contact either service:

- DispatchHealth: dispatchhealth.com or 702-848-4443
- Doctoroo: doctoroo.com or 702-919-7718

Need to Fill a Prescription?

Use a Network Pharmacy

For both the PPO plan and HMO plan, you must obtain prescription drugs from a network pharmacy; otherwise, your prescription will not be covered. Here's how to find a network pharmacy:

- **PPO plan:** Use the Elixir mobile app shown on page 9, visit elixirsolutions.com, or call the Elixir Help Desk at **800-361-4542**. For information about specialty medications, visit elixirsolutions.com/members/specialty-rx or call **877-437-9012**.
- **HMO plan:** Visit myhpnonline.com to access the pharmacy locator, or call Health Plan of Nevada at **702-242-7300** or **800-777-1840**.

Use the Lowest-Cost Drug

Generic drugs are free under the PPO plan and half the cost of preferred brand drugs under the HMO plan. Since generic drugs use the same active ingredients and are proven to work the same way as their brand-name counterparts, they have the same risks and benefits. However, doctors don't always automatically prescribe generic drugs. Be sure to ask whether a generic is available.

Use the Mail-Order Service

If you take medications on a regular basis for chronic conditions such as high blood pressure, arthritis, diabetes, or asthma, use the mail-order service to save money on prescription drugs. Depending on which plan you're in and the type of drug, your copay for a 90-day supply may be lower than the same supply from a retail pharmacy, plus you get the convenience of home delivery.

Here's how to get started with mail order:

- **PPO plan:** Visit elixirsolutions.com or call **866-909-5170**.
- **HMO plan:** Visit myhpnonline.com or call **800-777-1840**.

Know the Rules

Both the PPO plan and HMO plan have prescription drug preapproval requirements, quantity limits, and other rules for certain high-cost drugs.

For details, check with your plan using the contact information above.





Other Ways to Lower Your Medical Costs

Taking steps to lower your medical costs not only keeps money in your own wallet, but also keeps the Fund's costs down—which benefits you in the long run. As noted before, the PPO plan is self-funded, which means the Fund—not Anthem or Zenith American Solutions—pays the claims. So, when claims are high, the Fund's costs go up. If costs run too high, the Fund may have to raise the monthly contributions you pay and/or increase how much you pay for medical services.

Take Advantage of Free Preventive Care

We encourage all members to get preventive care services. Early detection is often key to treatment of many diseases and conditions that cause serious illness or even death. Spending a relatively small amount of time now can save you a lot of time, money, and discomfort in the future.

Both the PPO and HMO plans cover preventive care for you and your family at no charge to you, as long as you see in-network providers. This includes services such as physical exams, certain immunizations, and preventive screenings and services based on your age and risk factors—such as a flu shot, colonoscopy, PSA test for men, or mammogram or Pap test for women. For a list of covered preventive care services, visit [anthem.com](https://www.anthem.com) for the PPO plan or [myhpnonline.com](https://www.myhpnonline.com) for the HMO plan.

Manage Your Weight

If you're overweight, you may be at higher risk for health problems such as heart disease, stroke, high blood pressure, diabetes, and more. These problems not only affect your quality of life, but can lead to higher medical expenses for you and the Fund. Take advantage of your plan's health and wellness resources (described on page 9) to improve your eating habits and become more physically active.



Talk With Your Doctor

According to the Department of Health and Human Services, the most important thing you can do to get the best care at the lowest cost is to have honest, open conversations with your doctor. For example, when your doctor recommends a test, procedure, or prescription, ask:

- Do I really need this?
- Do I need it now or can I wait?
- What are my alternatives?
- How much does it cost?

Use Your Resources

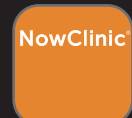
- If you have problems or questions about your coverage, visit the Fund's website at teamstersHCWbenefits.com, the Zenith American Solutions website at zenith-american.com, or call **702-734-8601**. The Fund also has a nurse advocate who can help further with medical or prescription questions, hospital visits, transition care, and pregnancy questions. You can contact the nurse advocate through Zenith American's customer service line.
- If you're in the PPO plan, visit anthem.com for a variety of health-related tools and programs. If you're in the HMO plan, visit myhpnonline.com for health education resources and wellness classes.

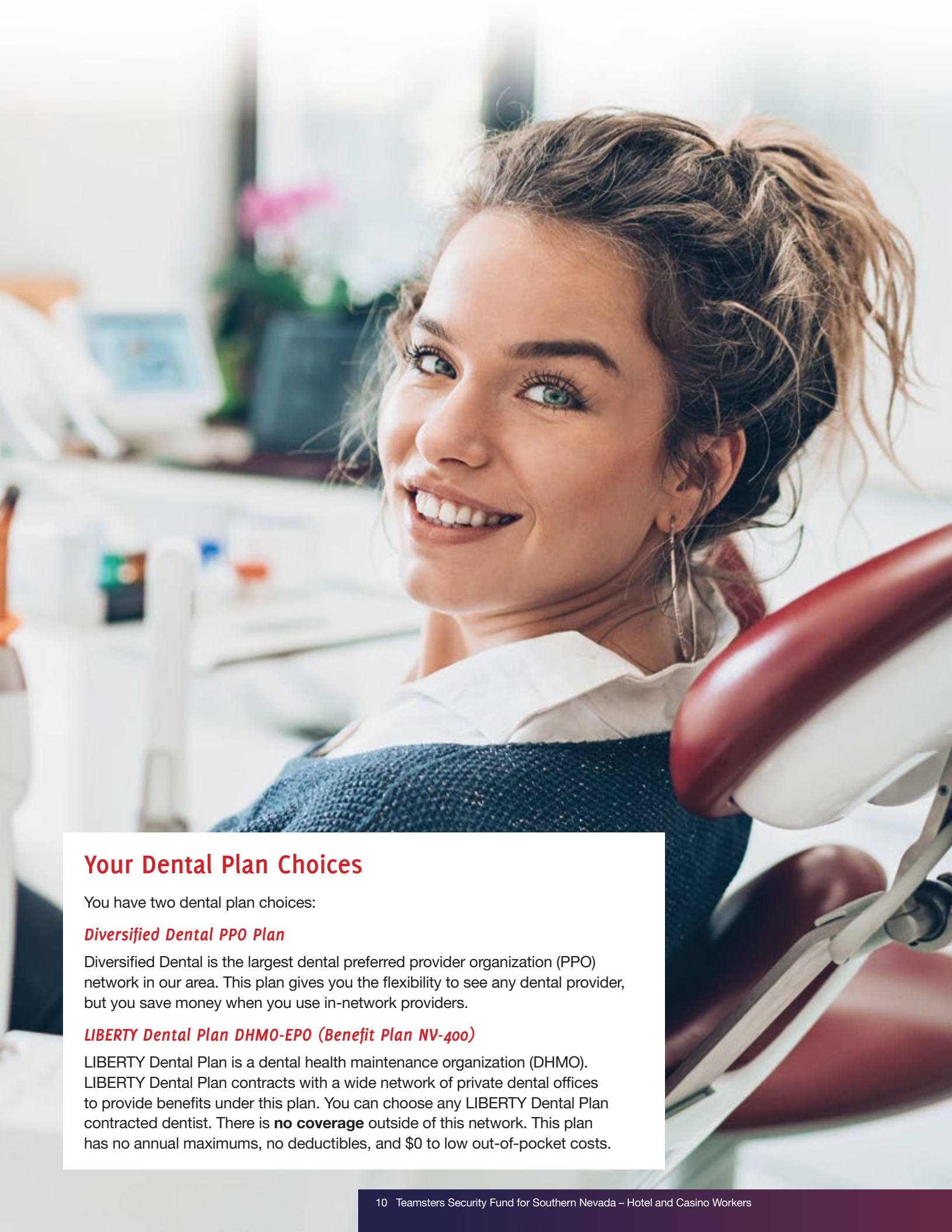


Check Out these Mobile Apps

- **PPO plan:** Anthem, Elixir, LiveHealth Online
- **HMO plan:** HPN/SHL Symptom Checker, NowClinic

Search for these apps in the Apple App Store (iPhone) or Google Play (Android) and download them to your mobile device.





Your Dental Plan Choices

You have two dental plan choices:

Diversified Dental PPO Plan

Diversified Dental is the largest dental preferred provider organization (PPO) network in our area. This plan gives you the flexibility to see any dental provider, but you save money when you use in-network providers.

LIBERTY Dental Plan DHMO-EPO (Benefit Plan NV-400)

LIBERTY Dental Plan is a dental health maintenance organization (DHMO). LIBERTY Dental Plan contracts with a wide network of private dental offices to provide benefits under this plan. You can choose any LIBERTY Dental Plan contracted dentist. There is **no coverage** outside of this network. This plan has no annual maximums, no deductibles, and \$0 to low out-of-pocket costs.

Dental Plan Comparison Chart

	Diversified Dental PPO Plan In-Network Coverage	LIBERTY Dental Plan DHMO-EPO (Benefit Plan NV-400) In-Network Required
Calendar-year deductible	None	None
Calendar-year benefit maximum	\$2,500 per person	None
Preventive care services	You pay 20%	No cost to you for a routine annual exam and X-ray, and a routine cleaning twice per year
Basic services	You pay 20%	See copayment schedule in enrollment packet
Major services	You pay 20%	Coverage is available for both adults and children; see copayment schedule in enrollment packet
Orthodontia	For children under age 19 You pay 20% \$1,200 lifetime maximum	

How to Find a Dental Plan Provider

Diversified Dental PPO Plan

Visit ddspgo.com, click “Find a Dentist,” and follow the instructions.

LIBERTY Dental Plan DHMO-EPO (Benefit Plan NV-400)

See the provider list in your enrollment packet, or visit libertydentalplan.com, click the “Find a Dentist” tab, select “Nevada,” select “NV 100 through NV 700” from the Benefit Plan drop-down menu, insert your zip code, then click “Search.” You can also call LIBERTY Dental Plan at **888-401-1128**.



Here's How Dental PPO Providers Save You Money

Diversified Dental PPO providers have agreed to charge discounted, prenegotiated rates for covered services. When you see a PPO dentist, your share of the cost—your coinsurance—is 20% of this special rate. For example, if your bill is \$250, you pay \$50 and the plan pays the rest.

If you receive out-of-network dental care, your coinsurance remains 20%. However, the amount charged by out-of-network providers is not prenegotiated, so it will likely be higher. Plus, if the provider charges more than what the Fund considers to be the “allowable expense” for that service, you’ll have to pay the difference, too.

Here's an example:

- The allowable expense for your dental services is \$250, but the out-of-network provider charges \$300.
- You pay 20% coinsurance on the allowable expense, which is \$50.
- You are ALSO responsible for the difference between the provider's charge and the allowable expense (\$300 - \$250 = \$50).
- So your total cost for the visit is \$100.

Your Vision Care Benefits

Your vision care benefits are provided through VSP (Vision Service Plan). You and your eligible dependents can choose from an extensive list of providers in our area. Coverage includes a WellVision Exam®—the most comprehensive exam, designed to detect eye and health conditions. You also have hundreds of eyewear options, from classic styles to the latest designer frames.

If you use a VSP provider	
Eye exam	\$5 copay every 12 months
Frames	100% up to \$200 every 24 months
Contact lenses	Exam and fitting: \$60 copay Contacts instead of eyeglasses: 100% up to \$120 every 12 months

How to Find a VSP Provider

Visit [vsp.com](https://www.vsp.com), click “FIND A DOCTOR,” and follow the instructions. Or call **800-877-7195**. At your appointment, tell them you have VSP. No ID card is necessary.

Your Life and Accident Insurance

Teamsters Security Fund for Southern Nevada – Hotel and Casino Workers provides the following life and accidental death and dismemberment insurance coverage:

- Active employees: \$25,000
- Dependents of active employees:* \$10,000
- Retirees who have maintained continuous eligibility and are not yet eligible for Medicare: \$10,000

Note that dismemberment coverage may be different from life insurance coverage. Contact Zenith American Solutions for details.

Your Disability Benefit

You’re covered if you become wholly and continuously disabled due to illness or injury and this disability prevents you from working. The benefit is \$250 per week for up to 26 weeks for any one period of disability. This benefit is for active employees only; it is not offered to your dependents.

*Must be listed on the policy.





Your Employee Assistance Program

Your employee assistance program (EAP) is offered through Harmony Healthcare for all members and their immediate families. The program includes two services:

- Mental health and substance abuse treatment
- Counseling for personal and family concerns

Mental Health and Substance Abuse Treatment

If you or a covered family member needs treatment for mental health or substance abuse, you must contact Harmony Healthcare for authorization and use a Harmony Healthcare network provider. If you use a non-network provider, you will pay a much larger share of the cost. The Harmony Healthcare network includes two main clinics and over 220 individual providers throughout the Las Vegas area.

To obtain an authorization and receive a referral to a network provider, call Harmony at **702-251-8000** or **800-363-4874**, available 24/7.

Free, Confidential Counseling for Personal and Family Concerns

The EAP provides up to eight free visits for professional, confidential counseling for you and your immediate family. This counseling can help you and your family manage many of life's stressors, such as:

- Marital and family concerns
- Emotional stress
- Depression/suicidal thoughts
- Substance abuse
- Grief and loss
- Legal/financial difficulties
- Work pressures
- Gambling issues
- Anger management

To schedule an appointment, call Harmony Healthcare at **702-251-8000** or **800-363-4874**, available 24/7.

Questions?

To find out more, visit harmonyhc.com/eap/accounts/teamsters-986. This page also has a link to Harmony's balanced living website, which has great tools to help you with relationships, children, elder care, pets, health, legal problems, personal growth, and more.

