

**INTRODUCTION:**

# 2025 Open Enrollment

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**Via Microsoft Teams**

*August 7, 2025*



# Introduction

**ENROLLMENT PROCESS / DATES**

**PREMIUMS**

**PLAN OVERVIEW / COMPARISONS**

- Medical
- Supplement
- Dental
- Vision

**WEBSITE TOUR**

**Q&A**

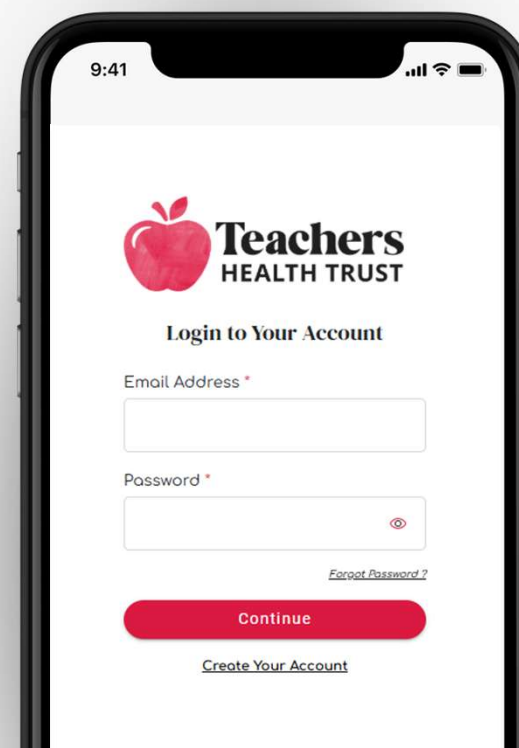
Your THT Team is  
Here For You!



# Enrolling Process & Dates

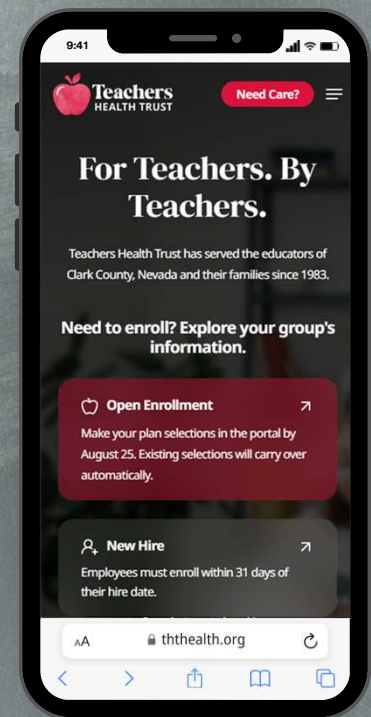
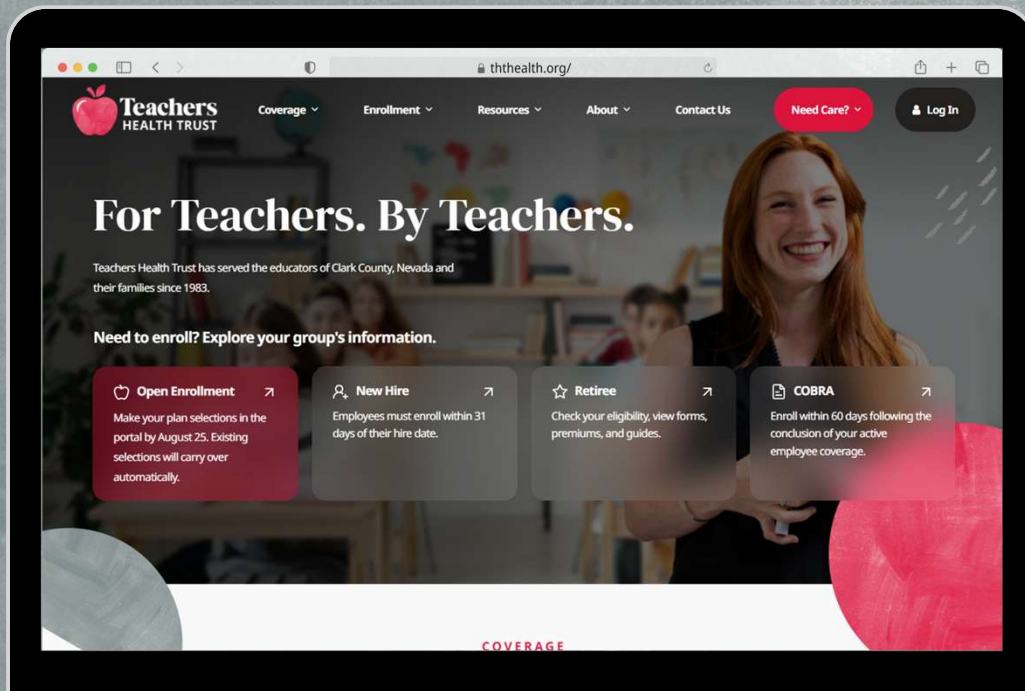
**Make your selections by Aug 17. Refer to your email and the website for all relevant enrollment information.**

- All existing selections and dependents will carry over automatically.
- New selections and dependents are effective October 1.
- If enrolling any eligible dependents, all required documents must also be submitted by August 17.
- You can only add or remove dependents during open enrollment or after a Qualifying Life Event.





*Enroll online at ththealth.org*



# Plan Year Shift to January 1

Previously, THT's plans/deductibles have "reset" on October 1.  
This year, things are a little different.

| Medical Plans | Aug | Sep | Oct               | Nov | Dec | Jan 2026          |
|---------------|-----|-----|-------------------|-----|-----|-------------------|
| Signature     |     |     |                   |     |     | Deductible Resets |
| Advantage     |     |     | Deductible Resets |     |     |                   |

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| Jan 2027          |
|-------------------|
| Deductible Resets |
| Deductible Resets |

| Dental Plans | Aug | Sep | Oct          | Nov | Dec | Jan 2026     |
|--------------|-----|-----|--------------|-----|-----|--------------|
| Dental HMO   |     |     | Limits Reset |     |     | Limits Reset |
| Dental PPO   |     |     | Limits Reset |     |     | Limits Reset |

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| Jan 2027     |
|--------------|
| Limits Reset |
| Limits Reset |

| Vision Plans    | Aug | Sep | Oct | Nov | Dec | Jan 2026     |
|-----------------|-----|-----|-----|-----|-----|--------------|
| Vision Standard |     |     |     |     |     | Limits Reset |
| Vision Plus     |     |     |     |     |     | Limits Reset |

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| Jan 2027     |
|--------------|
| Limits Reset |
| Limits Reset |

# Premiums

**Your premium depends on your plan selection and family size.**

**Full-Time Licensed Employees** | Deducted from 24 payrolls, annually.

| Coverage Level                      | Signature Plan | Advantage Plan | Dental<br>(DHMO / DPPO) | Vision<br>(Standard / Plus) |
|-------------------------------------|----------------|----------------|-------------------------|-----------------------------|
| Subscriber Only*                    | \$15           | \$7.50         | +\$0 / +\$4.50          | +\$0 / +\$6.50              |
| Subscriber + 1*                     | \$125          | \$115          | +\$0 / +\$9             | +\$0 / +\$12.50             |
| Subscriber + 2-4*                   | \$368          | \$247.50       | +\$0 / +\$15            | +\$0 / +\$21.50             |
| Subscriber + 5 or more*             | \$460.50       | \$252.50       | +\$0 / +\$15            | +\$0 / +\$21.50             |
| Two Licensed Employees (Couple)^    | \$0            | \$0            | +\$0 / +\$9             | +\$0 / +\$12.50             |
| Two Licensed Employees + 1-3^       | \$61.50        | \$61.50        | +\$0 / +\$15            | +\$0 / +\$21.50             |
| Two Licensed Employees + 4 or more^ | \$107.50       | \$107.50       | +\$0 / +\$15            | +\$0 / +\$21.50             |

Easily calculate your premium with our online tool at [ththealth.org/premiums](https://ththealth.org/premiums).



# Medical Plans

View all plan information and documents at  
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[ththealth.org/medical](http://ththealth.org/medical)

# Medical Plan Similarities

**The Signature and Advantage Plans have a few things in common.**

- **SAME PROVIDER NETWORKS:** Both plans have access to the same provider networks: the Sierra Health-care Options (SHO) Network for local providers, and the UHC Choice Plus Network for members that travel or reside outside of Nevada.
- **PREVENTIVE CARE:** Both plans cover preventive care at 100%.  
*The deductible does not apply.*
- **NO PROVIDER REFERRALS OR REGISTRATIONS:** Neither plan requires referrals or that you select a primary care provider (PCP).
- **BUNDLED WITH DENTAL AND VISION:** Both plans require enrolling in a dental and vision plan.



# Medical Plan Differences

## **Signature** *(meets J1 requirement)*

### **SET COPAY FOR SELECT SERVICES**

This plan features fixed copayments at the time of service, allowing members to better budget for healthcare expenses.

### **HIGHER PREMIUMS**

Premiums for this plan are higher than the Advantage plan due to having a lower deductible and broader coverage outside of preventive care.

### **FLEXIBLE SAVINGS ACCOUNT (FSA)**

Members of this plan are eligible to open a Flexible Savings Account (FSA), which allows contributing pre-tax money to pay for eligible healthcare costs.

## **Advantage** *(not an HMO)*

### **HIGH DEDUCTIBLE HEALTH PLAN**

Members of this plan must pay for all services until they meet their deductible (except preventive care).

### **LOWER PREMIUMS**

Premiums for this plan are lower than the Signature plan. For members who seldom use medical services, this plan can result in overall cost savings.

### **HEALTH SAVINGS ACCOUNT (HSA)**

Members can contribute pre-tax money to an HSA to pay for medical expenses, including the deductible, and also benefit from tax advantages.

## COMPARISON

|  | Signature (FSA-Eligible)   | Advantage (HSA-Eligible)   |
|--|--|--|
| <b>PLAN YEAR DEDUCTIBLE</b><br>Individual/Family   | \$500/\$1,500  | \$1,650/\$3,300  |
| <b>OUT-OF-POCKET MAXIMUM</b><br>Medical & Pharmacy combined<br><small>Includes deductible, copays, and coinsurance</small>   | \$7,500/\$15,000   | \$7,500/\$15,000   |
| <b>PREVENTIVE CARE</b>   | Plan pays 100%   | Plan pays 100%   |
| <b>PHYSICIAN SERVICES</b><br>Primary Care Physician<br>Behavioral Health Office Visits<br>Physical Therapy<br>Telehealth<br>Specialist<br>Urgent Care/CVS Minute Clinic<br>In-Home Urgent Care | \$15 copay<br>\$10 copay<br>\$10 copay<br>\$0 copay<br>\$30 copay<br>\$30 copay<br>\$0 copay | 20% after deductible<br>20% after deductible<br>20% after deductible<br>20% after deductible<br>20% after deductible<br>20% after deductible<br>\$0 copay after deductible |
| <b>LABWORK</b><br>Outpatient Clinical Lab<br>Hospital Owned Lab<br>All other lab facilities  | \$0 copay <sup>1</sup><br>20% after deductible <sup>2</sup><br>No benefit                    | 20% after deductible<br>20% after deductible<br>20% after deductible   |
| <b>IMAGING</b><br>Diagnostic X-Ray Imaging<br>High Tech Services (CT, MRI, PET)<br>All other imaging facilities  | \$0 copay <sup>3</sup><br>\$0 copay <sup>3</sup><br>No benefit <sup>4</sup>                  | 20% after deductible<br>20% after deductible<br>20% after deductible   |

See full disclaimers at [ththealth.org/medical](http://ththealth.org/medical)

## COMPARISON (cont.)

|  | Signature (FSA-Eligible)   | Advantage (HSA-Eligible)                  |
|--|--|---|
| <b>HOSPITAL SERVICES</b><br>Inpatient & Outpatient   | 20% after deductible   | 20% after deductible                      |
| <b>EMERGENCY ROOM</b>  | \$300 copay for first visit after deductible <sup>5</sup><br>\$750 copay for subsequent visits after deductible <sup>5</sup>   | 20% after deductible                      |
| <b>PHARMACY BENEFITS</b>   | Deductible <b>DOES NOT</b> apply to Pharmacy.  | Deductible <b>DOES</b> apply to Pharmacy. |
| <b>NON-SPECIALTY PRESCRIPTIONS</b> <sup>6,7</sup><br>Tier 1 - Generic <sup>8</sup><br>Tier 2 - Preferred Brand<br>Tier 3 - Non-Preferred Brand<br>Formulary Diabetic Supplies<br>Non-Formulary | Max copay of \$15 per 34-day supply or \$40 per 35+ day supply<br>25% of the cost, max copay of \$100 per 34-day supply or \$300 per 35+ day supply<br>40% of the cost<br>\$0 copay for supplies, max copay of \$20 per 30-day supply of insulin<br>No benefit |   |
| <b>SPECIALTY PRESCRIPTIONS</b> <sup>6</sup><br>Tier 1 - Generic<br>Tier 2 - Preferred Brand<br>Tier 3 - Non-Preferred Brand<br>Non-Formulary   | 25% of the cost, up to \$500 max copay per 30-day supply<br>25% of the cost, up to \$500 max copay per 30-day supply<br>40% of the cost<br>No benefit  |   |

See full disclaimers at [ththealth.org/medical](http://ththealth.org/medical)

# Already Have Insurance?

**THT can reimburse your expenses on your outside plan all at no cost.**

## Spousal Supplement Plan

### **100% REIMBURSEMENT**

THT reimburses all in-network copays, deductibles, and coinsurances for eligible employees covered as dependents on their partner's plan.

### **ADD THE ENTIRE FAMILY**

All dependents covered on your partner's plan are also eligible to be added to this plan.

**Read more at [ththealth.org/supplement](https://ththealth.org/supplement).**

## Hospital Supplement Plan

### **REIMBURSEMENT FOR HOSPITAL STAYS**

THT reimburses up to \$500 for each day of overnight hospitalization or observation period incurring room and board charges, with an annual maximum of \$10,000.

### **DEPENDENTS CANNOT BE ADDED**

Even if your dependents meet the standard eligibility criteria, they cannot be added to this plan.

Dental / vision are optional on these plans. You can keep your primary medical coverage and make THT your primary dental or vision plan. Or waive dental/vision altogether. *Dual District families are ineligible for these plans.* 12



# Dental Plans

View all plan information and documents at  
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[ththealth.org/dental](http://ththealth.org/dental)



# Dental Plan Similarities

The DHMO and DPPO Plans have a few things in common.

- **PREVENTIVE CARE:** Oral Exams, 2 Annual Cleanings, and Routine X-Rays covered at 100%
- **ACCESS TO SPECIALISTS:** Pediatric Dentists, Orthodontists, and Emergency Dental Care
- **COVERAGE FOR MAJOR SERVICES:** Bridges, Crowns, and Dentures
- **NO DEDUCTIBLES:** Neither plan has a deductible for covered, in-network services



# Dental HMO vs. Dental PPO

## Dental HMO

### NO ADDITIONAL PREMIUM

This plan is included with any medical or supplement plan, even if you have dependents.

### SMALLER NETWORK

Members must register with a dentist from the Dental HMO network to receive benefits.

### NO ANNUAL BENEFIT LIMIT

There is no benefit maximum, which means you may save on major services.

### NO ORTHODONTIA LIMITS OR MAXIMUMS

Orthodontia is covered at 60% for all ages, with no lifetime maximum benefit.

## Dental PPO

### ADDITIONAL PREMIUM

Members of this plan will pay an additional premium according to their family size.

### WIDER NETWORK

Members can see any dentist on the Dental PPO network, without needing to register beforehand.

### \$1,500 ANNUAL BENEFIT MAXIMUM

THT pays up to \$1,500 in dental benefits per person, per year. *\*One-time special reset on 10/1/25, and then annually reset on 1/1.*

### ORTHODONTIA LIMITS AND MAXIMUMS

Orthodontia is covered at 100% for members **18 and under only**, up to a lifetime maximum of \$1,000. **15**

## DENTAL PLAN COMPARISON

|  | Dental HMO*  | Dental PPO*  |
|--|--|--|
| <b>DEDUCTIBLE</b><br>Individual/Family   | \$0 / \$0  | \$0 / \$0  |
| <b>MAXIMUM THT PAYS</b><br>Per person, per year  | <i>unlimited</i>   | <i>\$1,500</i>   |
| <b>PREVENTIVE CARE</b><br>Oral Exams<br>Cleanings<br>X-Rays  | THT pays 100%<br>THT pays 100%<br>THT pays 100%                        | THT pays 100%<br>THT pays 100%<br>THT pays 100%              |
| <b>BASIC SERVICES</b><br>Periodontal Services<br>Endodontic Services (Molar / Other)<br>Oral Surgery<br>Fillings | THT pays 100%<br>THT pays 60% / 100%<br>THT pays 60%<br>THT pays 100%  | THT pays 80%<br>THT pays 80%<br>THT pays 80%<br>THT pays 80% |
| <b>MAJOR SERVICES</b><br>Bridges<br>Crowns (inlays / onlays)<br>Dentures (full / partial)                        | THT pays 60%<br>THT pays 60%<br>THT pays 60%                           | THT pays 60%<br>THT pays 60%<br>THT pays 60%                 |
| <b>TMJ APPLIANCE</b>   | THT pays 60%, limit 1 per<br>24 months, no lifetime<br>maximum benefit | THT pays 100%, up to a<br>\$500 lifetime maximum             |

## DENTAL PLAN COMPARISON (cont.)

|                                     | Dental HMO*                               | Dental PPO*  |
|-------------------------------------|---|--|
| ORTHODONTIA SERVICES                | Plan pays 60%,<br>no maximum or age limit | Plan pays 100% up to<br>\$1,000 lifetime maximum,<br>age 18 and under only |
| SEALANTS                            | No age limit                              | 18 and under only<br>(1 treatment per tooth<br>per 24 months)              |
| TEETH WHITENING HOME KITS           | \$165 per arch, 2 Per Year                | No Benefit   |
| ACCESS TO PEDIATRIC & ORTHODONTISTS | Yes                                       | Yes  |
| EMERGENCY CARE COVERAGE             | Yes                                       | Yes  |
| OUT-OF-NETWORK COVERAGE             | No  | Yes  |
| REFERRALS REQUIRED FOR SPECIALISTS  | Yes                                       | No   |
| MUST SELECT A GENERAL DENTIST       | Yes                                       | No   |

*\*The comparison above is only a summary and does not account for all possible procedures and billing codes. For more detailed benefit information, refer to the Patient Charge Schedule (PCS) at [www.ththealth.org/dental/pcs](http://www.ththealth.org/dental/pcs) or call Cigna 24/7 at (800) 564-7642.*



# Vision Plans

View all plan information and documents at  
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[ththealth.org/vision](http://ththealth.org/vision)





# Vision Plan Similarities

The Standard and Plus Plans have a few things in common.

- **COVERAGE FOR VISION MATERIALS AND SERVICES:** Both plans cover exams, frames, lenses, and contacts. The copay and allowance amounts vary slightly between plans.
- **SAME PROVIDER NETWORK:** See any doctor on the VSP network, regardless of which plan you select.



# Vision Plan Differences

## Standard Vision

### **NO ADDITIONAL PREMIUM**

This plan is included with any medical or supplement plan, even if you have dependents.

### **HIGHER OUT-OF-POCKET COSTS**

On this plan, copays tend to be slightly higher, and allowances tend to be slightly lower than the Vision Plus plan.

### **NO EXTRA OR CUSTOMIZABLE BENEFITS**

## Vision Plus

### **ADDITIONAL PREMIUM**

Members of this plan will pay an additional premium according to their family size.

### **RICHER BENEFITS**

On this plan, copays tend to be lower, and allowances tend to be higher than the Standard Vision plan.

### **INCLUDES EXTRA & CUSTOMIZABLE BENEFITS**

*Continued on next slides.*

## VISION PLAN COMPARISON

|  | Standard Vision   | Vision Plus  |
|--|---|--|
| <b>WELLVISION EXAM</b><br>Once Per Plan Year, Including Routine Retinal Screening  | \$20 copay, up to \$39  | \$10 copay, up to \$39   |
| <b>ESSENTIAL MEDICAL EYE CARE EXAMS</b> <sup>1</sup>   | \$20  | \$20   |
| <b>FRAMES FREQUENCY</b>  | Every other plan year   | Every plan year  |
| <b>IN-NETWORK FRAMES ALLOWANCE</b> <sup>2</sup><br>Costco<br>Featured Brands<br>All Other Brands   | \$70 allowance<br>\$150 allowance<br>\$130 allowance                            | \$80 allowance<br>\$170 allowance*<br>\$150 allowance                                |
| <b>LENSES</b><br>Once per Plan Year. Single Vision, Lined Bifocal, or Lined Trifocal Lenses. Impact-resistant Lenses for Children.           | \$0 copay   | \$0 copay  |
| <b>LENS ENHANCEMENTS</b><br>Standard Progressive Lenses<br>Premium Progressive Lenses<br>Custom Progressive Lenses<br>All Other Enhancements | \$0 copay<br>\$95 - \$105 copay<br>\$150- \$175 copay<br>Average savings of 30% | \$0 copay<br>\$95 - \$105 copay *<br>\$150- \$175 copay *<br>Average savings of 30%* |
| <b>CONTACT LENS EXAM</b>   | Up to \$60 copay  | Up to \$60 copay   |
| <b>CONTACTS ALLOWANCE</b> (Instead of Glasses)   | \$120 allowance   | \$150 allowance*   |

See full disclaimers at [ththealth.org/vision](http://ththealth.org/vision)

# Plus Plan “Extras”

The Plus Plan includes extra benefits that are not included in the Standard Plan.

- **VSP EasyOptions:** Vision Plus Members can choose one of these upgrades each plan year:
  - Increase frame or contact lens allowance
  - 100% coverage for one of the following: premium or custom progressive lenses, light-reactive lenses, or anti-glare coating
- **VSP LightCare:** \$250 allowance for ready-made non-prescription sunglasses or blue light filtering glasses, instead of glasses or contacts.

## QUESTIONS OR CONCERNS?

- Visit [ththealth.org](http://ththealth.org) for answers, contact information, and to chat with us via the online member portal.
- Call [\(702\) 794-0272](tel:7027940272) (Some teams are 24/7, THT is option 2 and is open Monday-Friday, 7am-6pm).





# **Teachers**

## **HEALTH TRUST**

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*For Teachers. By Teachers.*