



**Teachers**  
**HEALTH TRUST**

*For Teachers. By Teachers.*

2026

# Benefits Guide

*For Benefits Effective January 1, 2026  
Through December 31, 2026*

**Contact THT:**

**(702) 794-0272**  
**[www.ththealth.org](http://www.ththealth.org)**  
**Monday - Friday**  
**7am - 6pm**



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Navigating health benefits can be tricky. For year-round comprehensive support, contact our benefit teams. *Note: the CCSD benefits department does not manage health plan selections for THT members.*





# How & When to Enroll

THT holds its annual open enrollment in October/November. Read about your options carefully before enrolling. After your enrollment period ends, you will not be able change your benefit elections until the next open enrollment period unless you experience a Qualifying Life Event.



2026 Open Enrollment:  
**October 20 - November 9**

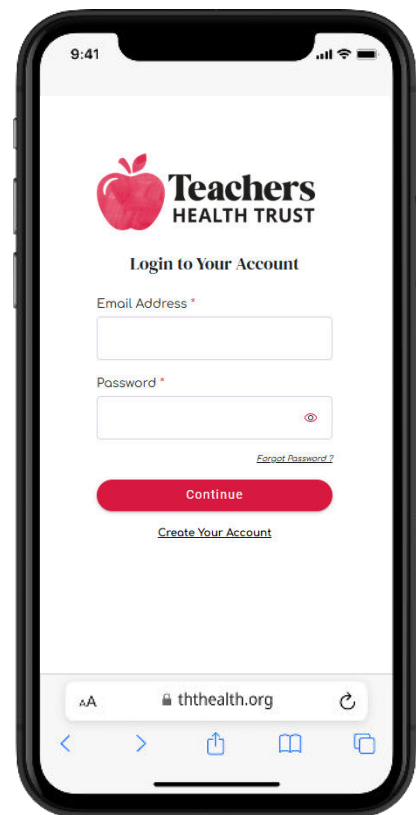
***Are you a new hire?***

Enroll within 31 days of your start date.

## Enrolling is Easy on Desktop and Mobile!

- 1** Enroll online at [members.ththealth.org](https://members.ththealth.org)
- 2** Click *Access the Enrollment portal.*
- 3** Add / remove any dependents
- 4** Select your plans
- 5** Double check your selections and submit

*Upon submitting your selections, you will immediately receive an enrollment summary to the email address on file. Once processed, you will receive a separate confirmation email. Please retain these files for your records and contact us immediately if you have any concerns. Approved selections will take effect January 1, 2026.*



## What if I need to make a change mid-year?

Outside this period, changes are allowed only after a Qualifying Life Event (QLE), such as adding or removing a dependent. You must submit the change and required documents through the THT member portal within 31 days. Benefits take effect the first of the month after the event, except for births or deaths, which take effect on the event date. To learn more about making changes to your plan outside of your new hire/retiree or open enrollment period, refer to page 4 or visit [ththealth.org/enrollment](https://ththealth.org/enrollment).

# Enrollment Policies

## Auto-Enrollment

If you are newly hired and don't make a health benefits selection or waive them within 31 days of your hire date, you will be automatically enrolled in the Signature Medical plan, Dental HMO plan, and the Standard Vision plan. If you are an existing member and do not go through the annual open enrollment period, your selections will carry over, however, your premium will be updated to the current rate.

## Dual District (Married Employees)

THT offers reduced premiums when two active, benefits-eligible, employees from CCSD, participating Charter schools, CCEA, or THT combine health plans. One employee must be designated as the primary policyholder; the other becomes a dependent, enabling both to benefit from the reduced premium. Note: CCSD school administrators, support staff, and police cannot serve as the primary policyholder on a THT plan.

## Making Changes Mid-Year

Due to IRS regulations, you can only change your benefits during the annual open enrollment period and when you experience a Qualified Life Event (QLE). Election changes must be completed through the THT Member Portal within 31 days of the life event, including the upload of any required supporting documentation.

### Qualifying Life Events (QLE) include, but are not limited to:

- Marriage, divorce, legal separation, annulment, death of a spouse.
- Establishing or ending a domestic partnership.
- Birth\*, adoption, placement for adoption, legal guardianship, change in legal custody.
- Loss of other group health coverage.
- Change in your spouse's work status that affects benefit eligibility.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

*\*Note: Newborns are not automatically added to your coverage. You must complete enrollment by the 31st day after birth to ensure coverage.*

## Out-of-Area Benefits

Your medical network access is determined by the ZIP code(s) on file for you and your dependents. **Be sure to update this information in the Member Portal whenever your address changes.** This ensures your claims are processed correctly.

- Members residing in Clark County or Nye County are assigned to the Sierra Healthcare Options (SHO) network.
- Members residing outside of Clark County, are assigned to the United Healthcare Choice Plus network. These members may also utilize the Sierra Healthcare Options (SHO) network if they are ever in Southern Nevada.

Below are the instances when members can access the United Healthcare Choice Plus network even if they reside in Clark County or Nye County. **Prior authorization may be required.** Always confirm coverage with your provider or UMR before scheduling services outside your assigned network.

- The service or procedure is medically necessary and referred by a physician, or
- The service is emergent or urgent

# Eligibility

You are eligible for benefits on the first day of the month following your date of hire\* if you are any of the following:

## Eligible Employees

- Licensed Clark County School District (CCSD) employees on the teacher's salary schedule who are eligible to be represented by the Clark County Education Association (CCEA).  
*\*Note: all July CCSD new hires become eligible for health benefits on September 1.*
- Licensed employees teaching at participating charter schools.
- Employees of CCEA or Teachers Health Trust.
- Active community representatives serving as Trustees on the Teachers Health Trust Board.

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## Eligible Retirees

- Are under 65 years of age.
- Retire from active CCSD employment aged 52 or older on the day of retirement.
- Have been continuously enrolled in a THT medical plan for at least 5 consecutive years prior to retirement.
- Be continuously employed as a CCSD licensed employee since Spring 2014 or earlier (if your employment began after Spring of 2014, you are not eligible for retiree benefits).
- Are eligible for Public Employees' Retirement System (PERS) at the time of retirement.
- Must enroll (or be eligible to postpone enrollment) in the Teachers Health Trust Retiree Plan within 31 calendar days of their loss of active employee coverage.

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## Eligible Dependents & Required Documents

Teachers Health Trust (THT) requires supporting documentation to establish a dependent's eligibility for coverage. THT has the right to request documentation as often as deemed necessary. Failure to provide requested documentation or respond to the Eligibility & Enrollment department within 31 days of enrolling may result in penalty fees or the dependent's coverage being removed or denied.

Social Security numbers must be provided at the time of enrollment for all family members enrolled in THT coverage. Please ensure that all documents from other languages are translated into English.

- **Spouse:** Copy of certified marriage certificate or most recent tax return with a signed affidavit.
- **Registered Domestic Partner:** Copy of a certificate of state registered domestic partnership.
- **Children/Stepchildren up to age 26:** Copy of certified birth certificate which includes one or both of the parents' names, issued by either the state or country of birth. Hospital-issued birth certificates are not accepted. If the dependent is the child of your spouse or domestic partner, you must also submit your marriage certificate or registered domestic partnership certificate, respectively.
- **Adopted Children up to age 26:** Copy of legal adoption papers or placement for adoption (signed by a judge), followed by final adoption papers within 60 days of issuance.
- **Children over 26 with a disability:** Certification of Disabled Dependent Child Form (completed by primary participant and child's physician).

**Need to make a change?** To learn more about making changes to your plan outside of your new hire/retiree or open enrollment period, refer to page 4 or [ththealth.org/enrollment](http://ththealth.org/enrollment).

Read more about the  
eligibility & enrollment:  
[ththealth.org/enrollment](http://ththealth.org/enrollment)



# Premiums

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

Coverage Level	Signature Plan	Advantage Plan	Dental (DHMO / DPPO)	Vision (Standard / Plus)
Subscriber Only*	\$15	\$7.50	+\$0 / +\$4.50	+\$0 / +\$6.50
Subscriber + Child*	\$125	\$115	+\$0 / +\$9	+\$0 / +\$12.50
Subscriber + Children*	\$314.50	\$230.50	+\$0 / +\$15	+\$0 / +\$21.50
Subscriber + Spouse*	\$125	\$115	+\$0 / +\$9	+\$0 / +\$12.50
Subscriber + Family*	\$368	\$247.50	+\$0 / +\$15	+\$0 / +\$21.50
Two Licensed Employees^	\$0	\$0	+\$0 / +\$9	+\$0 / +\$12.50
Two Licensed Employees + Child(ren)^	\$61.50	\$61.50	+\$0 / +\$15	+\$0 / +\$21.50

\*If you are a Shared Contract Employee: add \$224.80 to Full-time licensed employees per-paycheck rate.

^If one partner and/or the other is not a Full-Time Licensed Employee,

find the appropriate combination to the right & add the amount shown to the Dual District rate.

- Licensed & Administrator: + \$0
- Licensed & Support: + \$43.16
- Licensed & Police: + \$37.15
- Licensed & Shared Contract: + \$224.80
- Shared Contract & Administrator: + \$224.80
- Shared Contract & Support: + \$267.96
- Shared Contract & Police: + \$261.95
- Shared Contract & Shared Contract: + \$449.60

Use our interactive premium calculator!



[ththealth.org/premiums](http://ththealth.org/premiums)

## COBRA Premiums | 12 payments, annually.

Coverage Level	Signature Plan	Advantage Plan	Dental (DHMO / DPPO)	Vision (Standard / Plus)
Subscriber Only*	\$700.59	\$612.67	+\$0 / +\$12.99	+\$0 / +\$5.49
Subscriber + 1*	\$1,029.86	\$902.38	+\$0 / +\$24.68	+\$0 / +\$10.56
Subscriber + 2-4*	\$1,408.41	\$1,236.97	+\$0 / +\$43.24	+\$0 / +\$18.17

## Retiree Premiums

As a retiree, your medical premium is partially subsidized based on your years of service as an active CCSD teacher and the number of unused sick days you had when you retired. Please visit [ththealth.org/retirees](http://ththealth.org/retirees) for more information on retiree plans and premiums.

# Medical Plans

	Signature	Advantage
<b>PLAN YEAR DEDUCTIBLE</b> Individual/Family	\$500/\$1,500	\$500/\$1,500
<b>OUT-OF-POCKET MAXIMUM</b> Medical & Pharmacy combined Includes deductible, copays, and coinsurance	\$7,500/\$15,000	\$10,600/\$21,200
<b>HEALTH INVESTMENT SERVICES</b>	For a list of "Health Investment" providers, visit <a href="http://ththealth.org/health-investment">ththealth.org/health-investment</a> .	
Primary Care	\$0 copay	\$0 copay
Pediatric	\$0 copay	\$0 copay
Physical Therapy	\$0 copay	\$0 copay
Endocrinology	\$0 copay	\$0 copay
Oncology	\$0 copay	\$0 copay
Hematology	\$0 copay	\$0 copay
Talk Therapy	\$0 copay	\$0 copay
MDLive <i>(Virtual Care: primary care, urgent care, therapy, psychiatry, dermatology)</i>	\$0 copay	\$0 copay
In-home Urgent Care <i>(Doctoroo / IncrediCare)</i>	\$0 copay	\$0 copay
Dermatology	\$30 copay	\$30 copay
Cardiology	\$30 copay	\$30 copay
Neuropsych/ASD Assessments	\$100 copay	\$100 copay
ABA Therapy	See rates at <a href="http://ththealth.org/autism">ththealth.org/autism</a>	See rates at <a href="http://ththealth.org/autism">ththealth.org/autism</a>
<b>PHYSICIAN SERVICES</b>	For a list of all other providers, visit <a href="http://ththealth.org/care">ththealth.org/care</a> .	
Primary Care Physician	\$15 copay	20% after deductible
Behavioral Health Office Visits	\$10 copay	20% after deductible
Physical Therapy	\$10 copay	20% after deductible
Telehealth	\$0 copay	20% after deductible
Specialist	\$30 copay	20% after deductible
Urgent Care/CVS Minute Clinic	\$30 copay	\$30 copay
<b>LABWORK</b>		
Outpatient Clinical Lab	\$0 copay <sup>1</sup>	\$0 copay <sup>1</sup>
Hospital Owned Lab	20% after deductible	20% after deductible
All other lab facilities	No benefit	No benefit
<b>IMAGING</b>		
Diagnostic X-Ray Imaging	\$0 copay <sup>2</sup>	\$0 copay <sup>2</sup>
High Tech Services (CT, MRI, PET)	\$0 copay	\$0 copay
All other imaging facilities	No benefit	No benefit
<b>HOSPITAL SERVICES</b>		
Inpatient & Outpatient	20% after deductible	20% after deductible
<b>EMERGENCY ROOM</b> (Copay waived if admitted)	\$300 copay (after deductible) for first visit + 20% doctor bills. \$750 copay (after deductible) for subsequent visits + 20% doctor bills.	\$300 copay (after deductible) for first visit + 20% doctor bills. \$750 copay (after deductible) for subsequent visits + 20% doctor bills.
<b>OFFERS LOCAL COVERAGE</b>	Yes, all subscribers and dependents can use doctors local to their residence in the USA.	
<b>COVERAGE FSA / HSA ELIGIBILITY</b>	Eligible for FSA only (Flexible Spending Account). See page 18 for more info.	
<b>COVERAGE OUTSIDE LOCAL AREA</b>	Emergency and Urgent Care only (subject to member responsibility as listed above).	
<b>INTERNATIONAL COVERAGE</b>	Emergency Care only (subject to member responsibility as listed above). Member must submit bills/receipts to UMR for direct reimbursement.	
<b>REFERRALS REQUIRED?</b>	No, THT never require referrals. However, some providers may prefer a referral.	

1. Members must utilize Quest Diagnostics to receive the \$0 copay. Any costs incurred by lab work performed by providers other than Quest will be the member's full responsibility. Services not available at Quest Diagnostics will have a \$0 copay at a SHO Network laboratory.

2. Members residing in Clark County must utilize Steinberg Diagnostic Medical Imaging to receive the \$0 copay. Any costs incurred by imaging services performed by providers other than SDMI will be the member's full responsibility, except in cases where Steinberg Diagnostic cannot perform the service or out of extreme medical necessity. Services not available at Steinberg Diagnostics will be 20% after deductible.

# ● Pharmacy Information

## Premier Retail & Mail Order Pharmacies

Fill your prescriptions at any THT Premier Pharmacy or through retail mail order for the lowest cost and to avoid additional Choice Fees. Prescriptions filled outside the Premier Pharmacy Network will be subject to a Choice Fee.



## Non-Premier Pharmacies

Prescriptions filled at pharmacies other than the Premier pharmacies listed above incur additional choice fees. Retail prescriptions filled at CVS and Walgreens, will incur the additional Choice Fees outlined below. Prescriptions filled at all other pharmacies incur an additional \$10 Choice Fee per prescription.

## Prescription Copays for Signature and Advantage (deductible does not apply)

Non-Specialty Prescription Drug Benefits <sup>1</sup>	Premier Pharmacies (See list above) <sup>2</sup>	CVS/Walgreens	All Other Pharmacies
<b>Tier 1 — Generic</b>			
1-34 day supply	\$15 copay <sup>2</sup>	\$15 copay <sup>2</sup> (+\$25 Choice Fee)	\$15 copay <sup>2</sup> (+\$25 Choice Fee)
35-90 day supply	\$40 copay <sup>2</sup>	\$40 copay <sup>2</sup> (+\$25 Choice Fee)	\$40 Copay <sup>2</sup> (+\$10 Choice Fee)
<b>Tier 2 — Preferred Formulary Brand</b>			
1-34 day supply	25% of the cost, copay max of \$100	25% of the cost, copay max of \$100 (+\$32 Choice Fee)	25% of the cost, up to \$100 (+\$10 Choice Fee)
35-90 day supply	25% of the cost, copay max of \$300	25% of the cost, copay max of \$300 (+\$32 Choice Fee)	25% of the cost, up to \$300 (+\$10 Choice Fee)
<b>Tier 3 — Non-Preferred Formulary Brand</b>	40% of the cost	40% of the cost (+\$36 Choice Fee)	40% of the cost (+\$10 Choice Fee)
Specialty Prescription Drug Benefits <sup>3</sup>	Mail-Order Pharmacies (See list above) <sup>2</sup>	CVS/Walgreens	All Other Pharmacies
Tier 1 — Generic	25% of the cost, up to \$500 max copay	Unlikely to be available. If available, fees will apply.	Unlikely to be available. If available, fees will apply.
Tier 2 — Preferred Formulary Brand	25% of the cost, up to \$500 max copay		
Tier 3 — Non-Preferred Brand	40% of the cost		

(1) Select products are eligible for a coinsurance assistance program. There is no copay for these products and they do not accumulate toward the out-of-pocket maximum. For more information contact THT at 702-794-0272, Option 1. (2) If the generic cost of the medication is less than the copay, the individual will be responsible for that lesser amount. (3) For more information about this service, please contact CerpassRX at 844-622-1797.



# Which Medications Are Covered

The list of all the medications covered is called the formulary. CerpassRx manages THT's formulary and recommends updates every six months as new medications appear on the market. Use the online formulary to determine which medications are covered and at what tier. For all non-covered medications, a list of covered alternatives is available. Consult with your provider to see if these covered alternatives may be right for you.

## Generic vs. Brand Medications

You won't find many differences, except for names and prices. The manufacturer assigns a brand name, while a generic drug uses the chemical name; both products have the same active ingredients, strength and dosage form, such as liquid or pill.

### Online Formulary



[ththealth.org/formulary](http://ththealth.org/formulary)

## Prior Authorizations

Prior authorization encourages safe, cost-effective medication use by allowing coverage when certain conditions are met. Prior Authorizations in most cases are approved for a specific time period and may be subject to continuous evaluation. Your doctor can request a Prior Authorization form from CerpassRx by calling the toll-free number **(844) 622-1797** to have a form sent by electronic fax. The member and prescriber will receive a letter confirmation of the outcome. If approved, the CerpassRx team will reach out to your pharmacy for reprocessing.

## \$0 MEDICATION PROGRAM

Select medications are available with a \$0 copay after completing enrollment and filling prescriptions at one of our partnered pharmacies. This means you can access the medications you need without any out-of-pocket expense.

Read full program details and review the current list of qualified medications at:

[ththealth.org/pharmacy#savings](http://ththealth.org/pharmacy#savings)

**Eligible members will see this banner in the THT Member Portal. Complete the form to start saving money!**



**Action Required:** [Complete the \\$0 Medication Program Enrollment Form](#) for you and / or your dependent(s).

## LOWER OR ELIMINATE YOUR PRESCRIPTION COPAY

All high-cost medications (exceeding \$1,000 for a 30-day supply or \$2,000 for a 90-day supply) require prior authorization from CerpassRx and routing through the Pharmacy Optimization Program (POP). If your medication rejects at the pharmacy, we encourage you to call CerpassRx's POP team at **(888) 902-5333** for 24/7 assistance.

### PHARMACY OPTIMIZATION PROGRAM OFFERS:

- **Patient Assistance Program** - Prescription assistance that is offered by pharmaceutical companies to provide free or discounted medications to people who cannot afford them.+
- **Coupons and Copay Cards** - These are provided by the pharmaceutical companies to help members afford expensive medications by reducing the out-of-pocket costs.
- **International Filling Options** - We direct members to a trusted organization that can supply the medication from an international pharmacy at a significantly discounted rate to the plan and FREE to the member.

# Dental Plans

## BENEFITS COMPARISON

	Dental HMO*	Dental PPO
<b>DEDUCTIBLE</b> Individual/Family	\$0 / \$0	\$0 / \$0
<b>MAXIMUM THT PAYS</b> Per person, per year	<i>unlimited</i>	\$1,500
<b>PREVENTIVE CARE</b> Oral Exams Cleanings X-Rays	THT pays 100% THT pays 100% THT pays 100%	THT pays 100% THT pays 100% THT pays 100%
<b>BASIC SERVICES</b> Periodontal Services Endodontic Services (Molar / Other) Oral Surgery Fillings	THT pays 100% THT pays 60% / 100% THT pays 60% THT pays 100%	THT pays 80% THT pays 80% THT pays 80% THT pays 80%
<b>MAJOR SERVICES</b> Bridges Crowns (inlays / onlays) Dentures (full / partial)	THT pays 60% THT pays 60% THT pays 60%	THT pays 60% THT pays 60% THT pays 60%
<b>TMJ APPLIANCE</b>	THT pays 60%, limit 1 per 24 months, no lifetime maximum benefit	THT pays 100%, up to a \$500 lifetime maximum
<b>ORTHODONTIA SERVICES</b>	Plan pays 60%, no maximum or age limit	Plan pays 100% up to \$1,000 lifetime maximum, age 18 and under only
<b>SEALANTS</b>	No age limit	18 and under only (1 treatment per tooth per 24 months)
<b>TEETH WHITENING HOME KITS</b>	\$165 per arch, 2 Per Year	No Benefit
<b>ACCESS TO PEDIATRIC &amp; ORTHODONTISTS</b>	Yes	Yes
<b>EMERGENCY CARE COVERAGE</b>	Yes	Yes
<b>OUT-OF-NETWORK COVERAGE</b>	No	Yes
<b>REFERRALS REQUIRED FOR SPECIALISTS</b>	Yes	No
<b>MUST SELECT A GENERAL DENTIST</b>	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.

## Dental PPO Premiums

The Dental HMO plan is included for all enrolled members at no additional cost. Members who opt for the Dental PPO plan will pay the rates shown to the right according to their family size.

Coverage Level	Active Employee (per paycheck)	COBRA (per month)	Retirees (per month)
Subscriber Only	\$4.50	\$12.99	\$10.32
Subscriber + 1	\$9	\$24.68	\$19.60
Subscriber + 2 or more	\$15	\$43.24	\$34.35

## Did you know?

Over half of the providers that accept DPPO also accept DHMO. You might be able to lower your premiums and out-of-pocket dental costs by switching to the DHMO while keeping your same provider!

Read more about the dental plans and benefits:  
[ththealth.org/dental](http://ththealth.org/dental)



# Vision Plans

THT offers two vision plans. The Standard Vision plan is included with all medical and supplement plans at no extra cost. The Vision Plus plan has an additional premium and offers richer benefits.

## BENEFITS COMPARISON

	Standard Vision	Vision Plus
<b>WELLVISION EXAM</b> 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 OR CONTACTS FREQUENCY</b>	Every other plan year	Every plan year
<b>IN-NETWORK FRAMES ALLOWANCE</b> <sup>2</sup> Costco Featured Brands All Other Brands	\$70 allowance \$150 allowance \$130 allowance	\$80 allowance \$170 allowance* \$150 allowance*
<b>LENSES</b> 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> Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses All Other Enhancements	\$0 copay \$95 - \$105 copay \$150- \$175 copay Average savings of 30%	\$0 copay \$95 - \$105 copay* \$150- \$175 copay* 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*

<sup>1</sup> Retinal imaging for members with diabetes covered-in-full. Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed.

<sup>2</sup> Coverage with a retail chain may be different or not apply. Receive 20% savings on the amount over your allowance. The savings is based on doctor's retail price and may vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

<sup>3</sup> Only available to members with applicable plan benefits. Frame brands and promotions are subject to change.

**\*VSP EASYOPTIONS:** Vision Plus Members can **choose one** of these upgrades each plan year:

- Increase frame allowance to \$250
- Fully covered premium or custom progressive lenses
- Fully covered light-reactive lenses
- Fully covered anti-glare coating
- Increase contact lens allowance to \$200

**VSP LIGHTCARE:** In place of prescription glasses or contacts, receive up to a \$250 allowance for ready-made non-prescription sunglasses or blue light filtering glasses.

## Additional Savings:

Check out [vsp.com/offers](https://vsp.com/offers) for additional savings on additional pairs of glasses / sunglasses, laser vision correction, contact lens rebates, and digital hearing aids.

Read more about the vision plans and benefits:  
[ththealth.org/vision](https://ththealth.org/vision)



## Vision Plus Premiums

The Standard Vision plan is included for all enrolled members at no additional cost. Members who opt for the Vision Plus plan will pay the rates shown to the right according to their family size.

Coverage Level	Active Employee (per paycheck)	COBRA (per month)	Retirees (per month)
Subscriber Only	\$6.50	\$5.49	\$13
Subscriber + 1	\$12.50	\$10.56	\$25
Subscriber + 2 or more	\$21.50	\$18.17	\$43

# Already Have Insurance?

## Our supplemental plans enhance your coverage at no extra cost!

If you want to keep your current coverage under your spouse's or another plan, our two supplemental plans provide **additional benefits at no extra cost to you**. Supplemental plans are designed to complement your existing health coverage by reimbursing eligible expenses. They are not standalone medical plans or secondary insurance plans, but rather direct reimbursements from THT. Members on these plans can opt out of, or select a dental and/or vision plan (additional premium may apply).

### Spousal Supplement Plan

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

**Eligibility:** All active/suspended employees and COBRA participants (including their dependents) covered as dependents on their partner's insurance (excluding THT or CCSD plans) are eligible. Retirees are not eligible.

#### Required Enrollment Documents

1. Certificate of Coverage (COC) from Spouse's insurer OR signed form attesting that the spouse's plan is not a High-Deductible Health Plan (HDHP)
2. Primary insurance ID card
3. Marriage certificate
4. Children's birth certificates (if applicable)

#### Reimbursement Process

1. Submit Explanation of Benefits (EOBs) and pharmacy receipts in the THT Member Portal within 180 days of the issued date on the EOB.
2. THT will verify and send reimbursement for all eligible expenses within 60 days.

### Hospital Supplement Plan

THT reimburses up to **\$500** for each day services incurred at eligible facilities: hospitals/ERs, rehabilitation, skilled nursing, mental health/substance abuse, hospice, ambulatory surgery centers, and dialysis centers, with an **annual maximum of \$10,000**.

**Eligibility:** All active/suspended employees and COBRA participants (including their dependents) are eligible. Retirees are not eligible.

#### Hospital Reimbursement process

1. Submit entire EOBs to THT within 12 months of discharge date via the Member Portal.
2. THT will verify & send eligible reimbursements within 60 business days.

### How can I enroll?

Select either supplement plan during Open Enrollment and we will send you necessary documents so that you can enroll with your partner's plan with no gap in coverage. You must enroll with your partner's plan within 30 days of your THT coverage terminating.

## Supplement Plan Premiums

Employee Type	Spousal	Hospital	Optional Dental	Optional Vision
Active / Suspended Employee	\$0	\$0	Waive Dental or select DHMO for \$0. Refer to page 10 for DPHO rates.	Waive Vision or select Standard for \$0. Refer to page 11 for Plus rates.
COBRA (monthly)	\$752	\$752		



# Life Insurance

Teachers Health Trust provides basic life insurance to all benefits-eligible employees and enrolled retirees at no cost through [Lincoln Financial Group](https://www.lincolntf.com). View all benefit information at [ththealth.org/life](https://ththealth.org/life).

## What is the Benefit?

Active employees have a \$50,000 basic life insurance benefit. Retirees have a \$10,000 basic life insurance benefit. Benefits are payable no matter the manner or cause of death. If you leave THT, Lincoln Financial Group will mail out a conversion portability packet and you can apply to convert the coverage within 31 days post-termination of active benefits.

## What is a Beneficiary?

A life insurance beneficiary is an individual, entity, trustee, or estate named by the policy owner to collect the death benefit proceeds upon the insured's passing. There are two types of beneficiaries:

- **Primary beneficiary:** The first one in line to collect the death benefit upon the insured's death.
- **Contingent beneficiary:** Also known as a secondary beneficiary, is the second one in line to collect the benefit if the primary beneficiary is deceased.



Read more about the life insurance & other benefits from Lincoln Financial Group:  
[ththealth.org/life](https://ththealth.org/life)

## Designate, View, & Update Your Beneficiaries

Please be sure to keep your beneficiary designations up to date in the [THT member portal](https://ththealth.org/life).

- Log in at [members.ththealth.org](https://members.ththealth.org) and select "View/Edit Beneficiaries".
- To update a current beneficiary's contact information or share percentage, edit the necessary fields and click "Save Changes". Make your necessary changes and click "Update".
- To add a new beneficiary, reduce the percentage share(s) of the current beneficiaries so the total is less than 100% and click "Add New Primary/Contingent Beneficiary".
  - Enter the name, personal information, address, phone number, and percentage for each beneficiary.
  - Click "Save Changes"

## File a Claim

If you are a beneficiary and need to file a claim, submit a Death Certificate to Teachers Health Trust via email or mail, or drop it off at our office.



2950 E Rochelle Ave, Las Vegas, NV 89121



[connect@ththealth.org](mailto:connect@ththealth.org)

## Additional Benefits | FROM LINCOLN FINANCIAL GROUP

### For Beneficiaries:

- **FuneralPrep** offers online resources for both at-need and pre-planning funeral arrangements, reducing stress during emotional times.
- **LifeKeys** provides grief counseling, legal support, financial services, and assistance with everyday life challenges, accessible through various channels such as web, mobile app, or phone.

### For Enrollees & Their Dependents:

- **TravelConnect**, a travel assistance program, provides 24/7 support for emergency situations when you are 100 or more miles from home, offering services like medical evacuation, travel arrangements for companions and dependents, and assistance with natural disaster evacuations or security threats.

# Labwork and Imaging

## Quest Diagnostics

**For all members in Clark and Nye County,** Quest Diagnostics is our exclusive partner for lab services. Members have a \$0 copay for covered lab services provided by Quest Diagnostics.

Please ensure your provider only sends your labs to Quest. Any costs incurred by lab work performed by providers other than Quest will be the member's full responsibility.

**Out-of-Area:** Members pay 20% coinsurance (unless you live more than 25 miles from a Quest) at in-network labs, other than preventive services which are covered at 100%.

**Covered Laboratory Tests** (with a referral from your provider):

The following laboratory tests are covered at 100% when ordered by your provider.

- CBC (Complete Blood Count with Differential)
- CMP (Comprehensive Metabolic Panel)
- Lipid panel (Cholesterol/LDL/HDL/Triglycerides)
- TSH (Highly Sensitive Thyroid-Stimulating Hormone)

### Labwork:

**Quest Diagnostics**

[www.questdiagnostics.com](http://www.questdiagnostics.com)



The following screenings are allowed one time per year for high-risk individuals:

- Hepatitis B screening
- Hepatitis C screening
- HIV screening
- Syphilis screening

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## Steinberg Diagnostic Medical Imaging (SDMI)

**For Signature & Advantage members in Clark and Nye County,** Steinberg Diagnostic Medical Imaging is our exclusive provider for all imaging services. Members have a \$0 copay for covered imaging services provided by SDMI.

**Out-of-Area Signature & Advantage Members:** Members pay 20% coinsurance after deductible at in-network imaging facilities, other than preventive services which are covered at 100%.

**Covered Imaging Services** (with a referral from your provider):

- Mammogram: 3D Mammography, Breast Biopsy (including Stereotactic Breast Bx), Breast MRI, Breast Ultrasound
- Fetal MRI, OB Ultrasound
- DEXA Scan
- Fluoroscopy
- LDCT: Screenings for high-risk seniors for lung cancer
- Interventional Radiology:
  - Includes placing chest & arm ports, drainage catheters, needle biopsy/bone biopsy
  - Vertebroplasty & Kyphoplasty (treats compression fractures)
  - IVC Filter placements & removals (prevents blood clots from traveling to heart and lungs)
  - Nephrology image guided procedures

### Imaging:

**Steinberg Medical  
Diagnostic Imaging**

[www.sdmi-lv.com](http://www.sdmi-lv.com)



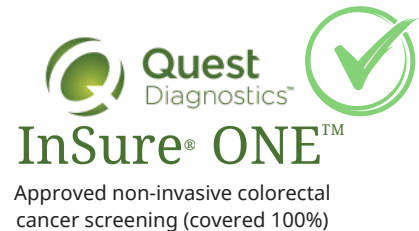
- MRI
- CT
- PET Scan
- Nuclear Medicine
- X-Ray
- Ultrasounds

# Preventive Care & Other Programs

Preventive care is covered at 100% for Advantage and Signature plan members when performed by an in-network provider.\* Preventive care services vary by age and gender, so we encourage speaking with your provider to determine which are recommended for you and your family. For more information, please call (702) 794-0272 and follow the prompts for UMR medical benefits or visit [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/).

## Annual Preventive Services Covered at 100%

- Physical examinations
- Pelvic examinations and pap smears
- Hearing and vision screenings
- Mammograms
- Cardiovascular screening blood tests
- Colorectal cancer screening tests (**Cologuard is currently excluded** for THT members. If opting for a non-invasive screening, THT members must use Quest to receive the \$0 benefit.)
- Vaccinations and immunizations recommended by your physician
- BRCA1 and BRCA2 when medically indicated
- Prostate cancer screening (digital rectal examination)
- Nutritional Counseling



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## Health Education & Wellness Programs

We offer health education and wellness programs at no cost to you and your family designed to support and educate our subscribers and their dependents on reducing the risks when managing or preventing chronic diseases. We encourage you to enroll by calling 702-877-5356 or 800-720-7253 (toll free).

- |                       |                 |                     |             |
|-----------------------|-----------------|---------------------|-------------|
| • Pre-diabetes        | • Heart health  | • Tobacco cessation | • Asthma    |
| • Diabetes Type 1 & 2 | • Kidney health | • Weight management | • Nutrition |

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## Health Improvement Benefit

THT provides a Health Improvement Benefit to employees enrolled in either medical plan or supplement plans. This benefit covers up to \$50 per plan year for specified health improvement programs and activities:

- Health club memberships
- Personal Training
- Tobacco prevention counseling and education
- Weight management support groups

Claims and itemized receipts must be submitted within six (6) months of receipt date. To download the form, visit [ththealth.org/forms](http://ththealth.org/forms). The Health Improvement Benefit is not available to dependents unless the dependent is also a benefit eligible employee.

# ● Seeking Medical Care

When you're feeling under the weather, it can be stressful to choose the right care at the right time. If you are experiencing a true medical emergency, please call 911 or head to the nearest emergency room.

## 24/7 Nurse Line - (866) 232-4490

**\$0 copay for Signature and Advantage members.**

Call our registered nurse line, free of charge, for medical advice or guidance on if/where to seek medical care.

## Find a Provider or Facility

Click the red "Find Care" button at [ththealth.org](http://ththealth.org) or call 855-858-6860 any time.

Find Care

## TeleHealth

**\$0 copay for Signature and Advantage members.**

In addition to virtual urgent care, MDLive offers talk therapy, psychiatry, primary care, and dermatology. Learn more on [mdlive.com](http://mdlive.com) and [download the app](#) to get started.

MDLIVE®



## "Health Investment" Providers

**\$0 - \$30 Copay for covered services.**

THT partners with providers dedicated to our teachers' health and well-being, including primary care, specialists, and behavioral health (pediatrics included). They offer expedited appointments for THT members. View the growing provider list at [ththealth.org/health-investment](http://ththealth.org/health-investment).



## Primary Care & Specialists

**Signature: \$10 copay for sick visits, \$30 copay for specialist visits. Advantage: 20% after deductible.**

Having an established provider allows you the possibility to see a provider within a smaller window of time for any of your acute illnesses. It is recommended for everyone to have a preventative care visit yearly.

## Traditional Urgent Care

**\$30 copay for Signature and Advantage members.**

In-network urgent care facilities provide cost-effective care for most non-life-threatening conditions. Ensure the building's exterior displays "Urgent". If it shows "Emergency", it is likely subject to higher costs.

- **24/7 Urgent Care:** located in the Southwest Medical building at 888 S Rancho Dr, Las Vegas, NV 89106 (Rancho & Charleston) 702-877-5199
- **Orthopedic Urgent Care:** Nevada Orthopedic and Spine Center's Fast Track Clinics treat bone, joint, or muscle injury that occurred in the past few days.

## In-Home Urgent Care

**\$0 copay for Signature and Advantage members.**

Urgent care that comes right to your home! Same day or next day appointments are available 365 days a year.



**Doctoroo**  
(888) 888-9930  
[doctoroo.com](http://doctoroo.com)



**IncrediCare Pediatrics**  
(725) 867-8144  
[incredicarepediatrics.com](http://incredicarepediatrics.com)

## Emergency Room

**20% of the doctor bill plus copay (\$300 copay for first visit, \$750 copay for subsequent visits).**

For life-threatening conditions such as heart attacks, strokes, and accidents, the emergency room can be a lifesaver. Most other less-threatening conditions, however, can be treated quicker and cheaper through other mediums of care. Emergency rooms accept THT, but your costs will be much higher than other modes of care. In 2023, THT members saved an average of \$620 out-of-pocket by choosing an urgent care over an emergency room.



# Behavioral Health Resources

Seeking behavioral health is just as essential as seeing a provider when you don't feel well. You can utilize mental health for short-term struggles or long-term needs.

## Teletherapy

***\$0 copay for Signature and Advantage members.***

MDLive offers traditional therapy and psychiatry via phone call or video call. This is available at no cost for all Signature and Advantage plan members. Simply download the [MDLive app](#) or visit [mdlive.com](#) to get started.

**MDLIVE**



## CCSD Employee Assistance Program (EAP)

***Free Behavioral Health Visits (virtual or in-person).***

CCSD employees and their family/household members each have a total of 5 free visits per year, even if they are not enrolled dependents on your THT plan. The 5 available visits reset each year on January 1. Open an EAP case by calling (702) 243-4682 or visiting [bhoptions.eapintake.com](#) (select "SHO" as the insurance type). After opening your case, you can speak with a trained specialist, and get connected with a local provider that specializes in your needs. The specialist can also schedule your first appointment on your behalf.

**More resources online!**

*Visit our website to learn more about EAP & more Behavioral Health Resources.*



[ththealth.org/resources/behavioralhealth](http://ththealth.org/resources/behavioralhealth)

## Traditional Therapy

***Signature: \$10 copay. Advantage: 20% after deductible.***

The Behavioral Health line can help find an in-network provider that specializes in your needs. There is no online provider directory at this time. Call [\(800\) 878-6266](#) to speak to a trained specialist. This line is available 24/7 and the specialists can schedule appointments on your behalf.

## "Health Investment" Providers

***\$0 copay for covered services.***

THT partners with providers dedicated to our teachers' health and well-being. Behavioral health providers, including neuropsychological assessment options\*, are offering expedited appointments for THT members. View the growing provider list at [ththealth.org/health-investment](http://ththealth.org/health-investment). \*Note: neuropsychological assessments incur a \$100 copay (Advantage members must meet deductible).



## Free Concierge Appointment Assistance

Teachers Health Trust members looking for behavioral health services have free, exclusive access to the Concierge Assistance Program. When you call (800) 878-6266, the customer service team will obtain your availability and schedule an appointment with a behavioral health provider who meets your needs.

## Behavioral Health Care Management

Our compassionate team of case managers, social workers, and care coordinators are here to provide support and assist members with mental health and substance use issues. These complimentary services are available to improve care communication and promote health. To get started or to find out more, email us at [BHCM@uhc.com](mailto:BHCM@uhc.com).

# Tax-Free Savings Accounts for Healthcare Expenses

**THT-eligible employees may also be eligible for a Flexible Spending Account (FSA) as determined by their employer.**

A **Flexible Spending Account (FSA)** is an employer account that allows employees to make pre-tax contributions and reimburse themselves for eligible medical expenses.

**Eligible Expenses:** FSAs can be used for a variety of medical, dental, and vision expenses as determined by the IRS. This can include deductibles, copayments, prescription medications, and even some over-the-counter products. Please save your receipts and other supporting documentation.

**Unused Funds:** Depending on your employer's plan, some FSAs allow you to roll over a certain amount of unused funds to the next year.

For more information and to open your FSA, contact **American Fidelity** at **702-433-5333** or **AFES-LasVegas@americanfidelity.com**

## **Attention: HSA Account Holders**

Beginning **January 1, 2026**, THT medical plans will no longer be eligible for Health Savings Account (HSA) contributions.

If you currently contribute to an HSA tied to your THT Advantage Plan, please note that **all contributions must be made by December 31, 2025**.

Unlike an FSA, HSA funds do not follow a “use-it-or-lose-it” rule. Any unused balance automatically rolls over each year and remains available for future qualified expenses, even if you change jobs or retire.

# Contact Information

It is important to us that you receive the best service possible and have access to the information you need, when you need it. To enhance your experience, we've established your direct connection to the teams responsible for managing the claims and networks related to each of your benefits.



## Teachers Health Trust

[www.ththealth.org](http://www.ththealth.org)  
702-794-0272 (opt 2)  
Mon - Fri, 7am - 6pm  
Closed major holidays

- Get help with eligibility, enrollment, & premium questions.
- Have THT advocate for you if you have an issues resolving your concerns with the teams below.



## Medical

[www.umar.com](http://www.umar.com)  
1-855-6860  
Full service, 24/7  
Closed major holidays

- Get help with claims, benefits, or finding a provider.
- Access appointment scheduling assistance.
- Use the UMR portal to access digital ID cards & EOBs.



## Behavioral Health

[www.bhoptions.com](http://www.bhoptions.com)  
1-800-878-6266  
Mon - Fri, 8am - 5pm  
Closed major holidays

- Get help with finding an in-network provider.
- Access free concierge appointment assistance.



## Dental

[www.cigna.com](http://www.cigna.com)  
1-800-244-6226  
Full service, 24/7  
Open major holidays

- Get help with claims, benefits, or finding a provider.
- Use the Cigna portal to access digital ID cards & EOBs.



## Pharmacy

[www.cerpassrx.com](http://www.cerpassrx.com)  
1-844-622-1797  
Full service, 24/7  
Limited service on major holidays

- Get help with claims, benefits, or finding a pharmacy.
- Use the CerpassRx portal to access EOBs, manage prescriptions, and see which medications are covered.



## Vision

[www.vsp.com](http://www.vsp.com)  
1-800-877-7195  
Mon - Sat, 6am - 5pm  
Closed major holidays

- Get help with claims, benefits, or finding a provider.
- Use the VSP portal to access EOBs and digital ID cards.

## Why does THT have so many different partners?

One of the benefits of a self-funded plan is the ability to customize the plan design. Since THT is self-funded, we regularly conduct market checks and partner with the organizations that provide the best value for you. We believe in finding partners that specialize in one area, rather than accepting a “one-plan-fits-all” approach. With these partnerships, you have access to larger networks and dedicated service teams for each area of your benefits.