

TEACHERS HEALTH TRUST

LAS VEGAS NV

**Summary Plan Description:
Hospital Supplement Plan and Spousal Supplement Plan**

Revised: 10-01-2025

GENERAL PLAN INFORMATION

Plan Name: Teachers Health Trust Supplemental Plans
(Hospital Supplement Plan and Spousal Supplement Plan)

Plan Sponsor: TEACHERS HEALTH TRUST

Plan Sponsor Address: 2950 E ROCHELLE AVE
LAS VEGAS NV 89121

Plan Administrator: Teachers Health Trust (serves as both the Plan Sponsor and Plan Administrator unless otherwise delegated in writing)

Plan Administrator Contact: TEACHERS HEALTH TRUST
2950 E ROCHELLE AVE
LAS VEGAS NV 89121
702-794-0272

Agent for Service of Legal Process: TEACHERS HEALTH TRUST
2950 E ROCHELLE AVE
LAS VEGAS NV 89121

Plan Year: January 1 – December 31 (records for the plans are maintained on a plan-year basis)

Funding: Benefits are self-funded by Teachers Health Trust and paid solely from the general assets of the Trust. No benefits are insured through an insurance contract.

HOSPITAL SUPPLEMENT PLAN

Overview

Provides reimbursement for overnight hospital stays or 24-hour observation periods that incur room and board charges.

Eligibility

- **Eligible:**
 - All active or suspended employees of Teachers Health Trust
 - Dependents
 - COBRA participants
- **Not Eligible:**
 - Retirees

Benefits

- Reimbursement: \$500 per day for eligible hospital stays, up to an annual maximum of \$10,000.
- Eligible Facilities:
 - Hospital (inpatient, outpatient, ER, observation)
 - Skilled nursing, rehab, hospice, dialysis, and mental health facilities
- Optional Coverage:
 - Teachers Health Trust Dental Coverage (HMO or PPO, additional premium may apply)
 - Teachers Health Trust Vision Coverage (Standard or Plus, additional premium may apply)

Reimbursement Process

- Submit an itemized hospital bill or Explanation of Benefits (EOB) via the Teachers Health Trust Member Portal message center within 12 months of discharge.
- Claims processed within 60 days.
- Payments are made directly to participants.

Exclusions

- Non-hospital stays (e.g., outpatient visits without room and board charges)
- Non-itemized or untimely submissions

SPOUSAL SUPPLEMENT PLAN

Overview

Provides reimbursement for in-network copays, deductibles, and coinsurances for eligible employees and their dependents covered under a partner's non-Teachers Health Trust or non-CCSD medical and pharmacy plan.

Eligibility

- **Eligible:**
 - Active or suspended employees covered as a dependent on their partner's non-THT/CCSD insurance plan
 - COBRA participants
 - Eligible dependents covered under the employee's partner's insurance plan
- **Not Eligible:**
 - Retirees
 - Employees or dependents covered by Teachers Health Trust or CCSD plans
 - Employees or dependents covered on their partner's insurance plan that is classified as a "Qualified High-Deductible Health Plan".

Benefits

- Reimbursement: In-network copays, coinsurances, and deductibles for medical and pharmacy services
- Optional Coverage:
 - Teachers Health Trust Dental Coverage (HMO or PPO, additional premium may apply)
 - Teachers Health Trust Vision Coverage (Standard or Plus, additional premium may apply)

Enrollment Requirements

- COC from spouse's insurer or Teachers Health Trust Attestation Form
- Primary insurance ID card
- Marriage certificate
- Children's birth certificates (if applicable)

Enrollment Process

- Select during Open Enrollment or special enrollment period following a qualifying life event.
- Waive Teachers Health Trust medical coverage and submit a Certificate of Coverage (COC) to the partner's HR within 30 days.
- Failure to submit the COC timely may result in ineligibility.

Medical Reimbursement Process

- First submission must include a copy of the primary medical ID card.
- Upload EOBs to the Member Portal within 12 months of issuance.
- Claims processed within 60 days.

Pharmacy Reimbursement Process

- Present THT coordination card with primary insurance card at the pharmacy.
- If coordination fails, submit pharmacy receipt and direct reimbursement form within 12 months.

Exclusions

- Out-of-network charges
- Charges not covered by the primary plan
- Incomplete, illegible, or late submissions

PREMIUMS (BOTH PLANS)

- **Cost:** No cost for active employees. Additional premiums may apply for optional dental or vision.
- **Premium Information:** Visit www.ththealth.org/premiums/.

TERMINATION OF COVERAGE

Coverage under these plans ends on the earliest of:

1. The date employment ends (unless COBRA continuation applies)
2. The date you or your dependents cease to meet eligibility requirements
3. The date required contributions (if any) are not paid
4. The date the plan is amended to terminate coverage for your class
5. The date the plan is terminated

CLAIMS AND APPEAL PROCEDURES

Filing a Claim:

- Submit claims via the Teachers Health Trust Member Portal.
- Must be submitted within 12 months of the service date.

Claim Denial:

- Written notice within 30 days including:
 - Reason for denial
 - Plan provisions relied upon
 - Additional information needed
 - Steps to appeal

Appeals Process:

- Submit written appeal within 180 days of denial.
- Review conducted by someone other than the original reviewer.
- Participants may review all relevant documents and provide additional information.
- Written decision within 60 days.

ERISA RIGHTS

As a participant in these plans, you are entitled to certain rights under ERISA.

- **Examine Documents:** Review all plan documents at the Plan Administrator's office at no charge.
- **Obtain Copies:** Request copies of plan documents for a reasonable charge.
- **Receive Information:** Obtain a copy of the SPD and plan documents free of charge upon request.
- **Prudent Actions:** Expect plan fiduciaries to act prudently and solely in your interest.
- **File a Claim:** Submit claims and appeal denials.
- **Legal Action:** After exhausting internal appeals, you may file suit in federal court.

- **Assistance:** For questions about your rights, contact the Plan Administrator or the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 1-866-444-3272 or www.dol.gov/ebsa.

ADDITIONAL INFORMATION

- **Amendment/Termination:** Teachers Health Trust reserves the right to amend or terminate these plans at any time. No oral statements or informal communications can alter the official terms of these plans.
- **COBRA Continuation:** COBRA participants remain eligible for these supplemental plans, subject to timely payment of premiums.
- **Non-Assignment:** Benefits cannot be assigned or transferred.
- **HIPAA & Nondiscrimination:** These plans comply with federal nondiscrimination requirements and provide special enrollment rights in cases such as marriage, birth, adoption, or loss of other coverage.
- **Language Assistance:** If you need this SPD in another language, contact Teachers Health Trust at 702-794-0272.

This Summary Plan Description is intended to comply with ERISA requirements and provide a clear overview of your supplemental benefits. For full details, contact the Plan Administrator.