



Retiree Health Trust

Benefits at a Glance

Retiree Plan Benefits

Important Notice

Nothing in this statement is meant to interpret, extend, or change in any way the provisions expressed in the Plan or insurance policies. The Trustees reserve the right to amend, modify, or discontinue all or part of this Plan whenever conditions so warrant.

Oral statements or representations by anyone which are contrary to this book are not authoritative sources of information and may not be relied upon.

Eligible retirees and their dependents who participate in the Retiree Health Trust (RHT) Plan agree to accept the plans as they are today or as they may be amended in the future. Participants will be informed as far in advance as possible of any major plan changes. Plan change notices should be retained.

Because unforeseen circumstances may arise, the RHT reserves the right to terminate a plan and to amend or modify the provisions of a plan at any time. The Trustees of the RHT have final authority to determine eligibility for benefits and to construe the terms of any plan.

It is your responsibility to inform the RHT of any change in dependent status, such as marriage, divorce, or birth (or adoption) of a child. All eligible participants acknowledge the right of the RHT to require and promptly receive from all participants proof of eligibility status, such as marriage certificates, birth certificates, declarations of domestic partnerships, or any other proof of eligibility as the RHT, in its sole discretion, may demand. All participants agree to promptly furnish such proof to the RHT and further agree that furnishing such proof satisfactory to the RHT is a precondition to the payment of any benefits for, or on behalf of, eligible retirees and their dependents.

If the RHT provides coverage for benefits for, or on behalf of, you or any person indicated as your dependent, when you, or such person, is not, in fact, eligible or entitled to the benefits, or if the RHT otherwise mistakenly pays benefits, the prompt reimbursement is required in full for any benefits paid on your behalf. The RHT, in its sole discretion, may deduct or offset any such monies from your future benefits. The RHT has the right to take all appropriate legal action to recover payments. If the RHT files any legal action against you to recover any such monies, it will be entitled to reimbursement for all attorney fees and costs incurred, whether or not such an action proceeds to judgment.

Health benefits are not a vested right, but may be changed, reduced, or modified at the discretion of the Board of Trustees. The cost of benefits described herein are paid directly from the assets of the RHT, and there is no liability on the Board of Trustees, any individual or entity, to provide payments over and above the amounts the RHT collected and has available for such purposes. Any benefits provided by a plan can be paid only to the extent that the RHT has adequate resources available for payment. There is no obligation on the Board of Trustees, either individually or collectively, or upon any person or entity, to provide benefit payments if the RHT does not have sufficient assets to provide benefit payments.

All eligible participants in a RHT plan authorize any licensed physician, medical practitioner, hospital, clinic, or other medical-related provider or facility, insurance company, health plan, including your selected plan, or other organization, or other person or entity that has any information as to your health, or that of your dependents, to give your selected plan, or its authorized representative, any such information. The RHT is also authorized to release any information available as to your health, and that of any of your dependents (without using names or other identifying data), to approved organizations for purposes of research, public health, improving services for the RHT, and for comparison to other similar health plans.

Your failure to comply with any request made or condition imposed by the RHT could result in denial of your benefits.

The RHT is funded in part by contributions made by eligible, retired participants. The RHT performs administrative and claim services at 2950 East Rochelle Avenue, Las Vegas, Nevada, and may be reached at 702-835-1240 or 888-410-7499. The RHT may also be reached via e-mail at serviceteam@rhtlvnv.org.

**This is a brief summary of benefits offered by the Retiree Health Trust.
A complete copy of the Summary Plan Document is available
on our website: www.rhtlvnv.org.**

Retirees

The following chart explains which retirees are considered eligible for enrollment:

Retirees Eligible for Enrollment
1. RETIREE from active employment with Clark County School District on or after January 1, 2009, with a minimum of 5 years of service as a licensed employee; and
2. Be at least 52 years of age; and
3. Be eligible to receive retirement benefits under CCSD's retirement plan, PUBLIC EMPLOYEES RETIREMENT SERVICE (PERS), at the time you cease active employment with CCSD; and
4. Be enrolled in a Teachers Health Trust Plan for a minimum of five (5) consecutive years immediately prior to your retirement from the CCSD (Employees who have breaks in their service may satisfy the five (5) year continuous coverage requirement in an alternate manner. A break in service of less than five (5) years will not be counted once the employee has returned to work for a period of time equal to the break in service. For instance, an employee who has ten (10) years of service terminates to care for a family member. The employee returns to work two (2) years later. After this employee has worked for two (2) additional years, the employee's break in service would be canceled and treated as though the employee had twelve (12) continuous years of service.); and
5. Enroll in the Retiree Health Trust plan within 31 calendar days of retiring from active employment as a licensed employee with CCSD OR within the 5-year period following the date on which you retired, during which you had continuous coverage as an employee under another CCSD-sponsored plan (excluding COBRA plans). During the 5-year period following your retirement date, you may enroll in the RHT plan during an annual open enrollment period OR within 31 calendar days after terminating coverage under another CCSD plan.

The following charts explain what type of coverage is available and which retirees ARE NOT eligible for enrollment:

Available Coverage for Eligible Retirees (These plans are explained in further detail in the SPD.)
MEDICAL (including PRESCRIPTIONS)
DENTAL
VISION
\$10,000 LIFE INSURANCE

Retirees NOT Eligible for Enrollment
1. Any person in active military service,
2. Any retiree covered under another health insurance plan sponsored by the CCSD, or
3. Any retiree who does not enroll in the Retiree Health Trust plan within 31 calendar days of retiring from active employment as a licensed employee with CCSD OR within the 5-year period following the date on which you retired, during which you had continuous coverage as an employee under another CCSD-sponsored plan (excluding COBRA plans). During the 5-year period following your retirement date, you may only enroll in the RHT plan during an annual open enrollment period OR within 31 calendar days after terminating coverage under another CCSD plan.

Dependents

The following charts explain which dependents are eligible for enrollment, what type of coverage is available to them, and which dependents ARE NOT eligible for enrollment:

Dependents Eligible for Enrollment
1. Your legally married SPOUSE.
2. Your DOMESTIC PARTNER. A DOMESTIC PARTNER relationship exists when the domestic partners have registered with the Office of the Secretary of State of Nevada and have obtained a Certificate of Registered Domestic Partnership.
3. Your NEVER-MARRIED CHILD, who is your natural child, stepchild, legally adopted child, a child placed with you by a licensed agency for adoption, or a child for whom you have legal guardianship, and <ul style="list-style-type: none">• is dependent on you for at least half of his/her financial support; AND• is not on active military duty in the armed forces; AND• is age 18 or under; OR• is age 19 through the month in which he/she reaches the age of 26 and is enrolled in 12 credit hours per semester or quarter or full-time as defined by the educational institution being attended; OR• is under the age of 26 and is temporarily or permanently disabled, incapable of self-sustaining employment, and dependent on you for 100 percent of his/her support and maintenance.
4. A child for whom you are legally responsible to obtain medical coverage due to a QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO), even if the child does not live with you.

The following charts explain what type of coverage is available and which dependents ARE NOT eligible for enrollment:

Available Coverage for Eligible Dependents
You may enroll your eligible dependents in the following coverage:
MEDICAL, DENTAL, and VISION

Dependents NOT Eligible for Enrollment
1. Any dependent not enrolled for coverage immediately prior to your retirement;
2. A spouse from whom you are legally separated or divorced;
3. A spouse or domestic partner who is covered under another insurance plan sponsored by the CCSD as a primary participant;
4. A dependent child who is covered under another insurance plan sponsored by the CCSD;
5. Parents, grandparents, foster children, and boarders;
6. Your dependent child who is married or who has been married; and
7. Any person in active military service.



Retiree Health Trust

Lifetime Maximum: \$1,000,000

Benefits listed below are for retirees who reside within the service area. The service area includes Clark County and southern Nye County in Nevada; Washington County in Utah, and Mohave County in Arizona.

MEDICAL

IN-NETWORK MEDICAL SERVICES

BENEFITS	MEMBER RESPONSIBILITY
Deductible for In-Network Services	None
Annual Out-of-Pocket Maximum	\$10,000
Physician's Office Visit	\$30 copay
Mental Health Office Visit	\$30 copay
Laboratory Services	\$0 if performed by Quest Diagnostics \$15 copay if performed by anyone other than Quest
Basic X-rays	\$20 copay
MRI/CT Scans	\$75 copay
Outpatient Surgery - Physician	\$250 copay
Outpatient Surgery - Hospital/Facility	\$200 copay
Anesthesia	\$150 copay
Hospital Observation	\$150 copay
Emergency Room - Emergency Services	\$300 copay
Emergency Room - Non-Emergency Services	\$400 copay
Ambulance	20% coinsurance
Routine OB Care - Physician	\$300 copay
Inpatient Hospital/Facility	\$300 copay per day to \$900 max per admission
Inpatient Surgery - Surgeon	\$250 copay
Inpatient Physician Visits	\$0
Allergy Testing	\$2 per test copay
Allergy Antigen	\$2 per dose copay
Allergy Injection	\$10 per injection copay
Hearing Aids	Amount in excess of \$1,000 Lifetime Benefit per ear
Durable Medical Equipment/Prosthetics	20% coinsurance
Transplants	\$5,000 copay payable to facility, plus all other applicable copays for surgeon, anesthesia, etc.
Routine Well Care	Amount in excess of \$600 Calendar Year Benefit - Office visit copay applies to physician visit

OUT-OF-NETWORK MEDICAL SERVICES

BENEFITS	MEMBER RESPONSIBILITY
Calendar Year Deductible (CYD)	\$250
Out-of-Pocket Maximum	\$10,000 of eligible medical expense (EME)*
Inpatient Hospital/Facility	20% coinsurance after CYD is met, plus any amount in excess of the EME*.
All Other Covered Services	20% coinsurance after CYD is met, plus any amount in excess of EME*

PRESCRIPTIONS

RETAIL	MEMBER RESPONSIBILITY
Generic	\$0 copay
Preferred Brand Name	\$30 copay
Non-Preferred Brand Name	\$45 copay
MAIL ORDER	MEMBER RESPONSIBILITY
Generic	\$0 copay
Preferred Brand Name	\$60 copay
Non-Preferred Brand Name	\$90 copay

DENTAL

Calendar Year Maximum	\$1,000
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IN-NETWORK DENTAL SERVICES

BENEFITS	MEMBER RESPONSIBILITY
Preventive Services	\$0
Basic Services	20% coinsurance
Major Services	40% coinsurance

OUT-OF-NETWORK DENTAL SERVICES

Preventive Services	Paid at 100% of the Fee Schedule. Member is responsible for amount in excess of Fee Schedule.
Basic Services	Paid at 100% of the Fee Schedule. Member is responsible for amount in excess of Fee Schedule.
Major Services	Paid at 100% of the Fee Schedule. Member is responsible for amount in excess of Fee Schedule.

VISION

Vision benefits are provided through Vision Service Plan (VSP).

BENEFITS	MEMBER RESPONSIBILITY
Exam	\$20 copay allowed once per calendar year
Lenses	Allowed once every calendar year, only if needed
Frames	Allowed once every other calendar year

RETIREES THAT ARE LIVING OUTSIDE OF THE SERVICE AREA

Benefits listed below are for retirees who primarily reside for 27 weeks or more outside of the service area. The alternative medical plan will be provided rather than the Preferred Provider Program. If you return to the service area for treatment, regular in-network and out-of-network benefits will apply.

MEDICAL

BENEFITS	MEMBER RESPONSIBILITY
Calendar Year Deductible (CYD)	\$250
Annual Out-of-Pocket Maximum	\$10,000 of eligible medical expense (EME*)
Physician's Office Visits	20% coinsurance after CYD is met, plus any amount in excess of the EME*
Inpatient Hospital/Facility	20% coinsurance after CYD is met, plus any amount in excess of the EME*
All Other Covered Services	20% coinsurance after CYD is met, plus any amount in excess of the EME*

PRESCRIPTIONS

RETAIL	MEMBER RESPONSIBILITY
Generic	\$0 copay
Preferred Brand Name	\$30 copay
Non-Preferred Brand Name	\$45 copay
MAIL ORDER	MEMBER RESPONSIBILITY
Generic	\$0 copay
Preferred Brand Name	\$60 copay
Non-Preferred Brand Name	\$90 copay

DENTAL

Calendar Year Maximum	\$1,000
BENEFITS	MEMBER RESPONSIBILITY
Preventive Services	\$0
Basic Services	20% coinsurance
Major Services	40% coinsurance

OUT-OF-NETWORK DENTAL SERVICES

Preventive Services	Paid at 100% of the Fee Schedule. Member is responsible for amount in excess of Fee Schedule.
Basic Services	Paid at 100% of the Fee Schedule. Member is responsible for amount in excess of Fee Schedule.
Major Services	Paid at 100% of the Fee Schedule. Member is responsible for amount in excess of Fee Schedule.

VISION

Vision benefits are provided through Vision Service Plan (VSP).

BENEFITS	MEMBER RESPONSIBILITY
Exam	\$20 copay allowed once per calendar year
Lenses	Allowed once every calendar year, only if needed
Frames	Allowed once every other calendar year

* The Eligible Medical Expense (EME) is the amount of the provider’s billed charges that RHT will consider for payment. The following is the basis for the EME under the RHT Plan:

ELIGIBLE MEDICAL EXPENSES	
TYPE OF PROVIDER	ELIGIBLE MEDICAL EXPENSE
Hospital/Facility	1.5 times the average in-network contracted rate for the level of service
Out-of-network providers located within the service area	The contracted amount agreed upon by the in-network providers
Out-of-network providers located outside the service area who supply the following: durable medical equipment (DME), medical supplies, drugs, chiropractic and acupuncture services, physical therapy, home health care, home infusion, hyperbaric therapy, anesthesiology	The average in-network contracted rate for the level of service or type of equipment provided
Out-of-network providers located outside the service area who supply any other items or services	50th percentile of the Medical Data Research (MDR) fee schedule for the area in which the physician is located

When the insured obtains services from an out-of-network provider, he/she will have to pay the amount the provider charges over the EME.