

Spokane Fire Fighters Benefit Trust

Benefits Enrollment Guide

Actives



2024 Plan Year

Dear Fellow Members and Families,

The **Spokane Fire Fighters Benefit Trust** continues to solidify our own foundation for sustainable and comprehensive medical coverage. Healthcare is ever changing, so our Trust must accommodate change without losing sight of our goals and priorities. Your Trustees are fully engaged in assuring that our Trust continues to evolve and provide members with the best healthcare experience possible.

Trust Priority Statements

1. To provide the highest level of benefits to our members while minimizing out of pocket costs when available.
2. To provide the highest level of integrated services to meet the member's needs.
3. To provide the highest level of customer service and satisfaction to our members, realizing they are all owners of our products.
4. To follow union ideals in business decision whenever practical. Union employees, American based, local based, etc.
5. To provide health insurance to retired members at a level that is financially practical.

What's New for 2024?

Strong Trust performance in 2023 allows us to continue offering the same high quality plans in 2024. Contributions will increase slightly (see below), as we budget to keep pace with the increasing cost of healthcare delivery. Please note the following, which are effective January 1, 2024:

- **Additional VEBA Contributions tied to Annual Exam completion**

For 2024, if members completed their fire fighter exam in 2023, prior to the September 30th deadline, they earned an additional \$500 VEBA contribution. For 2025, we're happy to announce we are once again offering an incentive to earn a VEBA bonus by completing your fire fighter exam. In order to **earn the additional \$500 bonus contribution in 2025**, members will need to complete their annual exam between **October 1, 2023 and September 30, 2024**.

- **2024 Member Contributions**

Your monthly contributions will change modestly so that we can keep up with our expected costs for 2024. The amount of change varies based on which bargaining group you belong to and which family members you are covering. Please refer to the table on pages 11-12 for a breakdown of 2024 Member Contributions.

There are no other changes to our plans for 2024. However, please take the time to review this Guide as it contains useful information on a number of items, including:

- Plan Highlights for your Medical/Vision, Prescription Drug and Dental Plans
- Information on your VEBA Benefit
- Trust Eligibility
- Teladoc Virtual Health Services
- The Trust's partnership with MultiCare Rockwood Spokane Valley Primary Care (formerly known as Spokane Internal Medicine or SIM) for our Annual Fire Fighter Exams

2024 Open Enrollment

November 1st through December 1st, 2023 is your annual open enrollment period for the 2024 Plan Year. With few exceptions, this is the only time you can add eligible family members to your Plan. If you have no changes to make, then you don't need to do anything to renew your benefit elections for 2024. If you do have changes to make, please complete the enclosed enrollment form noting your changes and submit it to the Trust Office no later than **Friday, December 1st, 2023**.

On behalf of your Trustees, our best wishes to you for a successful and healthy 2024!

Regards,

Your Spokane Fire Fighters Benefit Trust Board of Trustees

Nathan Cover, Chair

Joanna Balin

Marissa DeLaMatter

Mike Forbes

Randy Marler

Christopher Munoz

Shane Skipworth

Lee Venning

Who is Eligible?

Eligible Members:

Eligibility begins first of the month following date of hire, as long as you are:

- A full-time, active LEOFF I member with established LEOFF I membership; or
- A full-time, active LEOFF II member with established LEOFF II membership, and
- Regularly scheduled to work a minimum of 30 hours per week for the City of Spokane Fire Department.

Eligible Spouses/Registered Domestic Partners:

- Legal Spouse which includes the legally formed marriage of two persons validly formed in any jurisdiction in the United States or in a foreign jurisdiction that is recognized under Washington law
- Surviving Spouse of a deceased member (not divorced) who was enrolled for active or retiree coverage at the time of death or is a surviving spouse of a LEOFF 1 member who was enrolled for coverage in the Plan prior to the death of the LEOFF 1 member
- Domestic Partner registered pursuant to state law or domestic partners who have signed and meet all of the requirements of the affidavit of Domestic Partnership established by the Trust

Eligible Children:

- Natural Children, and/or legally adopted children of the member or spouse
- Surviving children of deceased member
- Children of a registered Domestic Partner
- Child placed with the member and spouse for the purpose of legal adoption
- Child age 26 or older, not married and incapable of earning a living due to mental or physical incapacity that began before the child attained age 26. You must submit proof of the child's incapacity to the Trust within 31 days after the child attains age 26, and you must provide periodic updates of the child's incapacity and marital status as required by the Trust.
- Foster children are not eligible

How to Enroll

Your 2024 Open Enrollment Period is November 1st through December 1st, 2023.

New Hires - You must complete and submit the Enrollment Application to the Spokane Fire Fighters Benefit Trust Office within 60 days of your hire date. Trust Office Information will be on page 13 of this Guide.

Current Employees - If you are not making any enrollment changes, you do not need to complete any paperwork. With enrollment changes, you must complete a new Enrollment Form and submit it to the Trust Office no later than December 1st, 2023*.

Welfare & Pension Administration Service, Inc. WPAS
P.O. Box 34203
Seattle, Washington 98124-1203
Phone (888) 563-0665
Fax (206) 505-9727
Email: enrollment@wpas-inc.com

*You will not be able to change your selection outside the Open Enrollment period, unless you have a "*qualified change in status*": Should you wish to make a mid-year enrollment change, you must complete and submit the Enrollment Application to the Trust Office within 60 days of the *qualified change in status*.

2024 VEBA HRA Contributions



HRA contributions from your employer go to your individual VEBA account at BPAS. In 2024, a \$500 bonus contribution was earned by members who completed their fire fighter exam at MultiCare Rockwood Spokane Valley Primary Care prior to the September 30, 2023 deadline. In the table below, the 2024 VEBA contribution amounts are listed, with and without exam completion. Remember, the amount of your VEBA contribution also depends on the bargaining unit in which you participate, which is summarized below.

	2024 VEBA Contribution		2024 VEBA Contribution with completed Exam	
	Individual	Family	Individual	Family
City of Spokane Fire Fighters	\$3,500	\$7,000	\$4,000	\$7,500
SAFO	\$3,500	\$7,000	\$4,000	\$7,500
SIA Fire Fighters	\$3,500 + \$900	\$7,000 + \$900	\$4,000 + \$900	\$7,500 + \$900

Please note, the 2025 \$500 VEBA bonus contribution will be tied to members receiving their Annual Fire Fighter Exam between October 1, 2023 and September 30, 2024.

Things to remember about your VEBA HRA account:

- This is your individual account that remains with you for life. You determine if and when you want to access your account for reimbursable expenses.
- You'll need to submit an insurance Explanation of Benefits (EOB) or itemized statement with a claim form to get reimbursed for eligible expenses.
- You can submit your claims 4 ways: Online, Mobile App, Fax, or US Mail.
- If you use your "benny" debit card, KEEP YOUR RECEIPT AND EOB as BPAS will request a copy to substantiate your claim. This is an IRS requirement.
- Use the BPAS online tools. If you haven't already done, obtain online account access by calling BPAS at: 1-855-404-8322 5:30am to 5:30pm PST.

2024 Medical / Vision Plan Summary

Medical Benefits	CLASSIC Plan Premera Blue Cross	
	BlueCard PPO Network Providers	All Other Providers
Deductible	\$1,500 per Member / \$3,000 per Family	
Coinsurance	Plan pays 80% / Member pays 20%	Plan pays 60% / Member pays 40%
Medical Out-of-Pocket Maximum	\$2,250 per person / \$4,500 per Family Deductible, all copays (except Rx copays), and coinsurance accrue to this max.	
Office Visit Copay	\$20 Copay	60% after Deductible
Outpatient Lab & Radiology Services	100%; Deductible Waived	60% after Deductible
Physician Inpatient (surgery, diagnostic procedures, etc)	80% after Deductible	60% after Deductible
Preventive Care	100%; Deductible Waived	60% after Deductible
Spinal Manip./Chiropractic 24visits PCY	\$20 Copay	60% after Deductible
Emergency Room	\$100 Copay; then 80% after Deductible (Copay is waived if admitted to hospital)	
Ambulance Services	80% after Deductible	
Acupuncture 24 visits PCY	\$20 Copay	60% after Deductible
Home Health Care 130 visits PCY	80% after Deductible	60% after Deductible
Hospice Care	80% after Deductible	60% after Deductible
Mental Health (Inpatient)	80% after Deductible	60% after Deductible
Mental Health (Outpatient)	\$20 Copay	60% after Deductible
Chemical Dependency (Inpatient)	80% after Deductible	60% after Deductible
Chemical Dependency (Outpatient)	\$20 Copay	60% after Deductible
Inpatient Rehab Services 30 days PCY	80% after Deductible	60% after Deductible
Outpatient Rehab Services 45 visits PCY	\$20 Copay	60% after Deductible
Transplants	80% after Deductible	Not Covered
Vision Benefits		
Vision Exam	Covered in Full	
Vision Hardware	100% up to \$600 every two calendar years	
Corrective Elective Refractive Surgery (non-cataract)	Up to a \$2,400 lifetime allowance for elective refractive surgery, in lieu of any future benefits for hardware (frames, lenses & contacts).	

This benefit comparison is only a summary of the benefits and not intended to replace the specifics of the Summary Plan Description. If there is a discrepancy, the Plan Contract will supersede this summary.

To find a participating provider, please visit www.premera.com/sharedadmin

2024 Prescription Drug Plan Summary



SFFBT Pharmacy Benefits are offered through Sav-Rx Prescription Services. The Sav-Rx Network consists of over 65,000 pharmacies nationwide and is accepted by all major chain pharmacies and most independents ones.

Your prescription drug benefit information can be found on your Premera ID Card. You should present this card at your pharmacy when trying to fill a prescription.

If you have any questions about your prescription drug benefits, including questions about Mail Order, Formulary and Prior Authorizations, you can reach Sav-Rx 24 hours a day, 7 days a week at 1-800-228-3108. **Note: Specialty Medications must be filled at Sav-Rx Specialty Pharmacy.**

SFFBT Prescription Drug Benefits	
Prescription Drug Out-of-Pocket Maximum (Includes all Mail Order and Retail Rx Copays)	\$250 per Individual / \$500 per Family
Preventive Medications	Covered at 100% <i>Per Affordable Care Act (ACA) Guidelines; contact Sav-Rx for more information</i>
Retail Prescription Drug Copays	
Generic Medications	\$5 Copay
Formulary Brand Name Medications	\$25 Copay
Non-Formulary Brand Name Medications	\$50 Copay
Sav-Rx Mail Order Prescription Drug Copays - 90-day Supply	
Generic Medications	\$10 Copay
Formulary Brand Name Medications	\$50 Copay
Non-Formulary Brand Name Medications	\$100 Copay
Specialty Medications	Applicable Copay applies; 30-day supply only Must be filled via Sav-Rx Specialty Mail Order Pharmacy

Non-Participating Pharmacies: You pay the full price of the drug and submit a claim for reimbursement. After you've paid the applicable copay, you pay 40% of the allowable charge for the prescription and the different between the pharmacy's billed charge and the allowable charge.

Virtual care gives you immediate and convenient access to care whenever and wherever you need it. You can receive care from a doctor at the national provider service, Teladoc. This care is provided via phone call, online video, or other online media, and is covered at no cost to the member.

Virtual care is not meant to replace a member's relationship with their primary care provider or to replace all in-person, face-to-face visits. It is an expansion of the service delivery options for you. In some cases, it can also help you and your family avoid a trip to the emergency room for non-emergency care.

Common conditions handled by virtual care providers include:

- Cold and flu symptoms
- Nasal congestion and sinus problems
- Bronchitis
- Respiratory infections
- Allergies
- UTIs
- Ear infections

Additional Teladoc Services—Adult Teladoc Behavior Health

The Teladoc behavioral health program is a comprehensive solution offering members ongoing access to diagnosis, talk therapy, and prescription/medication management when appropriate. Teladoc allows members to choose the type of behavioral health visit based on provider specialty.

Members may request a telephonic or video-based behavioral health visit with a provider seven days a week, from 7am to 9pm local time. Teladoc does not offer urgent/emergent Behavioral Health services and is not a crisis line. Members must request visits 72 hours in advance to allow time for the provider to review the request and then respond to the member to set up the behavioral visit with the right type of provider.

Common Behavioral Health Conditions Treated:

- Depressive Disorders
- Anxiety Disorders and Phobias
- Bipolar and Related Disorders
- Schizophrenia and Psychotic Disorders
- Attention Disorders
- Addiction and Substance Disorders
- Eating Disorders
- Obsessive Compulsive Related Disorders
- Sleep/Wake Disorders
- Neurocognitive Disorders and Dementia

How Teladoc Works

1. Register

Create an account and fill out a health history. We highly recommend doing this before you need to use Teladoc for yourself or a family member. This can be done online or on the phone. You can also register your covered family members. To save time later, identify your primary care doctor and preferred pharmacy.

2. Consult a physician anytime

When you want to consult with a Teladoc physician, they can make contact by phone, online video, email, or other online media. You give contact information and your current location. Virtual care services - consultations and prescriptions - may vary depending on the caller's current location. A doctor calls back right away or at a time the member requests.

3. Continuity of care with local doctor

If you have supplied the name of your primary care doctor, Teladoc sends a record of the consult by fax or electronic medical record transfer.

You can contact Teladoc by:
Phone 855-332-4059
Website www.teladoc.com/premera

SFFBT Fire Fighter Medical Exam

The Trust currently has a partnership with MultiCare Rockwood Spokane Valley Primary Care (*formerly known as Spokane Internal Medicine or SIM*) to provide comprehensive fire fighter exams for all Local 29 members. This exam is 100% paid for by the Trust and your results are completely confidential between you and your provider.

We have developed this program because of the specific risk factors associated with being a fire fighter. We are at elevated risk for certain types of cancer, respiratory issues, arthritis, allergic reactions and depression, often linked with higher suicide rates. Early detection and treatment is critical to addressing these diseases successfully. Our goal is to remove as many barriers as possible from the process.

In doing so, we have worked closely with MultiCare physicians to develop an exam profile that meets our clinical needs as fire fighters. Please review the Q&A below for information about the exam and how to schedule yours:

Question	Response
How do I make an appointment?	Contact MultiCare Rockwood Spokane Valley Primary Care
Who can I contact at MultiCare if I have questions about my exam?	Ask for Maranda, or please leave a voicemail and she'll return your call within 2-3 business days.
At what location will my exam take place?	Exams will be done at: 1215 N McDonald Rd #101
Will this exam cost me anything?	The exam itself is fully paid for by SFFBT. In the event you are referred out for additional testing or procedures, coverage will depend on the diagnosis or reason for the referral. Please contact WPAS at 888-563-0665 if you have additional questions regarding outside services.
Will I (or my primary care physician) receive my exam results?	Your primary care physician can receive your results only if you authorize it in writing.
With whom else will my exam results be shared?	Your results will not be shared with anyone. Under Federal Law, MultiCare can only share your exam results with your written consent.
Could follow-up testing or care occur based on the results of my exam?	While this would not be typical, in some instances your physician may recommend further testing or refer you to your primary care physician for additional follow up.

You may also visit the Trust Website at www.SFFBT.com or ask a Trustee for additional information.

- There are no changes to the Delta Dental Plan for 2024:
- You (and any family members whom you've elected medical coverage for) will automatically be enrolled in the Delta Dental PPO dental plan.
- Delta offers the broadest PPO network with the best provider discounts through the national Delta Dental Network.

Benefits	Delta Dental Plan		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Class I - Diagnostic & Preventive Exams, Prophylaxis, Flouride, X-rays, Sealants Class I services do not reduce your annual maximum benefit.	100%	100%	100%
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery	80%	70%	70%
Class III - Major Crowns, Dentures, Partials, Bridges, Implants	80%	70%	70%
Annual Maximum	\$1,250	\$1,250	\$1,250
Annual Deductible - Waived on Class I benefits	\$25 per Member \$50 per Family	\$25 per Member \$50 per Family	\$25 per Member \$50 per Family
Orthodontia Benefits - Adults & Children Benefits paid accumulate against annual plan maximum	50%	50%	50%
Balance Billing - Can Dentist charge more than Delta Dental allowable amount?	No	No	Yes

This benefit comparison is only a summary of the benefits and not intended to replace the specifics of the Plan Contract. If there is a discrepancy, the Plan Contract will supersede this summary.

*Out-of-pocket costs will always be less when you see a Delta Dental PPO dentist. Delta Dental PPO and Premier dentists have negotiated contracts and cannot charge you more than the allowable amount. Non-Participating dentists may “balance bill” you for amounts in excess of what Washington Dental Service / Delta Dental allows.

To find a Delta Dental participating dentist, please visit www.deltadentalwa.com

How Much Does Coverage Cost?

Your 2024 Monthly Member Contributions for Medical/Dental/Vision Coverage:

When you enroll yourself and/or eligible family members in a Medical plan, you and those eligible family members are also automatically enrolled in the Delta Dental plan.

SFF/SAFO- LEOFF II Active Monthly Contribution	Medical 2024	Dental 2024	Total 2024	Total 2023	2024 Change
Fire Fighter Only	\$62.46	\$4.68	\$67.14	\$64.56	\$2.58
Fire Fighter / Spouse	\$189.66	\$11.44	\$201.10	\$193.36	\$7.74
Fire Fighter / Child	\$126.06	\$14.56	\$140.62	\$135.21	\$5.41
Fire Fighter / Children	\$161.26	\$14.56	\$175.82	\$169.06	\$6.76
Fire Fighter / Spouse / Child	\$253.25	\$21.32	\$274.57	\$264.02	\$10.55
Fire Fighter / Spouse / Children	\$288.46	\$21.32	\$309.78	\$297.87	\$11.91

SFF/SAFO - LEOFF I Active Monthly Contribution	Medical 2024	Dental 2024	Total 2024	Total 2023	2024 Change
Spouse	\$127.20	\$6.76	\$133.96	\$128.80	\$5.16
Child	\$63.60	\$9.88	\$73.48	\$70.65	\$2.83
Children	\$98.80	\$9.88	\$108.68	\$104.50	\$4.18
Spouse / Child	\$190.79	\$16.64	\$207.43	\$199.46	\$7.97
Spouse / Children	\$226.00	\$16.64	\$242.64	\$233.31	\$9.33

How Much Does Coverage Cost? (cont.)

SIA LEOFF II Active Monthly Contribution	Medical 2024	Dental 2024	Total 2024	Total 2023	2024 Change
Fire Fighter Only	\$37.67	\$4.68	\$42.35	\$45.77	-\$3.42
Fire Fighter / Spouse	\$92.87	\$11.44	\$104.31	\$102.57	\$1.74
Fire Fighter / Child	\$65.27	\$14.56	\$79.83	\$80.42	-\$0.59
Fire Fighter / Children	\$81.48	\$14.56	\$96.04	\$95.27	\$0.77
Fire Fighter / Spouse / Child	\$124.47	\$21.32	\$145.79	\$141.23	\$4.56
Fire Fighter / Spouse / Children	\$146.67	\$21.32	\$167.99	\$162.08	\$5.91

SIA LEOFF I Active Monthly Contribution	Medical 2024	Dental 2024	Total 2024	Total 2023	2024 Change
Spouse	\$55.20	\$6.76	\$61.96	\$56.80	\$5.16
Child	\$27.60	\$9.88	\$37.48	\$34.65	\$2.83
Children	\$43.80	\$9.88	\$53.68	\$49.50	\$4.18
Spouse / Child	\$86.79	\$16.64	\$103.43	\$95.46	\$7.97
Spouse / Children	\$109.00	\$16.64	\$125.64	\$116.31	\$9.33

The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of any discrepancy between this Guide and the formal plan documents, the Benefit Booklet will always prevail on issues concerning benefits available, and the Summary Plan Description shall prevail on issues concerning eligibility.

DESCRIPTION OF INFORMATION	CONTACT
<p>TRUST OFFICE For questions regarding general Trust benefits, claims, EOB's, Open Enrollment, eligibility and Trust Operations, and to request benefit /enrollment forms</p>	<p>Welfare & Pension Administration Service, Inc. (WPAS) P.O. Box 34203 Seattle, Washington 98124-1203 Phone (888) 563-0665 Fax (206) 505-9727 Email: enrollment@wpas-inc.com www.SFFBT.com</p>
<p>SPOKANE FIRE FIGHTER BENEFIT TRUSTEES For questions regarding general benefits and Trust business</p>	<p>Email trustees@sffbt.org</p>
<p>PREMERA BLUE CROSS For help finding participating providers</p>	<p>Customer Service Monday-Friday 8:00am - 5:00pm (800) 810-BLUE (2583) www.premera.com/sharedadmin</p>
<p>MULTICARE ROCKWOOD SPOKANE VALLEY PRIMARY CARE Formerly known as Spokane Internal Medicine. This is where you should schedule your firefighter exam.</p>	<p>Patient Scheduling (509) 598-7749 Exams will be done at: 1215 N McDonald Rd #101</p>
<p>SAV-RX PRESCRIPTION DRUGS For questions regarding pharmacy benefits, pharmacy claims, finding participating pharmacies, mail order and specialty pharmacy</p>	<p>Customer Service 24 hours a day, 7 days a week (800) 228-3108 www.SavRx.com</p>
<p>TELADOC For virtual care office visits by phone or online video with a doctor 24 hours a day, 7 days a week, 365 days a year. Set your account up today so it's ready when you need it!</p>	<p>Free Medical Consults 24 hours a day, 7 days a week (855) 332-4059 www.Teladoc.com/Premera</p>
<p>DENTAL - Delta Dental of Washington For questions regarding claims, requesting new ID cards, and finding a dentist</p>	<p>Customer Service Monday-Friday 8:00am-5:00pm (800) 554-1907 www.deltadentalwa.com</p>
<p>BPAS VEBA Benefits/Claims, Online Portal Help</p>	<p>Customer Service Monday-Friday: 5:30am - 5:30pm PST (855) 404-VEBA (8322) www.bpas.com</p>
<p>TRUST CONSULTANTS</p>	<p>DiMartino Associates (800) 488-8277</p>

Prepared By:

DiMartino Associates
EMPLOYEE BENEFITS CONSULTING