

Spokane Fire Fighters Benefit Trust

Benefits Enrollment Guide

Retiree <65



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 makes it possible for us to continue offering you the same retirement plan options with no increase to your medical premiums and only a slight increase to dental premiums (see below). Please note the following, which are effective January 1, 2024:

- **2024 Retiree Premiums**

Your 2024 monthly contributions toward retiree dental will increase slightly by 4%, but there are no changes to your 2024 medical premiums. The costs are found at the end of this Enrollment Guide.

- **SFFBT Fire Fighter Medical Exam—Benefit Reminder**

We want to take this opportunity to remind you of our partnership with **MultiCare Rockwood Spokane Valley Primary Care**, formerly known as Spokane Internal Medicine (SIM), to provide comprehensive fire fighter exams for all Local 29 members. The program was developed because of the specific risk factors associated with being a fire fighter. With elevated risks 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. As a participant on either of the SFFBT Retiree Medical Plans, you are still eligible to participate in this program. The exam itself is fully paid for by Trust. If you are referred out for additional testing or procedures, coverage will depend on the diagnosis or reason for the referral. Contact **MultiCare Rockwood Spokane Valley Primary Care** at **(509) 598-7749** to schedule your annual appointment or call WPAS if you have additional questions.

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:

- Trust Eligibility
- Plan Highlights for your Medical/Vision, Prescription Drug and Dental Plans
- Teladoc Virtual Health Services

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

Enrollment

Newly eligible retirees and spouses must enroll at the Trust Office within 30 days of your retirement (or end of Active coverage.) This is the only time you can enroll, with the exception of:

- If there is a change in status (marriage, birth, death, loss of other coverage)—for dependent enrollment only
- You and your eligible dependents continue coverage on another “group” health plan with no lapse in coverage and transfer directly to the SFFBT.

If you or your dependents **are eligible for Medicare**, the person eligible for Medicare is not eligible to enroll in this coverage. If you or your dependents **become eligible for Medicare after enrolling** in this plan, you or your dependents will be termed the beginning of the month you become eligible for Medicare.

Please contact the Trust Office if you have any questions about completing the form or the benefit plan options available to you. 1-888-563-0665.

Who is Eligible?

You are eligible for Retiree Coverage if you meet the following criteria:

1. At the time your bargaining unit employment ends, you must be a member in good standing of Local 29; and
2. You must have retired directly from employment with either the City of Spokane or the Spokane Airport; and
3. You must be eligible for a pension benefit based on your employment with either the City of Spokane or the Spokane Airport. For this purpose, pension eligibility means:
 - a) Attainment of Age 53 with at least five years of service under the LEOFF Pension System; or
 - b) Completion of at least twenty years of service under the LEOFF Pension System (regardless of age); or
 - c) For all bargaining unit members who are not covered by the LEOFF Pension System, performance of sufficient time to Qualify for a monthly pension benefit as an early or normal retirement under the Spokane City Employees Retirement Plan or PERS system, as applicable.

If you are eligible for the retiree coverage, but decide to defer your enrollment, you must meet the above criteria at the time of your retirement. You can defer enrollment in the retiree plan, provided that you maintain continuous *group* medical coverage in the interim. You must re-enroll in the retiree plan upon the loss of other coverage without a gap in coverage.

Access to Retiree Plan based on Disability

Alternatively, you can be eligible for retiree coverage if you are retiring due to an on-the-job or off-the-job disability, regardless of your age, and only have access to this Retiree coverage after exhausting COBRA and for a duration* that equals your years of employment with the City of Spokane. This coverage is for members only and is NOT extended to eligible dependents. (**Includes COBRA period of coverage*).

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 of the member or spouse
- 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
- Foster children are not eligible

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

New Addition to your 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

2024 Medical / Vision Plan Summary



| Medical Benefits | CLASSIC Plan Premera Blue Cross | | ECONOMY Plan Premera Blue Cross | |
|---|--|------------------------------------|--|------------------------------------|
| | BlueCard PPO Network Providers | All Other Providers | BlueCard PPO Network Providers | All Other Providers |
| Deductible | \$1,500 per Member / \$3,000 per Family | | \$2,500 per Member / \$5,000 per Family | |
| Coinsurance | Plan pays 80% / Member pays 20% | Plan pays 60% / Member pays 40% | 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. | | \$3,250 per person / \$6,500 per Family Deductible, all copays (except Rx copays), and coinsurance accrue to this max. | |
| Office Visit Copay | \$20 Copay | 60% after Deductible | \$20 Copay | 60% after Deductible |
| Outpatient Lab & Radiology Services | 100%; Deductible Waived | 60% after Deductible | 100%; Deductible Waived | 60% after Deductible |
| Physician Inpatient (surgery, diagnostic procedures, etc) | 80% after Deductible | 60% after Deductible | 80% after Deductible | 60% after Deductible |
| Preventive Care | 100%; Deductible Waived | 60% after Deductible | 100%; Deductible Waived | 60% after Deductible |
| Spinal Manip./Chiropractic 24visits PCY | \$20 Copay | 60% after Deductible | \$20 Copay | 60% after Deductible |
| Emergency Room | \$100 Copay; then 80% after Deductible (Copay is waived if admitted to hospital) | | \$100 Copay; then 80% after Deductible (Copay is waived if admitted to hospital) | |
| Ambulance Services | 80% after Deductible | | 80% after Deductible | |
| Acupuncture 24 visits PCY | \$20 Copay | 60% after Deductible | \$20 Copay | 60% after Deductible |
| Home Health Care 130 visits PCY | 80% after Deductible | 60% after Deductible | 80% after Deductible | 60% after Deductible |
| Hospice Care | 80% after Deductible | 60% after Deductible | 80% after Deductible | 60% after Deductible |
| Mental Health (Inpatient) | 80% after Deductible | 60% after Deductible | 80% after Deductible | 60% after Deductible |
| Mental Health (Outpatient) | \$20 Copay | 60% after Deductible | \$20 Copay | 60% after Deductible |
| Chemical Dependency (Inpatient) | 80% after Deductible | 60% after Deductible | 80% after Deductible | 60% after Deductible |
| Chemical Dependency (Outpatient) | \$20 Copay | 60% after Deductible | \$20 Copay | 60% after Deductible |
| Inpatient Rehab Services 30 days PCY | 80% after Deductible | 60% after Deductible | 80% after Deductible | 60% after Deductible |
| Outpatient Rehab Services 45 visits PCY | \$20 Copay | 60% after Deductible | 80% after Deductible | 60% after Deductible |
| Transplants | 80% after Deductible | Not Covered | 80% after Deductible | Not Covered |
| Vision Benefits | | | | |
| Vision Exam | Covered in Full | | Covered in Full | |
| Vision Hardware | 100% up to \$600 every two calendar years | | 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.**

| <i>SFFBT Prescription Drug Benefits</i> | CLASSIC Plan | ECONOMY Plan |
|---|--|---------------------|
| 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.

2024 Dental Plan - Delta Dental



- There are no changes to the Delta Dental Plan for 2024:
- Delta offers the broadest PPO network with the best provider discounts through the national Delta Dental Network.

| Benefits | Washington Dental Service 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 |
| 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 Premiums for Retiree Medical/Rx/Vision and Dental are below. Contributions for dental will increase slightly by 4%, but there are no changes to medical.

Medical/Rx/Vision

| Retiree (<65) Monthly Premium | Classic Plan 2024 | Economy Plan 2024 |
|---|------------------------------|------------------------------|
| Retiree Only | \$664.22 | \$629.36 |
| Retiree & Spouse | \$1,451.14 | \$1,374.97 |
| Retiree & Child | \$1,084.42 | \$1,027.50 |
| Retiree & Children | \$1,304.95 | \$1,236.43 |
| Retiree & Spouse & Child | \$1,871.34 | \$1,773.10 |
| Retiree & Spouse & Children | \$2,091.87 | \$1,982.04 |

- When you enroll yourself and/or eligible family members in a Medical plan, you and those eligible family members (who are not Medicare-eligible) must be enrolled in the same Medical plan.
- Eligible Spouses/Dependents (who are not Medicare-eligible) of members who are 65+ will be covered at the Retiree Only rate.

Dental

| Monthly Premium | Delta Dental 2024 |
|---------------------------------------|------------------------------|
| Retiree Only | \$49.94 |
| Retiree & Spouse | \$99.91 |
| Retiree & Children | \$129.81 |
| Retiree, Spouse & Children | \$179.75 |

Q&A

Q. If the covered fire fighter retiree dies, can my wife continue this coverage?

A. Yes, spouses of retired members can continue the under 65 Retiree coverage or the Medicare options (if spouse is Medicare eligible) even after death of the fire fighter.

Q. If the covered fire fighter retiree reaches Medicare age, can a spouse continue this policy until she reaches Medicare age?

A. Yes, she can continue the under 65 Retiree coverage until she reaches Medicare eligibility.

Q. Will the Trust offer a Medicare supplement plan? Will my wife be eligible for that?

A. All retired IAFF Fire Fighters and their eligible spouses are eligible to purchase MediGap and Medicare Supplemental coverage offered through the Iaff Health & Wellness Trust The IAFFHWT telephone number is: 1-866-265-5231.

Q. Is there care available out of the area?

A. You may use the same National Blue Card PPO search to find network providers across the country. Through the Blue Card Program, you have access to doctors and hospitals in more than 200 countries and territories worldwide. For information on receiving care while traveling abroad, please contact Premera Blue Cross Customer Service at 1-800-810-2583.

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</p> <p>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> <p>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</p> <p>For questions regarding general benefits and Trust business</p> | <p>Email</p> <p>trustees@sffbt.org</p> |
| <p>PREMERA BLUE CROSS</p> <p>For help finding participating providers</p> | <p>Customer Service</p> <p>Monday-Friday 8:00am - 5:00pm (800) 810-BLUE (2583) www.premera.com/sharedadmin</p> |
| <p>MULTICARE ROCKWOOD SPOKANE VALLEY PRIMARY CARE</p> <p>Formerly known as Spokane Internal Medicine. This is where you should schedule your firefighter</p> | <p>Patient Scheduling</p> <p>(509) 598-7749 Exams will be done at: 1215 N McDonald Rd #101</p> |
| <p>SAV-RX PRESCRIPTION DRUGS</p> <p>For questions regarding pharmacy benefits, pharmacy claims, finding participating pharmacies, mail order and specialty pharmacy</p> | <p>Customer Service</p> <p>24 hours a day, 7 days a week (800) 228-3108 www.SavRx.com</p> |
| <p>TELADOC</p> <p>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</p> <p>24 hours a day, 7 days a week (855) 332-4059 www.Teladoc.com/Premera</p> |
| <p>DENTAL - Delta Dental of Washington</p> <p>For questions regarding claims, requesting new ID cards, and finding a dentist</p> | <p>Customer Service</p> <p>Monday-Friday 8:00am-5:00pm (800) 554-1907 www.deltadentalwa.com</p> |
| <p>BPAS</p> <p>VEBA Benefits/Claims, Online Portal Help</p> | <p>Customer Service</p> <p>Monday-Friday: 5:30am - 5:30pm PST (855) 404-VEBA (8322) www.bpas.com</p> |
| <p>TRUST CONSULTANTS</p> | <p>DiMartino Associates</p> <p>(800) 488-8277</p> |

Prepared By:

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