



# Spokane Fire Fighters Benefit Trust

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Administered by  
Welfare & Pension Administration Service, Inc.

November 7, 2024

**TO: All Plan Participants  
Spokane Firefighters Benefit Trust**

**RE: Plan Changes to All Plans**

*This is a Summary of Material Modification describing changes to your health plan adopted by the Board of Trustees. Please be sure that you and your family read this notice carefully and keep it with your benefit booklet for future reference.*

At the recent Board of Trustees meeting, the Board approved the following Plan changes effective as of September 1, 2024. Unless specified, these amendments apply to the Classic and Economy plan:

### **CPAP Devices**

CPAP devices are covered by both Plans with an allowed frequency of two devices every five(5) years, as necessary. Effective September 1, 2024, this benefit is no longer subject to medical necessity review and will no longer require preauthorization.

### **Sleep Studies**

Preauthorization will no longer be required for a Sleep Study, provided your medical provider prescribes the study.

### **Line of Duty Death – COBRA Extension**

If you experience a line of duty death in accordance with Washington law, including RCW 51.32.185, while an active employee or early retiree covered under the Plan, the Plan will provide COBRA coverage at no additional cost to your spouse and dependents for up to twelve months following the date of death. At the end of the twelve-month period, the surviving spouse and/or dependents have the option to self-pay for the remaining period of available COBRA coverage, or up to an additional 24 months, for a total of 36 months of COBRA coverage. During the remaining 24 months of self-paid COBRA coverage, the standard COBRA requirements apply. Refer to your Plan Booklet.

To the extent your surviving spouse and/or dependents have coverage from more than one health plan, this Plan will pay secondary to any state provided coverage that arises as a result of a line of duty death, and which provides coverage to your spouse and/or dependents.

If you have questions regarding the contents of this notice, please contact the Administration Office at (888) 563-0665.

## **Board of Trustees**

### **Spokane Firefighters Benefit Trust**

**Important Reminder** - You must advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents, divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.