



Tumwater Fire Fighters
Benefits Enrollment Guide





IAFF Health & Wellness Trust

WELCOME TO THE IAFF HEALTH & WELLNESS TRUST (IAFF HWT)

Be sure to review the pages inside this guide so that you don't miss out on any of the great benefits available to you and your covered family members.

Additional benefits include: vision, hearing, planned surgery benefits, virtual physical therapy benefits, critical illness, a member assistance program and more!

If you have any questions about this year's open enrollment or need additional help understanding your benefits, please see the "Helpful Contact Information" section in the back of this guide for a detailed listing of contacts should you need any assistance.

NEW ID CARDS FOR 2023

ID cards with the IAFF HWT branding will be mailed out in late December 2022. Group and member numbers will remain the same.

NEW ONCOLOGY CARE PROGRAM STARTS NOVEMBER 1, 2022

IAFF HWT is rolling out a new Oncology Care Program through Transcient (formerly BridgeHealth). Currently, Transcient provides members access to Surgery Care and Virtual PT programs. Now, members will be able to access these programs through a new Mobile App and access the new Oncology Care Program on this platform as well.

The program will offer two separate paths for a patient following diagnosis:

- Centers of Excellence (COE) - similar to the Surgery Care benefit, this provides access to top-quality Oncology care across the country for cancer treatments and/or surgery (claims run through the Trust, deductible applies on qualified HSA plans)
- Expert Second Option and Peer-to-Peer Collaboration - pulls in a Transcient best-in-class provider to work with patient's local oncologist (claims run through medical)

The Oncology Care Program will provide social and emotional support for member and family throughout the cancer experience. The Oncology support team includes experienced Oncology nurses for ongoing guidance during and after treatment. Learn more about this program later in the guide.

HEARING BENEFITS

Hearing benefits will no longer be administered by EPIC Hearing. They will be moved into the medical and adjudicated like any other medical claim. In and out-of-network benefits will apply. Deductible applies on qualified HSA plans.

- Hearing Exam: Covered in Full, once per year
- Hearing Hardware: Up to \$1,500 every 5 years (both ears combined)



2023 ENROLLMENT CHECKLIST

Please follow the steps below to complete your 2023 Enrollment.

Please submit your Enrollment Forms by Friday, November 18th.

This is your annual opportunity to make plan changes for you and/or dependents.

The benefits you elect will remain in place through the end of the 2023.

Note: Enrollment timeline may vary in certain situations.
Please see the following page for more on “Special Enrollment Rights”.



PREPARE EVERYTHING YOU WILL NEED

Social Security Numbers and birthdates for you and your family members.



COMPLETE YOUR ENROLLMENT FORMS

Existing Employees—Complete only if making changes

All employees must complete an Enrollment Form in order for changes to be made to enrollment in medical/vision coverage.

New Employees

New Employees must complete an Enrollment Form in order to be enrolled in medical/vision coverage.

**Please remember to update your preferred contact information with the Trust Office as needed, to stay up to date and ensure receipt of important plan documents.*



SUBMIT YOUR ENROLLMENT FORM ONE OF THE FOLLOWING WAYS

- Mail to: IAFF Health & Wellness Trust, PO Box 6, Mukilteo, WA 98275
- Fax: 866-676-1530
- Scan and Email it to: IAFFHealthTrust@vimly.com
- Return to your Human Resources Department



ELIGIBILITY *(Minimum Trust Requirements; Employer requirements may differ)*

ELIGIBLE EMPLOYEES

- Full-time active members of a Participating Employer,
- Regularly scheduled to work a minimum of 20 hours per week for the Participating Employer,
- Satisfied any probationary period established by the Participating Employer, but no more than 90 days,
- 100% participation of eligible members, unless member is covered by another group plan.

ELIGIBLE DEPENDENTS

- Your legal spouse (or domestic partner, subject to your Employer's eligibility guidelines)
- Surviving Spouse if you were participating in the plan at time of death (*not divorced, spouse-paid at the retiree rate after COBRA*)
- Your natural, adopted, legally placed, or spouse's natural children up to age 26
- Overage 26 dependents who are incapable of self-support because of a physical or mental disability (documentation must be provided to the plan upon request to verify ongoing eligibility)

Please contact your Human Resources department or the IAFF HWT Trust Office with any questions regarding eligibility for yourself and/or your dependents.

See the IAFF HWT Summary Plan Description for a full listing of eligible dependents.

SPECIAL ENROLLMENT RIGHTS

In general, Open Enrollment is your one time per year to make changes to your health plan and/or covered family members, unless you have a *Qualifying Life Event*.

Examples of a Qualifying Life Event include:

- Marriage or divorce
- Birth or adoption of a child
- Loss of your dependent's coverage under another plan

If you experience one of the qualifying events listed above, or believe that you've experience another qualifying event, please contact Human Resources or IAFF HWT within **30 days** of the event in order to make a related change to your benefits and/or family status.

Newborns and adopted children may be added within 60 days of birth/adoption.

INSURANCE TERMINOLOGY 101

Ⓢ ALLOWED AMOUNT

This is the amount that in-network providers have contractually agreed to accept as payment in full for a covered service. For non-network Providers, this is the amount that Regence has determined to be reasonable charges for the covered service. Amounts in excess of the “Allowed Amount” are not considered a covered service and do not count toward your Out-of-Pocket Maximum. While the plan does not consider charges in excess of the Allowed Amount to be covered services, a non-network Provider can bill you directly for these charges. This is called “balance billing”.

Ⓢ DEDUCTIBLE

The deductible is the amount you pay upfront for covered health services before your insurance plan starts to pay. The Deductible resets every January.

Not all services are subject to the Deductible. Please refer to the plan benefit grid to see which services are subject to the deductible and which are not.

Ⓢ COINSURANCE

Once you have satisfied any applicable Deductible, the plan pays a percentage of the Allowed Amount. If the plan pays 80% after Deductible, that means you pay the other 20%, until you hit your Out-of-Pocket Maximum.

Ⓢ COPAY

Copays are fixed dollar amounts that you pay directly to the provider. For example, Office Visits, Emergency Room and Prescription Drug Copays.

Ⓢ OUT-OF-POCKET MAXIMUM

This is the most you can spend out-of-pocket in a plan year for covered services. Once you’ve reached your plan’s Out-of-Pocket Maximum, the plan pays 100% of covered services for the remainder of the plan year. The Out-of-Pocket Maximum resets every January.

Included in the Out-of-Pocket Maximum: Deductible, Copays (including Rx Copays) and Coinsurance.

Note: Balance Billed charges from non-network providers are not considered covered services and do not count toward the Out-of-Pocket Maximum.

MEDICAL BENEFITS OVERVIEW

IAFF HWT Plan \$1500 Regence BlueShield			
Benefits	Category 1 Preferred Provider	Category 2 Participating Provider	Category 3 Non-Participating Provider
Deductible (Calendar Year)	\$1,500 per Member / \$3,000 per Family (2x the member amount)		
Out-of-Pocket Maximum (Calendar Year)	\$2,000 per Member / \$4,000 per Family (2x the member amount)		
Coinsurance	You pay 20% of the Allowed Amount	You pay 40% of the Allowed Amount <i>May be subject to balance of billed charges when seeing Category 3 providers</i>	
Benefits	ALL SERVICES ARE SUBJECT TO THE DEDUCTIBLE UNLESS OTHERWISE NOTED. CATEGORY 3 PROVIDERS MAY RESULT IN BALANCE BILLING.		
Office Visits	\$20 Copay Deductible Waived		40% after Deductible
MDLive Virtual Care	No Charge (MDLive Only)		Not Applicable
NEW! Hearing Exam	No Charge		
NEW! Hearing Hardware (Every 5 years)	Up to \$1,500 - both ears		
Outpatient Lab & Radiology Services	No Charge	40% after Deductible	40% after Deductible
Professional Services	20% after Deductible	40% after Deductible	40% after Deductible
Outpatient Surgery	20% after Deductible <i>(10% after Deductible for Ambulatory Surgical Centers)</i>	40% after Deductible	40% after Deductible
Inpatient Hospital	20% after Deductible	40% after Deductible	40% after Deductible
Preventive Care	No Charge		40% after Deductible
Acupuncture 30 visits PCY	20% Deductible Waived	40% Deductible Waived	40% Deductible Waived
Spinal Manipulation 30 visits PCY	20% Deductible Waived	40% Deductible Waived	40% Deductible Waived
Emergency Room	\$100 Copay; then 20% after Deductible (Copay is waived if admitted to hospital)		
Ambulance Services	20% after Deductible		
Inpatient Mental Health & Substance Abuse Services	20% after Deductible		
Outpatient Mental Health & Substance Abuse Services	\$20 Copay Deductible Waived		
Durable Medical Equipment	20% after Deductible	40% after Deductible	40% after Deductible
Inpatient Rehabilitation Services 30 days PCY	20% after Deductible	40% after Deductible	40% after Deductible
Outpatient Rehabilitation Services 40 visits PCY <i>Massage Therapy included here</i>	20% Deductible Waived	40% Deductible Waived	40% Deductible Waived

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.

PRESCRIPTION DRUG BENEFITS



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 IAFF HWT Member ID Card, along with your medical plan information. You should present this card at your pharmacy when trying to fill a prescription. Sav-Rx does not issue a separate ID Card.

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.

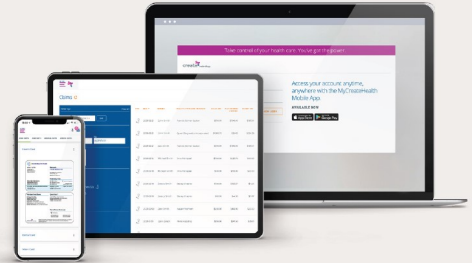
IAFF HWT Prescription Drug Benefits	
Preventive Medications	Covered at 100% <i>Per Affordable Care Act (ACA) Guidelines; contact Sav-Rx for more information</i>
Retail Prescription Drug Copays	
Generic Medications	\$5 Copay
Formulary Brand Name Medications	\$25 Copay
Non-Formulary Brand Name Medications	\$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

GENERIC VS. BRAND MEDICATION

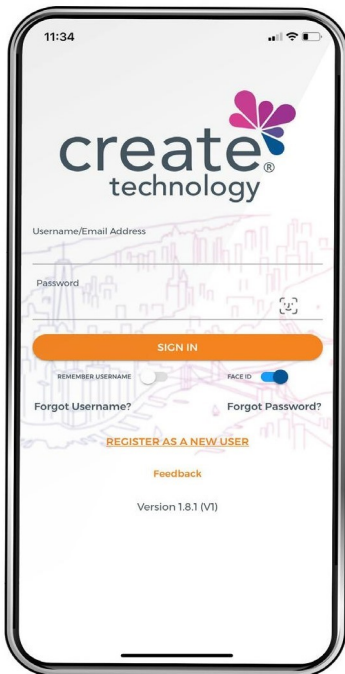
Generic drugs have been approved by the Food and Drug Administration (FDA) as safe and effective alternatives to their brand name counterparts. Generic drugs contain the same active ingredients in the same amounts as the brand name product. The generic version works just like a brand in dosage, strength, performance and use. Generics may differ in color, shape, size or flavor from the brand product; however these differences do not effect the performance, safety or effectiveness of the generic drug.

If you choose to take a brand name drug over an exact generic equivalent, you will be responsible for the applicable plan copay, plus the difference in drug cost.

Access your benefits information online and on-the-go



Go to www.MyCreateHealth.com/employee, register, then download the MyCreateHealth Mobile App
Use the same credentials to log in directly from your smartphone!



- ✓ **Check what's covered**
See your eligibility and benefits summary, plan details and other important information
- ✓ **Never forget your ID card**
View, print, or email your card online or from your phone
- ✓ **View your claims**
See your claims and Explanation of Benefits (EOB)
- ✓ **Track your medical costs and balances**
Instantly access your out-of-pocket maximums and other details

Download the MyCreateHealth mobile app



Manage your medical benefits anytime, anywhere — take charge of your health.

Your dedicated MagnaCare customer service team is ready to answer your questions.
You can always find the number on your Member ID Card.

877-624-6219 Monday-Friday 6am-6pm PDT
IAFFHealth-Member@magnacare.com

HOW TO FIND PROVIDERS



PROVIDER NETWORK

The IAFF Health & Wellness Trust offers you a comprehensive medical plan administered by MagnaCare and utilizing the Regence BlueShield provider network. When you are outside of the Regence service area, your network is the [National Blue Card PPO Network](#).

REGENCE BLUESHIELD PROVIDERS

Category 1/Preferred Providers: When you choose a Regence Preferred Provider, you are seeing a Category 1 Provider, meaning that you save the most in your out-of-pocket expenses. Choosing a Preferred provider also means you will not be billed for balances beyond deductible, copayment and/or coinsurance for covered services.

Category 2/Participating Providers: When you choose to see a Participating Provider, you are seeing a Category 2 Provider. Your out-of-pocket expenses will generally be higher than if you choose a Preferred Provider. In addition to your cost-share being greater on most services, Regence BlueShield may also negotiate less favorable discounts than with Preferred Providers that will result in higher out-of-pocket amounts to you. Choosing a Participating Provider still means you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services.

Category 3/Non-Participating Providers: These are “Non-Network” providers who do not have a contract with Regence BlueShield. Seeing “Non-Network” providers means that your out-of-pocket costs will generally be higher than when you’re seeing an “In-Network” provider. Not only is your cost-share greater with a “Non-Network” provider, but those providers may also bill you for any balances beyond the deductible, copayment, and/or coinsurance, sometimes referred to as “balance billing”.

HOW TO FIND AN IN-NETWORK PREFERRED / BLUE CARD PPO PROVIDER

STEP 1: Log into your IAFF HWT MyCreateHealth portal at www.MyCreateHealth.com/employee

STEP 2: Go to “**Find A Provider**” in the drop-down menu, located in the top left corner of the page, or select the orange “**Find A Provider**” button

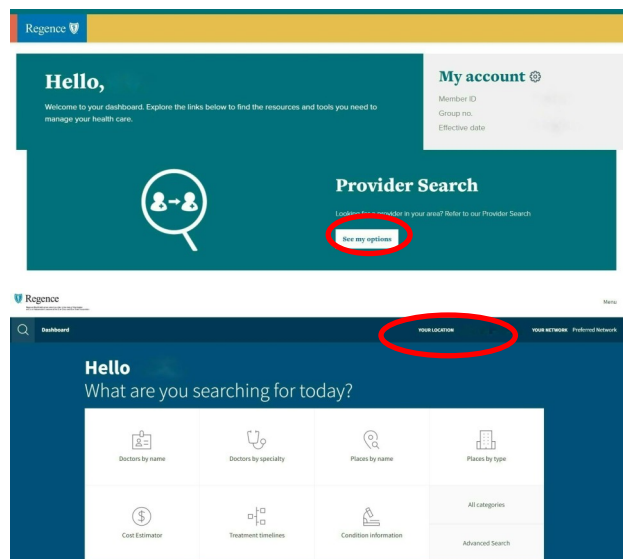


STEP 3: Select the plan Network you are searching—for medical, select the “**Regence**” logo

STEP 4: You will be taken to a Regence website. On your first visit, you will be asked to verify your identity via an email link. Future access will not require verification.

STEP 5: Click “**See my options**” under Provider Search

NOTE: If you need to search in a different location, enter the new location in the top right corner of the screen.



With MDLive, you can access a doctor from your home, office, or on the go – 24/7/365! MDLive’s Board Certified doctors can visit with you either by phone or secure video to help treat non-emergency medical conditions. MDLive doctors can diagnose your symptoms, prescribe medication and send prescriptions to your pharmacy of choice, subject to state law and regulations.



CARE FROM THE SAFETY AND COMFORT OF HOME

Avoid exposure to viruses and germs.



LESS TIME WAITING

Talk with a doctor in less than 15 minutes and feel better faster.



24/7 AVAILABILITY

MDLIVE doctors are available nights, weekends, and holidays in all 50 states.



TOP QUALITY PHYSICIANS

Our board-certified doctors have an average of 15 years of experience and are specially trained in telemedicine.



DEPENDABLE CARE

Our AI-powered evaluation process and proprietary telemedicine guidelines help us deliver care you can count on.



PRESCRIPTIONS

Your provider can send prescriptions to your preferred pharmacy and refill existing medications.*



Your health benefits include virtual visits with therapists and psychiatrists.

Have confidential virtual visits with MDLIVE licensed therapists and board-certified psychiatrists. Get the tools, strategies, and medication management you need to help you feel more like yourself from the privacy and safety of home. You can choose the same provider for every visit or switch anytime.

REGISTER TODAY, AND YOU’LL BE READY TO SEE A DOCTOR WHEN YOU NEED ONE.

OUR PHYSICIANS TREAT MORE THAN 80 ROUTINE MEDICAL CONDITIONS.

- Allergies
- Asthma
- Back Pain
- Bronchitis
- Common Cold
- Constipation
- Cough
- COVID-19
- Diarrhea
- Ear Infections
- Flu
- Headache
- Mild Injuries
- Nausea
- Pink Eye
- Rashes
- Respiratory Problems
- Sinus Infections
- Sore Throat
- Strep Throat
- Urinary Tract Infections (females 18+)
- ...and more, including medication refills



888-341-9937



MDLIVE.com/magnacare

Get the app today, and be prepared for a virtual doctor visit the next time you get sick.



SURGERY CARE BENEFIT



EXPERIENCE DIFFERENT

Considering surgery? Transcarent saves you money and gives you access to top-rated hospitals, surgery centers and doctors for planned non-emergent procedures. This benefit is separate from your medical plan and *optional* for you to use.

Call (888) 994-2177; email surgerycare@transcarent.com; or visit member.transcarent.com.

Plus, when you choose a Transcarent provider, IAFF HWT provides a taxable care allowance between \$500 and \$1,500 to assist with care and recovery expenses. The care allowance amount is determined by your group and paid by Transcarent within 30 days after your surgery is complete. For tax reporting purposes, Transcarent provides a Form 1099-MISC, miscellaneous income.

Our promise to you



Experience

Leave the details to us. Our Care Coordinators are committed to giving you a better health and care experience. It's the personal support and guidance everyone deserves.



Results

You deserve to be treated like a VIP. We're committed to providing you the best possible outcome, and it starts with access to select providers who have been verified to deliver the best results specific to your needs.



Affordability

You don't have to avoid surgery because of cost. IAFF Health & Wellness Trust and Transcarent are committed to providing you optimal care at a lower out-of-pocket cost to you.

Not ready for surgery?

Virtual Physical Therapy is an alternative to in-person physical therapy for back, joint and muscle pain. It's included in your IAFF Health & Wellness Trust benefits, and there may be no cost to you.

To learn more, visit:

experience.transcarent.com/iaff/vpt

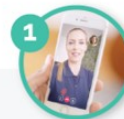
VIRTUAL PHYSICAL THERAPY



EXPERIENCE DIFFERENT

HOW IT WORKS - Skip scheduling appointments, travel, and waiting in crowded waiting rooms. Transcarent offers a new approach to relieving pain, all from the comfort of your home. Virtual Physical Therapy is proven to have better results, is available at no cost or at a lower cost to members and family members 18+ enrolled through your IAFF HWT plan, and best of all, it easy to use.

To get started with Virtual Physical Therapy, download the Transcarent app at webapp.transcarent.ai on your mobile device or visit member.transcarent.com, log in, go to "My Benefits" and click Virtual Physical Therapy.



Get matched

Meet your physical therapist via video call—they'll design you a customized program



Get your kit

Receive your Digital Therapist® tablet and motion sensors to perform and track your exercises



Get better

Stay connected with your physical therapist as your needs change so you get better, faster

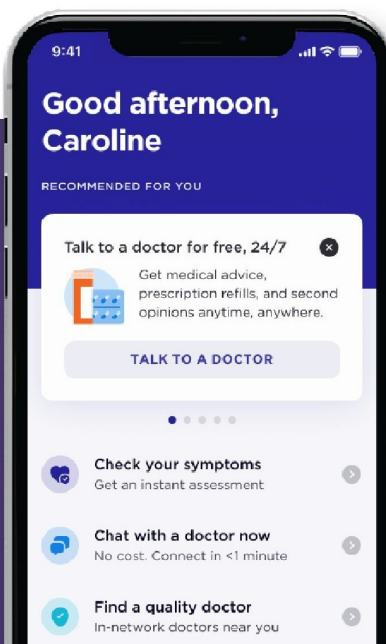
Have you received a cancer diagnosis? Beginning November 1, 2022, all enrolled members and family member have access to the Oncology Care program through Transcarent. This program is designed as an end-to-end experience for members and caregivers that provides access to valuable resources like the Expert Advisory Review team, who provides members with reviews of diagnosis and treatment plans, and local treating oncologists with ongoing peer to peer guidance. Members and caregivers with questions can connect with experienced oncology nurses who can answer all questions related to diagnoses and treatment.

What is the Transcarent Oncology Care experience like? Through Oncology Care, you can expect live, human support from the moment you begin your journey. Health Guides are there to make the process as easy and seamless for you as possible.

You can call a Health Guide to connect with the Oncology Support team of experienced oncology nurses for ongoing guidance during and after your cancer treatment. You can also communicate via in app messaging to learn about the program, to receive support for your treatment, and to understand the steps through your treatment journey.

How much will Oncology Care cost me? You will pay nothing for using Transcarent’s Oncology Care Program. That’s right—the IAFF HWT is covering 100% of the benefit cost so you pay zero when using the Centers of Excellence (COE) program. If you utilize the peer-to-peer support program, there is no cost to you, but expenses for care will billed through the medical plan (*for members on a high deductible health plan with a qualifying health saving account, Transcarent services are no cost to you after your deductible has been met*).

How do I get started? Get started by registering online at member.transcarent.com, or by downloading the mobile app below. Beginning November 1, 2022, you can also call (888) 994-2177 to speak with your Health Guide or visit member.transcarent.com.



Register Now!



Scan the QR code, search “Transcarent” in the app store, or talk to a Health Guide:

 (888) 994-2177

The IAFF Health & Wellness Trust now covers Regenexx under your plan. Regenexx is a non-surgical alternative that uses your body’s natural healing agents and may be a solution in lieu of more invasive surgery options. Regenexx procedures use your own stem cells and blood platelets to treat damaged bone, cartilage muscle, tendon and ligament tissues.

Am I a candidate for a **Regenexx** procedure?

Are you a candidate?

Regenexx procedures treat a broad range of chronic and acute orthopedic injuries. Whether you suffer from the lingering aches and pains often associated with aging or a tear or sprain due to activity, Regenexx may be able to help return you to full function without invasive surgery. Speak with your IAFF-HWT Regenexx patient liaison to learn more.

The procedure experience

Regenexx procedures are injection-based, outpatient procedures. On procedure days, blood and/or stem-cells are collected in the morning, processed in our on-site lab, and reinjected under image-guidance in the afternoon. Most patients describe only moderate discomfort, and patients are encouraged to re-engage in activity within a week following the procedure.

Scheduling an evaluation

Our dedicated patient liaisons understand IAFF-HWT’s benefits and will guide you through the process of finding the clinic nearest to you and scheduling your evaluation. No physician referral is needed to schedule a Regenexx evaluation and phone evaluations are available for patients who have recent imaging and do not live close to a clinic location.

Learn more about Regenexx and your benefits

For an in-depth overview, **Regenexx** hosts weekly informational sessions where you can learn about **Regenexx** and how our procedures may be able to help treat your orthopedic pain. You’ll also have the opportunity to ask questions about your benefits. Follow the QR code or visit the address below to register for a webinar. Scheduled dates and times are updated regularly.

regenexxbenefits.com/webinar?card



Call us today to speak with your dedicated Regenexx patient liaison for IAFF-HWT at **866-425-2191** or visit regenexxbenefits.com/IAFFHealthTrust to learn more about how Regenexx can help you.

After a thorough evaluation by a Regenexx physician, you will be provided with a candidacy rating and treatment plan

VSP VISION BENEFITS



You can access vision care from any provider you wish, however you will maximize your vision benefit by utilizing the Vision Service Plan (VSP) network of providers and retailers. When using your VSP benefit, please provide the subscriber's name and SSN. Find providers at: vsp.com or call (800) 877-7195.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$0	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$420 featured frame brands allowance \$400 frame allowance 20% savings on the amount over your allowance \$220 Walmart*/Sam's Club*/Costco* frame allowance 	\$0	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every other calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every other calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$400 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	\$0	Every other calendar year
ADDITIONAL PAIRS OF EYEWEAR			
FRAME*	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart/Sam's Club/Costco frame allowance 	\$0	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every other calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for additional contacts 	\$0	Every other calendar year
LASER VISIONCARE PREFERRED PROGRAM	<ul style="list-style-type: none"> \$500 allowance both eyes for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	\$0	Once per lifetime
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam	up to \$50	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

DELTA DENTAL OF WASHINGTON

Comprehensive dental coverage is offered through Delta Dental of Washington. This is a PPO plan and although you may access dental services from any licensed dentist, your out-of-pocket expenses will always be lower when you see a Delta Dental PPO dentist.

Dentists who participate in the Delta Dental network as either a PPO or Premier dentist agree to accept discounted, negotiated fees. If you use a non-participating dentist, your charges will be based on the maximum allowable fee for your area, as determined by Delta Dental. This may result in a difference between the maximum allowable fee and the dentist's billed charge that you would be responsible for paying.

Benefits		Plan 7 (Incentive) + Ortho 2000	
Network	Delta Dental PPO Dentist	Delta Dental Premier or Non-Participating Dentist	
Class I - Diagnostic & Preventive Exams, Prophylaxis, Flouride, X-rays, Sealants	70%-100%	70%-100%	
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery, Crowns	70%-100%	70%-100%	
Class III - Major Dentures, Partials, Bridges, Implants	50%	50%	
Annual Maximum	\$2,000		
Annual Deductible - Waived on Class I benefits	\$0	\$0	
Orthodontia Benefits - Adults & Children \$2,000 Lifetime Maximum	50%	50%	
Temporomandibular Joint Disorder (TMJ) \$1,000 annual Maximum (\$5,000 lifetime)	50%	50%	
Balance Billing - Can Dentist charge more than Delta Dental allowable amount?	No	Yes	

**Non-Participating Dentists: The plan's payment is based on the Maximum Allowable Charge which may result in your out-of-pocket costs being greater than what is shown above.*

New plan participants will start at 100% for Class I and Class II. If you fail to see a dentist for your annual check-up, your coinsurance will be reduced by 10% the following year and so on until you reach 70%. Make sure you visit a dentist at least once every year to maintain your 100% Class 1 and Class II benefits.

HELPFUL TIP

Before treatment begins, ask your dentist for a pre-determination of benefits. They will work with Delta Dental to determine how much of the cost will be covered under the plan and what portion will be your responsibility.



Up to 5 sessions with a councilor are provided at no charge to you. If additional sessions are needed, Health Advocate will work with you to find a professional who can work with your health plan to determine further coverage.

Visit HealthAdvocate.com/IAFFHealthTrust or call 866-799-2728.

Health Advocate offers a unique level of healthcare, insurance and well-being support to help you reach your best health.

Our experts will do the work to ensure that you get the right information and assistance at the right time. Our services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost.

Confidential support for personal problems

- Work through relationship and financial/legal issues, stress, depression, substance abuse
- Get practical strategies and work/life resources to make life easier and find balance

Work/life resources to make life easier and find balance

- Locate childcare, eldercare, summer camps, special needs services and relocation support
- Easy access to legal/financial experts and information, saving you time, money and worry

Expert healthcare help when you need it most

- Explain diagnoses and treatments; find the right in-network doctors and make appointments
- Arrange second opinions and transfer medical records; resolve complicated claims and billing issues

Lower your out-of-pocket costs on non-covered care

- Our skilled negotiators can help reduce medical/dental bills over \$400 not covered by insurance
- Just send us the bill and we'll get provider signoff on the agreed-to terms and conditions

*Health Advocate will attempt to negotiate with providers where allowed by individual states. Specific results are not guaranteed.



866.799.2728

Email: answers@HealthAdvocate.com



Web: HealthAdvocate.com/IAFFHealthTrust

AFLAC CRITICAL ILLNESS



All active employees enrolled in a Trust Medical Plan are automatically enrolled in a base Critical Illness plan through Aflac.

WHAT IS A CRITICAL ILLNESS PLAN?

Helps pay the expected and unexpected expenses arising from diagnosis of numerous covered illnesses. The benefit is paid directly to the member and can be used to cover out-of-pocket expenses, including but not limited to: household expenses, replacing wages or savings, copays/deductibles or travel expenses.

Features & Plan Provisions	Aflac Critical Illness with Cancer
Who is Covered?	Benefit Amount
Employee	\$5,000
Child(ren)	\$2,500
What is the Cost?	NONE - The Trust covers the cost of this benefit*
Guaranteed Issue Amount	All amounts stated above are Guaranteed-Issue
Pre-Existing Condition Limitation	None
Waiting Period	None
Covered Conditions	<p style="text-align: center;">Base Benefits</p> <p style="text-align: center;">Heart Attack (Myocardial Infarction) 100% Sudden Cardiac Arrest 100% Coronary Artery Bypass Surgery 25% Major Organ Transplant 100% Bone Marrow Transplant (Stem Cell Transplant) 100% Kidney Failure (End-Stage Renal Failure) 100% Stroke (Ischemic or Hemorrhagic) 100%</p> <p style="text-align: center;">Cancer Benefits</p> <p style="text-align: center;">Cancer (Internal or Invasive) 100% Non-Invasive Cancer 25% Skin Cancer \$250 per calendar year</p> <p style="text-align: center;">Childhood Conditions Rider</p> <p style="text-align: center;">Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida , Type I Diabetes: 50% of employee benefit</p>
	<p><i>This benefit is currently only available to employees and their child(ren) under age 26. Newborn children are automatically covered from the moment of birth. Please refer to your coverage certificate for details.</i></p>
<p>Please request a sample policy for full benefit descriptions and definitions.</p>	

For more information, please contact the Trust Office for the Aflac Administration Guide, or call Aflac directly at 1-800-433-3036 or visit online at www.aflacgroupinsurance.com.

VOLUNTARY PRODUCTS

OPEN ENROLLMENT WILL BE HELD IN JUNE/JULY - AUGUST 1 EFFECTIVE DATE.

All active employees enrolled in a Trust Medical Plan have the option to enroll in Voluntary Critical Illness and/or Voluntary Accident with Aflac. There is an Annual Open Enrollment for these coverage lines during June-July each year for an August 1st effective date. Look for more information to be sent in June 2023 for the next enrollment opportunity.

New groups and new hires will receive off-anniversary invitations to enroll.

Both of these products are administered by The VB Shop. More information on plan design and rates as well as benefit webinars can be found at the URL below.

Contact The VB Shop for assistance at 866-888-9755 or support@thevbshop.com.

VOLUNTARY CRITICAL ILLNESS

Enroll in the Trust's Voluntary Critical Illness plan if you want coverage in excess of the \$5,000 Trust-paid benefit (see previous page) or if you would like to purchase coverage for your spouse. Coverage can be purchased in increments of \$5,000 at age-banded rates up to a maximum of \$30,000.

Visit the URL below for specific plan details, schedule of benefits and rates.

VOLUNTARY ACCIDENT

Voluntary Accident plans pay cash benefits for eligible expenses that you can use any way you see fit. Cash payments vary based on the type of service incurred based on the full schedule of benefits. Rates are 4-tiered dependent whether you enroll yourself or eligible family members.

Visit the URL below for specific plan details, schedule of benefits and rates.

IAFF HWT Voluntary Benefit Online Portal
Find plan design information, rates and benefit webinars at:
<https://tinyurl.com/IAFF-HWT-Voluntary-Benefits>

OTHER TRUST BENEFITS

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

All active employees covered by an IAFF HWT medical plan are also enrolled in a \$20,000 face value Life and AD&D benefit offered through Union Labor Life Insurance Company (ULLICO).

- Please complete and return a beneficiary designation form to the Trust Office. These forms are available on the IAFF HWT Online Portal at <http://IAFFHWT.Simon365.com> or you may request a form by emailing the Trust Office at IAFFHealthTrust@vimly.com or calling the Trust Office at 1-866-265-5231.
- If you do not complete a beneficiary designation, your benefit will be distributed based on the order of beneficiaries as stated in the coverage certificate. A copy of the certificate is available upon request from the Trust Office (see contact above) or on the IAFF HWT Online Portal.

HEALTH ADVOCACY AND MEDICAL BILL SAVER

All active employees covered by a Trust Medical Plan have access to Health Advocacy and Medical Bill Saver through Aflac.

Dealing with healthcare can be complicated and stressful. Health Advocates can help you with a variety of needs including finding specialists, clarifying coverage, addressing claim issues, getting second opinions and even negotiating medical bills.

For more information, call 1-855-423-8585 or visit healthadvocate.com/aflac

EZSHIELD FRAUD AND IDENTITY PROTECTION

Active employees* covered by a Trust Medical Plan have access to EZShield Fraud and Identity Protection.

Available services include access to a certified Resolution Specialist, EZShield's 32-step recovery process for lost/stolen wallet, breached data, fraud or ID theft and 24/7 access to expert professionals.

Following your registration, you will also have access to the Online Identity Vault for secured digital storage for personal and account information and other vital documents, a mobile app for on-the-go access to manage your identity and a password manager. You will receive a monthly activity report via email detailing your account status and protection tips, as well as breach alert emails to make you aware of recent breaches and scams.

After registration, members will have an option to add spouse/dependents for an additional cost.

For more information, call 1-866-826-8851 or visit aflac.ezshield/register.

**Not available in Idaho or Minnesota at this time.*

FREQUENTLY ASKED QUESTIONS

1. Who do I call with eligibility or other non-benefit questions?

Call the Trust Office at 1-866-265-5231 or visit the online portal at: IAFFHWT.Simon365.com.

2. How do I sign up for the MyCreateHealth online portal?

Go to MyCreateHealth.com/employee and follow the steps to register as a new user. You will be asked to choose a username, password and security question as well as provide your Member ID number from your new IAFF HWT Member ID Card. You will also be asked to provide your preferred contact information and other personal details. Once registration is complete, download the **MyCreateHealth** mobile app on your smart phone. Log in using the same username and password you created at registration.

3. How do I find a network provider?

- Go to MyCreateHealth.com/employee
- Go to “Find A Provider”, select the “Regence” logo
- Verify your identity (first visit), then go to “Provider Search”
- Search by provider name, specialty, or facility name/type. To save the most out of pocket, look for **Preferred Providers**.

*If you need to search in a different location, enter the new location in the top right corner of the screen.

4. How do I get care out of the area?

Through the **BlueCross BlueShield Global Core** 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 visit www.bcbsglobalcore.com.

5. How can I order additional ID Cards?

You may request additional ID Cards or replacement cards from the MyCreateHealth member portal or mobile app. You may also place a call to the Trust Office or contact MagnaCare directly at 877-624-6219. Don't forget, a virtual Member ID Card is always right at your fingertips via the **MyCreateHealth** mobile app!

6. Who do I call for help with my prescription drug benefits?

Sav-Rx Prescription Services is your Pharmacy Benefit Manager. Sav-Rx has live staff available 24 hours a day, 7 days a week, 365 days a year at 1-800-228-3108. Sav-Rx can assist you with:

- Setting up a Mail Order prescription with Sav-Rx Mail Order Pharmacy
- Setting up a Specialty Pharmacy medication
- Questions regarding step therapy and drug prior authorizations
- Questions regarding drug exclusions and quantity limitations
- Working with your provider to find the right drug in regard to both clinical and cost effectiveness

HELPFUL CONTACT INFORMATION

BENEFIT	CONTACT
IAFF HWT Trust Office Open Enrollment, Eligibility, COBRA, Booklets, SBC's, General Member Service and information on the Trust's Life/AD&D benefit	Vimly Benefit Solutions IAFFHealthTrust@vimly.com Monday-Friday: 8:30am-5pm PST Toll Free: 866-265-5231 Phone: 206-859-2678 Fax: 866-676-1530 IAFFHWT.Simon365.com
IAFF HWT Trust Consultants Escalated issues and general Trust business	DiMartino Associates IAFFTrust@dimarinc.com 206-623-2430
MagnaCare - Health Plan Administrator Medical Benefits/Claims, ID Cards, Network Providers, Medical Procedure Prior Authorization/Precertification, MyCreateHealth online portal and mobile app	Customer Service IAFFHealth-Member@magnacare.com Monday-Friday: 6am-6pm PST 877-624-6219 MyCreateHealth.com/employee MDLIVE Telehealth 888-341-9937 MDLive.com/magnacare
Sav-Rx Prescription Services Pharmacy Benefits/Claims, Pharmacy Network, Mail Order & Specialty Pharmacy, Drug Prior Authorizations Rx Bin Number: 006558	Customer Service 24 hours a day, 7 days a week 800-228-3108 For Pharmacy Benefit information: SavRx.com
Vision Service Plan (VSP) Vision Benefits/Claims, Vision Network	Customer Service 800-877-7195 To find providers: VSP.com



HELPFUL CONTACT INFORMATION, CONT.

BENEFIT	CONTACT
<p>Delta Dental of Washington</p> <p>Delta Dental Benefits/Claims, Dental Network, Dental ID Cards</p>	<p>Customer Service</p> <p>Hours: Monday-Friday 7am - 5pm PST 800- 554-1907 cservice@deltadentalwa.com deltadentalwa.com</p>
<p>Transcarent</p> <p>Surgery Care Benefit Virtual Physical Therapy Oncology Care Program—Available 11/1/22</p>	<p>All Transcarent Programs</p> <p>Health Guides available 24/7 888-994-2177 member.transcarent.com</p>
<p>Member Assistance Program</p> <p>Access to work and life resources as well as telephonic and face-to-face counseling for you and your family members</p>	<p>Health Advocate</p> <p>answers@HealthAdvocate.com Available 24/7 866-799-2728 HealthAdvocate.com/IAFFHealthTrust</p>
<p>Aflac Critical Illness</p> <p>Trust paid Critical Illness benefit</p>	<p>Aflac Customer Service</p> <p>800-433-3036 aflacgroupinsurance.com</p>
<p>Voluntary Benefits</p> <p>Member paid Group Critical Illness, Group Accident, and other Voluntary plans.</p> <p>ANNUAL OPEN ENROLLMENT HELD IN JUNE/JULY - COVERAGE EFFECTIVE AUGUST 1</p>	<p>The VB Shop</p> <p>support@thevbshop.com Monday-Friday: 6am-1pm PST 866-888-9755 https://tinyurl.com/IAFF-HWT-Voluntary-Benefits</p>
<p>EZShield Identity Crime Protection</p> <p>Available to active employees *- must register in order to utilize all services.</p> <p>*Not available in Idaho or Minnesota at this time.</p>	<p>EZShield</p> <p>Available 24/7 866-826-8851 aflac.ezshield.com/register</p>



IMPORTANT NOTICES

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your covered dependents (including your spouse) because of other health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or the employer stops contributing towards your or your dependent's other coverage). However, you must request enrollment within 30 days after you or your other dependents' coverage ends.

You may also be able to enroll yourself or your covered dependents in the future if you or your dependents lose health coverage under Medicaid or your state's Children's Health Insurance Program (CHIP), or become eligible for state premium assistance for purchasing coverage under a group health plan, provided that you request enrollment within 60 days after that coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement of adoption, you may be able to enroll yourself and you dependents. However, you must request enrollment within 30 days after marriage or 60 days after birth, adoption or placement for adoption. To request special enrollment or obtain more information, contact your Human Resources Department. Refer to you benefit booklet for details.

NON-NETWORK COSTS

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-network maximum for out-of-pocket services, please note that the maximum allowed amount for an eligible procedure may not equal the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as percentage or reasonable and customary or a percentage of Medicare. Contact your claims payer or insurer for more information. The plan document (benefit booklet) is the controlling document, and the benefit highlights contained in this guide do not include all of the terms, coverage, exclusions, limitations and conditional of the actual plan language.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide medical and surgical coverage for mastectomies also provide coverage for reconstructive surgery following such mastectomies in a manner determined in consultation with the attending physician and the patient.

Coverage must include:

- All stages of reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedema.

Benefits for the above coverage are payable on the same basis as any other physical condition covered under the plan, including any applicable deductible and/or copays and coinsurance amounts.

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

HIPAA requires the employer to notify its employees that a privacy notice is available from the Human Resources Department. To request a copy of the employer's Privacy Notice or for additional information, please contact Human Resources.



IMPORTANT NOTICES, CONT.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

The Newborns' Act and its regulations provide that any group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or the newborn earlier than 48 hours (96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Newborns' Act and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

COBRA

Federal COBRA is a U.S. law that applies to employers who employ 20 or more individuals and sponsor a group health plan. Under Federal COBRA, you may be eligible to continue your same group health insurance for up to 18 months if your job ends or your hours are reduced. You are responsible for COBRA premium payments.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, you may contact the Washington State Medicaid or CHIP office to find out if premium assistance is available at <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx> or dial 1-800-562-3022 ext. 15473.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you may be eligible, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, as your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, please contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see if any of the additional states offer a premium assistance program, or for more information on special enrollment rights, you can contact either:



NOTES



IAFF Health & Wellness Trust

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 and enrollment. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.