Benefit Enrollment Guide for City of Waterbury Fire Active Members

IAFF Health & Wellness Trust

2024

IAFF Health & Wellness Trust

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

Be sure to review the pages inside this guide so 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, fertility program, and more!

If you have 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.

ID CARDS

ID cards will be sent if there are any plan changes for 2024. See later in the guide for how to request or access your ID card via the MyCreateHealth portal.

NEW PROGYNY FERTILITY BENEFIT BEGAN AUGUST 1, 2023

Your new Progyny fertility benefit has been specifically designed to give you the best chance of fulfilling your dreams of family. The Progyny Smart Cycle covers all the individual services, tests, prescriptions, and treatments you may need. Progyny removes barriers to care so you and your doctor can create the customized treatment plan that is best for you. Coverage includes fertility treatment coverage for every unique path to parenthood; unlimited clinical and emotional support from a dedicated Patient Care Advocate (PCA); and access to a premier network of fertility specialists across the US. Plan cost shares apply. More information about Progyny is available in this guide.

COVID-19 PUBLIC HEALTH EMERGENCY (PHE) ENDED

The COVID-19 Public Health Emergency ended May 11, 2023. IAFF HWT extended the PHE benefits through the end of 2023. Benefits will return to standard benefit coverage for all services related to COVID-19 effective January 1, 2024.

- **COVID-19 diagnostic tests (traditional cost-share for lab services will apply)**
- **COVID-19 services will be treated like any other illness**
- **COVID-19 vaccinations provided in-network will be covered as preventive service at no cost share to the member (OON cost-shares apply at OON providers)**
- **Over-the-counter COVID tests will no longer be covered under the medical plan**
- **Accommodations that extended certain deadlines on claims, appeals and election of COBRA returned to standard practice and applicable timelines on July 10, 2023.**

NEW IRS LIMITS ON HDHP/HSA PLANS FOR 2024

The 2024 HDHP minimum deductible amount for self-only coverage is $1,600 (up from $1,500 in 2023) and for family coverage is $3,200 (up from $3,000 in 2023). Your plan may be impacted by this change. See Medical Benefits Overview page for more detail.

2024 ENROLLMENT CHECKLIST

Please follow the steps below to complete your 2024 Enrollment.

Please submit your Enrollment Forms no later than Friday, November 17th.
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 2024.

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: City of Waterbury Pension & Benefits Office
  235 Grand Street
  Waterbury, CT 06702
- Fax to: 1-203-346-2685

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 Health & Wellness Trust

Benefits	IAFF Health & Wellness Trust for UPFFA HDHP $2000 Regence BlueShield	
	In-Network	Non-Network
Deductible (July Plan Year)	$2,000 per Member / $4,000 per Family **Individuals on Family Coverage: Family Deductible must be met before plan begins to pay, although no individual person will be responsible for claims in excess of the $3,000 out-of-pocket maximum**	
Out-of-Pocket Maximum (July Plan Year)	$3,200 per Member / $5,000 per Family	$4,000 per Member / $8,000 per Family
Coinsurance	You pay 0% of Allowed Amount (Plan Pays 100%)	You pay 30% of Allowed Amount (Plan Pays 70%) ***You may be subject to balance of billed charges in excess of the Allowed Amount when seeing Non-Network providers***
Benefits	**ALL SERVICES ARE SUBJECT TO DEDUCTIBLE UNLESS OTHERWISE NOTED**	
Office Visit	0% after Deductible	30% after Deductible
MDLive Telehealth	0% after Deductible	Not Applicable
Outpatient Lab & Radiology Services	0% after Deductible	30% after Deductible
Hospital - Inpatient	0% after Deductible	30% after Deductible
Hospital - Outpatient	0% after Deductible	30% after Deductible
Preventive Care	Covered in Full	30% after Deductible
Spinal Manipulation 30 visits PCY	0% after Deductible	30% after Deductible
Acupuncture 16 visits PCY	0% after Deductible	30% after Deductible
Emergency Room	0% after Deductible	
Emergency Transportation	0% after Deductible	
Home Health Care 200 visits PCY	0% after Deductible	30% after Deductible
Hospice	0% after Deductible	30% after Deductible
Mental Health / Substance Abuse	0% after Deductible	
Rehabilitation Services Inpatient 30 days PCY	0% after Deductible	30% after Deductible
Rehabilitation Services Outpatient 90 days PCY	0% after Deductible	30% after Deductible
Hearing Exam	0% after Deductible (up to Allowed Amount) 1 exam per Year	
Hearing Hardware	0% after Deductible up to $3,000 (both ears) every 3 years	

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 - UPFFA HDHP $2000	
Preventive Medications	Covered at 100% *Expanded Preventive List for Qualified HDHP Plans; contact Sav-Rx for more information*
Retail Prescription Drug Copays	
Generic Medications	$5 Copay after Deductible
Formulary Brand Name Medications	$25 Copay after Deductible
Non-Formulary Brand Name Medications	$50 Copay after Deductible
Sav-Rx Mail Order Prescription Drug Copays - 90-day Supply	
Generic Medications	$10 Copay after Deductible
Formulary Brand Name	$50 Copay after Deductible
Non-Formulary Brand Name Medications	$100 Copay after Deductible
Specialty Medications	Applicable Copay applies; 30-day supply only

GENERIC VS. BRAND MEDICATION

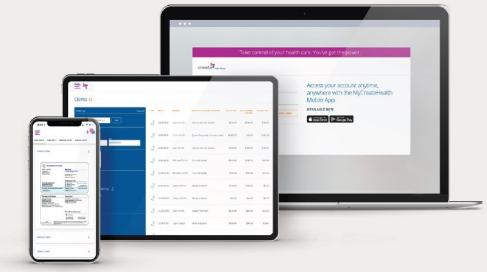
Generic drugs have been approved by the Food and Drug Administration (FDA) as safe and effective alternatives to their brand name counterparts. Generic drugs contain the same active ingredients in the same amounts as the brand name product. The generic version works just like a brand in dosage, strength, 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.

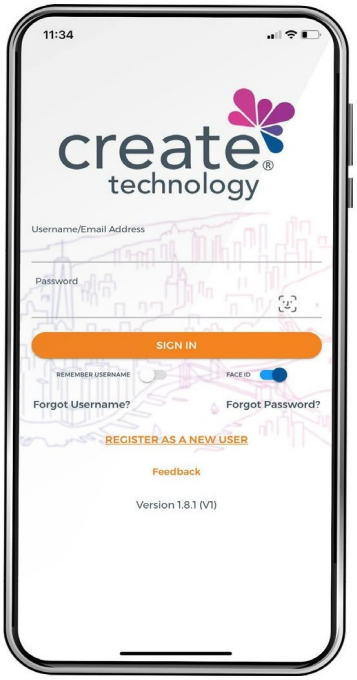
MyCreateHealth BENEFITS PORTAL

MAGNACARE℠

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

Available on the App Store Get it on Google play

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

Regence

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

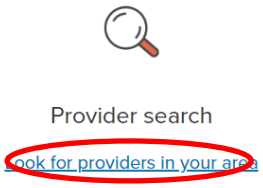
STEP 1: Log into your IAFF HWT MyCreateHealth portal at www.MyCreateHealth.com/employee

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

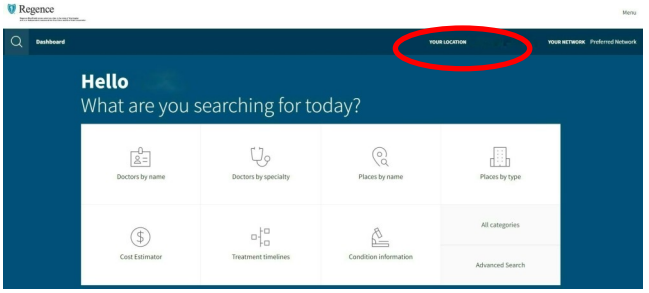
STEP 3: Select the plan Network you are searching—for medical, select the "Regence" logo

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.

Select "Look for providers in your area" - you will be taken to a new site.



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.

MDLIVE VIRTUAL DOCTOR VISITS

MDLIVE

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

MDLIVE

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

MD

Download on the App Store

Google play

NEW PROGYNY FERTILITY BENEFITS

Your Progyny fertility benefit has been specifically designed to give you the best chance of fulfilling your dreams of family. The Progyny Smart Cycle Covers all the individual services, tests, and treatments you may need. Progyny removes barriers to care so you and your doctor can create the customized treatment plan that is best for you.

Comprehensive Coverage

Fertility treatment coverage for every unique path to parenthood.

Personalized Support

Unlimited clinical and emotional support from a dedicated Patient Care Advocate (PCA).

High Quality Care

Convenient access to a premier network of fertility specialists across the US.

Your Progyny coverage includes:

2 Smart Cycles

Progyny Rx Integrated fertility medication coverage

Donor Tissue Purchase Egg and sperm tissue purchase coverage

Note: The person(s) receiving fertility treatment must be eligible to have access to the Progyny benefit. You are subject to financial responsibility according to your plan. Please consult your plan administrator to confirm your eligibility.

Common ways to use a Smart Cycle:

To learn more and activate your benefit,

call: 866.946.0635

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How does Transcarent work?

Transcarent puts you back in charge—and your personal Health Guide adds an extra layer of support any time you need it. You pay nothing to access Transcarent—it's included in your IAFF Health & Wellness Trust health plan.

Health and care starts here.

Are you making the most of your Transcarent benefit under your IAFF Health & Wellness Trust health plan? Download the Transcarent app today and activate your account so you have access to no-cost or low-cost health and care including Health Guides, Chat with a Doctor in 60 seconds, Surgery Care, Virtual Physical Therapy, Expert Medical Opinion, Oncology Care, Provider Finder, and Symptom Checker. All of these benefits are ready for you to access in the palm of your hand, whenever and wherever you need it.

Activate your account in three easy steps.

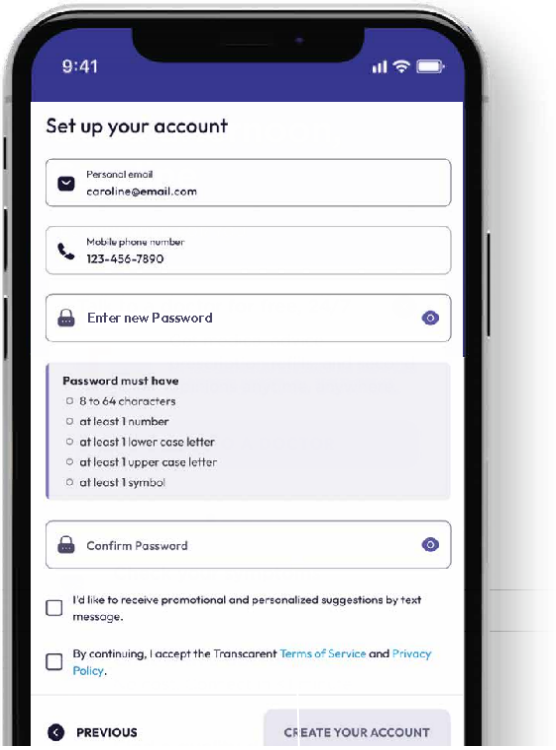
1. Scan the QR code to download the app or sign up by visiting:
   member.transcarent.com

Download the app today!
(888) 994-2177
webapp.transcarent.ai/getapp

2. Activate your Transcarent account. You will need your full name and birthdate.

3. Setting up your account is easy. You'll need:
   - A personal email address
   - Your phone number
   - A password that meets the following requirements

Password must have
- 8 to 64 characters
- at least 1 number
- at least 1 lower case letter
- at least 1 upper case letter
- at least 1 symbol



TRANSCARENT HIGHLIGHTS

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1. WHAT IS TRANSCARENT?

There are four main pillars of your Transcarent benefit: Everyday Care, Virtual Physical Therapy, Surgery Care, and Oncology Care. Transcarent covers Trust members as well as covered spouses and dependents enrolled in a health plan. It's 24/7 curated care that covers everything from a cold to a surgery and more.

2. WHAT IS EVERYDAY CARE?

It's trusted guidance and easy access to on-the-go-care, whenever and wherever you need it. Services are available 24.7 on the Transcarent app or by phone. Chat with a doctor 24/7 in 60 seconds—Access to your own personal Health Guide - Expert second opinion after a new diagnosis

3. WHEN IS MY HEALTH GUIDE AVAILABLE AND HOW CAN THEY ASSIST ME?

Your Health Guide is available 24/7 to help you find quality providers, aid with acquiring second opinions, get you started with virtual physical therapy or surgery, and assist you with wellness goals like smoking cessation or weight loss.

4. WHAT IS VIRTUAL PHYSICAL THERAPY?

An alternative to in-person physical therapy for back, joint and muscle pain. A physical therapist will design a custom program for the member after a virtual meeting. Then the member is sent a kit with a tablet and motion sensors to track their exercises. Members connect with their therapist as their needs change.

5. WHAT IS SURGERY CARE?

With Surgery Care, you have access to the country's best surgeons in the best facilities who specialize in treating your specific condition. High-quality care saves everyone money in the long run through fewer complications and readmissions, so the IAFF HWT covers your surgery expense at no cost to you (if you have a qualified high deductible health plan, you pay $0 after your deductible has been met). You're even given a dedicated Care Coordinator who will support you throughout the entire process (and take care of all of the logistics too!).

Contact a Care Coordinator at Transcarent to learn more about what surgeries are covered (cardiac, general, orthopedic, spine, women's health, cancer, etc.), how to schedule surgery, how the travel tab is covered (if applicable) and more!

6. WHAT IS MY ONCOLOGY CARE BENEFIT?

If you or a loved one are dealing with cancer, Transcarent provides customized support and guidance for your personal journey. Transcarent ensures you receive top-quality medical services and care delivery from your initial diagnosis through treatment and recovery. Here is just some of what's included:

- Access to top-quality care from across the country
- A trusted oncology nurse and Health Guide on your side at all times
- Review of your case by a national expert to recommend a treatment plan to your local oncologist
- Request a second option on diagnosis

SURGERY CARE BENEFIT

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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

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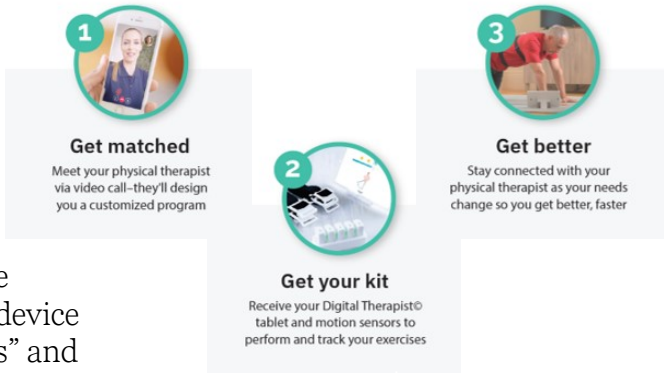
HOW IT WORKS - Skip scheduling appointments, travel, and waiting in crowded waiting rooms. Transcarent offers a new approach to relieving pain, all from the comfort of your home. Virtual Physical Therapy is proven to have better results, is available at no cost or at a lower cost to members and family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

ONCOLOGY CARE PROGRAM

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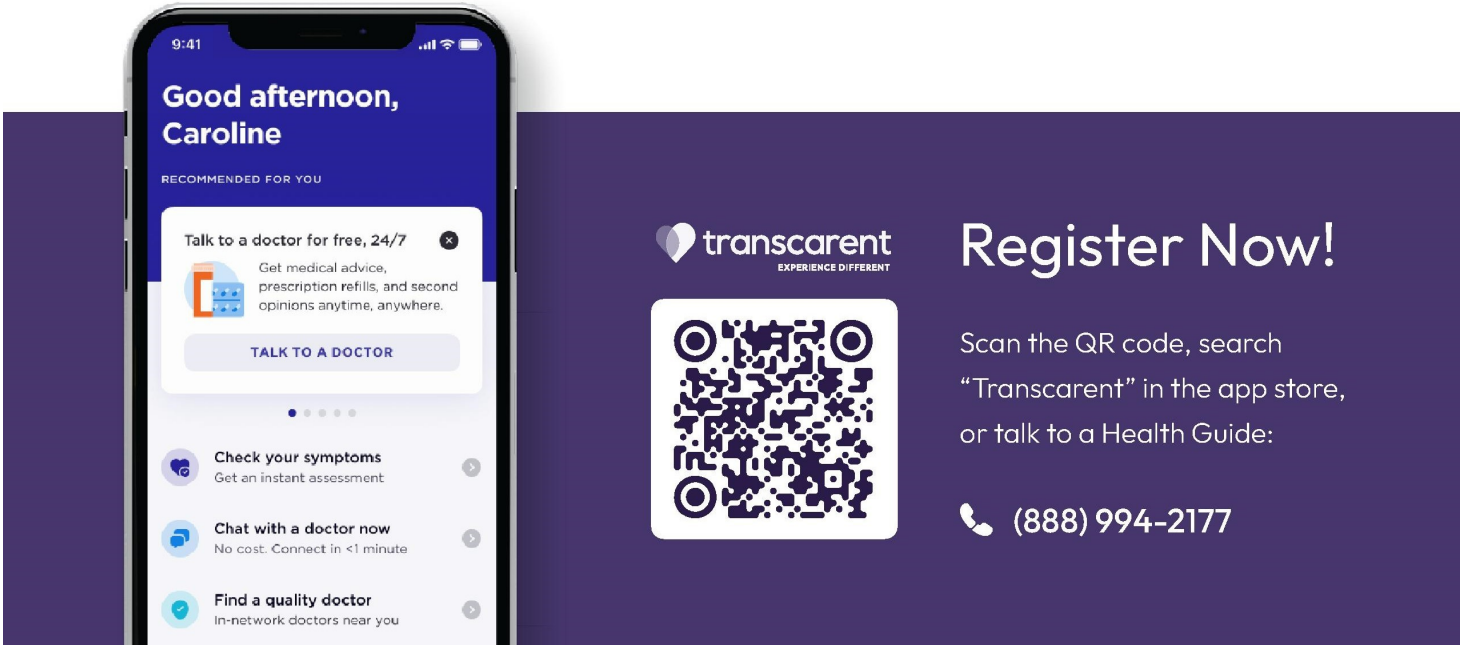
Have you received a cancer diagnosis? Beginning November 1, 2022, all enrolled members and family member have access to the Oncology Care program through Transcarent. This program is designed as an end-to-end experience for members and caregivers that provides access to valuable resources like the Expert 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.



WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, our physicians draw your blood platelets and bone marrow aspirate and process them in our advanced orthobiologics laboratories. We then inject them precisely at the site of your injury using image guidance. Regenexx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient procedure performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a safer alternative to surgery with Regenexx.

YOUR REGENEXX BENEFIT

Regenexx is covered as an in-network benefit within the IAFF Health & Wellness Trust health plans, imaging is done by the Regence BlueShield network locally and the National BlueCard PPO network outside the Regence service area.

In-network benefits for specialist services within your plan and In-network co-pays, deductibles, and out-of-pocket maximums apply for all Regenexx services.

Non-Regenexx services may fall under a different benefit level, and may or may not be treated as in-network.

CONDITIONS TREATED

Ankle/Foot
- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow
- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip
- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee
- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

Shoulder
- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine
- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

LEARN MORE

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center.

To register for one of our weekly webinars, visit regenexxbenefits.com/webinar?mailer.

Call us today at 866-425-2191 or visit regenexxbenefits.com/IAFFHealthTrust to learn more.

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	• Focuses on your eyes and overall wellness	$0	Every calendar year
ESSENTIAL MEDICAL EYE CARE	• 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[+]	• $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	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	$0	Every other calendar year
LENS ENHANCEMENTS	• 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)	• $400 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	$0	Every other calendar year
ADDITIONAL PAIRS OF EYEWEAR			
FRAME[+]	• $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	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	$0	Every other calendar year
CONTACTS (INSTEAD OF GLASSES)	• $200 allowance for additional contacts	$0	Every other calendar year
LASER VISIONCARE PREFERRED PROGRAM	• $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	**Glasses and Sunglasses** • 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.		
	Routine Retinal Screening • 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

You have dental available to you through IAFF HWT: Delta Dental of Washington . You, and any enrolled family members, will be enrolled in the dental plan for the entire plan year.

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 1 + Ortho 1000	
Network	**Delta Dental PPO Dentist**	**Delta Dental Premier or Non-Participating Dentist**
Class I - Diagnostic & Preventive Exams, Prophylaxis, Flouride, X-rays, Sealants	100%	100%
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery, Crowns	90%	80%
Class III - Major Dentures, Partials, Bridges, Implants	50%	50%
Annual Maximum	$1,500	
Annual Deductible - Waived on Class I benefits	$0	$0
Orthodontia Benefits - Adults & Children $1,000 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	Delta Dental Premier Dentists: No Non-Participating Dentists: 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.

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.

To find in-network Delta Dental dentists, please visit: www.deltadentalwa.com

MEMBER ASSISTANCE PROGRAM

HealthAdvocate℠

Up to 5 sessions with a counselor 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	**Base Benefits** 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% **Cancer Benefits** Cancer (Internal or Invasive) 100% Non-Invasive Cancer 25% Skin Cancer $250 per calendar year **Childhood Conditions Rider** 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***
	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.***
Please request a sample policy for full benefit descriptions and definitions.	

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

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 Health & Wellness Trust New website coming soon!	IAFFHealthTrust.org
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 http://IAFFHWT.Simon365.com
IAFF HWT Trust Consultants Escalated issues and general Trust business	Brown & Brown Insurance of Connecticut, Inc. Phone: 860-667-9000 102.firebenefits@bbrown.com
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 www.mycreatehealth.com/employee MDLIVE Telehealth 888-341-9937 www.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: www.SavRx.com
Vision Service Plan (VSP) Vision Benefits/Claims, Vision Network	Customer Service 800-877-7195 To find providers: www.VSP.com
Transcarent Surgery Care Benefit, Virtual Physical Therapy, Oncology Care, & Everyday Care Programs	All Transcarent Programs Health Guides available 24/7 888-994-2177 member.transcarent.com

HELPFUL CONTACT INFORMATION, CONT.

BENEFIT	CONTACT
Delta Dental of Washington Delta Dental Benefits/Claims, Dental Network, Dental ID Cards	Customer Service Hours: Monday-Friday 7am - 5pm PST 800- 554-1907 cservice@deltadentalwa.com deltadentalwa.com
Progyny Fertility and Family Building Benefit	Progyny Patient Care Advocate 866-946-0635 progyny.com
Member Assistance Program Access to work and life resources as well as telephonic and face-to-face counseling for you and your family members	Health Advocate answers@HealthAdvocate.com Available 24/7 866-799-2728 HealthAdvocate.com/IAFFHealthTrust
Aflac Critical Illness Trust paid Critical Illness benefit	Aflac Customer Service 800-433-3036 aflacgroupinsurance.com
Voluntary Benefits Member paid Group Critical Illness, Group Accident, and other Voluntary plans. ANNUAL OPEN ENROLLMENT HELD IN JUNE/JULY - COVERAGE EFFECTIVE AUGUST 1	The VB Shop support@thevbshop.com Monday-Friday: 6am-1pm PST 866-888-9755 https://tinyurl.com/IAFF-HWT-Voluntary-Benefits
EZShield Identity Crime Protection Available to active employees *- must register in order to utilize all services. *Not available in Idaho or Minnesota at this time.	EZShield Available 24/7 866-826-8851 aflac.ezshield.com/register

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
- Prostheses 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 of 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:

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.