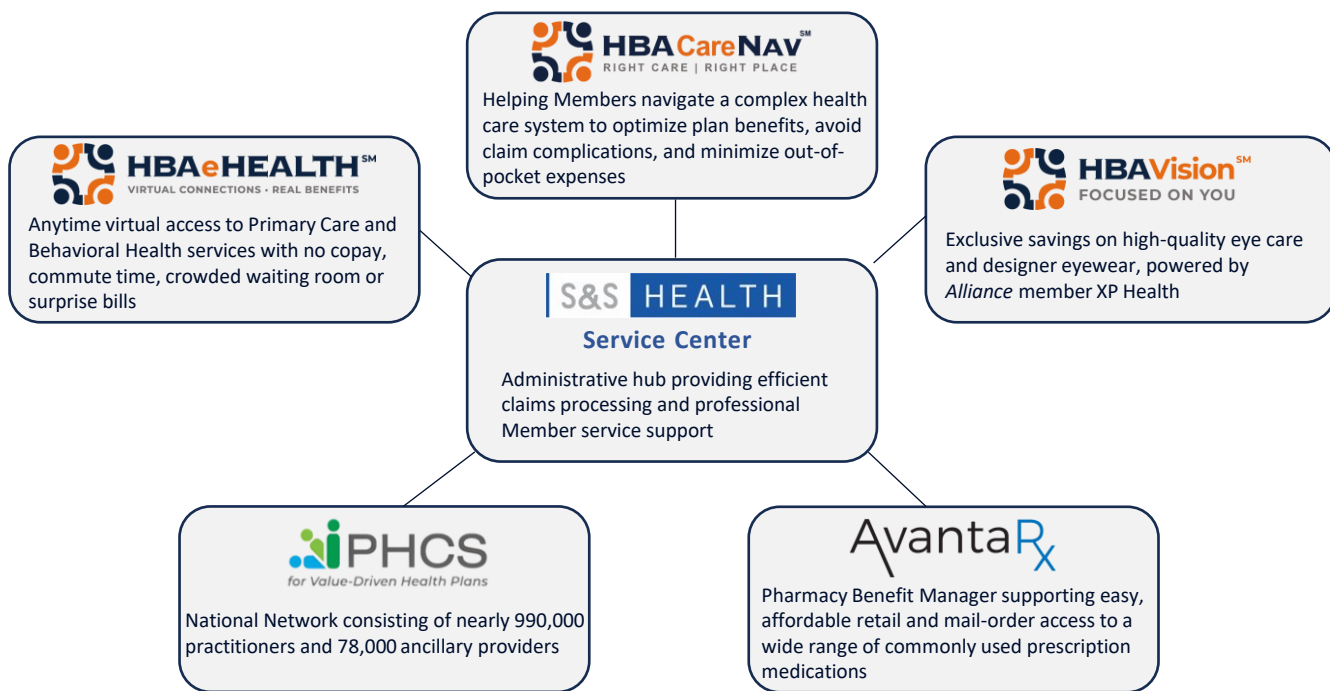


# U65 First Responders VEBA Trust Health Plans



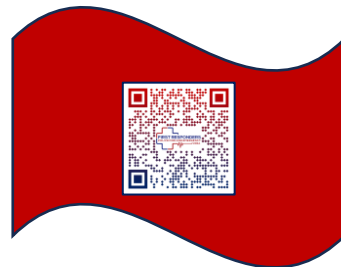
The First Responders VEBA Trust was established to provide First Responders in the Public Sector, including Police, Fire, Paramedics, and Emergency Medical Technicians, with quality health and welfare benefits. In consultation with the Health Benefit Alliance, the First Responders VEBA has assembled a menu of plan design options supported by best-in-class service partners to provide health benefits to eligible Members under the age of 65 and their eligible dependents.



## Hospital Care

The plans use an open network for hospital and facility care. Claims for services performed at a hospital and other outpatient facilities are reimbursed using **Reference Based Pricing (RBP)** at a fair and reasonable level above what Medicare would pay for the same service.






Under the Plan's **Patient Liability Protection (PLP)** feature, when a Member adheres to the Care Navigation support provided, that Member will not be responsible for a balance bill for charges related to those covered services.



For program details, scan or  
click the QR code for a sample  
**First Responders VEBA Benefits  
Enrollment Guide**

### First Responders VEBA Representatives:

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PLAN PROVISION	BASIC PLAN 		PLUS PLAN 		ULTRA PLAN 		BRONZE PLAN 		SILVER PLAN 	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Deductible ( <i>Individual   Family</i> )	\$5,000   \$10,000	\$10,000   \$20,000	\$1,200   \$2,400	\$2,400   \$4,800	\$500   \$1,000	\$1,000   \$2,000	\$2,500   \$5,000	\$4,000   \$8,000	\$500   \$1,000	\$1,000   \$2,000
Coinsurance ( <i>Plan Payment</i> )	100%	100%	80%	20%	80%	20%	80%	60%	80%	60%
Maximum Out of Pocket ( <i>Ind   Fam</i> )	\$5,000   \$10,000	\$10,000   \$20,000	\$6,000   \$12,000	\$12,000   \$24,000	\$4,500   \$9,000	\$9,000   \$18,000	\$3,000   \$6,000	\$6,000   \$12,000	\$2,000   \$4,000	\$4,000   \$8,000
PREVENTIVE CARE SERVICES										
ACA Preventive Services Schedule <sup>1</sup>	\$0 Copay	100% after ded.	\$0 Copay	20% after ded.	\$0 Copay	20% after ded.	\$0 Copay	60% after ded.	\$0 Copay	60% after ded.
Adult Routine Physical Exam, Mammogram, GYN Exam and PSA	\$0 Copay	100% after ded.	\$0 Copay	20% after ded.	\$0 Copay	20% after ded.	\$0 Copay	Not Covered	\$0 Copay	Not Covered
PHYSICIAN SERVICES										
Primary Care Office Visit	\$15 Copay <i>(3 visits per year)</i>	100% after ded.	\$35 Copay	20% after ded.	\$25 Copay	20% after ded.	80% after ded.	60% after ded.	\$20 Copay	60% after ded.
Specialist Visit	\$15 Copay <i>(3 visits per year)</i>	100% after ded.	\$65 Copay	20% after ded.	\$50 Copay	20% after ded.	80% after ded.	60% after ded.	\$20 Copay	60% after ded.
Urgent Care Visit	\$50 Copay <i>(3 visits per year)</i>	100% after ded.	\$40 Copay	20% after ded.	\$40 Copay	20% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Telemedicine Vendor Services	\$0 Copay	Not Applicable	\$0 Copay	Not Applicable	\$0 Copay	Not Applicable	\$0 Copay	Not Applicable	\$0 Copay	Not Applicable
HOSPITAL/FACILITY SERVICES <i>(Subject to Reference Based Pricing)</i>										
Inpatient Hospital Services (RBP) <sup>2</sup>	100% covered after ded.		80% coinsurance after ded.		80% coinsurance after ded.		80% coinsurance after ded.		80% coinsurance after ded.	
Outpatient Hospital Services/ Freestanding Surgery (RBP) <sup>2</sup>	100% covered after ded.		80% coinsurance after ded.		80% coinsurance after ded.		80% coinsurance after ded.		80% coinsurance after ded.	
Anesthesia (RBP) <sup>2</sup>	100% covered after ded.		80% coinsurance after ded.		80% coinsurance after ded.		80% coinsurance after ded.		80% coinsurance after ded.	
Emergency Room (RBP) <sup>2</sup>	\$1,000 Copay <i>(Hospital charges subject to ded. and coinsurance)</i>		\$500 Copay		\$500 Copay		80% coinsurance after ded.		80% coinsurance after ded.	
OUTPATIENT: DIAGNOSTIC SERVICES <i>(Non-Hospital Based)</i>										
Lab/X-Ray <sup>3</sup>	100% after ded.	100% after ded.	80% after ded.	20% after ded.	80% after ded.	20% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Complex Medical Imaging (RBP) <sup>2,3</sup>	100% covered after ded.		80% covered after ded.		80% covered after ded.		80% coinsurance after ded.		80% coinsurance after ded.	
PREGNANCY BENEFITS										
Professional Services	100% after ded.	100% after ded.	80% after ded.	20% after ded.	80% after ded.	20% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Maternity/Childbirth/Delivery	100% covered after ded.		80% covered after ded.		80% covered after ded.		80% coinsurance after ded.		80% coinsurance after ded.	
PRESCRIPTION DRUG PLAN										
Prescriptions ACA Preventive Drugs Non-Preventive Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Drugs	\$0 Copay \$5 Copay Not Covered Not Covered Not Covered		\$0 Copay \$5 Copay 80% coinsurance 70% coinsurance, after ded. Managed		\$0 Copay \$5 Copay 80% coinsurance 70% coinsurance, after ded. Managed		\$0 Copay \$15 Copay, after ded. \$50 Copay, after ded. \$70 Copay, after ded. Managed		\$0 Copay \$10 Copay, after ded. \$40 Copay, after ded. \$80 Copay, after ded. Managed	
Automated Diabetic Supplies	20% Coinsurance		20% Coinsurance		20% Coinsurance		20% Coinsurance		20% Coinsurance	
VISION BENEFITS <sup>4</sup>										
In-Office Comprehensive Vision Exams	\$0 Copay	Up to \$35 benefit	\$0 Copay	Up to \$35 benefit	\$0 Copay	Up to \$35 benefit	\$0 Copay	Up to \$35 benefit	\$0 Copay	Up to \$35 benefit
Eyewear Allowance for frames or contacts	\$150 every two (2) years		\$150 every two (2) years		\$150 every two (2) years		\$150 every two (2) years		\$150 every two (2) years	
MONTHLY RATES										
Member Only	\$802.40		\$948.88		\$1,178.93		\$1,136.30		\$1,429.77	
Member + Spouse	\$1,369.94		\$1,685.78		\$2,011.03		\$2,162.46		\$2,765.80	
Member + Child(ren)	\$1,320.51		\$1,577.76		\$1,966.18		\$2,180.46		\$2,765.80	
Member + Family	\$1,908.20		\$2,281.71		\$2,843.13		\$3,102.74		\$3,979.94	

To search the PHCS for Value Driven Health Plans network go to [portal.hstechnology.com/PHCS](https://portal.hstechnology.com/PHCS)

<sup>†</sup> Benefits provided through a self-insured ERISA health plan sponsored by the First Responders VEBA Trust. Plan designs include covered services, exclusions, and limitations not reflected above. For a more complete illustration, including plan exclusions, please scan or click the QR code to refer to the Schedule of Benefits (SOB) document applicable to the plan. In the event of a conflict with this summary overview, the SOB and all associated plan documents shall govern.

<sup>1</sup> Covered services automatically subject to 29 CFR § 2590.715 -2713(a) (Coverage of preventive health services).

<sup>2</sup> Claims for services performed at hospitals and other outpatient facilities are reimbursed using reference based pricing (RBP).

<sup>3</sup> Diagnostic laboratory, x-ray, and complex imaging services rendered in hospital facilities are excluded.

<sup>4</sup> Vision benefits are provided outside of the Group Health Plan through a service contract and are subject to provisions and limitations in the HBAVision<sup>SM</sup> Summary of Benefits.

The Health Benefit Alliance does not transact the placement of, nor receive any compensation for, any insurance product.