Benefit Enrollment Guide for Local 726 Health & Welfare Trust

IAFF Health & Wellness Trust

2026

WELCOME TO THE LOCAL 726 HEALTH & WELFARE TRUST

Review this guide to explore all the benefits available to you and your family. Your coverage also includes vision, hearing, planned surgery, virtual physical therapy, critical illness, fertility support, a member assistance program, and more!

Questions? Please refer to the "Helpful Contact Information" section in the back of this guide.

New Member ID cards will be issued only if your plan changes for 2026. Instructions for requesting or downloading a card through the portal are included later in this guide.

www.MyCreateHealth.com/employee

2026 HEARING BENEFITS

Hearing instruments are now covered up to $3,000/ear every three years.

2026 VISION BENEFIT UPDATES

Optometric vision therapy is now a covered benefit under the VSP plan. Please see the VSP benefit summary for more information.

NEW CANCER SUPPORT PROGRAM

Starting November 1, 2025 members have access to cancer support services through CancerNavigator, offering one-on-one support from oncology-certified nurses to provide education and guidance to help you navigate and access the best available care.

VISIT WWW.IAFFHEALTHTRUST.ORG

Visit the website to learn more about the benefits available with your IAFF Health & Wellness Trust plan, including how to find a provider, access your member portal, and more!

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

ELIGIBLE EMPLOYEES

- Full-time active members of IAFF Local 726, working for Central Pierce or South Pierce Fire & Rescue, and other eligible department staff,
- Regularly scheduled to work a minimum of 20 hours per week for the Participating Employer,
- 100% participation of eligible members, unless member is covered by another group plan.

ELIGIBLE DEPENDENTS

- Your legal spouse (or State registered 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 the Local 726 Office 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 the Local 726 Office 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.

2026 ENROLLMENT CHECKLIST

Please follow the steps below to complete your 2026 Enrollment.

Please submit your Enrollment Forms no later than Friday, November 21st.
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 2026.

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 me 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: Local 726, PO Box 6, Mukilteo, WA 98275
- Scan and Email it to: **Local726@vimly.com**
- Drop it off in person at the Local 726 Union Hall: 427 N Meridian, Puyallup, WA

INSURANCE TERMINOLOGY 101

ALLOWED AMOUNT

The **Allowed Amount** is the maximum payment for a covered service. In-network providers accept this as payment in full. For non-network providers, Regence determines what is considered a reasonable charge. Any amount above the Allowed Amount is not covered, does not apply to your out-of-pocket maximum, and may be billed to you directly by the provider - this is called *balance billing*.

DEDUCTIBLE

The deductible is the amount you pay out of pocket for covered health services before your plan begins to share costs. It resets at the start of each plan year, typically in January. Not all services apply to the deductible - refer to the plan benefit grid to see which services are subject to it.

COINSURANCE

After you meet the deductible, the plan covers a percentage of the Allowed Amount, and you pay the rest. For example, if the plan pays 80% after the deductible, you are responsible for the remaining 20% until you reach your out-of-pocket maximum.

COPAY

A copay is a fixed dollar amount you pay directly to the provider for certain services, such as office visits, emergency room care, or prescription drugs.

OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most you will pay in a plan year for covered services. After you reach this amount, the plan pays 100% of covered services for the rest of the year. The limit resets at the start of each plan year, usually in January.

Your deductible, copays (including prescription copays), and coinsurance all count toward this limit. Charges above the Allowed Amount from non-network providers (balance billing) do not.

MEDICAL BENEFITS OVERVIEW

IAFF Health & Wellness Trust

IAFF HWT Plan $100 Regence BlueShield			
Benefits	Category 1 Preferred Provider	Category 2 Participating Provider	Category 3 Non-Participating Provider
Deductible (Calendar Year)	$100 per Member / $200 per Family (2x the member amount)		
Out-of-Pocket Maximum (Calendar Year)	$1,100 per Member / $2,200 per Family (2x the member amount)		
Coinsurance	You pay 10% of the Allowed Amount	You pay 30% of the Allowed Amount *May be subject to balance of billed charges when seeing Category 3 providers*	
Benefits	ALL SERVICES ARE SUBJECT TO THE DEDUCTIBLE UNLESS OTHERWISE NOTED. CATEGORY 3 PROVIDERS MAY RESULT IN BALANCE BILLING.		
Office Visits	$10 Copay Deductible Waived		30% after Deductible
MDLive Virtual Care	No Charge (MDLive Only)	No Covered	
Outpatient Lab & Radiology Services	No Charge	30% after Deductible	30% after Deductible
Professional Services	10% after Deductible	30% after Deductible	30% after Deductible
Outpatient Surgery	10% after Deductible *(5% after Deductible for Ambulatory Surgical Centers)*	30% after Deductible	30% after Deductible
Inpatient Hospital	10% after Deductible	30% after Deductible	30% after Deductible
Preventive Care	No Charge		30% after Deductible
Acupuncture 30 visits PCY	10% Deductible Waived	30% Deductible Waived	30% Deductible Waived
Spinal Manipulation 30 visits PCY	10% Deductible Waived	30% Deductible Waived	30% Deductible Waived
Emergency Room	$100 Copay; then 10% after Deductible (Copay is waived if admitted to hospital)		
Ambulance Services	10% after Deductible		
Inpatient Mental Health & Substance Abuse Services	10% after Deductible		
Outpatient Mental Health & Substance Abuse Services	$10 Copay Deductible Waived		
Durable Medical Equipment	10% after Deductible	30% after Deductible	30% after Deductible
Hearing Exam	No Charge		
Hearing Hardware **(Every 3 years)**	**Up to $3,000 per ear**		
Inpatient Rehabilitation Services 30 days PCY	10% after Deductible	30% after Deductible	30% after Deductible
Outpatient Rehabilitation Services 40 visits PCY	10% Deductible Waived	30% Deductible Waived	30% 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 provided through Sav-Rx Prescription Services, with a network of more than 65,000 pharmacies nationwide, including all major chains and most independent pharmacies.

Your prescription drug benefit information is listed on your IAFF HWT Member ID Card along with your medical plan details - Sav-Rx does not issue a separate card. Present this card at the pharmacy when filling a prescription.

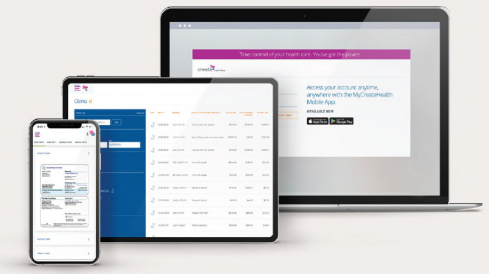
For questions about your prescription drug benefits - including mail order, formulary, or prior authorizations - Sav-Rx is available 24 hours a day, 7 days a week at 1-800-228-3108.

IAFF HWT Prescription Drug Benefits	
Preventive Medications	Covered at 100% *Per Affordable Care Act (ACA) Guidelines; contact Sav-Rx for more information*
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
Other Medications	
Specialty Medications	Applicable Copay applies; 30-day supply only Must be filled via Sav-Rx Specialty Mail Order Pharmacy
Weight Loss Medications	30% (up to $200 maximum) Coverage is available to members with BMI ≥ 40 who take part in the MyPath Wellness Program. Subject to prior authorization and step therapy requirements.

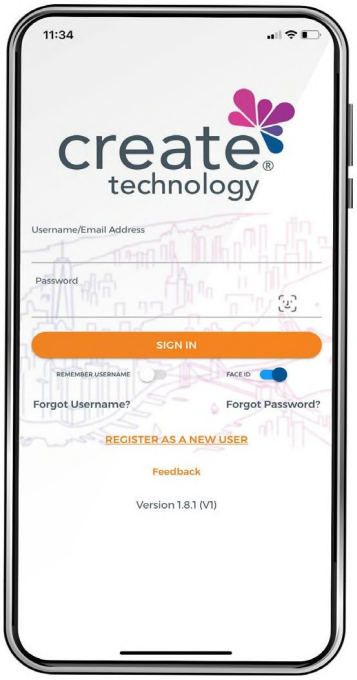
Generic vs. Brand Medication

Generic drugs are FDA-approved as safe and effective alternatives to brand-name drugs. They contain the same active ingredients, in the same amounts, and work the same in dosage, strength, performance, and use. Generics may look different in color, shape, size, or flavor, but these differences do not affect their safety or effectiveness. If you choose a brand-name drug when a generic equivalent is available, you will pay your plan copay **plus** the difference in cost between the brand and generic drug.

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

PROVIDER NETWORK

The IAFF Health & Wellness Trust offers you a comprehensive medical plan administered by MagnaCare, using the Regence BlueShield provider network. When you are outside the Regence service area, your network is the National Blue Card PPO Network.

REGENCE BLUESHIELD PROVIDERS

- Category 1 / Preferred Providers Preferred Providers offer you the lowest out-of-pocket costs. You will not be billed beyond your deductible, copayments, or coinsurance for covered services.

- Category 2 / Participating Providers Participating Providers generally result in higher out-of-pocket costs than Preferred Providers. Discounts may also be less favorable, which can increase your expenses. However, you will not be billed beyond your deductible, copayments, or coinsurance for covered services.

- Category 3 / Non-Participating Providers Non-Participating Providers are outside the Regence network. Your out-of-pocket costs will be higher, and these providers may also bill you for any charges above the Allowed Amount (known 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

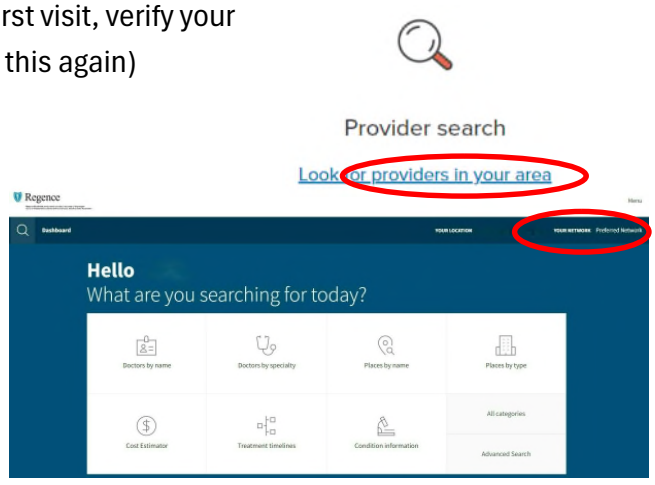
STEP 2: From the menu, select **Find A Provider**, located in the top left corner of the page, or select the orange **"Find A Provider"** button

STEP 3: Choose the network you want to search —for medical, select the **Regence** logo

STEP 4: You'll be redirected to a Regence website. On your first visit, verify your identity using the email link provided. (You won't need to do this again)

Select **Look for providers in your area** to continue.

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



TIP: *To search in a different location, enter it in the top right corner of the screen.*

MDLIVE VIRTUAL DOCTOR VISITS

MDLIVE

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

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, 24/7 care on demand, Surgery Care, Virtual Physical Therapy, Expert Medical Opinion, 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.

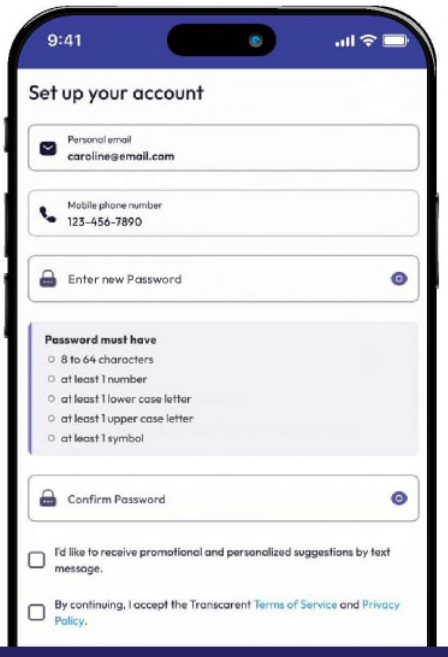
1. Scan the QR code to download the app or sign up by visiting:
   member.transcarent.com

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 ower case letter
- at least 1 upper case letter
- at least 1 symbol



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.

TRANSCARENT HIGHLIGHTS

WHAT IS TRANSCARENT?

There are three main pillars of your Transcarent benefit: **Everyday Care**, **Virtual Physical Therapy**, **and Surgery Care.** Transcarent is a benefit for 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. Access care the same way you'd text a friend, book a ride, or stream a movie-with Transcarent's powerful and intuitive mobile platform backed by personal Health Guidance.

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 day or night, 24/7
- Enjoy direct access to your own personal Health Guide
- Use an AI-powered symptom checker to determine the most appropriate care
- Locate in-network, quality providers
- Get an expert second opinion after a new diagnosis

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. They are a central point of contact to help you navigate anything related to your Transcarent health benefits, giving you the support you need to prioritize taking care of you and your family.

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 on their journey to feeling better.

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!).

SURGERY CARE BENEFIT

transcarent
EXPERIENCE DIFFERENT

Considering surgery? Transcarent connects you with top-rated hospitals, surgery centers and doctors for planned, non-emergent procedures. This optional program is separate from your medical plan.

Get started at member.transcarent.com, call (888) 994-2177 or surgerycare@transcarent.com.

Use a Transcarent provider and you may receive a taxable care allowance of $500–$1,500 to help with recovery costs. The allowance is paid within 30 days of surgery, and a Form 1099-MISC will be issued for tax purposes.

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?

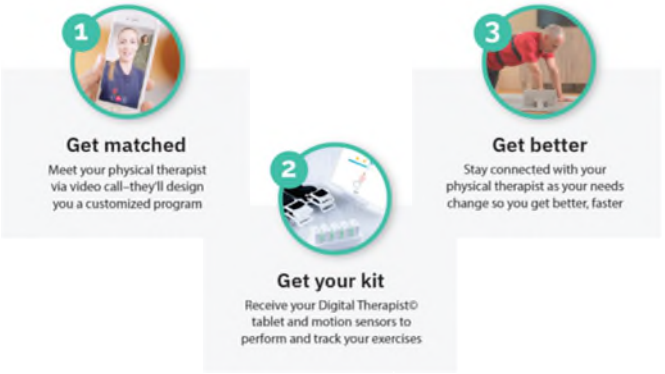
Virtual Physical Therapy is an alternative to in-person physical therapy for back, joint and muscle pain. It's included in your IAFF Health & Wellness Trust benefits, and there may be no cost to you. To learn more, visit:

experience.transcarent.com/iaff/vpt

VIRTUAL PHYSICAL THERAPY

How It Works

Skip the travel, waiting rooms, and scheduling hassles—Transcarent Virtual Physical Therapy lets you manage pain from home. It's easy to use, proven effective, and available at little or no cost for members and dependents 18+ enrolled in the IAFF HWT plan.



To get started, download the **Transcarent app** at webapp.transcarent.ai or visit member.transcarent.com. Log in, go to **My Benefits**, and select **Virtual Physical Therapy**.

Cancer Navigator

NEW FOR IAFF HEALTH & WELLNESS TRUST MEMBERS

CancerNavigator

The CancerNavigator service provides tailored education and guidance to cancer patients as they navigate the many decisions that follow a diagnosis.

Support for Cancer Patients:

- Receive education on cancer screenings for early detection
- Access tailored information about your diagnosis and treatment options
- Schedule appointments quickly with the best centers in your area
- Prepare for your upcoming doctor visits
- Access transportation support, emotional and mental health support, and other community resources

CancerNavigator is a **no-cost** benefit available for anyone enrolled in any Trust medical plan, including actives, dependents, non-Medicare and Medicare retirees.

To reach one of our Oncology Nurse Navigators today, call: (564) 397-0720

Or visit **www.cancernavigator.com/iaffhwt**

QR Code:

"This is an exceptional and indispensable service for anyone going through a cancer diagnosis or treatment."
– CancerNavigator Patient

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.

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

VSP VISION BENEFITS

You may see any provider, but get the most value using the Vision Service Plan (VSP) network. Find providers at vsp.com or (800) 877-7195. Use your benefit by providing the subscriber's name and SSN.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$0 Up to $39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • 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 network doctor for details.	$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*	• $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	$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 of 15% off the regular price; discounts available at contracted facilities.	$0	Once per lifetime
VISION THERAPY	• You get a fully covered evaluation and 75% off approved therapy sessions up to $750 annually. Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement ability. Check with your doctor to see if you qualify.	$0	Every calendar year
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. **Exclusive Member Extras for VSP Members** • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor. 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		

WCIF - DELTA DENTAL

You have two dental options available to you through L726 HWT: Delta Dental of Washington or Willamette Dental Group. You, and any enrolled family members, will be enrolled in the dental plan of your choice for the entire plan year. If you don't choose a Dental plan, you will be defaulted into the Delta Dental plan.

DELTA DENTAL OF WASHINGTON

This PPO plan offers comprehensive dental coverage. You may visit any licensed dentist, but your costs will be lowest with a Delta Dental PPO dentist. Participating PPO and Premier dentists agree to accept negotiated, discounted fees. If you use a non-participating dentist, your costs will be based on Delta Dental's maximum allowable fee for your area. You are responsible for any difference between that fee and the dentist's billed charges.

Benefits	WCIF Delta Dental Plan D3		
Network	Delta Dental PPO	Delta Dental Premier	Non-Participating
Class I - Diagnostic & Preventive Exams, Prophylaxis, Flouride, X-rays, Sealants	100%	100%	100%
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery	90%	80%	80%
Class III - Major Crowns, Dentures, Partials, Bridges, Implants	50%	50%	50%
Annual Maximum	$2,000		
Annual Deductible	None		
Orthodontia Benefits - Adult & Child $2,000 Lifetime Maximum	50%		
Balance Billing - Can Dentist charge more than the Delta Dental Allowed Amount?	No	No	Yes

This benefit comparison is only a summary of the benefits and not intended to replace the specifics of the Plan Contract. If there is a discrepancy, the Plan Contract will supersede this summary.

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

WILLAMETTE DENTAL GROUP

Willamette Dental offers a managed care approach with predictable copays for covered services. There are no deductibles and no annual maximum. Care must be received from a Willamette provider. Services from non-Willamette dentists are not covered, except in emergencies when you are out of the area - up to $100 in reimbursement is available for those services.

WCIF Willamette Dental Group Plan	
BENEFIT	**COPAYMENT**
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	$10 per visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams, X-Rays, Cleanings, Flouride Treatment, Sealants, Head and Neck Cancer Screening, Periodontal Charting, Periodontal Evaluation	Covered with Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings (Amalgam)	Covered with Office Visit Copay
Porcelain-Metal Crown	Covered with Office Visit Copay
PROSTHODONTICS	
Upper/Lower Denture	Covered with Office Visit Copay
Bridge (per tooth)	Covered with Office Visit Copay
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy - Anterior / Bicuspid / Molar	Covered with Office Visit Copay
Osseous Surgery (per Quadrant)	Covered with Office Visit Copay
Root Planing (per Quadrant)	Covered with Office Visit Copay
ORAL SURGERY	
Routine Extraction (single tooth), Surgical Extraction	Covered with Office Visit Copay
ORTHODONTIC SERVICES	
Pre-Orthodontic Service	You pay a $150 Copay
Comprehensive Orthodontic Service	You pay an $1,800 Copay
MISCELLANEOUS	
Local Anesthesia	Covered with Office Visit Copay
Dental Lab Fees	Covered with Office Visit Copay
Nitrous Oxide	You pay a $20 Copay
Specialty Office Visit	You pay a $30 Copay
Out of Area Emergency Care Reimbursement up to $100	

This is a summary of benefit plans and is not intended to be relied upon as a contract. If a discrepency occurs between this Enrollment Guide and the Benefit Booklet, the language in the Benefit Booklet will prevail.

To find a Willamette Dental dentist near you, please visit www.willamettedental.com

MEMBER ASSISTANCE PROGRAM

HealthAdvocate℠

You have up to 5 counseling sessions at no cost. If you need additional sessions, Health Advocate will help connect you with a provider and coordinate coverage through your health plan.

For details, 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 covered under a base Critical Illness plan through Aflac.

What is Critical Illness?

This benefit provides a cash payment directly to you if you are diagnosed with a covered illness. You can use the payment for any purpose, including out-of-pocket medical costs, household expenses, lost wages, or travel. For more information - including your full coverage certificate - or help filing a claim, contact the The VB Shop at (866) 888-9755 or **support@thevbshop.com**.

Features & Plan Provisions	*Aflac Critical Illness with Cancer*
Who is Covered?	**Benefit Amount**
Employee	$7,500
Child(ren)	50% of Employee Benefit (100% of face value under Childhood Conditions Rider below)
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 covered at 100% payout	Heart Attack (Myocardial Infarction) Sudden Cardiac Arrest Coronary Artery Bypass Surgery Major Organ Transplant Bone Marrow Transplant (Stem Cell Transplant) Kidney Failure (End-Stage Renal Failure) Stroke (Ischemic or Hemorrhagic)
Cancer Benefits Covereage payout varies by diagnosis	Cancer (Internal or Invasive): 100% Non-Invasive Cancer: 25% Skin Cancer: $250 per calendar year
New Covered Conditions Covered at 100% payout	Advanced Alzheimer's Parkinson's Benign Brain Tumor ALS and MS Coma Paralysis Loss of Sight/Speech/Hearing 17 additional specified diseases including Malaria, Polio, Rabies, and Tenanus
Childhood Conditions Rider Covered at 100% payout	Cystic Fibrosis Cerebral Palsy Cleft Lip or Cleft Palate Down Syndrome Phenylalanine Hydroxylase Deficiency Disease (PKU) Spina Bifida Type I Diabetes
This benefit is currently only available to employees and their child(ren) under the age of 26 (see Childhood Conditions Rider). 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.	

VOLUNTARY PRODUCTS

OPEN ENROLLEMT

Open Enrollment for Voluntary Critical Illness and Voluntary Accident coverage through Aflac is held each year in June–July, with an August 1 effective date. Look for details on the next enrollment opportunity in June 2026.

New groups and new hires may receive enrollment invitations outside the annual window.

Both plans are administered by The VB Shop. For plan design, rates, and benefit webinars, visit the link provided. For assistance, contact The VB Shop at **866-888-9755** or **support@thevbshop.com**.

VOLUNTARY CRITICAL ILLNESS

You may enroll in the Trust's Voluntary Critical Illness plan if you want coverage beyond the $7,500 Trust-paid benefit (see previous page) or if you wish to purchase coverage for your spouse. Coverage is available in $5,000 increments, up to a maximum of $30,000, with age-banded rates.

Visit the link below for plan details, benefit schedules, and rates.

VOLUNTARY ACCIDENT

Voluntary Accident plans provide cash benefits for eligible expenses, which you can use however you choose. Benefit amounts vary by service, according to the full schedule of benefits. Rates are offered in four tiers, depending on whether you enroll just yourself or also cover family members.

Visit the link below for plan details, benefit schedules, and rates.

VOLUNTARY HOSPITAL INDEMNITY *(NEW IN 2025)*

Group Hospital Indemnity Insurance provides benefits to help cover costs from a hospital stay, including hospital admission, confinement, intensive care, and step-down care.

Visit the link below for plan details, benefit schedules, and rates.

IAFF HWT Voluntary Benefit Online Portal

Find plan design information, rates and benefit webinars at:

https://tinyurl.com/IAFF-HWT-Voluntary-Benefits

BPAS VEBA

Local 726 has negotiated VEBA contributions for our members. Members will receive a lump sum contribution into a VEBA Healthcare Reimbursement Arrangement (HRA). Timing of the contributions varies by employer.

What is a VEBA?

Funds are deposited into a VEBA, which is a tax-exempt irrevocable trust arrangement, for current or future out-of-pocket health-related expenses. The VEBA doesn't replace your group health insurance plan. It works *with* your plan to provide additional coverage options. Use VEBA funds today to pay for deductibles, copays and coin-surance, as well as prescription drugs. Unused funds rollover year to year, so you can use VEBA in retirement to help pay for retiree medical premiums. Please Google "IRS Publication 502" for a full list of eligible expenses.

Can I use my VEBA on family members?

In addition to using your VEBA for your own expenses, you can also pay for those expenses of your legal spouse or IRS-eligible dependent. For spouse or dependents to be eligible, they must be enrolled in a group health plan.

How do I access my VEBA funds?

You can either use your BPAS provided "Benny Card", which acts just like debit card for your account, or you can pay upfront and submit a claim to BPAS for reimbursement. With your claim, you must include substantiation showing that you had an eligible expense. Claims can be submitted: Online, Mobile App, Fax or US Mail.

***Keep your receipts*!** In the event BPAS requires documentation for a purchase made with your Benny Card, it is your responsibility to provide that substantiation. Typically, this would be in the form of an Explanation of Bene-fits (EOB) from Regence or an itemized receipt. An itemized receipt must include: merchant or provider name, description of services received or item purchased, date of service and amount charged.

Can I invest my VEBA Funds?

Yes! You can investment your funds within a menu of investment options chosen by IAFF HWT. These investment options include standalone mutual funds, target retirement funds and a stable value fund. You can view more information your investment options on the BPAS online portal at www.bpas.com.

Download the BPAS Mobile App for Easier Access

Check your account balance, file claims and even upload receipts using the camera on your phone. Download the free BPAS Mobile App by searching BPASClaims from the App Store.

To activate the app, you'll need a unique user name and password.

- Your username is your first initial, last name and last 4 digits of your Social Security Number (SSN)
- You temporary password is your first name, the 2-letter abbreviation for the state you live in and the last 5 digits of your SSN

You'll be prompted to create a new password and 4-digit PIN. The 4-digit PIN will be all you need going forward.

BPAS VEBA, CONTINUED

HELPFUL VEBA TIPS

Adding Dependents

IRS Guidelines prevents BPAS from paying for services to dependents not listed in your profile. To add/remove dependents:

- Log onto your BPAS Account at **www.bpas.com**
- Select BPASClaims from the Home Screen
- Select the profile link. You'll be able to edit dependent data by clicking the view/update link under the dependent name. You will need an SSN for each dependent.

Did you know you can set up recurring claims?

File a claim just once and get reimbursements all year long! Just check the box for "set up recurring claim for this expense" when completing your claim form.

CLAIMS SUBSTANTIATION

Get reimbursed faster, without paperwork!

As of September 2022, MagnaCare is now connected with BPAS making it easier than ever to substantiate your VEBA claims. Anytime you use your BPAS debit to pay for a claim that's been processed through your IAFF HWT medical plan, those claims will automatically substantiate without you having to send in your receipts. There's no need to sign up for this service as it is already in place!

For anything that doesn't get processed through your medical plan, you must still submit receipts when requested or you can sign up for BPAS ClaimFinder on your other insurance accounts, such as: Delta Dental, VSP or another health plan. By providing your account credentials to these other sites, BPAS will be able to auto-substantiate those claims as well. You can enroll in ClaimFinder right from within the "I Want To" drop down menu on your BPAS claims portal.

YOUR VEBA AND RETIREMENT

As a retiree, you may now use your VEBA funds to pay for your medical premiums, in addition to your prescription drugs, copays, etc. If you have negotiated a monthly retiree contribution into VEBA from your employer, those funds are typically transferred during the 3rd week of each month, showing up in your account approximately 7-10 business days later. You may set up a recurring claim with VEBA to automatically reimburse you each month for your monthly premium amount. This reimbursement can include your premium as well as your spouse and eligible dependent's premium.

Please refer to your official BPAS VEBA Enrollment Guide for more detailed information on this plan!

BPAS : 1-855-404-VEBA (8322) or visit www.bpas.com to access your VEBA account online

FREQUENTLY ASKED QUESTIONS

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

Contact the Trust Office at (866) 265-5231 or **IAFFHealthTrust@vimly.com**. You can also visit **www.IAFFHealthTrust.org** for more information.

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

Go to **MyCreateHealth.com/employee** and follow the steps to register. Once registered, download the **MyCreateHealth** mobile app on your smart phone and log in using the same credentials.

3. How do I find a network provider?

Log in at **MyCreateHealth.com/employee**, select Find a Provider, and click the Regence logo. On your first visit, verify your identity by email, then choose Look for providers in your area. Search by provider name, specialty, or facility. To save the most out-of-pocket, select 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. For information on receiving care while traveling abroad, please visit **www.bcbsglobalcore.com**.

5. How can I order additional ID Cards?

Request additional or replacement cards from the MyCreateHealth portal or mobile app. You may also contact MagnaCare directly at (877) 624-6219. Remember you can always access a **virtual Member ID Card** on the **MyCreateHealth** app!

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

Sav-Rx Prescription Services is your Pharmacy Benefit Manager, available 24/7 at (800) 228-3108.

They can assist with:

- Mail Order prescriptions with Sav-Rx Mail Order Pharmacy
- Specialty Pharmacy medications
- Step therapy and prior authorizations

Register on the Sav-Rx Patient Portal at **savrx.com** to order refills quickly, track your orders, see your Rx claims and more.

HELPFUL CONTACT INFORMATION

BENEFIT	CONTACT
Local 726 Health & Welfare Trust Day-to-day contact for members assistance	Di Haley Phone: 253-604-4579 dhaley@iaff726.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 Local726@vimly.com Monday-Friday: 8:30am-5pm PST Phone: 425-367-0732 http://L726.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 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 www.VSP.com
Transcarent Surgery Care Benefit, Virtual Physical Therapy, & 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
Willamette Dental Group Willamette Dental Benefits, Claims, Network and Member ID Information	Customer Service 855-433-6825 To find providers: willamettedental.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
Critical Illness & Voluntary Benefits Trust paid base Critical Illness benefit and group member paid Accident, Hospital Indemnity and Critical Illness 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
CancerNavigator 1:1 Nurse Navigator support to help cancer patients and their families navigate the many decisions that follow a cancer diagnosis. .	CancerNavigator 564-397-0720 https://www.cancernavigator.com/iaffhwt
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:

NOTES

NOTES

This enrollment guide is designed to provide basic information regarding benefit plans and programs available to eligible employees of the IAFF Health & Wellness Plan of the Northwest Firefighters Benefits Trust (IAFF Health & Wellness Trust). This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee of IAFF Health & Wellness Trust, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. IAFF Health & Wellness Trust reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.