MEDICAL BENEFITS OVERVIEW

IAFF Health & Wellness Trust

IN-NETWORK/PREFERRED BENEFITS	IAFF HWT - Plan $100 Category 1 - Preferred Providers	IAFF HWT - Plan $1500 Category 1 - Preferred Providers	IAFF HWT - Plan $5000 Category 1 - Preferred Providers
Deductible	$100 per person / $200 per Family	$1,500 per person / $3,000 per Family	$5,000 per person / $10,000 per Family
Out-of-Pocket Maximum (Calendar Year)	$1,100 per person / $2,200 per Family	$2,000 per person / $4,000 per Family	$5,000 per person / $10,000 per Family
Coinsurance	In-Network: You Pay 10% Out-of-Network: You Pay 30% Payment Based on the Allowed Amount	In-Network: You Pay 20% Out-of-Network: You Pay 40% Payment Based on the Allowed Amount	All Providers: You Pay 0% Payment Based on the Allowed Amount
IN-NETWORK/PREFERRED BENEFITS	ALL SERVICES ARE SUBJECT TO THE DEDUCTBILE UNLESS OTHERWISE NOTED. The following outlines Preferred Benefits Only. Please refer to the Plan Booklet for Non-Preferred/Non-Network Benefit Levels.		
Office Visit Copay	$10 Copay	$25 Copay	$30 Copay
MDLive Virtual Care	Covered in Full	Covered in Full	Covered in Full
Outpatient Lab & Radiology Services	Covered in Full	Covered in Full	Covered in Full
Professional Services	10% after Deductible	20% after Deductible	0% after Deductible
Outpatient Surgery	10% after Deductible	20% after Deductible	0% after Deductible
Preventive Care	Covered in Full	Covered in Full	Covered in Full
Acupuncture 30 visits PCY	10% Deductible Waived	20% Deductible Waived	$30 Copay
Spinal Manipulation 30 visits PCY	10% Deductible Waived	20% Deductible Waived	$30 Copay
Emergency Room	$100 Copay per visit, then 10% after Deductible	$100 Copay per visit, then 20% after Deductible	$100 Copay per visit, then 0% after Deductible
Ambulance Services	10% after Deductible	20% after Deductible	0% after Deductible
Inpatient Mental Health & Substance Abuse Services	10% after Deductible	20% after Deductible	0% after Deductible
Outpatient Mental Health & Substance Abuse Services	$10 Copay	$25 Copay	$30 Copay
Hearing Exam	No Charge	No Charge	No Charge
Hearing Hardware (Every 3 years)	Up to $3,000 per ear	Up to $3,000 per ear	Up to $3,000 per ear
Durable Medical Equipment	10% after Deductible	20% after Deductible	0% after Deductible
Inpatient Rehabilitation Services 30 days PCY	10% after Deductible	20% after Deductible	0% after Deductible
Outpatient Rehabilitation Services 40 visits PCY	10% Deductible Waived	20% Deductible Waived	$30 Copay

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.