

# Highlights of your Health Care Coverage

Spokane Firefighters Pension Board  
 Group Number: 1022518

Effective Date: 01/01/2025

\*Premera Blue Cross believes this plan is a “grandfathered health plan” under the Affordable Care Act. For more information, please refer to your Benefit Booklet. Any deductibles, copays, and coinsurance percentages shown are amounts for which you’re responsible. Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

<b>MEDICAL PLAN *GRANDFATHERED</b>	
<b>YOUR WORLD - LEOFF 1 FIREFIGHTERS</b>	
<b>ALL PROVIDERS</b>	
<b>MEDICAL COST SHARES</b>	
<b>Individual Deductible PCY</b> (No Family deductible)	\$0
<b>Coinsurance (Member's percentage of costs after deductible based on allowable charges)</b>	0%
<b>Individual Out of Pocket Maximum PCY, excludes copay</b> (No Family OOP max)	Unlimited
<b>Office Visit Cost Share</b>	Covered in Full
<b>Kinwell Connect Cost Share Waiver</b> (Excluded)	All services rendered and billed by any Kinwell clinic are subject to standard cost shares
<b>PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION</b>	
<b>Preventive Office Visit</b> (Unlimited, subject to standard medical guidelines)	Covered in Full
<b>Immunizations</b> (Unlimited, subject to standard medical guidelines)	Covered in Full
<b>Health Education (HE)</b> (\$250 PCY)	Covered in Full
<b>Nicotine Dependency Programs (ND)</b> (Unlimited)	Covered in Full
<b>Diabetes Health Education (DE)</b> (Unlimited)	Covered in Full
<b>PROFESSIONAL CARE</b>	
<b>Professional Office Visit</b>	Covered in Full
<b>Telemedicine with Traditional Providers - General Medical</b>	Covered in Full
<b>VIRTUAL CARE SERVICES</b>	
<b>Telemedicine - General Medical (Virtual Care Only)</b>	Covered in Full
<b>FACILITY CARE</b>	
<b>Inpatient Facility</b>	Covered in Full
<b>Inpatient Professional Services</b>	Covered in Full
<b>Outpatient Surgery Facility</b>	Covered in Full

<b>MEDICAL PLAN *GRANDFATHERED</b>		<b>YOUR WORLD - LEOFF 1 FIREFIGHTERS</b>	
		<b>ALL PROVIDERS</b>	
<b>Skilled Nursing Facility</b> (Unlimited)		Covered in Full	
<b>HOSPICE &amp; HOME HEALTH CARE</b>			
<b>Hospice Inpatient Facility</b> (Unlimited; within the 6 month lifetime maximum)		Covered in Full	
<b>Hospice Care</b> (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)		Covered in Full	
<b>MATERNITY &amp; REPRODUCTIVE CARE</b>			
<b>Sterilization - Female</b> (Unlimited)		Covered in Full	
<b>Sterilization - Male</b> (Unlimited)		Covered in Full	
<b>MEDICAL TRANSPORTATION BENEFITS</b>			
<b>Transplant Travel &amp; Lodging</b> (\$7,500 per transplant)		\$0 Deductible, 0% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>EMERGENCY CARE AND TRANSPORTATION</b>			
<b>Emergency Care (If applicable, waive copay if admitted to inpatient facility)</b>		Covered in Full	
<b>Emergency Room Physician</b>		Covered in Full	
<b>Urgent Care Center</b>		Covered in Full	
<b>Ambulance Transportation</b> (Unlimited)		Covered in Full	
<b>ALTERNATIVE CARE</b>			
<b>Acupuncture</b> (24 visits PCY)		Covered in Full	
<b>Manipulations (Spinal and other)</b> (24 visits PCY)		Covered in Full	
<b>CHEMICAL DEPENDENCY &amp; MENTAL HEALTH</b>			
<b>Chemical Dependency Inpatient Facility Care</b> (Unlimited)		Covered in Full	
<b>Chemical Dependency Outpatient Professional Care</b> (Unlimited)		Covered in Full	
<b>Mental Health Inpatient Facility Care</b> (Unlimited)		Covered in Full	
<b>Mental Health Outpatient Professional Care</b> (Unlimited)		Covered in Full	
<b>REHABILITATION &amp; NEURO</b>			
<b>Rehab Inpatient Facility</b> (Unlimited)		Covered in Full	
<b>Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac &amp; Pulmonary Rehab.; and Chronic Pain</b> (45 Visits PCY)		Covered in Full	
<b>OTHER SERVICES</b>			
<b>Allergy/Therapeutic Injections</b>		Covered in Full	
<b>Medical Supplies, Equipment, Prosthetics</b> (Unlimited)		Covered in Full	
<b>Transplants</b> (Unlimited)		Covered as any other service	
<b>SUPPLEMENTAL BENEFITS</b>			
<b>Routine Vision Exam</b> (1 PCY)		Covered in Full	
<b>Vision Hardware</b> (\$500 Every 2 Calendar Years)		Covered in Full	
<b>Routine Hearing Exam</b> (1 PCY)		Covered in Full	
<b>Hearing Hardware</b> (\$5,500 every 5 years)		Covered in Full	

<b>MEDICAL PLAN *GRANDFATHERED</b>	<b>YOUR WORLD - LEOFF 1 FIREFIGHTERS</b>
	<b>ALL PROVIDERS</b>
<b>ANNUAL PLAN MAXIMUM</b>	
<b>Annual Plan Maximum</b>	Unlimited

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

*This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms of the plan. This benefit highlight is not a contract and may change. Please see your benefit booklet or call Customer Service for full coverage information including a description of waiting periods, limitations, and exclusions.*

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Below is a brief overview of your pharmacy benefit. For more information, please refer to your benefit booklet or sign into [www.premera.com](http://www.premera.com) to find drug costs and coverages specific to your plan.

PHARMACY PLAN	
RX LEOFF 1 FIREFIGHTERS*	
PRESCRIPTION DRUGS	
Formulary Drug List	Open A2 Tier 1 = generic Tier 2 = brands
Annual Benefit Maximum	Unlimited
Individual Deductible PCY	\$0
Family Deductible PCY	No Family Deductible
Out of Network (Non-participating retail pharmacies)	Same as In-Network
Out of Pocket Maximum	Unlimited
Retail Cost Shares	\$0
Mail Cost Shares	\$0
Day Supply	Retail: 365 Days; Mail: 90 Days; Specialty: 30 Days

\*This plan is self-funded by Spokane Firefighters Pension Board, which means that this group is financially responsible for the payment of plan benefits. The group has contracted with Premera Blue Cross, an independent Licensee of the Blue Cross Blue Shield Association, to perform administrative duties, including the processing of claims, under the plan. Premera Blue Cross does not insure the benefits of this plan.

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### Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online/services/cc/pub/complaintinformation.aspx>.

### Language Assistance

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).  
**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。  
**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).  
**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.  
**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).  
**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).  
**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.  
**Телефонуйте за номером 800-722-1471 (телетайп: 711).**  
**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃសម្រាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។  
**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。  
**ማስታወሻ:** የሚናገሩት ቋንቋ እማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክሶሎ ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711)።  
**XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).  
**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).  
**பிழைப்பு:** நீ துமீ பிழைப்பு பேசுகிறீர்கள், அது உமீ க்கு கட்டில்லாத சேவைகளைக் கொடுக்கிறது. 800-722-1471 (TTY: 711) 'க்கு அழைக்கவும்.  
**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).  
**បំណង:** ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, ការបំណងការបំណងសេវាភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នក។ តេឡេហ្វូន 800-722-1471 (TTY: 711)។  
**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).  
**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).  
**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).  
**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).  
**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).  
**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 تماس بگیرید.

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