

MEDICAL & PRESCRIPTION DRUG PLAN

IAFF LOCAL 587 HEALTH INSURANCE TRUST FUND offers a medical plan through **Cigna**. Cigna's preferred lab facilities are Lab Corp & Quest Diagnostics. Below are highlights of the plan.

You can search for participating providers by visiting www.cigna.com and click "Find a Doctor, Dentist or Facility", selecting "For plans offered through your employer or school" and selecting "Cigna HealthCare Seamless Network – Florida."

PLAN HIGHLIGHTS

POS

| | In-Network | Out-of-Network ¹ |
|--|--------------------------------------|-----------------------------|
| Calendar Year Deductible (DED) | | |
| Individual | \$500 | \$1,000 |
| Family | \$1,000 | \$2,000 |
| Coinsurance | 20% | 40% |
| Calendar Year Out-of-Pocket Maximum² <i>Includes deductibles & coinsurance. (Medical only. Separate from and additional to Drug Out of Pocket Maximum)</i> | | |
| Individual | \$2,000 | \$4,000 |
| Family | \$4,000 | \$8,000 |
| Physician Visit | | |
| Primary Care Physician (PCP) | \$25 | 40% after DED |
| Specialist | \$30 | 40% after DED |
| Telemedicine | \$0 | N/A |
| Preventative Care | Covered in Full | 40% after DED |
| Lab Work and Diagnostic Imaging | | |
| Independent Lab i.e., blood work | \$0 | 40% after DED |
| Advanced Services Includes MRI, PET, CT | 20% after DED | 40% after DED |
| Hospital Services | | |
| Inpatient Hospital | 20% after DED | 40% after DED |
| Outpatient Surgery | 20% after DED | 40% after DED |
| Emergency Medical Care | | |
| Convenience Care Clinics | \$25 | 40% after DED |
| Urgent Care | \$25 | \$25 |
| Emergency Room (waived if admitted) | \$225 | \$225 |
| Prescription Drugs (30-day supply) | | |
| Tier 1 | \$15 | 50% |
| Tier 2 | \$40 | 50% |
| Tier 3 | \$60 | 50% |
| Tier 4 | 50% | 50% |
| Mail Order (90-day supply) | | |
| Tier 1 | \$0 | 50% |
| Tier 2 | \$80 | 50% |
| Tier 3 | \$120 | 50% |
| Tier 4 | 50% | 50% |
| Calendar Out of Pocket Drug Maximum² <i>(Prescriptions Only. Separate from and additional to Medical Out of Pocket Maximum)</i> | \$1,000 individual \$2,000 Family | |

- (1) Out of network services are always subject to balance billing. Member will be responsible for payment of the difference between Cigna's allowable charges and the provider's actual fee.
- (2) Medical and Drug Calendar Out of Pocket maximums are separately calculated.



Use in-network providers. Participating providers (doctors, hospitals, and others in your plan's network) generally charge discounted rates for plan members. When you go to a non-participating provider you will likely pay a higher coinsurance percentage. And, you will likely have to pay the difference in price between the participating provider's discounted fee and the non-participating provider's "regular" fee.

DENTAL PLAN

IAFF LOCAL 587 HEALTH INSURANCE TRUST FUND offers a Dental Preferred Provider Organization (DPPO) through **Cigna**. Below are highlights of the plan.

You can search for providers by visiting www.cigna.com and click “Find a Doctor, Dentist or Facility”, selecting “For plans offered through your employer or school” and selecting “Cigna DPPO Advantage/Cigna DPPO”, then entering your search criteria.



DPPO Plan: The DPPO plan is designed to give you the freedom to receive dental care from any licensed dentist of your choice. Keep in mind; you’ll receive the highest level of benefit from the plan if you select an in-network contracted PPO dentist versus an out-of-network dentist who has not agreed to provide services at the negotiated rates. A calendar year maximum benefit will apply to in and out-of-network services.

PLAN HIGHLIGHTS

DPP0

| | In-Network | Out-of-Network |
|---------------------------------------|--------------------------------|----------------|
| Calendar Year Maximum Benefit | \$1,500 per member | |
| Calendar Year Deductible (DED) | | |
| Individual | \$0 | \$0 |
| Family | \$0 | \$0 |
| Preventive Services | | |
| Exams | 100% | 100% |
| Cleanings (2 per calendar year) | 100% | 100% |
| X-Rays | 100% | 100% |
| Basic Services | | |
| Fillings (anterior/posterior) | 100% | 100% |
| Surgical Extractions | 100% | 100% |
| Root Canal | 100% | 100% |
| Major Services | | |
| Crowns, Dentures, Implant Prosthetics | 100% | 100% |
| Implants | 100% | 100% |
| Orthodontics (Adult & Child) | | |
| Comprehensive | 100%; \$2,000 Lifetime Maximum | |

VISION PLAN

We offer a vision plan insured through Cigna. Benefits are available every 12 months for exams and lenses or contact lenses and for frames. Below are highlights of the plan.

You can search for providers by visiting www.cigna.vsp.com, clicking “Find a Cigna Vision Network Eye Care Professional”, and entering your search criteria.

PLAN HIGHLIGHTS

VISION

| | In-Network | Out-of-Network |
|---|-----------------|-----------------------|
| Exam 1 every 12 months | \$0 Copay | \$75 Allowance |
| Lenses 1 every 12 months | | |
| Single | \$0 Copay | Up to \$60 Allowance |
| Bifocal | \$0 Copay | Up to \$120 Allowance |
| Trifocal/Progressive | \$0 Copay | Up to \$120 Allowance |
| Frames 1 every 12 months | \$200 Allowance | Up to \$133 Allowance |
| Contact Lenses ¹ 1 every 12 months | | |
| Medically Necessary | Covered in Full | Up to \$250 Allowance |
| Elective | \$150 Allowance | Up to \$135 Allowance |
| Lens Enhancements | | |
| Oversize Lenses | \$0 Copay | Not Covered |
| Rose Tint #1 and #2 | \$0 Copay | Not Covered |
| Standard Polycarbonate | \$0 Copay | Not Covered |

(1) In lieu of eyeglass benefits