

Know your benefits.

Learn more information at
www.local440benefits.com

Fort Worth Fire Local 440 Benefits 2024 Benefits



www.local440benefits.com



2024 Local 440 Benefits Changes

- TPA changing from Maestro to Lucent Health
- No Benefits changes to your active or retiree medical plan
- No changes to active member payroll deducted costs and retiree monthly costs for 2024



TPA Change FAQs

Will my premiums go up? No.

Will my benefits change? No, the benefit structure will not change deductibles and out of pocket max will not change.

Will Kroger be replaced? No, your pharmacy benefits will not change.

Will this mean that providers will have an easier time taking our insurance?

We have been told that this should get better, however we still have Health Smart, and will have a TPA vs a large insurer like Aetna, UHC, Blue Cross. This is all in an effort to keep premiums down and manage the 440 dollars well. Because of this, there will still be providers that don't recognize the TPA and note they are out of network.

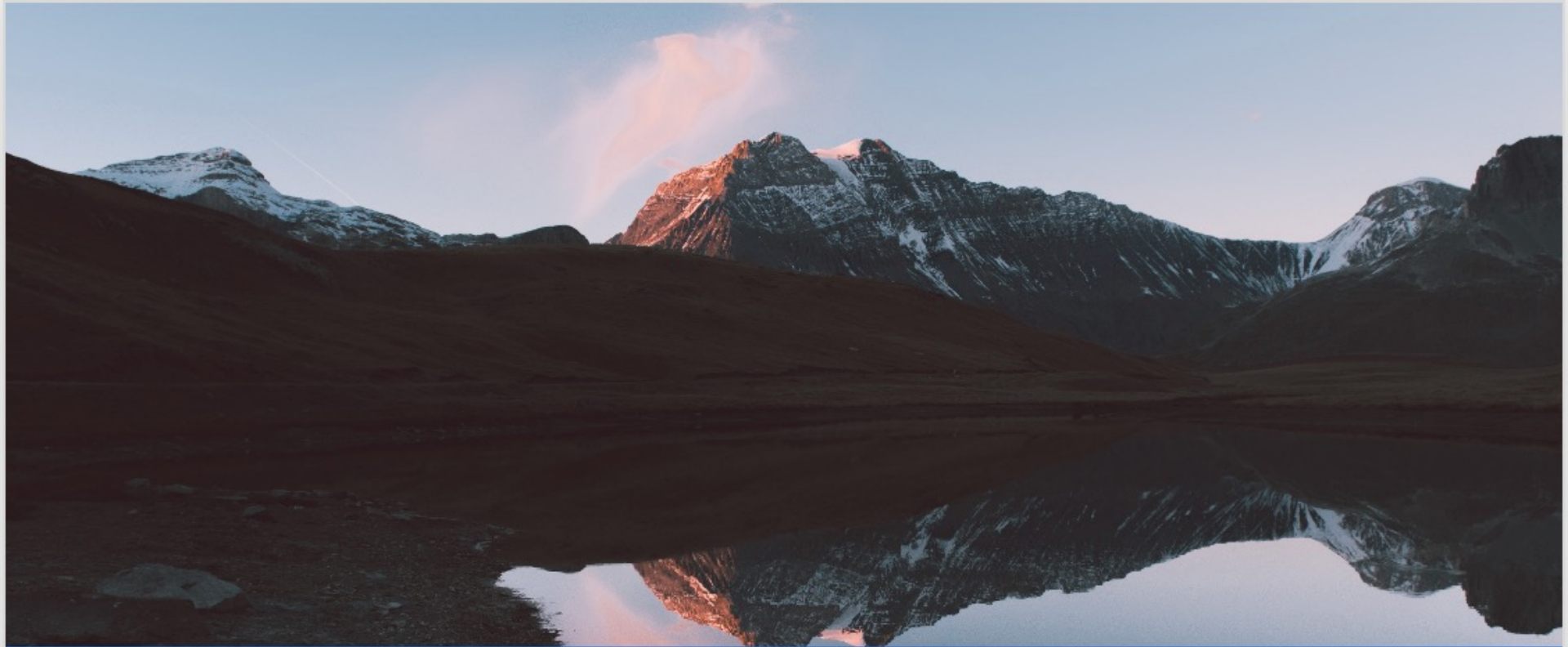
What if I had a pre-authorization done by Maestro, but the surgery is scheduled for after the change?

The new TPA will honor pre-auths issued in the last 30 days of the year.

Will Kris Kirkpatrick still be our advocate?

Yes. You will have a new 800 number from the new TPA, and if that doesn't address your issue, you can call Kris.

Will we still have 6 Degrees to settle out of network bills? Yes



Medical Benefits

Knowing your health plan



To learn more about your benefits, please check out
the employee benefits website:

www.local440benefits.com



FIND A PROVIDER



SWHR

To find more provider information, please visit the
employee benefits website:
www.local440benefits.com





SWHR/ THR Basic Plan Summary PPO

Coinsurance is after deductible is met.

YOUR HEALTH PLAN *Deductibles and OOP max cross-apply	SWHR / THR Providers	Tier 2 – HealthSmart & All Other Providers
PLAN-YEAR DEDUCTIBLE Individual / Family	\$750 Single / \$1,500 Family	\$950 Single / \$1,900 Family
PLAN-YEAR OUT-OF-POCKET MAX Individual / Family	\$5,000 Single / \$10,000 Family	\$5,000 Single / \$10,000 Family
PREVENTATIVE CARE	SWHR / THR Providers	Tier 2 – All Other Providers
Periodic Health Exam: routine exam, well child office visit, immunizations, routine lab and x-rays, routine prostate test, routine pap test, routine mammogram, etc.)	No Charge When Meeting Federal Preventive Care Guidelines	No Charge When Meeting Federal Preventive Care Guidelines
PHYSICIAN OFFICE VISITS	SWHR / THR Providers	Tier 2 – All Other Providers
Primary Care Office Visit (includes diagnostic laboratory & x-ray's)	\$20 Copay / Visit	\$30 Copay / Visit
Specialty Care Office Visit (includes diagnostic laboratory & x-ray's)	\$35 Copay / Visit	\$45 Copay / Visit
Maternity - Prenatal	\$25 Copay / Initial Visit Only	\$30 Copay
Maternity - Delivery	15% After Deductible	25% After Deductible

**Please refer to summary plan documents (SPD) for full description of medical benefits. This is not a legal document.



SWHR/ THR Basic Plan Summary PPO

Coinsurance is after deductible is met.

OTHER SERVICES	SWHR / THR Providers	Tier 2 – HealthSmart & All Other Providers
Urgent Care Facility	\$60 Copay / Visit	\$75 Copay / Visit (Does SWHR have UC providers?)
Chiropractic Care	\$55 Copay / Visit 24 Visits per Calendar Year – 1 visit/treatment per day	\$55 Copay / Visit 24 Visits per Calendar Year – 1 Visit/Treatment per Day
Emergency Medical Transport	15% After Deductible	25% After Deductible
Durable Medical Equipment	15% After Deductible	25% After Deductible
Home Health Care	15% After Deductible 60 Visits Maximum Per Calendar Year	25% After Deductible 60 Visits Maximum Per Calendar Year
Habilitation Services: Physical Therapy, Occupational Therapy & Speech Therapy	\$35 Copay / Visit 60 Visits Maximum Per Calendar Year	\$45 Copay / Visit 60 Visits Maximum Per Calendar Year
Hospice	15% After Deductible 360 Days Maximum Per Lifetime	25% After Deductible 360 Days Maximum Per Lifetime
HOSPITAL FACILITY SERVICES	SWHR / THR Providers	Tier 2 – All Other Providers
Inpatient Surgery	15% After Deductible	25% After Deductible
Room & Board	15% After Deductible	25% After Deductible
Outpatient Surgery	15% After Deductible	25% After Deductible

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SWHR/ THR Consumer Choice Summary

Coinsurance is after deductible is met.

YOUR HEALTH PLAN *Deductibles and OOP max cross-apply	SWHR / THR Providers	Tier 2 – HealthSmart & All Other Providers
PLAN-YEAR DEDUCTIBLE Individual / Family	\$1,400 Single / \$2,800 Family	\$1,700 Single / \$3,400 Family
PLAN-YEAR OUT-OF-POCKET MAX Individual / Family	\$6,250 Single / \$10,125 Family	\$6,250 Single / \$10,250 Family
PREVENTATIVE CARE	SWHR / THR Providers	Tier 2 – All Other Providers
Periodic Health Exam: routine exam, well child care office visit, immunizations, routine lab and x-rays, routine prostate test, routine pap test, routine mammogram, etc.)	No Charge When Meeting Federal Preventive Care Guidelines	No Charge When Meeting Federal Preventive Care Guidelines
PHYSICIAN OFFICE VISITS	SWHR / THR Providers	Tier 2 – All Other Providers
Primary Care Office Visit (includes diagnostic laboratory & x-ray's)	20% After Deductible	25% After Deductible
Specialty Care Office Visit (includes diagnostic laboratory & x-ray's)	20% After Deductible	25% After Deductible
Maternity - Prenatal	20% After Deductible	25% After Deductible
Maternity - Delivery	20% After Deductible	25% After Deductible

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SWHR/ THR Consumer Choice Summary

Coinsurance is after deductible is met.

OTHER SERVICES	SWHR / THR Providers	Tier 2 – HealthSmart & All Other Providers
Urgent Care Facility	20% After Deductible	25% After Deductible
Chiropractic Care	20% After Deductible 24 Visits per Calendar Year – 1 visit/treatment per day	25% After Deductible 24 Visits per Calendar Year – 1 visit/treatment per day
Emergency Medical Transport	20% After Deductible	25% After Deductible
Durable Medical Equipment	20% After Deductible	25% After Deductible
Home Health Care	20% After Deductible 60 Visits Maximum Per Calendar Year	25% After Deductible 60 Visits Maximum Per Calendar Year
Habilitation Services: Physical Therapy, Occupational Therapy & Speech Therapy	20% After Deductible 60 Visits Maximum Per Calendar Year	25% After Deductible 60 Visits Maximum Per Calendar Year
Hospice	20% After Deductible 360 Days Maximum Per Lifetime	25% After Deductible 360 Days Maximum Per Lifetime
HOSPITAL FACILITY SERVICES	SWHR / THR Providers	Tier 2 – All Other Providers
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Fort Worth Fire Monthly Medical Rates 2024



	MEMBER ONLY	MEMBER & SPOUSE	MEMBER & CHILDREN	MEMBER & FAMILY
Active Basic Plan	\$48.18	\$238.37	\$177.85	\$333.47
Active Consumer Choice HSA Plan	\$ -	\$161.66	\$115.77	\$242.50

TelaDoc

855-VIP-DOCS (847-3627)

www.member.teladoc.com/feelbetter

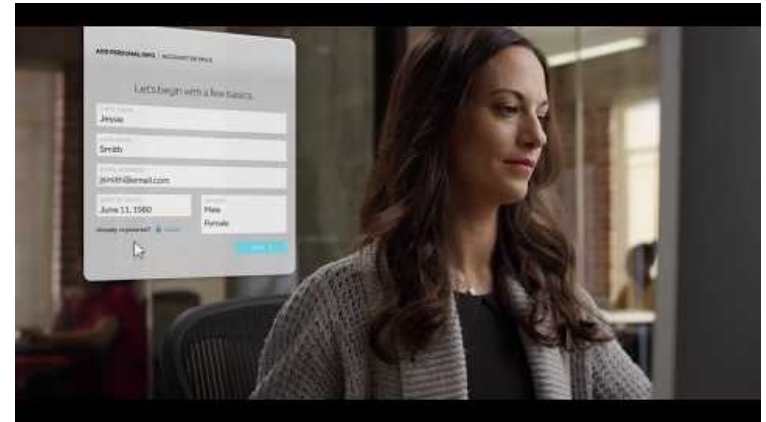


The first and largest provider of Telehealth medical consults in the United States, giving you 24/7/365 access to quality medical care through phone and video consults.

Basic Plan Cost- \$0 to member
Choice Plan Cost- \$50 to member*

*required by law for a high-deductible plan

Talking with a Doctor has never been easier!
Available 24/7/365



We diagnose, treat & prescribe medication for a wide range of conditions:

- Cold and Flu
- Bronchitis
- Pink Eye
- Sinusitis
- Skin Infection and Rash
- Upper Respiratory Infections
- Sore Throat
- Allergies
- Sprains and Strains



Kroger
Prescription
Plans

Prescription Coverage

Prescription coverage is handled through the trust and administered by Kroger Prescription Plans.

The pharmacy network is not limited to Kroger stores.

Customer Service: 800-482-1285

To find more pharmacy information, please visit the
employee benefits website:

www.local440benefits.com



Are you considering an orthopedic surgery?

Orthopedic Stem Cell Therapy

Call 844-948-1117



What is Regenexx?

Regenexx specializes in minimally invasive Interventional Orthopedics, a medical specialty that uses precise image-guided injections of your own stem cells and blood platelets capable of healing tissue. For qualified candidates, Regenexx procedures have substantial benefits over traditional orthopedic surgeries including less risk, less downtime, and no long and painful rehabilitation. This non-surgical approach to treating orthopedic injuries and degeneration uses your body's own healing cells to repair and regenerate damaged or degenerated tissue, bone, cartilage, muscle, tendons, and ligaments. Each Regenexx treatment is customized to your specific condition and needs, giving you the best opportunity to heal".



6 Degrees Health

This plan allows your employer to manage the ballooning cost of healthcare while continuing to provide quality benefits to employees and their families.

**6 Degrees will assist plan participants with any balance billing type issues with out of network claims. Further details are included on the health benefits website under the 6 Degrees tab, at:
www.local440benefits.com**

What is a balance bill?

A balance bill is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it is when the provider charges more than what the Explanation of Benefits (EOB) indicates is patient responsibility. Example: Your hospital charges are \$100 and the plan allowable at 140% of Medicare is \$70. If the provider bills you the \$30 difference between the charged amount and the plan allowable, they are balance billing. Deductibles, copays, and coinsurance are not examples of balance billing and you are still responsible for these cost sharing items.



Health Savings Account (HSA) Flexible Spending Account (FSA)

The City of Fort Worth offers three types of Flexible Spending Accounts (FSAs) to help you save for out-of-pocket expenses. This money is deducted pre-tax so it will help you save for out-of-pocket expenses. This money is deducted pre-tax so it will lower your taxable income. Wageworks is the administrator for the HSA accounts.

HSA Contribution Amounts (for consumer choice participants)

Individual \$540

Family \$1,000

877-WageWorks
www.wageworks.com

**Fort Worth Fire recommends
Healthcare Bluebook!**

Earn rewards and get paid to save.
**You're probably overpaying for
procedures and don't even know it.**

**Prices for the same procedure can vary up
to 500% depending on where you go.**

**With Healthcare Bluebook you can see
price information on hundreds of
procedures in your area with a simple
search.**

**Plus, you can earn rewards for using Fair
Price™ (green) facilities.
Get paid to save... It's easy!**

healthcarebluebook.com/cc/local440
or call 800-341-0504
Mobile App (Mobile Code: L440)



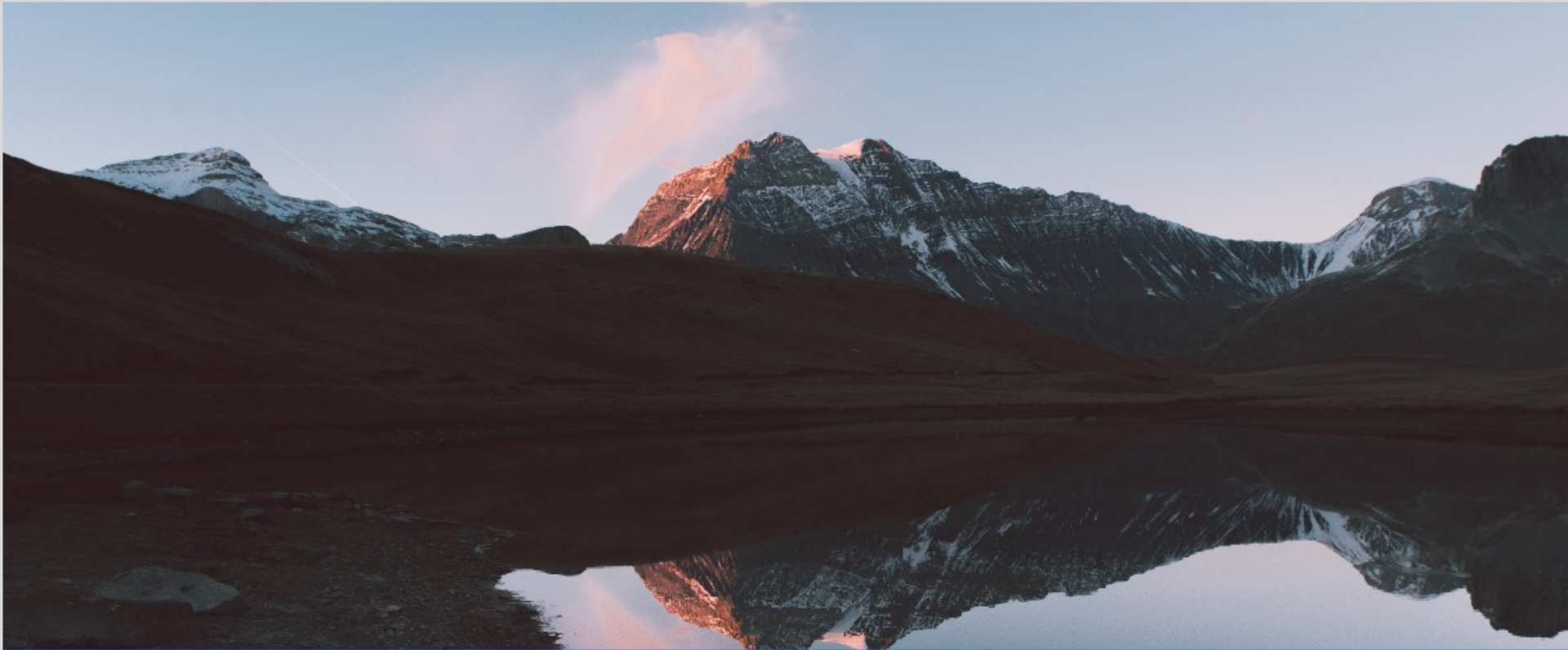
Healthcare Bluebook™

We recommend Healthcare Bluebook!
**Find the best provider at the lowest
cost.**

What is Healthcare Bluebook?

Healthcare Bluebook is a resource that helps add a layer of price transparency for your healthcare costs. You can shop around for the best price and quality and receive rewards when you save the plan and your family money.

Bluebook's web and mobile application make it easy to save money on hundreds of common medical services and procedures by showing you the cost ranges in your area and providing you with a selection of Fair Price™ (green) facilities.



Voluntary Dental & Vision Benefits



To learn more about your benefits, please check out the
employee benefits website:
www.local440benefits.com





Dental Benefits *Voluntary*

Dental Benefits

Please submit your claims Online, or by
Fax or Mail:

www.metdental.com

Fax: 1-859-389-6505

MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282



To learn more about your benefits, please check out the
employee benefits website:
www.local440benefits.com





MetLife PPO Low Option

Dental PPO Low Option Highlights

see www.local440benefits.com for full Met Life details, disclaimers, disclosures, limitations and additional charges

Coverage Type	In-Network % of Negotiated Fee	Out-of-Network % of Negotiated Fee
Type A-Preventive	100%	100%
Type B-Basic Restorative	50%	50%
Type C-Orthodontia	50%	50%
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Annual Maximum Benefit: (Per individual)	\$1,500	\$1,500
Orthodontia Lifetime Maximum	Up to dependent age limit	
Ortho applies to adult and child	\$1,000 per person	\$1,000 per person



MetLife PPO High Option

Dental PPO High Option Highlights
see www.local440benefits.com for full Met Life details, disclaimers,
disclosures, limitations and additional charges

Coverage Type	In-Network % of Negotiated Fee	Out-of-Network % of Negotiated Fee
Type A- Preventive	100%	100%
Type B-Basic Restorative	80%	80%
Type C-Orthodontia	50%	50%
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Annual Maximum Benefit: (Per individual)	\$3,000	\$3,000
Orthodontia Lifetime Maximum	Up to dependent age limit	
Ortho applies to adult and child	\$1,500 per person	\$1,500 per person

**Please refer to summary plan documents (SPD) for full description of benefits. This is not a legal document.



MetLife Dental Plan: High Option

Dental PPO High Option Highlights
see www.local440benefits.com for full Met Life details, disclaimers,
disclosures, limitations and additional charges

Coverage Type	You and Your dependent's co-payment
Office Visit- per visit (including all fees for sterilization and/or infection control)	Range from \$0-\$5 per
Radiographs/Diagnostic Imaging (X-Rays)	Range From \$0-\$180 per
Tests and Examination	Range from \$0-\$50 per
Restorative Treatment Crowns (additional charges for materials such as noble, high noble, or titanium metal or porcelain). 7 or more crowns, implants and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown, implant or bridge unit.	Range from \$10-\$350 per
Endodontics	Range from \$0-\$555 per
Periodontics	Range from \$21-\$380 per
See www.local440benefits.com for Met Life full list of DHMO procedures, co-pays, limitations, disclaimers, disclosures, and additional charges	

**Please refer to summary plan documents (SPD) for full description of medical benefits. This is not a legal document.

Fort Worth Fire Dental Rates 2024



	Dental PPO High Plan	Dental PPO Low Plan	Dental DHMO Managed Plan
Member Only	\$40.25	\$26.09	\$16.24
Member & Spouse	\$82.50	\$49.57	\$30.87
Member & Chid(ren)	\$106.66	\$57.41	\$32.48
Family	\$134.83	\$80.90	\$50.33

Vision care

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical and Visionworks.



*Learn more about your benefits on
the benefits website:*

www.local440benefits.com



Vision Plan: Low Option

Covered Charges	Benefit	Frequency
Eye Exam	Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$10 copay Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice.	Once every 12 months
Frames	Allowance \$130 after \$20 copay. Costco, Walmart, and Sam's Club: \$70 allowance after \$20 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.	Once every 24 months
Lenses	Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$20 eyewear copay	Once every 12 months
Standard lens enhancements	Ultraviolet (UV) coating, Polycarbonate (child up to age 18), Covered in full. Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Scratch-resistant coatings, Tints, Anti-reflective, and Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits	Once every 12 months
Contact Lenses	Contact fitting and evaluation: Covered in full. Elective lenses \$130 allowance. Necessary lenses: Covered in full after eyewear copay	Once every 12 months



Vision Plan: High Option

Covered Charges	Benefit	Frequency
Eye Exam	Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$10 copay Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice.	Once every 12 months
Frames	Allowance \$130 after \$20 copay. Costco, Walmart, and Sam's Club: \$70 allowance after \$20 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.	Once every 24 months
Lenses	Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$20 eyewear copay	Once every 12 months
Standard lens enhancements	Ultraviolet (UV) coating, Polycarbonate (child up to age 18), Covered in full. Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Scratch-resistant coatings, Tints, Anti-reflective, and Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits	Once every 12 months
Contact Lenses	Contact fitting and evaluation: Covered in full. Elective lenses \$130 allowance. Necessary lenses: Covered in full after eyewear copay	Once every 12 months

[Fort Worth Fire 440 Benefits | www.local440benefits.com]

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Fort Worth Fire Vision Rates 2024



	Vision PPO High Plan	Vision PPO Low Plan
Member	\$9.06	\$5.89
Member & Spouse	\$18.18	\$11.78
Member & Chid(ren)	\$15.40	\$9.97
Family	\$25.38	\$16.45

Health Savings Accounts

- ✓ **ALL PLAN MEMBERS MUST CONFIRM ELECTIONS AND AUTHORIZE WAGeworks***
- ✓ Consumer Choice Plan - High Deductible Health Plan
- ✓ Health Savings Account (HSA)
- ✓ WageWorks
- ✓ City Contribution:
 - \$540 employee
 - \$1,000 family coverage



*Health Savings Account (HSA) with funds still with Discovery Benefits will be charged an administrative fee.

Health Savings Accounts

- ✓ Pre-tax dollars to pay for out-of-pocket health care expenses
 - You own the account
 - No documentation needed
 - Grow your account through investments
- ✓ Funds rollover from year to year
- ✓ Doubles as a retirement account
 - Withdrawal funds without a penalty at age 65 for non-medical expenses (taxes apply)



Contact Information and Resources

BENEFIT	PROVIDER	WEBSITE / CONTACT	PHONE
Local 440 Benefits Website		www.local440benefits	
Medical	Lucent Health	www.lucenthealth.com	888-5853309
6 Degrees Health	Claims	Contact your Lucent Health	
Dental	MetLife	www.metlife.com	1-800-438-6388
Vision	MetLife	www.metlife.com	1-800-438-6388
TeleMedicine	TelaDoc	www.teladoc.com	855-847-3627
Pharmacy	Kroger	https://www.kpp-rx.com/index.html#	800-482-1285
App	MyBenefits App	mybenefits.maestrohealth.com	
Trust President	Local 440 Benefits	mglynn@iaff440.org Michael Glynn	
Claims Advocate	LBG Advisors	Kris: Kris@lbgadvisors.com	425-778-2800

Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans. The company has full details available for you concerning the following laws/provisions:

Summaries of each can be found on the employee benefits website. For complete information and more detailed explanations about any of these notices, contact your HR department. Also, from time to time, you may receive detailed explanations directly from the company via letter or email.

- **Notice of HIPAA Special Enrollment Rights**
- **Medicare Part D Notice**
- **Children's Health Insurance Program**
- **The USERRA Private Notice**
- **Notice of Patient Protection Provisions**
- **Women's Health and Cancer Rights Act**
- **Summary of Benefits and Coverage**
- **The Exchange Notice FLSA**
- **Newborn and Mothers Health Protection**
- **COBRA Election Notice**