Welcome to Your 2026 Benefits Enrollment Guide!

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Your Board of Trustees for the Seattle Fire Fighters HealthCare Trust strive to continue offering members valued, comprehensive, sustainable and affordable health plans that are here for all of us and our families– from Recruit through Retirement.

We encourage you to take the time to educate yourself about your benefit options and choose the best coverage for you and your family.

Dear Fellow Local 27 Members and Families:

Welcome to the 2026 Seattle Fire Fighters HealthCare Trust Benefits Enrollment Guide! This Guide includes the summary of material modifications for the 2026 Plan Year. If you need a paper copy, please contact the Trust Office.

Open Enrollment will be conducted online.

- To confirm or make changes to your 2026 health plan and/or add or delete dependents, you are **required** to access your SFFHCT Portal: **https://sffu.simon365.com**
- Open Enrollment for 2026 will run from October 1st, 2025 through October 31st, 2025.
- If you need assistance with online enrollment or have not received your email invitation to log onto the Trust Portal, please contact the Trust Office: **206-859-2693 or email at sffhct@vimly.com**

The Seattle Fire Fighters HealthCare Trust is continuing its committment to the good health of our members and their families. The Trust believes that primary care provided at the right time and right place is paramount to this commitment.

What's New and Exciting for Benefits in 2026?

Great news! Strong Trust performance in 2025 allows us to continue offering the same high-quality plans in 2026 with **no increase to member contributions**. But don't forget, your member contribution rates are based on whether or not you completed your Annual Fire Fighter Medical Evaluation (AFFME) by August 31, 2025. You will find the Tiered premium contribution levels on page 18. ***Members who got their AFFME at the Station 2 Clinic will have the lowest member contribution for 2026*. You will also want to note the following:**

- The Trustees have voted to establish the Total Wellness Fund (TWF) with an initial investment of $2,500 per member in January of 2026. We cannot guarantee that the Trust will be in a position to contribute each and every year. However, in those years we are able to do so, the amount will vary depending on the overall Trust performance. These funds can be spent on IRS eligible healthcare expenses (IRC 213) including plan cost shares as well as expenses not covered by the plan but considered eligible by IRD guidelines. Any unspent money rolls over to the following year and any unspent funds at retirement roll into the RSF. To be eligible, you must: have been an active member for at least one month of 2025 AND are active as of January 1st, 2026 OR retired in 2025 as an eligible RSF participant. Watch your email for additional information on this benefit later this year.
- The Trust is also increasing the Delta Dental lifetime maximum for orthodontia benefits from $2,000 to $3,000. Look for details to be sent separately to explain the special transition rules that apply for orthodontia treatment currently in progress.
- We are adding additional programs from WIN maternity including doula services up to $2,000 per year, support for menopause and andropause (WIN PowerPause), and a program called WINkid which provides a one-stop evidence based parenting platform focused on supporting parents on all aspects of child development. You will be receiving more detailed information on these programs directly from WIN later this fall.
- Along with adding this additional programs through WIN, the Trust has also chosen to increase the lifetime maximum benefit from the previous 2 cycles to 3 cycles toward eligible expenses related to fertility treatment and related fertility medications.

What's NOT continuing in 2026?

We are sorry to have to tell you the **EverMedDPC recently advised us that they are ceasing operation at the end of 2025.** Although we as a Trust have supported them strongly the past 8 years, they determined that the model wasn't getting enough traction to justify continuing operation. Beginning in 2026, services that have been covered in full in the EverMed platform will again be subject to plan cost shares.

Please take the time to review the entire 2026 Benefits Enrollment Guide as it provides valuable information on your benefit plans, enrollment & eligibility, AFFME rules & guidelines, member cost shares for 2026, and important contact information for the Trusts' partners.

Inside this guide you will find other important information on the following:

- Information on the Station 2 Clinic.
- How to save money on your premium payroll deductions by getting your qualified Annual Fire Fighter Medical Evaluation (AFFME) on an annual basis.
- Benefit Summaries for all medical, dental and vision plans available to you and your family.
- Information on how to confirm current elections, make changes, and select a primary care provider (if desired), during Open Enrollment.
- Tier Status Premium payroll deductions **(remember, 2026 tier status is determined by whether or not you received your AFFME by August 31, 2025)**.

Your health and financial security remain our top priority. On behalf of your trustees, our best wishes to you and your family for a successful and healthy 2026. We look forward to our continued partnerships with Dr. Hamrick and Team at the Station 2 Clinic and encourage all of you to get your Annual Fire Fighter Exams.

Enjoy a Happy and Healthy 2026!

Your Seattle Fire Fighters HealthCare Trustees

Dallas Baker, Chair	Ben Bergstrom	Matt Jung
Benjamin Mellon	Michael Rogers	Anthony Savelli
Kenny Stuart	Tim O'Mahony (Retiree Trustee)	

This document is designed to provide basic information regarding benefit plans and programs available to eligible participants. This document merely summarizes the Trust's 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 members, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any Trust benefit plan or program. The Seattle Fire Fighters HealthCare Trust reserves the right to amend or terminate any of its benefit plans and programs at any time and without notice or cause.

Who is Eligible?

A **Seattle Fire Fighter** is eligible for the SFFHCT Plans the first of the month following your date of hire (which is usually the first day of Recruit School). To remain eligible, you generally must work 80 hours per month.

- Participation in the Trust's medical, dental and vision coverages is required for any individual that is employed as a Fire Fighter by the City of Seattle and is represented by Local 27, with the exception of those Fire Fighters covered under the LEOFF 1 Pension Plan.

- LEOFF 1 members are required to participate only in the dental and vision coverage and are not eligible for the medical coverage.

Family Members of eligible Fire Fighters may participate subject to proper and timely enrollment. Eligible Family members include:

- Legal Spouses - a lawful wife or husband (**unless legally separated**), except a spouse who is himself or herself a LEOFF 1 active or retired Fire Fighter
- Individuals validly married under state law, regardless of their state of residence
- Domestic Partner who has been named in a Certificate of Domestic Partnership issued by the City of Seattle, except a domestic partner who is himself or herself a LEOFF 1 active or retired Fire Fighter
- Children up to their 26th birthday
  - biological children;
  - adopted or legally placed for adoption children;
  - stepchildren;
  - eligible foster children, as defined in Internal Revenue Code Section 152(f)(1);
  - domestic partner's children who receive at least 50% of their support from the member; and
  - children for whom the member is the legal guardian and who receive at least 50% of their support from the member.

- ***Disabled Children*:** disabled dependent children (as defined in Internal Revenue Code Section 152) of any age. In order to be covered beyond his or her 26th birthday, a disabled dependent child must have become incapacitated while covered under this Plan prior to his or her 19th birthday.

More About Open Enrollment

Any changes will be effective starting January 1, 2026. You are committed to the enrollment selections you make for the entire Plan Year of January 1, 2026 through December 31, 2026, *unless* you have a qualified change in status.

What is a qualified change in status?

- Marriage, divorce, legal separation, domestic partnership status change,
- Birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings,
- Change in residence due to an employment transfer for you, your spouse or domestic partner,
- Loss of coverage due to a change in your spouse's or domestic partner's employment status, or a loss of other coverage due to your spouse's or domestic partner's employer ceasing to make contributions toward their coverage.

Note: Loss of other coverage due to a failure to timely pay premiums or termination of coverage for cause is **not** a qualified change in status.

Should you wish to make a mid-year enrollment change, the ***general*** requirement is to do so online within 30 days of the qualified change in status, or 60 days for change in status due to loss of coverage. For ***newly eligible dependents***, the deadline for this type of special enrollment is extended as follows:

- Application for enrollment of a new child by birth must be made within 180 days of the date of birth.
- Application for enrollment of all other ***newly*** eligible dependents must be made within 90 days of the dependent's attaining eligibility.

What about 'double coverage'?

- If you and your spouse/domestic partner are both Fire Fighters, in order to be 'double covered' (that is, enrolled as a Fire Fighter and covered as a dependent under this Plan), you must each enroll online (https://sffu.simon365.com) listing your spouse/domestic partner in the Family Member Enrollment section.

- Please note: Covering your spouse/domestic partner on your enrollment has an impact on your payroll deductions. Fire Fighter and Spouse/DP coverage is more expensive than Fire Fighter Only coverage.

- If you are enrolling a domestic partner, you are subject to taxation on the value of your domestic partner's coverage.

- Your coverage as a spouse/domestic partner will be secondary to your primary coverage as a Fire Fighter, just as a spouse who works outside of the Fire Department might have primary coverage from his or her employer and secondary coverage under this Plan as a spouse/domestic partner of a Fire Fighter.

Station 2 Clinic Annual Fire Fighter Medical Exam (AFFME) Program

The Trust partners with Dr. Marcie Hamrick to operate the Station 2 Clinic for our AFFME services. The AFFME exam is a very comprehensive medical examination specifically designed to meet the needs of fire fighters and the unique set of risk factors which we face. In order to meet increasing demand as well as create the opportunity for expanded programs, the Trust and Dr. Hamrick are expanding Station 2 staff by two providers by late 2025 or early 2026.

Because we feel so strongly about the value of the AFFME, we will continue to incentivize the membership to receive this exam on a regular basis. As we have done in the past, we will provide discounted member plan contributions based on the date of your exam.

Members who get their exam at Station 2 will have the lowest premium contribution toward their health plan. Getting your exam at Station 2 is helpful to the Trust because it will allow us to look at aggregate data on our members and determine how we can help improve the health of our population through the benefits we offer. If you wish to get your Qualified AFFME from a provider outside of Station 2, you must be sure to send your **Exam Verification Form** into the Trust Office *(postmarked by **the yearly deadline)***, in order to qualify for a reduced premium contribution. Verification Forms, as well as a copy of the AFFME for you to share with your provider, can be found on the SFFHCT portal or you can contact the Trust Office. Keep in mind that you may incur additional out of pocket costs when you get your exam outside of Station 2, as not all services are covered under your Preventive benefit. Some will be subject to deductible and coinsurance. Getting your AFFME at Station 2 guarantees you no out of pocket cost for your basic exam tests! In the event you are referred out for additional testing or procedures, coverage will depend on the diagnosis or reason for the referral. Please contact the Trust Office if you have additional questions regarding outside services.

As a reminder, now is the time to schedule your AFFME in order to secure Tier 1 status for the 2027 Plan Year. In order to earn reduced premium contributions for 2027, you will need to receive your **Qualified AFFME** from the Clinic **between September 1, 2025 and August 31, 2026**.

Your 2027 premium contribution amount will be dictated based on the Tier for which you qualify according to the table below:

TIER 1	You received your **Qualified AFFME** at Station 2 between September 1, 2025 and August 31, 2026. This is the lowest premium contribution tier.
TIER 2	You received your **Qualified AFFME** from a provider outside of Station 2 between September 1, 2025 and August 31, 2026 and you sent your Exam Verification Form to the Trust Office confirming you had your exam performed. ***(Forms are available on your SFFHCT portal and must be postmarked by 9/04/2026)***
TIER 3	You did not receive your **Qualified AFFME** within the required time frame or you did not send your Exam Verification Form to the Trust Office. This is the highest premium contribution tier.

Later in the guide you will find details about your 2026 premiums, based on the Tier you qualified for during the previous year. If you have questions or need clarification about your current or future tier status, contact the Trust Office.

Call (206) 971-1365 to schedule your AFFME at the Station 2 clinic 8am-5pm Monday-Friday or online at ff.clinic

Trust Medical and Prescription Drug Plan Options

You have four (4) different medical plan choices to choose from:

- **Regence Economy Plan**
- **Regence Premium Plan**
- **Kaiser Deductible Plan**
- **Kaiser Standard Plan**

Under the **Regence BlueShield (RBS) plans**, you may receive medical services provided by RBS preferred, participating and non-participating providers. Your claims are paid at the higher level of benefits if you select a preferred provider. If you see a participating provider, your out of pocket costs will generally be higher than if you choose a preferred provider due to larger negotiated discounts with preferred providers. However, you will not be balance billed by participating providers. If you see a non-participating provider, your claims will be paid at the lowest level of benefits, and you may be subject to balance billing (i.e., you may be billed for any amounts over and above what these Plans may cover). Pharmacy Benefits for both Regence Plans are offered through **Sav-Rx Prescription Services**. The Sav-Rx Network consists of over 65,000 pharmacies nationwide and is accepted by all major chain pharmacies and most independent ones.

The **Kaiser Permanente (KP) plans are Health Maintenance Organization (HMO) plans** which require you to see KP providers in order to receive benefits at the In-Network level. KP recommends that you choose a primary care physician (PCP). Your PCP is your access point into care for In-Network features of these plans. He or she will provide, arrange or refer your care within the KP system. One PCP may be selected for an entire family, or a different PCP may be selected for each family member. Preauthorization is required for specialty care and specialists that are not KP designated Specialists, however you may make appointments with KP designated Specialists at facilities owned and operated by KP without prior authorization.

What About Dental, Vision and Hearing Benefits?

Regardless of the Medical plan you choose, you and your enrolled dependents automatically receive hearing benefits through your medical plan, dental coverage through either WCIF/Delta Dental of Washington or Willamette Dental, and VSP Vision.

My Notes

Trust Regence BlueShield Medical and Prescription Drug Plan Summaries 2026

	Regence BlueShield			
Benefit	**ECONOMY PLAN**		**PREMIUM PLAN**	
Provider Access	**Preferred**	**Participating / Non-Participating**	**Preferred**	**Participating / Non-Participating**
	Regence Network of Preferred, Participating and Non-Participating Providers paid at allowable charges		**Regence Network of Preferred, Participating and Non-Participating Providers paid at allowable charges**	
Calendar Year Deductible	$1,000 per person $2,000 per family		$200 per person $600 per family	
Coinsurance	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 60%
Out of Pocket Maximum	$2,000 per person $4,000 per family		$1,500 per person $3,000 per family	
Provider Office Visits	Deductible waived $25 copay	Subject to deductible then plan pays 60%	Deductible waived $15 copay	Subject to deductible then plan pays 60%
Professional Services Inpatient	Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Subject to deductible then plan pays 90%	Subject to deductible then plan pays 60%
Preventive Care	Covered in Full	Covered in Full (up to allowable charge)	Covered in Full	Covered in Full (up to allowable charge)
Diagnostic Labs and Imaging Outpatient	Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Covered in Full	Subject to deductible then plan pays 60%
Diagnostic Labs and Imaging Inpatient	Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Subject to deductible then plan pays 90%	Subject to deductible then plan pays 60%
Acupuncture (up to 50 visits per year) **Spinal Manipulations** (up to 20 visits per year)	Deductible waived $25 copay	Subject to deductible then plan pays 80%	Covered in Full	Covered in Full (up to allowable charge)
Massage Services (up to 50 visits per year)	**Preferred / Participating**	**Non-Participating**	**Preferred / Participating**	**Non-Participating**
	Deductible waived $25 copay	**Subject to deductible, then plan pays 80% up to the maximum allowed charge of $150 per visit**	**Covered in Full**	**Covered in full up to the maximum allowed charge of $150 per visit**

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Trust Regence BlueShield Medical and Prescription Drug Plan Summaries 2026 (continued)

	Regence BlueShield			
Benefit	**ECONOMY PLAN**		**PREMIUM PLAN**	
	Preferred	**Participating / Non-Participating**	**Preferred**	**Participating / Non-Participating**
Hospital Services Outpatient	Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Subject to deductible then plan pays 90%	Subject to deductible then plan pays 60%
Hospital Services Inpatient *(Provider must notify Regence prior to any admission except for emergencies)*	Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Subject to deductible then plan pays 90%	Subject to deductible then plan pays 60%
Emergency Room Services *(Copay waived if admitted, still subject to deductible and coinsurance)*	$150 copay per admit Subject to deductible then plan pays 80%		$150 copay per admit Subject to deductible then plan pays 90%	
Ambulance Service	Subject to deductible then plan pays 80% *when medically necessary*		Subject to deductible then plan pays 90% *when medically necessary*	
Maternity Care – Outpatient & Inpatient	Covered as any other service		Covered as any other service	
Home Health Care	Up to 130 visits per calendar year Subject to deductible then plan pays 80%		Up to 130 visits per calendar year Subject to deductible then plan pays 90%	
Hospice	Up to 6 months or 14 days inpatient Subject to deductible then plan pays 80%		Up to 6 months or 14 days inpatient Subject to deductible then plan pays 90%	
Skilled Nursing Facility	Up to 90 days per calendar year *Only participating providers are available* Subject to deductible then plan pays 80%		Up to 90 days per calendar year *Only participating providers are available* Subject to deductible then plan pays 90%	
Hearing Instruments	Benefit limited to one device per ear, every 36 months		Benefit limited to one device per ear, every 36 months	
	Deductible and Coinsurance Waived	Deductible Waived, Plan pays 60% up to the benefit limit	Deductible and Coinsurance Waived	Deductible Waived, Plan pays 60% up to the benefit limit
Durable Medical Equipment **•All Other Providers**	Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Deductible and Coinsurance Waived	Subject to deductible, then plan pays 60% up to allowed amount

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Trust Regence BlueShield Medical and Prescription Drug Plan Summaries 2026 (continued)

Benefit	Regence BlueShield			
	ECONOMY PLAN		PREMIUM PLAN	
	Preferred	Participating / Non-Participating	Preferred	Participating / Non-Participating
Rehabilitation Services	**This combined benefit includes medically necessary physical, occupational and speech therapy services.**			
Outpatient	Up to 50 visits per calendar year Not subject to deductible then plan pays 80%		Up to 50 visits per calendar year Not subject to deductible then plan pays 90%	
Inpatient	Up to 50 days per calendar year Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Up to 50 days per calendar year Subject to deductible then plan pays 90%	Subject to deductible then plan pays 60%
Chemical Dependency Treatment Outpatient	Deductible waived $25 copay	Subject to deductible then plan pays 60%	Deductible waived $15 copay	Subject to deductible then plan pays 60%
Chemical Dependency Treatment Inpatient	Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Subject to deductible then plan pays 90%	Subject to deductible then plan pays 60%
Mental Health Care Outpatient	Deductible waived $25 copay	Subject to deductible then plan pays 60%	Deductible waived $15 copay	Subject to deductible then plan pays 60%
Mental Health Care Inpatient	Subject to deductible then plan pays 80%	Subject to deductible then plan pays 60%	Subject to deductible then plan pays 90%	Subject to deductible then plan pays 60%
Prescription Drugs administered by Sav-Rx				
Rx Drugs Out of Pocket Maximum	$1,500 per person / $4,500 per family		$1,500 per person / $4,500 per family	
Retail *34 Day Supply* • **Generic** • **Brand** • **Non-Preferred Brand**	Minimum coinsurance you will pay per drug is $10. 30% Coinsurance to a maximum of $100 40% Coinsurance to a maximum of $100 40% Coinsurance to a maximum of $100		If drug is less than copay, you will pay the actual drug cost. $10 copay $30 copay $50 copay	
Retail *90 Day Supply* • **Generic** • **Brand** • **Non-Preferred Brand**	Minimum coinsurance you will pay per drug is $30. 30% Coinsurance to a maximum of $300 40% Coinsurance to a maximum of $300 40% Coinsurance to a maximum of $300		If drug is less than copay, you will pay the actual drug cost. $30 copay $90 copay $150 copay	
Mail Order *90 Day Supply* • **Generic** • **Brand** • **Non-Preferred Brand**	Minimum coinsurance you will pay per drug is $20. 30% Coinsurance to a maximum of $200 40% Coinsurance to a maximum of $200 40% Coinsurance to a maximum of $200		If drug is less than copay, you will pay the actual drug cost. $20 copay $60 copay $100 copay	
Tobacco Cessation	Prescription tobacco cessation drugs covered under Prescription Drug Benefits above		Prescription tobacco cessation drugs covered under Prescription Drug Benefits above	
Lifetime Maximum	Unlimited		Unlimited	

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Trust Kaiser Permanente Medical and Prescription Drug Plan Summaries 2026

	Kaiser Permanente	
Benefit	**Deductible Plan**	**Standard Plan**
Provider Access	Kaiser Providers or Contracted Facilities Only	Kaiser Providers or Contracted Facilities Only
Calendar Year Deductible	$350 per person $1,050 per family	No deductible
Coinsurance	None	None
Out of Pocket Maximum	$2,000 per person $6,000 per family	$2,000 per person $6,000 per family
Professional Services **Outpatient** **Office Visits**	$25 copay then Subject to deductible	$25 copay
Professional Services **Inpatient**	Subject to deductible then Covered in Full	$200 copay per admit then Covered in Full
Preventive Care *(including well baby exams, adult physicals, women's health exams, preventive cancer screenings and immunizations)*	Covered in Full	Covered in Full
Diagnostic Labs and Imaging **Outpatient**	Subject to deductible then Covered in Full	Covered in Full
Diagnostic Labs and Imaging **Inpatient**	Subject to deductible then Covered in Full	Covered in Full
Acupuncture	12 visits per calendar year $25 copay then Subject to deductible	12 visits per calendar year $25 copay
Spinal Manipulations	10 visits per calendar year $25 copay then Subject to deductible	10 visits per calendar year $25 copay
Hearing Exam	$25 copay, deductible applies	$25 copay
Hearing Hardware	1 aid per ear every 36 months; Covered at 80%	1 aid per ear every 36 months; Covered at 80%
Hospital Services **Outpatient**	$25 copay then Subject to deductible	$25 copay
Hospital Services **Inpatient** *(Provider must notify Kaiser prior to any admission except for emergencies)*	Subject to deductible then Covered in Full	$200 copay per admit then Covered in Full
Emergency Room Services *(Copay waived if admitted, still subject to deductible)*	$150 copay then Subject to deductible	$150 copay
Ambulance Services	Plan pays 80%	Plan pays 80%
Maternity Care **Outpatient & Inpatient**	Covered as any other service *(Routine care not subject to outpatient services copay)*	Covered as any other service *(Routine care not subject to outpatient services copay)*

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Trust Kaiser Permanente Medical and Prescription Drug Plan Summaries 2026 (continued)

	Kaiser Permanente	
Benefit	**Deductible Plan**	**Standard Plan**
Home Health Care	No visit limits Covered in Full	No visit limits Covered in Full
Hospice	Covered in Full	Covered in Full
Skilled Nursing Facility	Up to 60 days per calendar year Subject to deductible then Covered in Full	Up to 60 days per calendar year Covered in Full
Durable Medical Equipment	Plan pays 80%	Plan pays 80%
Rehabilitation Services **Outpatient**	Up to 45 visits per calendar year $25 copay then Subject to deductible	Up to 45 visits per calendar year $25 copay
Rehabilitation Services **Inpatient**	Up to 30 days per calendar year Subject to deductible then Covered in Full	Up to 30 days per calendar year $200 copay per admit then Covered in Full
Chemical Dependency Treatment **Outpatient**	$25 copay then Subject to deductible	$25 copay
Chemical Dependency Treatment **Inpatient**	Subject to deductible then Covered in Full	$200 copay per admit then Covered in Full
Mental Health Care **Outpatient**	$25 copay then Subject to deductible	$25 copay
Mental Health Care **Inpatient**	Subject to deductible then Covered in Full	$200 copay per admit then Covered in Full
Prescription Drugs		
Rx Drugs Out of Pocket Maximum	Combined with Medical Out of Pocket Maximum	Combined with Medical Out of Pocket Maximum
Retail *30 Day Supply* • **Generic** • **Brand**	$20 copay $40 copay	$20 copay $40 copay
Mail Order *90 Day Supply* • **Generic** • **Brand**	$40 copay $80 copay	$40 copay $80 copay
Tobacco Cessation	Approved pharmacy products Covered in Full Quit for Life Program – Covered in Full	Approved pharmacy products Covered in Full Quit for Life Program – Covered in Full
Lifetime Maximum	Unlimited	Unlimited

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Trust Dental Plans

As an eligible participant enrolled in a medical/prescription drug plan, you and your covered eligible family members will also be automatically enrolled in a Trust Dental Plan, which the Trust purchases through the Washington Counties Insurance Fund (WCIF). You have the option of choosing coverage through **Delta Dental of WA (DDWA)** or **Willamette Dental Group**. Eligible participants should review both plans below in order to make their selections during open enrollment. In the event an option isn't selected, you will automatically be enrolled in the Delta Dental Plan as the default option.

Delta Dental of WA Plan

Your dental benefits are designed to promote regular dental care. The amount the Dental Plan pays for services increases as you receive the appropriate dental care regularly (such as annual routine cleanings). You start out with 70% coverage for Class I and Class II services. When you see your dentist for at least a once-a-year visit, the plan pays 10% more than the previous year, up to 100%. If you miss your once-a-year visit to your dentist, the plan *decreases* your benefit by 10%. (However, your coverage will never be less than the original 70%).

If the dental care you receive is extensive (typically over $250), we encourage you to ask your dentist for a predetermination (or estimate) of benefits. This will allow you to know in advance what procedures are covered, what amount your Dental Plan will pay and what your financial responsibility will be.

While you may seek care from any licensed dentist; your out of pocket costs will be less when you see "Delta Dental PPO" or "Delta Dental Premier" dentists. Should you select a nonparticipating dentist, your services will be covered as illustrated below. However, you may be subject to 'balance billing,' which means you will be responsible for amounts charged over and above the Plan's allowable payment for the services you receive.

Delta Dental of WA Plan Summary

Annual Maximum per person: **Benefit Period:**	**$2,000** **January 1 through December 31**		
Deductible	**NONE**		
SERVICES	**PAYMENT LEVELS**		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
Class I – Diagnostic & Preventive Exams, X-rays, Sealants, Fluoride	**70% - 100%**	**70% - 100%**	**70% - 100%**
Class II – Restorative Restorations/Posterior Composite Fillings, Endodontics, Periodontics, Oral Surgery	**70% - 100%**	**70% - 100%**	**70% - 100%**
Class III – Major Crowns, Dentures, Partials, Bridges and Implants	**50%**	**50%**	**50%**
Orthodontia Adult and children **NEW 3,000** per person lifetime maximum	**50%**	**50%**	**50%**

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Willamette Dental Group Plan

Willamette Dental Group offers a unique dental care solution in which members can know the exact amount they will need to pay out of pocket for a filling, crown, root canal or any other covered dental service. Out of pocket costs for dental services are taken care of with predictable, low copays. There are **no deductibles** to be met and **no annual maximum** to your dental benefit.

Under this option, you ***must seek care from a Willamette Dental Group dentist***. No services will be covered when treated by a non-Willamette dentist, except in an emergency. When you are "out of area", you may receive up to $100 in reimbursement for services received by a non-Willamette dentist. To find the location of the Willamette Dental Offices you can go to www.willamettedental.com

Willamette Dental Group Plan Summary

BENEFIT	COPAYMENT
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	$10 per visit
DIAGNOSTIC & PREVENTATIVE SERVICES	
Routine & Emergency Exams	Covered at 100%
X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
FluorideTreatment	Covered at 100%
Sealants (per tooth)	Covered at 100%
Head & Neck Cancer Screening	Covered at 100%
Periodontal Charting & Eval	Covered at 100%
RESTORATIVE DENTISTRY & PROSTHODONTICS	
Fillings	Covered at 100%
Porcelain-Metal Crowns	Covered at 100%
Complete Upper or Lower Denture	Covered at 100%
Bridge (per tooth)	Covered at 100%
ENDODONTICS & PERIODONTICS	
Root Canal Therapy	Covered at 100%
Osseous Surgery (per quadrant)	Covered at 100%
Root Planing (per quadrant)	Covered at 100%
ORAL SURGERY	
Routine Extraction	Covered at 100%
Surgical Extraction	Covered at 100%

ORTHODONTIC SERVICES	
General Ortho Office Visit	$10 per visit
Pre-Orthodontic Service	$150*
Comprehensive Orthodontia	$1,800

*Copayment credited towards the Comprehensive Orthodontia copayment if patient accepts treatment plan.

MISCELLANEOUS	
Local Anesthesia	Covered at 100%
Dental Lab Fees	Covered at 100%
Nitrous Oxide	$40 per visit
Specialty Office Visit	$30 per visit
Emergency Office Visit	$50 per visit

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

To find participating Willamette dentists, please visit:

www.willamettedental.com

Trust Basic Life and AD&D Plan

(You are automatically enrolled in this Plan and do not need to actively enroll).

Seattle Fire Fighters HealthCare Trust provides $12,000 group life and accidental death and dismemberment (AD&D) insurance through the Washington Counties Insurance Fund (WCIF) and underwritten by **The Standard**. If you need to change your beneficiary at any time, please contact the Trust Office.

Trust Vision Plan

As an eligible participant, you and your covered eligible family members will also be automatically enrolled in the Trust Vision Plan, through **Vision Service Plan (VSP)**.

You receive the best value from the Trust Vision Plan when you see a VSP doctor. If you see a non-VSP doctor, you will still receive a benefit, but will typically pay more out of pocket. Log in to **vsp.com** to check your benefits for eligibility and to confirm in-network locations based on the Trust's **Signature Plan** offering.

Regular eye check-ups required when managing certain medical conditions, are typically covered by your medical plan.

Vision Service Plan Summary

YOUR COVERAGE WITH A VSP PROVIDER			
BENEFIT	**DESCRIPTION**	**COPAY**	**FREQUENCY**
WELLVISION EXAM	• Focuses on your eyes and overall wellness • KidsCare - Children have two, fully covered WellVision exams, if needed	$25 $25	Every calendar year
PRESCRIPTION GLASSES		$25	See frame and lenses
FRAME	• $160 featured frame brands allowance • $140 Frame Allowance • 20% Savings on the amount over your allowance • KidsCare - $140 frame allowance - Every calendar year	Included in Prescription Glasses	Every other calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • KidsCare - Additional lenses for children are fully covered when needed. Minimum prescription change required.	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Scratch-resistant coating • UV protection • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements	$0 $0 $0 $80 - $90 $120 - $160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $140 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
PRIMARY EYECARE	• Retinal screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. • Treatment and diagnosis of eye conditions, including pink eye, vision loss, and cataracts available for all members. • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	$0 $20 per exam	As needed
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVison Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of yoru benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Exam Frame Single Vision Lenses	up to $50 up to $70 up to $50	Lined Bifocal Lenses Lined Trifocal Lenses Progressive Lenses Contacts	up to $75 up to $100 up to $75 up to $105

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

Trust Fertility Benefit

The Trust partners with **WIN Fertility** to provide inclusive family building solutions and compassionate guidance from nurse advocates, helping members navigate fertility care no matter where your journey takes you. Eligible members can receive a lifetime maximum benefit of **3 cycles** toward eligible expenses related to fertility treatment and related fertility medications. Visit managed.winfertility.com/iaff27 for more information or contact the WIN Service Team at 866-898-1496 6am-4:30 pm PST Monday – Friday.

Qualified AFFME Premium Incentive Program

Prevention is the key to maintaining your health. For this reason, the SFFHCT is paying for all members to receive a **Qualified Annual Fire Fighter Medical Evaluation (AFFME)** from the Station 2 Clinic. The exam itself is fully paid for by the Trust. In the event you are referred out for additional testing or procedures, coverage will depend on the diagnosis or reason for the referral. Please contact the Trust Office if you have additional questions regarding outside services.

Each year your premium contribution amount is determined by whether or not you complete your exam. Because we feel so strongly about the value of the AFFME we will continue to incentivize the membership to receive this exam on a regular basis. As we have done in the past, we will provide discounted member plan contributions in the year following the date of your exam.

For the 2026 Plan Year, if you received the AFFME exam ***between September 1, 2024 and August 31, 2025*** you will qualify for reduced plan contributions during 2026 based on the following schedule:

- Members who received their AFFME at the Station 2 Clinic will have Tier 1 status and enjoy the lowest plan contribution during 2026.
- Members who received their AFFME from another provider not associated with the Station 2 Clinic and submitted their Exam Verification Forms to the Trust Office postmarked by ***September 5, 2025 deadline***, will have Tier 2 status. (Exam Verification Forms are available on the SFFHCT portal)
- Members who did not receive the AFFME will have Tier 3 status.

How Much Does Coverage Cost?

Member contribution to the Trust for benefits vary according to which plan is selected and which dependents are covered. Member contributions are needed to:

- Continue the financial stability and sustainability of our Trust, and
- Pay for moderate increases to claims utilization

We are excited to announce there is **no increase to member contribution rates for 2026**. But please remember, your *2026* contributions are based on the Tier for which you qualified during the *previous year*, determined by AFFME completion between *September 1, 2024 and August 31, 2025*.

For 2026, if you have a change in Tier Status, dependents covered, and/or plan selection, these contribution changes will be reflected in your December 2025 paychecks for coverage effective January 1, 2026.

See full details on the following page to determine what your 2026 premium contribution will be, based on the plan you elect, your level of coverage and your specific Tier Level. Contact the Trust office if you have any questions.

Tier 1 Premium Contributions

Active LEOFF II Contribution per-pay period deduction (on a twice monthly basis)				
Level of Coverage	**Regence Economy**	**Regence Premium**	**Kaiser Deductible**	**Kaiser Standard**
Fire Fighter Only	$5.00	$35.50	$51.00	$99.00
Fire Fighter + Spouse/DP	$46.00	$100.00	$116.50	$204.00
Fire Fighter + Child(ren)	$5.00	$35.50	$51.00	$99.00
Fire Fighter + Spouse/DP + Child(ren)	$46.00	$100.00	$116.50	$204.00

Tier 2 Premium Contributions

Active LEOFF II Contribution per-pay period deduction (on a twice monthly basis)				
Level of Coverage	**Regence Economy**	**Regence Premium**	**Kaiser Deductible**	**Kaiser Standard**
Fire Fighter Only	$10.00	$40.50	$56.00	$104.00
Fire Fighter + Spouse/DP	$51.00	$105.00	$121.50	$209.00
Fire Fighter + Child(ren)	$10.00	$40.50	$56.00	$104.00
Fire Fighter + Spouse/DP + Child(ren)	$51.00	$105.00	$121.50	$209.00

Tier 3 Premium Contributions

Active LEOFF II Contribution per-pay period deduction (on a twice monthly basis)				
Level of Coverage	**Regence Economy**	**Regence Premium**	**Kaiser Deductible**	**Kaiser Standard**
Fire Fighter Only	$30.00	$60.50	$76.00	$124.00
Fire Fighter + Spouse/DP	$71.00	$125.00	$141.50	$229.00
Fire Fighter + Child(ren)	$30.00	$60.50	$76.00	$124.00
Fire Fighter + Spouse/DP + Child(ren)	$71.00	$125.00	$141.50	$229.00

LEOFF 1 Spouse/Domestic Partner & Child(ren) Coverage

Active LEOFF I Contribution per-pay period deduction (on a twice monthly basis)				
Level of Coverage	**Regence Economy**	**Regence Premium**	**Kaiser Deductible**	**Kaiser Standard**
Fire Fighter Only	LEOFF 1 Fire Fighters are not eligible for this coverage *(but are eligible for dental and vision)*			
Spouse/DP Only	$41.00	$64.50	$65.50	$105.00
Spouse/DP + Child(ren)	$41.00	$64.50	$65.50	$105.00

How to Enroll

- The Open Enrollment Period **for the 2026 Plan Year** will start on October 1, 2025 and will run through October 31, 2025. This is the only time you can make changes to your 2026 coverage unless you have a qualifying event such as: marriage, divorce, birth, death (more detail on page 4).

- If you are adding an eligible family member for the first time, you will need to provide the following:

    - Marriage License (if married) – *verifies you are legally married as well as your spouse's name and date of marriage*
    - Birth Certificates for your child(ren) or your most recent tax return listing your dependent child(ren)

- In order to complete your Open Enrollment selections, you need to log on to: https://sffu.simon365.com.

- If you have not already accepted your portal invitation, please locate the invitation in your email (look in your spam/junk folder). If you did not receive an invitation, please contact the Trust Office by phone 206-859-2693 or email at sffhct@vimly.com, as they may not have your current email address on file. Note, most invites go to personal email addresses that are on file, but please check both your personal and work email for an invitation.

- Payroll changes will be made on your December 2025 payroll for January 2026 coverage.

- As a Fire Fighter, you will also be enrolled in the Basic Life/AD&D, and Long-Term Disability plans.

Your Seattle Fire Fighters HealthCare Trust Portal
https://sffu.simon365.com

Besides making your Open Enrollment changes, you will be able to look up information about your plan including the following:

- Benefit Booklets and Summaries
- Forms
- Insurance carrier information and links
- Open Enrollment Guide

You can also:

- View the plans you are currently enrolled in
- Update your address or contact information
- Update your beneficiaries
- Make Qualified enrollment changes during the year (see page 4)

In Review

Changes that can be made during Open Enrollment, which become effective January 1, 2026 include:

- Changing medical plans (e.g., Regence to Kaiser, Regence Economy to Premium, etc.).
- Enrolling or terminating your spouse, domestic partner, or children in the medical insurance plans.
- Affidavit of Domestic Partnership, if you are adding a domestic partner on your Enrollment Application.
- Affidavit of Dependent Status, if your domestic partner is a legal dependent under federal tax law.

(Note: you may update your beneficiary information for Basic Life/AD&D plan at any time and it is effective as of the date you sign the form).

Make Sure You're Registered to Enroll Online:

- If you take no action during this Open Enrollment period (for example: you do not access the Trust Portal and confirm your 2026 selections), then the Trust will continue with your current enrollment selections.

When Do I Have to Complete My Enrollment Online?

- All **enrollment must be completed** by **October 31, 2025**

Who do I contact with questions?

- You may contact: **Seattle Fire Fighters HealthCare Trust** Office
  Phone: (206) 859-2693
  - Email: sffhct@vimly.com

Other Information:

- It is our understanding that you must re-enroll in the City of Seattle Medical FSA each Plan Year. This is administered by the City, not by the Trust. If you have questions on this plan, please contact the City Benefits Office at (206) 615-1340 or Benefits.Unit@seattle.gov

Helpful Information:

DESCRIPTION OF INFORMATION	CONTACT
TRUST OFFICE For questions regarding Open Enrollment, online assistance, eligibility, general Trust benefits, Trust Operations, and the Hearing Benefit	Seattle Fire Fighters HealthCare Trust Vimly Benefit Solutions **(206) 859-2693** sffhct@vimly.com https://sffu.simon365.com
STATION 2 CLINIC Schedule your AFFME Monday-Friday 8am-5pm	2318 4th Avenue, Seattle, WA 98121 **(206) 971-1365** ff.clinic
BEHAVIORAL HEALTH SERVICES Youturn Health – Virtual Support Program Responder Health – Resources for First Responders	www.youturnhealth.com www.responderhalth.com
REGENCE BLUESHIELD For questions regarding benefits, claims, requesting new ID cards, help finding a provider	Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm **(866) 240-9580** To find a provider: www.regence.com
MDLIVE For Virtual Care Office Visits Set up your account today so it's ready when you need it.	Hours: 24 hours a day, 7 days a week **(888) 725-3097** Online services: www.MDLIVE.com/regence-wa
SAV-RX PRESCRIPTION DRUGS For questions regarding pharmacy benefits, pharmacy claims, finding participating pharmacies, mail order and specialty pharmacy for the Regence Plans	Customer Service Hours: 24 hours a day, 7 days a week **(800) 228-3108** To find a provider: www.SavRx.com
KAISER PERMANENTE For questions regarding benefits, claims, pharmacy benefits, requesting new ID cards, finding a provider or pharmacy	Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm **(888) 901-4636** Online services: www.kp.org/wa
DELTA DENTAL OF WA (DDWA) For questions regarding benefits, claims, printing new ID cards, finding a dentist	Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm **(800) 554-1907** Online services: www.deltadentalwa.com
WILLAMETTE DENTAL GROUP For questions regarding benefits, claims, or finding a dentist	Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm **Toll Free: (855) 433-6825** Online services: www.WillametteDental.com
VISION SERVICE PLAN (VSP) For questions regarding benefits, claims, or finding a vision provider	Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm **(800) 877-7195** Online services: www.vsp.com
WIN Learn more about your fertility benefits and connect with a nurse care advocate.	Hours: Monday – Friday from 6 am to 4:30 pm PST **(866) 8981496** Online services: managed.winfertility.com/iaff27

This Summary prepared by:

DiMartino Associates
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