



Welcome to Your 2025 Benefits Enrollment Guide!



The
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 2025 Seattle Fire Fighters HealthCare Trust Benefits Enrollment Guide! This Guide includes the summary of material modifications for the 2025 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 2025 health plan and/or add or delete dependents, you are **required** to access your SFFHCT Portal: <https://sffu.simon365.com>
- In addition, if you **newly** elect the **EverMed** option, you will also need to select a clinic by December 13, 2024, or you will automatically be disenrolled and will not have access to the benefits of EverMed effective January 1, 2025. To select an **EverMed clinic**, access your SFFHCT Portal and click on the EverMed Clinic Selector tile on the homepage.
- 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 commitment 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 2025?

- **Great news!** Strong Trust performance in 2024 allows us to continue offering the same high-quality plans in 2025 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, 2024. You will find your Tiered premium contribution level on page 18. **Members who got their AFFME at the Station 2 Clinic will have the lowest member contribution for 2025.**
- You spoke up, and we listened! Effective 1/1/2025 the Trust now offers a **Customized Enhanced Massage Benefit** available to you and your dependents if you are enrolled in one of the **Regence Plans**. Due to lack of available In-Network licensed massage therapists, we have enhanced our coverage when using a non-participating provider. In-Network services will still offer the least out-of-pocket cost for you, but with this new enhanced coverage, when using a non-participating provider (or a massage therapist who chooses not to bill insurance), you can now expect to be reimbursed more for your out-of-pocket costs. This will usually require submitting a claim for reimbursement, but when using the Regence App, this process is quick and easy. If you haven't already created your Regence Account, see the enclosed flyer with details on all the services available and how to download the Regence app. For specific coverage details based on your plan and the type of massage therapist who provides the service, please see the Massage Services section of the Regence Benefit Summary on page 9.
- **Effective 9/1/2024** the Trust has expanded our benefits to now include **Hinge Health**, a virtual care option to support back, muscle and joint health. Hinge Health provides personalized care plans and coaching to help people accomplish their health goals with exercise therapy programs designed to treat muscle and joint issues from head to toe – including back, knee, pelvic pain and more. This new benefit is **available at \$0 cost to all Regence enrolled members and their 18+ dependents**. To learn more and sign up, visit hinge.health/seattlefirefighters. (See Hinge Health flyer included in your Enrollment Packet for more details.)

What's continuing in 2025?

- There are no benefit changes on the **VSP**, **Delta Dental** or **Willamette Dental** Plans.
- The Trust continues to provide an inclusive family building solution to all members through our partnership with **WIN**. They offer an inclusive family building solution with education, guidance and support, based on your needs. This **fertility benefit** provides a 2-cycle lifetime maximum benefit toward certain eligible expenses related to fertility treatment and related fertility medications. Visit managed.winfertility.com/iaff27 for more details.
- We will continue to contract with the **EverMed DPC** network for Direct Primary Care (DPC) services for fire fighters and eligible family members who wish to do so. If you newly select this option during Open Enrollment, **you must make a clinic designation***, to complete your enrollment with EverMedDPC. Specific information is found on page 6 of this Guide.

Please take the time to review the entire 2025 Benefits Enrollment Guide as it provides valuable information on your benefit plans, enrollment & eligibility, AFFME rules & guidelines, member cost shares for 2025, 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 enroll yourself and/or your eligible family members with EverMed Direct Primary Care (DPC).
- 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, 2025 tier status is determined by whether or not you received your AFFME by August 31, 2024**).

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 2025. We look forward to our continued partnerships with Dr. Hamrick and Team at the Station 2 Clinic and EverMed DPC for Primary Care in 2025 for fire fighters and your eligible family members, as well as encouraging all of us to get our Annual Fire Fighter Exams.

Enjoy a Happy and Healthy 2025!

Your Seattle Fire Fighters HealthCare Trustees

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

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, 2025. You are committed to the enrollment selections you make for the entire Plan Year of January 1, 2025 through December 31, 2025, *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.

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.

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. 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 2026 Plan Year. In order to earn reduced premium contributions for 2026, you will need to receive your **Qualified AFFME** from the Clinic **between September 1, 2024 and August 31, 2025**.

Your 2026 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, 2024 and August 31, 2025. This is the lowest premium contribution tier.
TIER 2	You received your Qualified AFFME from a provider outside of Station 2 between September 1, 2024 and August 31, 2025 <u>and</u> you sent your Exam Verification Form to the Trust Office confirming you had your exam performed. <i>(Forms are available on your SFFHCT portal and must be postmarked by 9/05/2025)</i>
TIER 3	You <u>did not</u> 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 2025 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**

Direct Primary Care (DPC) through EverMed DPC

Direct Primary Care (DPC) is an innovative approach to how we receive basic medical services. DPC provides access to unlimited primary care medical services and supplements your traditional insurance plan with Regence. The Trust partners with EverMed DPC to bring you these important services.

Should you choose to establish a primary care relationship with an EverMed provider, basic primary care services outlined on page 7 of this Guide will be provided at no cost to you!

In order to take advantage of this opportunity, **new enrollees** must **positively** elect EverMed DPC on your SFFHCT portal during open enrollment. **As you elect EverMed DPC, you will be prompted to select a primary care home clinic.** Alternatively, you can click the EverMed Clinic Selector Tile on the homepage and select your primary care home clinic. You are not locked in with your DPC provider once you select him or her. You can always change providers if you feel the relationship isn't a good fit by visiting the EverMed DPC website and choosing a new provider. If you do not select an EverMed Clinic by December 16, 2024, you will be disenrolled from the EverMed DPC option January 1, 2025. Please contact the Trust Office if you have questions.

NOTE: You don't have to participate in the EverMed DPC program today if you don't want to – you can enroll with EverMed **anytime** you want throughout the plan year. If you decide to enroll at a time other than Open Enrollment, you will need to contact the Trust Office for an enrollment application in order to enroll. If you are already enrolled in the program, **you do not need to re-enroll each year.** But please contact the Trust Office if for any reason you would like to disenroll from the EverMed DPC program.

Why choose an EverMed DPC Primary Care Provider?

This benefit is only for those who enroll in one of the Regence BlueShield plans.

Using EverMed saves you - and the Trust – money. If you choose an EverMed primary care provider, you will enjoy:

- No office visit copays or cost sharing required when you see your EverMed provider
- Personalized coaching to create and improve upon healthy living habits
- Your provider will coordinate your care with specialists and other providers that you access under the Regence Plans

Prevention is the key to maintaining your health. Engaging in a primary care relationship helps to identify and take care of issues early on, which helps to prevent more serious conditions from arising – keeping you out of the emergency room.

Who are the EverMed DPC Providers?

This is the best part...you might already be seeing an EverMed DPC provider. EverMed contracts with clinics all over the country. Because EverMed is based out of Washington, the network here is extensive. EverMed uses specific criteria to contract with only the best providers who will give their DPC members priority scheduling, longer office visits and the highest level of care.

To find an EverMed provider or to check if you're already seeing one, please contact **EverMed at: 1-833-372-2673 x801.**

All EverMed Provider Locations Feature:
No Copay Primary Care, Same Day/Next Day Apts., Multi-Symptom Visits, Telemedicine, Wellness Exams, Acute Care and Lower Out-of-Pocket Costs

EverMed DPC Included Services

Included Services

Services

Primary Care Visits	Included
Acute Care Visits	Included
Preventive Care Visits	Included
Annual Wellness Exams	Included
Well Child Exams	Included
Sports Physicals	Included
Telemedicine* (Email, Phone, Text & Portal Consults)	Included

Procedures

EKG	Included
PPD (TB Test)	Included
Injection Fees (medication costs may not be covered)	Included
Immunizations (medication costs may not be covered)	Included
Flu Shot	Included
Ear Irrigation	Included
Nebulizer Treatments	Included
Liquid Nitrogen Procedures	Included
Smoking and Tobacco Cessation Counseling	Included
Minor Surgical Procedures (Complexity Varies)	Included
Alcohol and Substance Abuse Screening	Included

Labs**

Urinalysis	Included
Blood Glucose	Included
Urine Pregnancy Test	Included
Lipid Profile	Included
HgbA1c	Included
Rapid Strep Test	Included

Additional Services

Discount Prescription Card	Included
Prescription Savings Portal	Included
Discount Mail Order Prescription Program	Included
Specialty Care Triage/Support	Included

*Availability of lab services varies per clinic

**Each clinic offers some form of telemedicine, check with you clinic selection for their method

Trust Medical and Prescription Drug Plan Options

You have four (4) different medical plan choices to choose from. If you wish to access **EverMed** for a primary care provider, you must choose either the Regence Premium or Regence Economy plan:

- **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 2025

Regence BlueShield				
Benefit	ECONOMY PLAN		PREMIUM PLAN	
Provider Access	Preferred Regence Network of Preferred, Participating and Non-Participating Providers paid at allowable charges	Participating / Non-Participating Regence Network of Preferred, Participating and Non-Participating Providers paid at allowable charges	Preferred Regence Network of Preferred, Participating and Non-Participating Providers paid at allowable charges	Participating / Non-Participating 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 •EverMed Office Visits •All Other Office Visits	Covered in Full Deductible waived \$25 copay	Covered in Full Subject to deductible then plan pays 60%	Covered in Full Deductible waived \$15 copay	Covered in Full 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 •EverMed Providers •All Other Providers	Covered in Full Subject to deductible then plan pays 80%	Covered in Full Subject to deductible then plan pays 60%	Covered in Full Covered in Full	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 12 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 24 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	Deductible Waived, plan pays 90% up to the maximum allowed charge of \$150 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.

Trust Regence BlueShield Medical and Prescription Drug Plan Summaries 2025 (continued)

Benefit	Regence BlueShield			
	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 <i>(Provider must notify Regence prior to any admission except for emergencies)</i>	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 <i>(Copay waived if admitted, still subject to deductible and coinsurance)</i>	\$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% <i>when medically necessary</i>		Subject to deductible then plan pays 90% <i>when medically necessary</i>	
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 <i>Only participating providers are available</i> Subject to deductible then plan pays 80%		Up to 90 days per calendar year <i>Only participating providers are available</i> Subject to deductible then plan pays 90%	
Hearing Instruments	\$3,000 benefit limit per ear, every 36 months		\$3,000 benefit limit 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 2025 (continued)

Regence BlueShield				
Benefit	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%		Up to 50 days per calendar year Subject to deductible then plan pays 90%	
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 2025

	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 <i>(including well baby exams, adult physicals, women's health exams, preventive cancer screenings and immunizations)</i>	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	\$3,000 per ear every 36 months	\$3,000 per ear every 36 months
Hospital Services Outpatient	\$25 copay then Subject to deductible	\$25 copay
Hospital Services Inpatient <i>(Provider must notify Kaiser prior to any admission except for emergencies)</i>	Subject to deductible then Covered in Full	\$200 copay per admit then Covered in Full
Emergency Room Services <i>(Copay waived if admitted, still subject to deductible)</i>	\$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 <i>(Routine care not subject to outpatient services copay)</i>	Covered as any other service <i>(Routine care not subject to outpatient services copay)</i>

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Trust Kaiser Permanente Medical and Prescription Drug Plan Summaries 2025 (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, Partial, Bridges and Implants	50%	50%	50%
Orthodontia Adult and children \$2,000 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%
Fluoride Treatment	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

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

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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 2025 Plan Year, if you received the AFFME exam **between *September 1, 2023 and August 31, 2024** you will qualify for reduced plan contributions during 2025 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 2025.
- 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, 2024 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 2025**. But please remember, your 2025 contributions are based on the Tier for which you qualified during the previous year, determined by AFFME completion between September 1, 2023 and August 31, 2024.

For 2025, if you have a change in Tier Status, dependents covered, and/or plan selection, these contribution changes will be reflected in your December 2024 paychecks for coverage that will become effective January 1, 2025.

See full details on the following page to determine what your 2025 premium contribution will be, based on the plan you elect, your level of coverage and your specific Tier Level.

If you have any questions, please contact the Trust Office for more information.

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 <i>(but are eligible for dental and vision)</i>			
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 2025 Plan Year** will start on October 1, 2024 and will run through October 31, 2024. This is the only time you can make changes to your 2025 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 because we may not have your email address on file.
- Payroll changes will be made on your December 2024 payroll for January 2025 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:

- Update your address or contact information
- Make Qualified enrollment changes (see page 4)

In Review

Changes that can be made during Open Enrollment, which become effective January 1, 2025 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 2025 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, 2024**

Do I need to select a clinic when I enroll in EverMed?

- If you are **already enrolled** in the program, **you do not need to re-enroll each year.**
- **New** enrollees **must select a clinic** when you enroll in EverMed or your enrollment is not complete, and you will not be eligible to receive the EverMed benefit.
- At Open Enrollment, **new enrollees** must make a clinic selection by December 15, 2024, or you will not have EverMed benefits available to you effective 1/1/2025.
- If you elect EverMed at any other time during the plan year, you must make a clinic selection within 30 days or you will not have access to the EverMed benefit.

Who do I contact with questions?

- You may contact: **Seattle Fire Fighters HealthCare Trust at (206) 859-2693, or**
- 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.

Helpful Information:

DESCRIPTION OF INFORMATION	CONTACT
<p>TRUST OFFICE For questions regarding Open Enrollment, online assistance, eligibility, general Trust benefits, Trust Operations, and the Hearing Benefit</p>	<p>Seattle Fire Fighters HealthCare Trust Vimly Benefit Solutions (206) 859-2693 sffhct@vimly.com https://sffu.simon365.com</p>
<p>STATION 2 CLINIC Schedule your AFFME Monday-Friday 8am-5pm</p>	<p>2320 4th Avenue, Seattle, WA 98121 (206) 971-1365 ff.clinic</p>
<p>BEHAVIORAL HEALTH SERVICES Youturn Health – Virtual Support Program Responder Health – Resources for First Responders</p>	<p>www.youturnhealth.com www.responderhalth.com</p>
<p>REGENCE BLUESHIELD For questions regarding benefits, claims, requesting new ID cards, help finding a provider</p>	<p>Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm (866) 240-9580 To find a provider: www.regence.com</p>
<p>MDLIVE For Virtual Care Office Visits Set up your account today so it's ready when you need it.</p>	<p>Hours: 24 hours a day, 7 days a week (888) 725-3097 Online services: www.MDLIVE.com/regence-wa</p>
<p>SAV-RX PRESCRIPTION DRUGS For questions regarding pharmacy benefits, pharmacy claims, finding participating pharmacies, mail order and specialty pharmacy for the Regence Plans</p>	<p>Customer Service Hours: 24 hours a day, 7 days a week (800) 228-3108 To find a provider: www.SavRx.com</p>
<p>KAISER PERMANENTE For questions regarding benefits, claims, pharmacy benefits, requesting new ID cards, finding a provider or pharmacy</p>	<p>Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm (888) 901-4636 Online services: www.kp.org/wa</p>
<p>EVERMED DPC For questions about what's included in the DPC arrangement, how it works and for clinic recommendations</p>	<p>Customer Service Hours: Monday – Friday from 8:00 am to 6:00 pm (800) 377-6099 care@EverMedDPC.com</p>
<p>DELTA DENTAL OF WA (DDWA) For questions regarding benefits, claims, printing new ID cards, finding a dentist</p>	<p>Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm (800) 554-1907 Online services: www.deltadentalwa.com</p>
<p>WILLAMETTE DENTAL GROUP For questions regarding benefits, claims, or finding a dentist</p>	<p>Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm Toll Free: (855) 433-6825 Online services: www.WillametteDental.com</p>
<p>VISION SERVICE PLAN (VSP) For questions regarding benefits, claims, or finding a vision provider</p>	<p>Customer Service Hours: Monday – Friday from 8:00 am to 5:00 pm (800) 877-7195 Online services: www.vsp.com</p>
<p>WIN Learn more about your fertility benefits and connect with a nurse care advocate.</p>	<p>Hours: Monday – Friday from 6 am to 4:30 pm PST (866) 8981496 Online services: managed.winfertility.com/iaff27</p>

This Summary prepared by:

DiMartino Associates
EMPLOYEE BENEFITS CONSULTING
