2027
Benefits Enrollment Guide

Photo by FireDogPhotos

SEATTLE FIRE FIGHTERS HEALTHCARE TRUST
EST. 2008

Your Trust. Your Benefits.

Dear Fellow Local 27 Members and Families:

Welcome to the 2027 Seattle Fire Fighters HealthCare Trust Benefits Enrollment Guide.

Your Board of Trustees is committed to providing comprehensive, sustainable, and affordable health benefits—from Recruit through Retirement. An important part of that commitment is helping you access the right care at the right time and giving you the information you need to make informed decisions about your benefits.

This Guide includes information about your options and a summary of material changes for the 2027 Plan Year. We encourage you to review it carefully and choose the coverage that best meets your needs.

Open Enrollment will be conducted online.

To confirm or make changes to your 2027 health plan, or to add or remove dependents, you must use the SFFHCT Portal: **SFFHCT.simon365.com**

If you are already registered, log in to make your changes. If you have not yet registered, please click on register in the middle of the right-hand side.

Enter your SSN, Date of Birth, First Name, Last Name and email (please use your personal email address), then Registration code which is **SFFHCT**.

If all information matches you will receive an email. Please check your junk/spam. Click on the link and set up a username and password. If you do not receive the invitation in a few hours, please call the number below.

Open Enrollment for 2027 will run from October 1, 2026, through October 31, 2026.

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 at **206-859-2693** or email **sffhct@vimly.com**

What's Noteworthy for 2027?

Great news! For the third year in a row, there will be no increase in member contributions. At a time when healthcare costs continue to rise, strong Trust performance allows us to maintain the same member contribution rates while continuing to offer comprehensive, high-quality benefits.

Remember, your 2027 contribution rate is based on whether and where you completed your Annual Fire Fighter Medical Exam (AFFME) by August 31, 2026. Members who completed their AFFME at the Station 2 Clinic qualify for the lowest member contribution for 2027. See page 21 for 2027 contribution rates and page 7 for details about the AFFME Premium Incentive Program.

Total Wellness Fund: $2,500 Again for 2027

For the second year in a row, the Trustees have approved a $2,500 Total Wellness Fund (TWF) contribution for each eligible member.

Your TWF can be used for IRS-eligible healthcare expenses (IRC 213), including plan cost shares and eligible healthcare expenses not covered by your plan. Unused funds roll over from year to year, and remaining funds at retirement roll into the RSF.

To be eligible for the 2027 contribution, you must have been an active member for at least one month in 2026 and either be active as of January 1, 2027, or have retired in 2026 as an eligible RSF participant.

TWF contributions are based on overall Trust performance and are determined annually, so contributions in future years are not guaranteed.

Direct Primary Care through Hint Connect

Hint Connect gives fire fighters and eligible family members another option for primary care, with benefits that include:

- Same- or next-day appointments, extended office hours, and telehealth options
- Preventive care and wellness services
- Reduced out-of-pocket costs
- Greater convenience and flexibility
- Reduced wait times

Already enrolled in Hint Connect? No action is needed to continue your enrollment for 2027.

Want to enroll for the first time? You must complete the enrollment process, including selecting a participating clinic. Visit **sffhct.hint.com** for eligibility, enrollment instructions, and details about Hint Connect.

Please Review Your 2027 Benefits Enrollment Guide

This Guide includes important information about your benefits, eligibility, enrollment, 2027 member contributions, and the AFFME Premium Incentive Program. Inside you'll find:

- How completing your Qualified AFFME each year can reduce your future premium contributions
- Benefit summaries for the medical, dental, and vision plans available to you and your family
- How to confirm your current elections, make changes, and enroll in Direct Primary Care during Open Enrollment
- Your 2027 premium contribution rates and Tier status

Your health and financial security remain our top priority. On behalf of your Trustees, we wish you and your family a healthy and successful 2027. We look forward to continuing our partnership with Dr. Hamrick and the Station 2 Clinic team and encourage all members to complete their Annual Fire Fighter Medical Exam.

Your Seattle Fire Fighters HealthCare Trustees

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

With gratitude, we thank Brother Dallas Baker for his many years of service as one of the Trust's original Trustees. His vision, commitment, and leadership helped build a strong foundation that will continue to serve Seattle fire fighters and their families for years to come.

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?

Photo by FireDogPhotos

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 Spouse—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 dependent children (as defined in Internal Revenue Code Section 152) of any age. 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, 2027. You are committed to the enrollment selections you make for the entire Plan Year of January 1, 2027, through December 31, 2027, unless you have a qualified change in status.

What is a qualified change in status?.

- Marriage, divorce, legal separation, or domestic partnership status change
- Birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, or commencement or termination of adoption proceedings
- Death of spouse, child, or other qualified dependent
- 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 because their employer stops contributing toward the cost of coverage

Note: Loss of other coverage due to a failure to pay premiums in a timely manner 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 within 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 (sffu.simon365.com) listing your spouse/domestic partner in the Family Member Enrollment section.
- Note: Covering your spouse/domestic partner on your enrollment has an impact on your payroll deductions. Fire Fighter + 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 Seattle 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.

Photo by FireDogPhotos

Station 2 Clinic, Annual Fire Fighter Medical Exam (AFFME) & Premium Incentive Program

Located above Fire Station 2 in Belltown, Station 2 Clinic provides a range of services, including mental health service referrals, and the Qualified Annual Fire Fighter Exam (AFFME).

The clinic is operated by Dr. Marcie Hamrick and staffed by medical providers who specialize in treating fire fighters, offering comprehensive, head-to-toe care. From mental and behavioral health evaluations and referrals to physical therapy and nutritional support, they understand the demands of the job and what fire fighters need to stay physically and mentally strong. With a focus on prevention and early detection, the team works closely with members to ensure everyone can stay healthy and thrive together for the long haul.

The Trust partners with Dr. Hamrick and the clinic to provide members with an AFFME. This comprehensive exam is designed specifically for fire fighters and the unique health risks associated with the profession.

The Trust encourages members to complete a Qualified AFFME each year by offering lower health plan contributions based on when and where you complete your exam.

Your AFFME Determines Your Premium Tier for the Following Year

There is a one-year lag between completing your AFFME and receiving the corresponding premium contribution rate:

- Your 2027 tier is based on the Qualified AFFME you completed between September 1, 2025, and August 31, 2026.
- Your 2028 tier will be based on the Qualified AFFME you complete between September 1, 2026, and August 31, 2027.

Now is the time to complete your AFFME to secure the lowest premium contribution available to you for 2028.

How the Premium Tiers Work		
TIER 1	TIER 2	TIER 3
Members Pay Lowest Premium Contribution	**Members Pay a Reduced Premium Contribution**	**Members Pay the Highest Premium Contribution**
Complete your Qualified AFFME at the **Station 2 Clinic** during the applicable exam period.	Complete your Qualified AFFME **with a provider outside Station 2 Clinic** during the applicable exam period and submit an Exam Verification Form to the Trust Office by the required deadline.	You did not complete a Qualified AFFME during the applicable exam period, or you completed an exam outside Station 2 Clinic but did not submit the required Exam Verification Form by the deadline.

Completing Your AFFME at Station 2 Clinic

Qualified AFFMEs at the Station 2 Clinic are provided at no cost to you for the basic exam tests. The Clinic also provides the Trust with aggregate health data that helps guide benefits and programs designed to support member health.

If your AFFME results in a referral for additional testing or procedures, coverage will depend on the diagnosis or reason for the referral.

To qualify for Tier 1 for 2028, complete your Qualified AFFME at Station 2 Clinic between September 1, 2026, and August 31, 2027.

Call (206) 971-1365

to schedule your AFFME at the **Station 2 Clinic**
8 a.m.–5 p.m. Monday–Friday
or online at **ff.clinic**.

Completing Your AFFME Outside Station 2 Clinic

You may complete your Qualified AFFME with another provider and qualify for Tier 2. To receive credit, you must submit an Exam Verification Form to the Trust Office confirming that you completed the exam. Forms are available on the SFFHCT portal and must be postmarked by September 3, 2027, for the 2028 Plan Year.

A copy of the Qualified AFFME requirements to share with your provider is also available on the SFFHCT portal or from the Trust Office.

Keep in mind that some services provided outside Station 2 Clinic may not be covered as preventive care and may be subject to deductible and coinsurance.

If you have questions about your current or future premium tier, Exam Verification Forms, or coverage for services outside Station 2 Clinic, contact the Trust Office.

Trust Medical and Prescription Drug Plan Options

You have four (4) different medical plan choices:

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

Regence BlueShield (RBS) Plans

Both Regence plans allow you to receive care from RBS preferred, participating, and non-participating providers. Your costs vary depending on the type of provider you choose:

Preferred providers: Your claims are paid at the highest benefit level, and you generally have the lowest out-of-pocket costs.

Participating providers: Your out-of-pocket costs are generally higher than with preferred providers, but you will not be balance billed.

Non-participating providers: Your claims are paid at the lowest benefit level, and you may be billed for any amounts not covered by the plan.

Prescription drug benefits for both Regence plans are provided through Sav-Rx Prescription Services, with a nationwide network of more than 65,000 pharmacies, including all major chains and most independent pharmacies.

Kaiser Permanente Plans

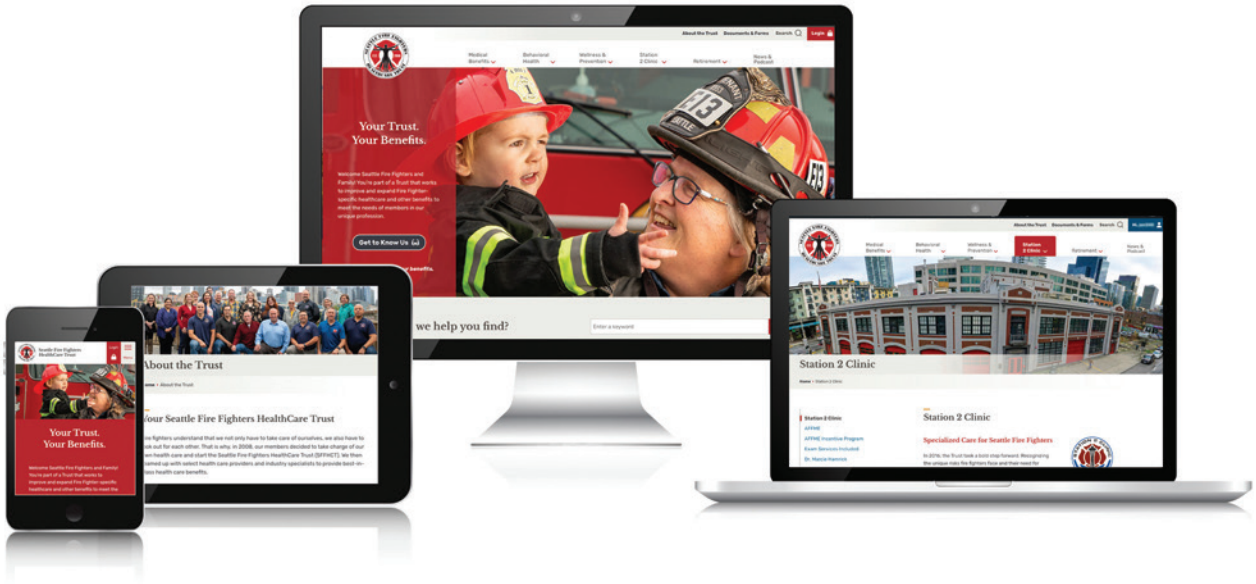
Both Kaiser plans are Health Maintenance Organization (HMO) plans. To receive in-network benefits, you must receive care from Kaiser Permanente providers.

Kaiser recommends choosing a primary care physician (PCP) to provide, coordinate, or refer your care within the Kaiser system. Your family may share one PCP or choose a different PCP for each family member.

You may make appointments directly with Kaiser-designated specialists at Kaiser-owned and operated facilities. Pre-authorization is required for specialty care and specialists that are not designated by Kaiser.

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, VSP Vision, and dental coverage through either WCIF/Delta Dental of Washington or Willamette Dental.



Don't forget. Find forms, articles, podcast episodes, and in-depth information about all your benefits at:

SFFHealthCareTrust.org

Trust Regence BlueShield

Medical and Prescription Drug Plan Summaries

	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%	Subject to deductible then plan pays 90%	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 2027 (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 (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
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		Up to 50 days per calendar year	
	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%

Trust Regence BlueShield Medical and Prescription Drug Plan Summaries 2027 (continued)

Benefit	Regence BlueShield			
	ECONOMY PLAN		PREMIUM PLAN	
	Preferred	Participating / Non-Participating	Preferred	Participating / Non-Participating
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 2027

	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

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Trust Kaiser Permanente Medical and Prescription Drug Plan Summaries 2027 (continued)

	Kaiser Permanente	
Benefit	**DEDUCTIBLE PLAN**	**STANDARD PLAN**
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)*
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
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

If you enroll in a medical/prescription drug plan, you and your covered eligible family members are automatically enrolled in a Trust dental plan through the Washington Counties Insurance Fund (WCIF). You may choose between Delta Dental of Washington (DDWA) and Willamette Dental Group.

Review both options below and make your selection during open enrollment. If you do not select a plan, you will automatically be enrolled in Delta Dental.

Delta Dental of WA Plan

How Your Coverage Increases: Your dental plan rewards regular preventive care. Coverage for Class I and Class II services starts at 70%. If you visit your dentist at least once each year, your coverage increases by 10% the following year, up to 100%.

If you do not have a dental visit during the year, your coverage decreases by 10% but will never fall below 70%.

Get an Estimate for More Expensive Care: For dental care expected to cost more than $250, consider asking your dentist to submit a predetermination of benefits. This will show you what the plan covers, how much it will pay, and how much you may owe before you receive treatment.

Choosing a Dentist: You may see any licensed dentist, but your out-of-pocket costs will generally be lower when you use a Delta Dental PPO or Delta Dental Premier dentist.

If you use a nonparticipating dentist, you may also be balance-billed for charges above the amount allowed by the plan.

Delta Dental of WA Plan Summary			
Annual Maximum per person: **Benefit Period:**	$2,000 January 1 through December 31		
Deductible	NONE		
SERVICES	**PAYMENT LEVELS**		
Class I – Diagnostic & Preventive Exams, X-rays, Sealants, Fluoride	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
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 predictable costs, so you'll know how much you'll pay out of pocket for a filling, crown, root canal, or other covered dental service. Costs are based on set copays, with no deductible and no annual benefit maximum.

Under this option, you must receive care from a Willamette Dental Group dentist. Services from non-Willamette dentists are not covered except in an emergency. If you are outside the service area, you may receive up to $100 in reimbursement for services from a non-Willamette dentist.

To find the location of the Willamette Dental Offices you can go to **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

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 when you see a VSP doctor. If you see a non-VSP doctor, you will still receive a benefit, but you 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 exams needed to monitor or manage certain medical conditions are typically covered by your medical plan.

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.

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 other 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 WellVision 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 your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to $50	Lined Bifocal Lenses	up to $75
Frame	up to $70	Lined Trifocal Lenses	up to $100
Single Vision Lenses	up to $50	Progressive Lenses	up to $75
		Contacts	up to $105

Trust Fertility and Family Services Benefit

The Trust partners with WINFertility to provide family-building support, including fertility care and personalized guidance from experienced nurse advocates. Eligible members receive a lifetime maximum benefit of three cycles toward eligible fertility treatment and related medications.

The Trust partners with WINFertility to provide family-building support, including fertility care and personalized guidance from experienced nurse advocates. Eligible members receive access to the following family support benefits:

WINFertility: 3-cycle lifetime maximum benefit per family of three cycles toward eligible fertility services.

WINMaternity: Support for all pregnant people, including care coordination, clinical guidance, and more.

WINDoula: $2,000 per-pregnancy maximum for eligible doula services through pregnancy, birth, and postpartum.

PowerPause: Care coordination and guidance for perimenopause, menopause, and low testosterone.

WINKid: Access to virtual pediatrics, childe development guidance, parental support, and more.

For more information, visit **managed.winfertility.com/iaff27** or contact the WIN Service Team at 866-898-1496, Monday–Friday, 6 a.m.–4:30 p.m. PT.

How Much Does Coverage Cost?

Member contributions 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 2027**. But please remember, your ***2027*** contributions are based on the Tier for which you qualified during the ***previous year,*** determined by AFFME completion between ***September 1, 2025, and August 31, 2026***.

For 2027, if you have a change in Tier Status, dependents covered, and/or plan selection, these contribution changes will be reflected in your December 2026 paychecks for coverage effective January 1, 2027.

See full details on the following page to determine what your 2027 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

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	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 2027 Plan Year** will start on October 1, 2026 and will run through October 31. This is the only time you can make changes to your 2027 coverage unless you have a qualifying event, such as marriage, divorce, birth, death (more detail on page 6).

- If you are adding an eligible family member for the first time, you will need to provide the following:
  - Marriage License (if married) – verifies your marriage, spouse's name, and date of marriage
  - Birth Certificates for your child(ren) or your most recent tax return listing your dependent child(ren)
- To complete your Open Enrollment selections, log on to: **SFFHCT.simon365.com** and register with the code: **SFFHCT**

If you are already registered, log in to make your changes. If you have not yet registered, please click on register in the middle of the right-hand side. Enter your SSN, Date of Birth, First Name, Last Name and email (please use your personal email address), then Registration code which is **SFFHCT**.

If all information matches you will receive an email. Please check your junk/spam. Click on the link and set up a username and password.

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 2026 payroll for January 2027 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

sffhct.simon365.com

Besides making Open Enrollment changes, you can 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 6)

In Review

Changes that can be made during Open Enrollment, which become effective January 1, 2027, include:

- Changing medical plans (e.g., Regence to Kaiser, Regence Economy to Premium, etc.)
- Adding or removing a spouse, domestic partner, or child from your medical plan
- Submitting an Affidavit of Domestic Partnership if you are adding a domestic partner to your Enrollment Application
- Submitting an Affidavit of Dependent Status if your domestic partner qualifies as a legal dependent under federal tax law

Note: You may update your beneficiary information for Basic Life/AD&D plan at any time. Changes are 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 (Ex: You do not access the Trust Portal and confirm your 2027 selections), then the Trust will continue with your current enrollment selections.

When Do I Have to Complete My Enrollment Online?

All enrollments must be completed by **October 31, 2026.**

Who do I contact with questions?

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 seattle.gov/human-resources/benefits

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
sffu.simon365.com

STATION 2 CLINIC

Schedule your **AFFME** and **Behavioral Health Services** Monday-Friday 8:00 a.m.–4:00 p.m.
2318 4th Avenue,
Seattle, WA 98121
(206) 971-1365
ff.clinic

REGENCE BLUESHIELD

For questions regarding benefits, claims, requesting new ID cards, or help finding a provider

Customer Service
Hours: Monday–Friday from 8:00 a.m.–5:00 p.m.
(866) 240-9580
To find a provider: 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: 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: SavRx.com

KAISER PERMANENTE

For questions regarding benefits, claims, pharmacy benefits, requesting new ID cards, or finding a provider or pharmacy

Customer Service
Hours: Monday–Friday from 8:00 a.m.–5:00 p.m.
(888) 901-4636
Online services: 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 a.m.–5:00 p.m.
(800) 554-1907
Online services: deltadentalwa.com

WILLAMETTE DENTAL GROUP

For questions regarding benefits, claims, or finding a dentist

Customer Service
Hours: Monday–Friday from 8:00 a.m.–5:00 p.m.
Toll Free: **(855) 433-6825**
Online services: WillametteDental.com

VISION SERVICE PLAN (VSP)

For questions regarding benefits, claims, or finding a vision provider

Customer Service
Hours: Monday–Friday from 8:00 a.m.–5:00 p.m.
(800) 877-7195
Online services: vsp.com

WINFertility and Family Services

Learn more about your fertility benefits and connect with a nurse care advocate

Hours: Monday–Friday from 6:00 a.m.–4:30 p.m. PST
(866) 898-1496
Online services: managed.winfertility.com/iaff27