

Local 825 Fire Fighters - Medical Benefit Matrix

	Century Preferred PPO	Lumenos HDHP/H.S.A. Plan
Cost Shares	In Network services subject to copays Out-of- Network services subject to deductible and coinsurance Copoly-\$15 PCP Office Visit/\$25 Specialist OV \$100 Emergency Room/Ambulatory Services \$100 \$200 Outpatient Surgery, \$250 Hospital Admission	\$2,000 Ind /\$4,000 family shared in and out of network Medical covered at 100% after deductible in network \$4000/\$6,850 in network out of pocket maximum RX covered with rx copays after the deductible Out of Network covered at 70/30% after deductible Out of Pocket Maximum- \$4,000/\$8,000 out of network Lifetime Maximum - Unlimited
Health Savings Account	N/A	Set up by City for each Member Funded at 65% of Deductible first year by City. Additional funding by member with pre tax \$\$\$ up to \$3,500/ \$7,000 combined annual limit in 2019
Out of Network Benefit	OON Network Deductible-\$2000/4000 Coinsurance-20% Out of Pocket Maximum-\$6000/\$12000 Lifetime Max In-Ntwrk Unlimited/Out-Ntwrk-Unlimited	OON Network Deductible shared with In network-\$2000/4000 Coinsurance-70/30% Out of Pocket Maximum- \$4,000/\$8,000 out of network Lifetime Max In-Ntwrk Unlimited/Out-Ntwrk-Unlimited
Out of State Benefit	Uses the National Network and Bluecard PPO	Uses the National Network and Bluecard PPO
In State Network	Uses the Cent Preferred Network for In-Network Benefits for any other providers would be an Out of Network Benefit	Uses the Cent Preferred Network for In-Network Benefits for any other providers would be an Out of Network Benefit
PREVENTIVE CARE	All preventive sevicees are provided in accordanace with guidelines established by Health Care Reform	
Pediatric Age based schedule	No Copay 7 exams Birth to one 7 exams 1-5 5-22 Preventive exams allowed once a year	Deductible Waived-No Copay 7 exams Birth to one 7 exams 1-5 5-22 Preventive exams allowed once a year
Adult Age Based Schedule	No Copay 22 and over preventive exams allowed once a year	Deductible Waived-No Copay 22 and over preventive exams allowed once a year
Immunizations	Per Healthcare Reform Guidelines	Per Healthcare Reform Guidelines
Gynelological/Obstetrics	\$0 Copay for annual exam \$25 Copay Maternity-First Visit Only	Deductible waived-\$0 Copay for annual exam After deductible 100% In Network
Mammography	Age 35-39 Base Line Screening 40 and over once a year (Add'l Exams Available if Recommended by Doctor)	Age 35-39 Base Line Screening 40 and over once a year (Add'l Exams Available if Recommended by Doctor)
Hearing	No Copay (once every 2 calendar years)	No Copay (once every 2 calendar years) Deductible Waived
Vision	No Copay (once every 2 calendar years)	No Copay (once every 2 calendar years) Deductible Waived

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MEDICAL SERVICES		
Medical office visits	\$15 Copay PCP \$25 Specialist	After Deductible 100% Co-Insurance in network 70% Out of Network
Physical or Occupational Therapy	\$25 Copay 30 Combined Visits for pt, ot st per member per year 20 visit for chiro-prior auth is required on pt/ot	After Deductible 100% Co-Insurance in network 70% out of network 50 Combined visits for pt ot st and chiro excess rolls to out of network
Speech Therapy	\$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-prior auth is required on pt/ot	After Deductible 100% Co-Insurance in network 70% out of network 50 Combined visits for pt ot st and chiro excess rolls to out of network
Chiropractic Services	\$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro	After Deductible 100% Co-Insurance in network 70% out of network 50 Combined visits for pt ot st and chiro excess rolls to out of network
Allergy Services	\$25 Copay 80 visits in 3 years	After Deductible 100% Co-Insurance in network 70% out of network Unlimited Injections
Diagnostic, Lab & X-ray	Covered High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a \$75 copay per service up to a \$375 calendar year maximum	After Deductible High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) After Deductible 100% Co-Insurance in network 70% out of network
Outpatient Mental Health & Substance Abuse	\$25 Copay Unlimited Visits Prior auth required	After Deductible 100% Co-Insurance in network 70% out of network Unlimited Visits Prior auth required
EMERGENCY CARE		
Emergency Room	\$100 Copay (waived if admitted)	After Deductible 100% Co-Insurance in network 70% out of network
Urgent Care	\$75 Copay	After Deductible 100% Co-Insurance in network 70% out of network
Walk-In Centers	\$15 Copay	After Deductible 100% Co-Insurance in network 70% out of network
Ambulance	Unlimited for Land and Air	After Deductible 100% Co-Insurance in network 70% out of network

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Inpatient Services		
Inpatient-General/Medical/Surgical/Maternity (Semi-Private)	All Hospital Admissions Require Pre-Cert \$250 Per Admission Copay	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network
Ancillary Services-Medications and Supplies	Covered	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network
Mental Health	\$250 Copay Per Admission Copay Unlimited Days	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network Unlimited Days
Substance Abuse	\$250 Per Admission Copay Unlimited Days	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network Unlimited Days
Rehabilitative Services	\$250 Per Admission Copay 60 Days Per Calendar Year	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network 100 Days Per Calendar Year
Skilled Nursing Facility	\$250 Per Admission Copay 120 Days Per calendar Year	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network 120 Days Per calendar Year
Outpatient Surgery (Facility Charges)	Prior Authorization Required \$200 Copay Ambulatory surgery (in a hospital setting) \$100	Prior Authorization Required After Deductible 100% Co-Insurance in network 70% out of network Ambulatory surgery (in a hospital setting) After Deductible 100% / 70%
Pre-Admission Testing	Covered	After Deductible 100% Co-Insurance in network 70% out of network
Diagnostic Lab & X-Ray	Prior Authorization Required High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a \$75 copay per service up to a \$375 calendar year maximum	Prior Authorization Required High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) After Deductible 100% Co-Insurance in network 70% out of network

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OTHER SERVICES		
Durable Medical Equipment (Including Prosthetics)	Covered at 100% In Network Out Ntwrk - Deductible and Co- Insurance	After Deductible 100% Co-Insurance in network 70% out of network
Foot Orthotics	Not Covered	After Deductible 100% Co-Insurance in network 70% out of network
Home Health Care	Covered 200 Visits 80 aide visits OON-\$50 Deductible & 20% Coinsurance	After Deductible 100% Co-Insurance in network 70% out of network 200 visits 80 aide visits
Hospice	Unlimited	Unlimited After Deductible 100% Co-Insurance in network 70% out of network
Acupuncture	Covered	After Deductible 100% Co-Insurance in network 70% out of network unlimited visits
TMJ	Not Covered	Not Covered
Gastric Bypass	Covered	After Deductible 100% Co-Insurance in network 70% out of network
Infertility	\$25 Office Visit Copay State Mandate Level-Prior Auth required Some Restrictions May Apply	After Deductible 100% Co-Insurance in network 70% out of network State Mandate Level-Prior Auth required Some Restrictions May Apply
Oral Surgery	Not Covered	After Deductible 100% Co-Insurance in network 70% out of network Removal of impacted teeth, cutting procedures, full or partial dentures, fixed bridgework and prompt repair to natural teeth due to accidental injury while covered-including Dental Anesthesia
Private Duty Nursing	No Copay Up to a \$15,000 Maximum per member per calendar year	After Deductible 100% Co-Insurance in network 70% out of network Up to a \$15,000 Maximum per member per calendar year
Drug Rider	\$5/\$15/\$25 Mail order \$10/\$30/\$50 30/90 day supply Mandatory Generic and Mail order Edits include Step Therapy, Prior Authorization, Quantity Limits Diabetic medication is not subject to Rx copays	After deductible: \$5/\$15/\$25 Mail order \$10/\$30/\$50 30/90 day supply Mandatory Generic Edits include Step Therapy, Prior Authorization, Quantity Limits Diabetic medication is subject to deductible and Rx copays

*The Student age for all plans is 26/26.