

Hillsborough County Fire Fighters Local 2294

2020 Open Enrollment Benefit Guide



**HILLSBOROUGH COUNTY
FIRE FIGHTERS**

The Local 2294 is continuing to offer competitive and comprehensive plans to our membership. Some things to note for 2020:

- **New DMO Managed Dental Plan with Guardian**
- **New Child Orthodontia benefit added to Guardian's PPO High Plan**
- **Guardian**
 - Your Dental annual maximum could be up to \$2,000 if you have a maximum rollover benefit – check on www.guardiananytime.com.
 - Guardian PPO dental plans include all periodontal and endodontic care under basic services – **not major services**.
 - Guardian has one of the largest Dental and Vision networks - remember to always check to make sure your providers are in-network.
 - College Tuition Services offered since 2015, for your children, nieces, nephews and grandchildren – 2000 rewards for each year you have been covered by Guardian, review Guardian packet for details. You must register to be eligible for this benefit.
 - You may be capped at \$120,000 of Life Insurance through the County plan. You can purchase additional life insurance through Guardian up to \$200,000 on yourself and up to \$100,000 on your spouse.*
 - Remember if you had a Wellness screening in the last 12 months and are enrolled in the Accident Plan, you can submit a claim form for your \$50 Wellness Benefit.
- **Lower Guardian Vision Rates**
- **New Accident and Cancer plans with Washington National** *(if you are currently enrolled in the prior plans through Guardian or Transamerica you are eligible to keep them)*
- **Special Voluntary Life Open Enrollment** up to guaranteed issue amounts *(anyone previously declined for coverage is not eligible)**



Who is eligible?

All full-time employees are eligible to participate in the benefits offered after 30 days of employment. Coverage for all insurance plans will become effective on the first day of the month following your waiting period. You may also elect coverage for your dependents including:

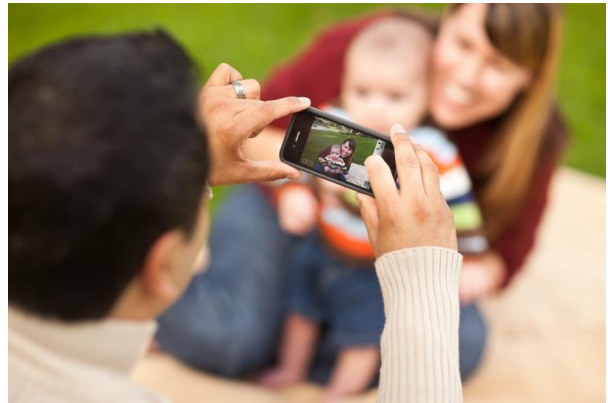
- Your legal spouse
- Your legal dependent children who are:
 - **Dental** – Up to age 26
 - **Vision** – Up to age 26
 - **Voluntary Life (Dependent)** – Up to age 26

Benefit Choices

HCFF Local 2294 has designed plans to acknowledge that our workforce is indeed diverse. Our program's flexibility recognizes its diversity as it encourages each of you to design your own benefits plan based on your individual needs.

Your Benefit Choices include:

- Dental Coverage – 3 plan options – Guardian
- Vision Coverage – Guardian
- Group Life and AD&D – Guardian
- Voluntary Term Life Insurance – Guardian
- Accident Plan – Washington National
- Cancer Plan – Washington National
- Critical Illness Plan / Cancer – Transamerica



Important Plan Information

- Hillsborough County Fire Fighters Local 2294 Benefits Plans have a January 1st through December 31st plan year.
- Prior to the beginning of each plan year you will have an Open Enrollment opportunity to consider changing your current benefit elections. Open Enrollment this year begins on October 7th and ending October 31st.
- The benefit elections made during Open Enrollment will remain in place unless you experience a qualified Life Event. If you request a benefits change mid-year due to a Life Event – the change:
 - Must be requested within 31 days of the event, with a change form
 - Must be consistent with the event.
 - Qualified Life Events Include:
 - Change in Status*
 - Spouse's Or Dependent's Open Enrollment
 - Dependent Care Changes
 - Cost Or Coverage Changes Within The Employer's Plan
 - HIPAA Special Enrollment Rights
 - Judgment, Decree Or Court Order
 - Enrollment/Ceasing To Be Enrolled In Medicare Or Medicaid
 - Family Medical Leave Act (FMLA) Special Requirements

***Change In Status** – includes change in marital status, change in number of dependents, change in employment status of the employee, spouse or dependent, change in residence, dependent satisfying or ceasing to satisfy Plan's eligibility requirements.



Guardian Dental Coverage

Carrier: Guardian

Network: DentalGuard Preferred for PPO or DMO Managed for DHMO



This coverage option is a stand-alone plan that you can elect without selecting any other coverages.

This year we are offering a new DMO Managed Dental plan as well as our two PPO plans. These plans provide access to their large national network which is one of the largest in Florida.

PLAN HIGHLIGHTS	PPO Low Plan		PPO High Plan		DMO Managed Dental Plan**
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Calendar Year Deductible (single / family)	\$0 / \$0	\$50 / \$150	\$50 / \$150		N/A
Deductible (waived for Type I services)	Yes	No	Yes	Yes	\$5 copay
Coinsurance (carrier)					
Preventive	100%	100%	100%	100%	\$0
Basic	80%	50%	100%	80%	\$8 - \$110
Major	50%	25%	60%	50%	\$50 - \$500
Calendar Year Plan Maximum	\$1000*	\$1000*	\$1500*	\$1000	Unlimited
ORTHODONTIA BENEFITS					
Orthodontia	Not Covered		Child(ren) Only 50% up to \$1,000 lifetime max		Adult and Child(ren) \$1,895 - \$2,195
MAXIMUM ROLLOVER					
Rollover Threshold	\$500		\$500		N/A
Rollover Amount	\$250		\$250		
Rollover In-Network Amount	\$350		\$350		
Rollover Account Limit	\$1000		\$1000		
ADDITIONAL NOTES					
Non-Network % of Coverage	N/A	MAC	N/A	UCR 90 th *	In-Network Only
BI-WEEKLY COST:	PPO Low		PPO High		DMO
Employee	\$9.10		\$14.53		\$6.12
Employee+ Spouse	\$20.74		\$31.78		\$12.24
Employee+ Child(ren)	\$23.23		\$39.63		\$12.73
Employee+ Family	\$32.45		\$54.88		\$19.90

* Your annual maximum may increase to \$2,000 with the Maximum Rollover benefit.

** You must select a primary care dentist, be referred for specialist treatment and the referral has to be approved by the plan.

Service Tiers

Preventive: Oral examinations, Bitewing x-rays (Adult/Child), cleanings, topical fluoride treatment, sealants.

Basic: General anesthesia, Fillings, Perio Surgery, Periodontal Maintenance, Repair & Maintenance of Crowns, Bridges and Dentures, Root Canals, Simple Extractions, Surgical Extractions.

Major: Bridges and Dentures, Dental Implants, Inlays, Onlays, Veneers and Single Crowns.

Find A Dentist: Visit www.GuardianAnytime.com

Click on "Find a Provider"; you will need to know your plan and dental network, which can be found at the top of this page or on your dental benefit summary.

Guardian Dental Coverage

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1000	\$500	\$250	\$350	\$1000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,000 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

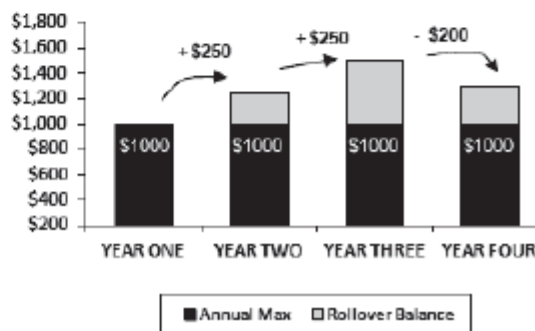
Here's how the benefits work:

YEAR ONE: Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



Don't forget about the College Tuition Services that are available!

HCFF 2294 has worked with Guardian to make College Tuition Benefit services available to eligible members enrolled in a Dental Plan.

- ➔ Make sure you are registered
- ➔ You will receive 2,000 rewards for each year you have Guardian Dental Plan benefits
- ➔ Each Tuition Reward point equals a \$1 tuition reduction
- ➔ Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren

To learn more about the program and how to get started, go to: www.Guardian.CollegeTuitionBenefit.com to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly at 215-839-0119.

Register Today!

Guardian Vision Coverage

Carrier: Guardian contracted through VSP
Network: VSP Choice Network

Eye care is a vital component of a health lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money.



Find A Provider: Visit www.GuardianAnytime.com

Click on “Find a Provider”; you will need to know your plan and vision network, which can be found at the top of this page or on your vision benefit summary.

	Guardian contracted with VSP Vision	
PLAN HIGHLIGHTS	IN-NETWORK	NON-NETWORK
Vision Exam	\$10 Copay	Up To \$39 after \$10 copay
Materials Copay (frames & lenses)	\$10 Copay	Reimbursed (less copay)
Pair of Lenses		
Standard single vision	\$10 Copay	Up To \$23 after \$10 copay
Standard lined bifocal	\$10 Copay	Up To \$37 after \$10 copay
Standard lined trifocal	\$10 Copay	Up To \$49 after \$10 copay
Standard lenticular	\$10 Copay	Up To \$64 after \$10 copay
Frames Covered in full frames	\$130 allowance after Copay	Up to \$46 retail allowance after \$10 copay
Contact Lenses		
Lenses <i>(fitting & evaluation)</i>	\$130 allowance	Up to \$100 allowance
Medically necessary <i>(fitting, evaluation & materials)</i>	Covered-in-full after copay	Up to \$ 210 allowance after \$10 copay
Frequencies		
Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
BI-WEEKLY COST:	Guardian Vision Plan	
Employee	\$3.66	
Employee+Spouse	\$5.94	
Employee+Child(ren)	\$6.85	
Employee+Family	\$9.25	

Guardian/VSP understands the importance of choice when accessing an eye care professional. This is why the national network includes private practice ophthalmologists, optometrists and major retail optical locations.

Guardian Life Benefits

Voluntary Life Insurance



Your family depends on you in many ways and you have worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills and prepare for the future?

You may elect to purchase additional life and accidental death and dismemberment insurance for yourself, your spouse and/or your dependent(s) at your own expense. Refer to the overview below for available coverage options. **Guardian is offering a special voluntary life open enrollment up to the guaranteed issue amounts highlighted below** (anyone previously declined for coverage is not eligible).

Life Benefit	Employee	Spouse	Dependent
Amount	Choice of 25,000 increments to \$200,000 maximum	Choice of \$12,500 increments to \$100,000 maximum Employee must elect coverage for spouse to be eligible Spouse coverage based on employee age	Flat \$10,000 benefit Child: 14 days old to age 26 Newborn children to age 14 days are not eligible for a benefit Employee must elect coverage for dependents to be eligible
Guarantee issue*	\$100,000*	\$25,000*	\$10,000
GI with Additional Amount Question**	\$50,000	\$25,000	
Benefit will reduce:	35% at age 65 60% at age 70, 75% at age 75 85% at age 80	Spouse coverage terminates at age 70	
Additional Benefits			
Accelerated Life Benefit	A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.		
Accidental Death and Dismemberment	Maximum 1 times life amount		
Portability/Conversion	Allows you to take your coverage with you if you terminate employment. May be subject to evidence of insurability		

*The "guarantee" means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.

**GI with Additional Amount Question means an employee can get \$50,000 per employee, \$25,000 for a spouse can be obtained with a "No" response to the Health question (on enrollment form).

Refer to the Guardian booklet for rate charts with the bi-weekly cost.

- Your rates do not change until you move into the next age bracket at open enrollment each year.
- Dependent children premium covers all eligible children regardless the number.
- You only need to complete Evidence of Insurability form if you wish to elect more than the Guarantee Issue amount.

Washington National Group Accident Coverage

Group Accident Insurance pays a lump sum benefit for accidental on and off-the-job injuries, plus benefits associated with the treatment of the injury. Because accident insurance is supplemental, it pays in addition to other coverage. The coverage can be used on its own or to fill a gap left by other coverage and the benefits are paid directly to you unless assigned elsewhere.



Major Benefits – two plans to choose from:

- ➔ \$200 - \$500 Emergency Room
- ➔ \$300 - \$500 per day up to 1 year Hospital Confinement
- ➔ Reimbursement for follow up doctor and physical therapy visits
- ➔ Up to \$3,200 for Fractures

*Accident Disability Rider available which pays you a monthly income for up to one year when you become totally disabled due to an off the job accident (additional rate added to below).

BI-WEEKLY COST:		
	Level 1	Level 2
Employee	\$8.72	\$12.13
Employee + Spouse	\$12.09	\$16.56
Employee + Child(ren)	\$12.09	\$16.56
Employee, Spouse and Child(ren)	\$15.55	\$20.58

(You are eligible to roll over your Guardian Accident Plans if you so choose)

Washington National Group Active Care Critical Illness and Cancer Plan

Cancer Insurance pays a lump sum benefit for a covered service. The coverage can be used on its own or to fill a gap left by other coverage and the benefits are paid directly to you unless assigned elsewhere.

Major Benefits:

- ▶ \$500 Hospital Admission
- ▶ \$400 Daily Hospital Benefit
- ▶ \$500 ICU Daily Hospital Benefit
- ▶ \$25 Inpatient Rehab
- ▶ \$50 Wellness Benefit
- ▶ 100% RETURN of PREMIUM – money back feature

Also includes **Lump Sum payment for other Critical Illnesses** such as Heart & Stroke, Coma, and Organ Transplant. Please refer to your plan summary online for additional information and bi-weekly rates.

Transamerica

Group Critical Illness Coverage and Cancer Plans

Please refer to Hills Fire Local intranet site for detailed plan information and rates.

Group Critical Illness Insurance pays a lump sum benefit to you if diagnosed with a first occurrence of a covered critical illness. The coverage can be used on its own or to fill a gap left by other coverage and the benefits are paid directly to you unless assigned elsewhere.

Major Benefits:

- ▶ Can purchase coverage from \$5,000 to \$50,000 (in \$5,000 increments)
- ▶ Covered illnesses or conditions: heart attack, stroke, heart transplant surgery, coronary bypass surgery, angioplasty/stent, major organ transplant, end stage renal failure, paralysis, burns and invasive cancer
- ▶ Cancer benefit and cancer screening wellness benefit riders available
- ▶ Cancer Plan provides lump sum payments for hospital stays, radiation and chemotherapy, and outpatient surgery.



Other Helpful Resources

Questions	Contact	Phone Number	Email or Website
Benefits	Chris Boles	813-399-3572	cboles@hcfflocal2294.org
Dental	Guardian	Employee Benefit Hotline (888) 600-1600	www.GuardianAnytime.com
Vision	Guardian	Employee Benefit Hotline (888) 600-1600	www.GuardianAnytime.com
Life	Guardian	Employee Benefit Hotline (888) 600-1600	www.GuardianAnytime.com
Accident Plan & Cancer Plan	Washington National	Karen Torchia	954-662-4839 Karen@enrollmentconcepts.net
Employee Assistance Program (EAP)	Guardian Work life Matters	800-386-7055 24x7	www.ibhworklife.com User Name: Matters Password: wlm70101
Critical Illness / Cancer plan	Transamerica	Reach out to Willis Towers Watson with questions	www.tebcs.com
Willis Towers Watson	Donna Tatum Shawna Gambill	813-490-6820 727-510-4435	Donna.Tatum@willistowerswatson.com Shawna.Gambill@willistowerswatson.com



The information in this guide is presented for illustrative purposes. It is not a legal document and shall not be construed as a guarantee of benefits. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information in this guide and the actual policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Hillsborough County Fire Fighters reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.