

Highlights of your Health Care Coverage

City of Spokane Police Relief and Pension Board
 Group Number: 1022520

Effective Date: 01/01/2024

*Premera Blue Cross believes this plan is a “grandfathered health plan” under the Affordable Care Act. For more information, please refer to your Benefit Booklet. Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible. Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN *GRANDFATHERED		CITY OF SPOKANE POLICE RELIEF AND PENSION BOARD*	
		YOUR WORLD	
		ALL PROVIDERS	
MEDICAL COST SHARE OPTIONS			
Individual Deductible PCY (No Family deductible)			\$0
Coinsurance (Member's percentage of costs after deductible based on allowable charges)			0%
Individual Out of Pocket Maximum PCY, excludes copay (No Family OOP max)			Unlimited
Office Visit Cost Share			Covered in Full
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION			
Preventive Office Visit (Unlimited, subject to standard medical guidelines)			Covered in Full
Immunizations (Unlimited, subject to standard medical guidelines)			Covered in Full
Health Education (HE) (\$250 PCY)			Covered in Full
Nicotine Dependency Programs (ND) (Unlimited)			Covered in Full
Diabetes Health Education (DE) (Unlimited)			Covered in Full
PROFESSIONAL CARE			
Professional Office Visit			Covered in Full
Telemedicine with Traditional Providers - General Medical			Covered in Full
VIRTUAL CARE SERVICES			
Telemedicine - General Medical (Virtual Care Only)			Covered in Full
DIAGNOSTIC SERVICE OPTIONS			
Preventive Professional Imaging and Laboratory Services - Including Mammogram and PAP/PSA			Covered in Full

MEDICAL PLAN *GRANDFATHERED	CITY OF SPOKANE POLICE RELIEF AND PENSION BOARD* YOUR WORLD
ALL PROVIDERS	
Other Professional Diagnostic Imaging	Covered in Full
Professional Diagnostic Major Imaging	Covered in Full
Other Professional Diagnostic Laboratory/Pathology	Covered in Full
Diagnostic Mammography	Covered in Full
FACILITY CARE OPTIONS	
Inpatient Facility	Covered in Full
Inpatient Professional Services	Covered in Full
Outpatient Surgery Facility	Covered in Full
Skilled Nursing Facility (Unlimited)	Covered in Full
HOSPICE & HOME HEALTH CARE	
Hospice Inpatient Facility (Unlimited; within the 6 month lifetime maximum)	Covered in Full
Hospice Care (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	Covered in Full
MATERNITY & REPRODUCTIVE CARE	
Sterilization - Female (Unlimited)	Covered in Full
Sterilization - Male (Unlimited)	Covered in Full
MEDICAL TRANSPORTATION BENEFITS	
Transplant Travel & Lodging (\$7,500 per transplant)	Covered in Full
EMERGENCY CARE AND TRANSPORTATION OPTION	
Emergency Care (If applicable, waive copay if admitted to inpatient facility)	Covered in Full
Emergency Room Physician	Covered in Full
Urgent Care Center	Covered in Full
Ambulance Transportation (Unlimited)	Covered in Full
ALTERNATIVE CARE	
Acupuncture (24 visits PCY)	Covered in Full
Manipulations (Spinal and other) (24 visits PCY)	Covered in Full
CHEMICAL DEPENDENCY & MENTAL HEALTH	
Chemical Dependency Inpatient Facility Care (Unlimited)	Covered in Full
Chemical Dependency Outpatient Professional Care (Unlimited)	Covered in Full
Mental Health Inpatient Facility Care (Unlimited)	Covered in Full
Mental Health Outpatient Professional Care (Unlimited)	Covered in Full
REHABILITATION & NEURO	
Rehab Inpatient Facility (Unlimited)	Covered in Full
Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain (45 Visits PCY)	Covered in Full
OTHER SERVICES	
Allergy/Therapeutic Injections	Covered in Full

MEDICAL PLAN *GRANDFATHERED	CITY OF SPOKANE POLICE RELIEF AND PENSION BOARD* YOUR WORLD
ALL PROVIDERS	
Medical Supplies, Equipment, Prosthetics (Unlimited)	Covered in Full
Transplants (Unlimited)	Covered as any other service
SUPPLEMENTAL BENEFITS	
Routine Vision Exam (1 PCY)	Covered in Full
Vision Hardware (\$500 every 2 Calendar Years)	Covered in Full
Routine Hearing Exam (1 PCY)	Covered in Full
Hearing Hardware (\$5,500 Every 5 Years)	Covered in Full
ANNUAL PLAN MAXIMUM	
Annual Plan Maximum	Unlimited

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms of the plan. This benefit highlight is not a contract and may change. Please see your benefit booklet or call Customer Service for full coverage information including a description of waiting periods, limitations, and exclusions.

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Below is a brief overview of your pharmacy benefit. For more information, please refer to your benefit booklet or sign into www.premera.com to find drug costs and coverages specific to your plan.

PHARMACY PLAN		CITY OF SPOKANE POLICE RELIEF AND PENSION BOARD*	
PRESCRIPTION DRUGS			
Drug List		Open A2 Tier 1 = generic Tier 2 = brands	
Annual Benefit Maximum		Unlimited	
Individual Deductible PCY		\$0	
Family Deductible PCY		No Family Deductible	
Out of Network (Non-participating retail pharmacies)		\$0	
Out of Pocket Maximum		Unlimited	
Retail Cost Shares (Includes medically necessary Over-the-Counter Drugs purchased at a participating pharmacy and prescribed by a physician)		\$0 Up to a 365-day supply unit supply of covered medication unless the drug maker's packaging limits the supply in some other way	
Mail Cost Shares		\$0 Up to 90 day supply per prescription	
Day Supply		Retail: 365 Days; Mail: 90 Days; Specialty: 30 Days	

*This plan is self-funded by City of Spokane Police Relief and Pension Board, which means that this group is financially responsible for the payment of plan benefits. The group has contracted with Premera Blue Cross, an independent Licensee of the Blue Cross Blue Shield Association, to perform administrative duties, including the processing of claims, under the plan. Premera Blue Cross does not insure the benefits of this plan.

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

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Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online/services/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

पिआन रिउ: जे त्रुमीं पंजाबी बोलते वे, तां त्रामा हिंच सहायता मेवा त्रुवाडे लयी मुदत उयलसय वै। 800-722-1471 (TTY: 711) 'ते बाल बवे।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.

037378 (07-01-2021)