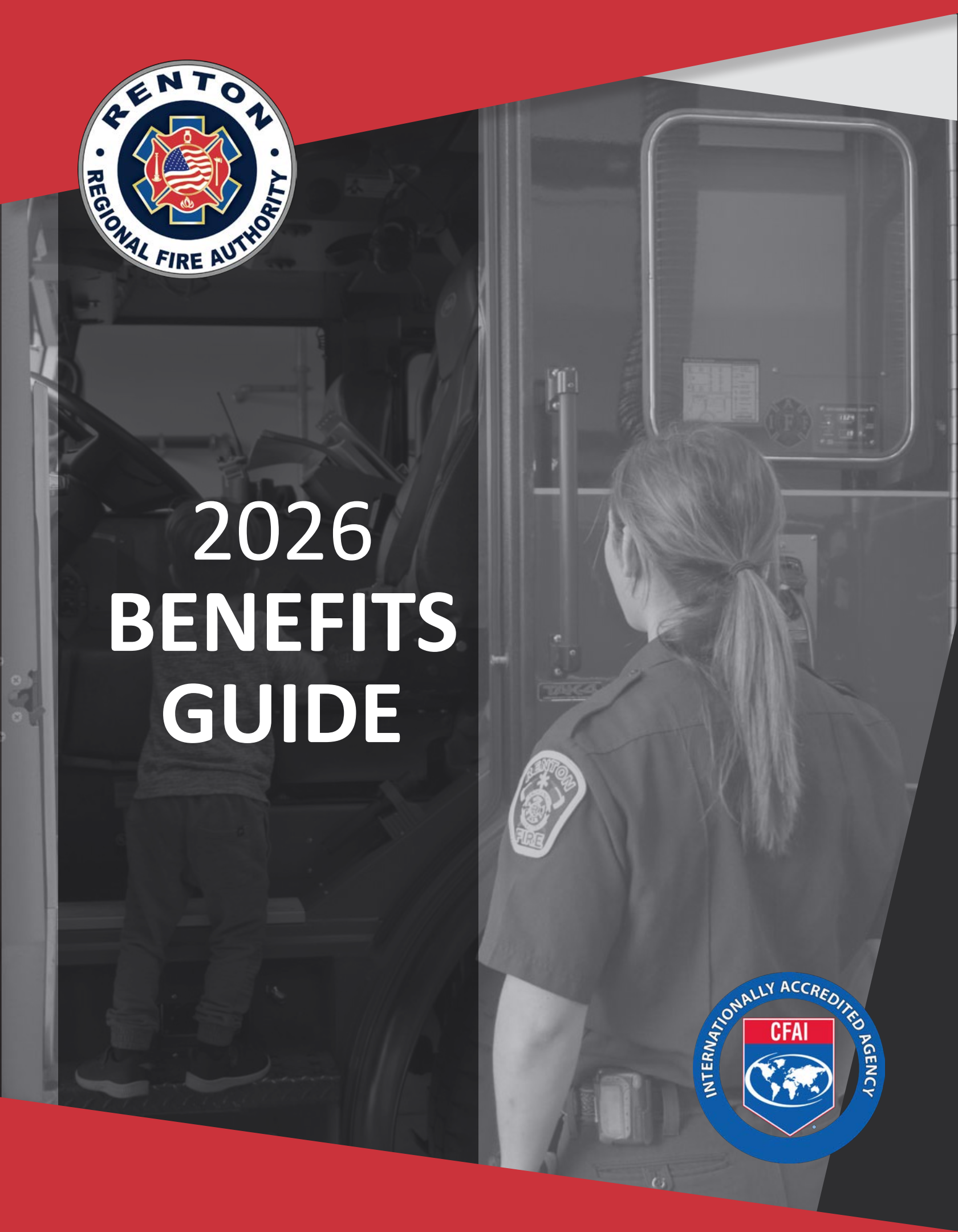
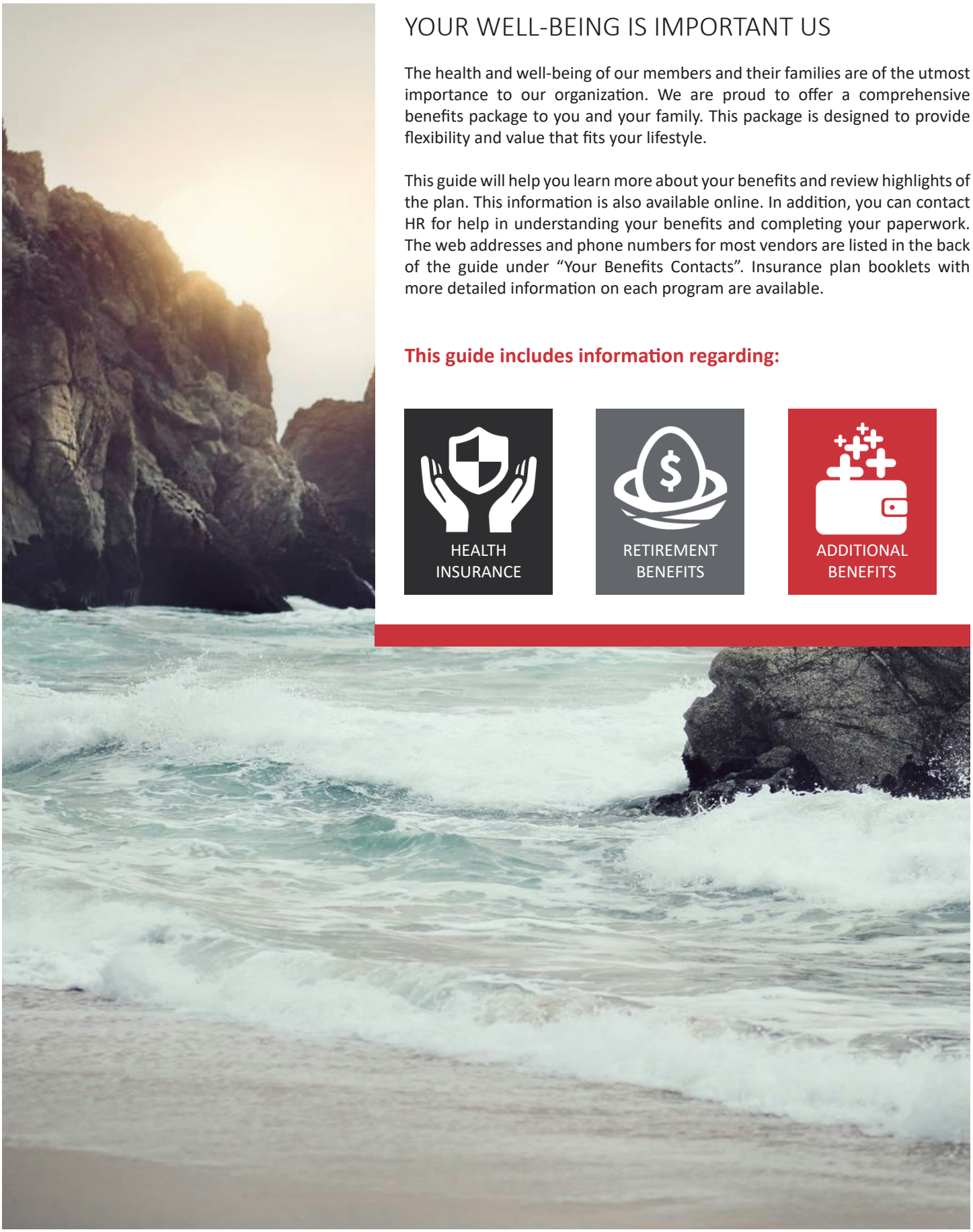


2026 BENEFITS GUIDE



YOUR WELL-BEING IS IMPORTANT US

The health and well-being of our members and their families are of the utmost importance to our organization. We are proud to offer a comprehensive benefits package to you and your family. This package is designed to provide flexibility and value that fits your lifestyle.

This guide will help you learn more about your benefits and review highlights of the plan. This information is also available online. In addition, you can contact HR for help in understanding your benefits and completing your paperwork. The web addresses and phone numbers for most vendors are listed in the back of the guide under "Your Benefits Contacts". Insurance plan booklets with more detailed information on each program are available.

This guide includes information regarding:

HEALTH INSURANCE

RETIREMENT BENEFITS

ADDITIONAL BENEFITS

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NEW IN 2026
BENEFIT CHANGES & HIGHLIGHTS



HEARING HARDWARE

2025	2026
Covered in full up to $1,500 (both ears), every five years.	Covered in full up to $3,000 per ear, every 36 months.



WEIGHT LOSS MEDICATIONS (Sav-Rx)

2025	2026
Not Covered	Coverage is available to members with a BMI greater than or equal to 40, who take part in the MyPath Wellness Program. Subject to prior authorization and step therapy requirements. *GLP-1's prescribed for weight loss carry a 30% member cost-share (up to $200/month). For HSA-qualified plans, deductible applies.*



VISION THERAPY

2025	2026
Not Covered	Fully covered evaluation and 75% off approved therapy sessions, up to $750 annually.

OTHER COVERAGE CHANGES/INCREASES

Coverage	2025	2026
Massage Therapy Included Under Outpatient Rehab Services	Not Specified	40 Visits PCY
HFSA and DFSA Unused Funds Rollover Limit	$550	$680
Maximum HFSA Contribution	$3,300	$3,400
457(b) Deferred Compensation Deferral Limit Increases	See Page 32 for Details	
Aflac Critical Illness Plan Member & Child Benefit Increase	$5000/$2,500	$7,500/$3,750

ALL BENEFITS
NEW ENROLLMENT CHECKLIST

Please follow the steps below to enroll in your benefits:

01 PREPARE THE INFORMATION YOU WILL NEED

Don't forget your voided check or a letter from your bank!

Your Information:
- ☐ Contact Information - Full Name, Address, Phone Number(s), Email Address
- ☐ Social Security Number and Date of Birth
- ☐ Direct Deposit Information - Account Number, Routing Number, **Voided Check (required)**
- ☐ Passport or a combination of Driver's License and Social Security Card or Birth Certificate (for other forms of acceptable ID, see the "List of Acceptable Documents" page of DHS USCIS Form I-9)

Emergency Contact Information:
- ☐ Contact Information - Name, Phone Number, Address, Relationship
- ☐ Employment Information - Employer, Employer Address, Employer Phone Number

Dependent Information:
- ☐ First and Last Name
- ☐ Social Security Number and Date of Birth
- ☐ Relationship, Gender, Student Status

Beneficiary Information:
- ☐ Contact Information - Full Name, Address, Phone Numbers
- ☐ Social Security Number and Date of Birth
- ☐ Relationship

02 COMPLETE APPLICABLE ENROLLMENT FORMS*

- ☐ Personal Information Form
- ☐ I-9 Form
- ☐ W-4 Form
- ☐ Member Contact Information Form
- ☐ Security Access Card Form
- ☐ Direct Deposit Authorization
- ☐ DRS Retirement Verification Form
- ☐ IAFF Health & Wellness Trust Enrollment Form
- ☐ FSA Enrollment Form**
- ☐ Standard Insurance Enrollment Form
- ☐ 457 TIAA Contribution Form**
- ☐ 457 TIAA Beneficiary Form
- ☐ DRS Beneficiary Designation Form
- ☐ DRS Enrollment Form (LEOFF or PERS)
- ☐ Medical Confidentiality Form
- ☐ Employee Paid Sick Leave Notification
- ☐ ULLICO Life Insurance Beneficiary Form
- ☐ Social Security Notice Form
- ☐ WA State MVR Release Form

Existing Employees only need to complete an enrollment form if enrolling in coverage for the first time, switching medical plans, adding/removing dependents, or updating contact information.

03 SUBMIT/RETURN ALL FORMS TO HR

*Bargaining units may have additional forms to be completed.
**Enrollment in the program is voluntary.

ALL BENEFITS
OPEN ENROLLMENT CHECKLIST

Please follow these steps toward a successful open enrollment:

01 VISIT ESS (rentonrfa.com/ESS) AND VERIFY YOUR INFORMATION

Begin the open enrollment process by going to our Employee Self Service (ESS) website and verifying the following information is accurate:

- ☐ Addresses / Phone Numbers
- ☐ Contacts / Dependents
- ☐ Direct Deposit
- ☐ Tax Information

To learn more about the benefits of the ESS website, ***see page 47.***

02 COMPLETE REQUIRED FORMS FOR CHANGES / NEW ELECTIONS

You only need to complete the following enrollment forms if you are electing new/different coverage or updating your information. These forms are all found on the ESS homepage under 'Documents'.

ENROLL IN WILLAMETTE DENTAL COVERAGE

If you would like to enroll in Willamette Dental, you need to complete the IAFF HWT Benefits Active Enrollment Form and select the Willamette Dental Coverage option. If you're electing to stay with Delta Dental, you do not need to complete any additional paperwork. ***See page 14-16 for details.***

☐ IAFF HWT Benefits Active Enrollment Form

ENROLL IN THE FLEXIBLE SPENDING ACCOUNT (FSA)

Open enrollment is the only time during the year that you can enroll in the BPAS FSA. To enroll in the FSA, you need to complete the BPAS FSA Enrollment Form. ***See page 25 for details.***

☐ BPAS FSA Enrollment Form

ADD ADDITIONAL LIFE INSURANCE COVERAGE

Whether you would like to add additional life insurance coverage for yourself, your spouse, or your dependent children, you can do so at anytime during the year. To purchase additional life insurance coverage above the base amount of coverage provided by Renton RFA, you must complete the Standard Life Insurance Enrollment Forms. ***See page 34 for details.***

☐ Standard Life Insurance Enrollment Form

UPDATE YOUR EMERGENCY CONTACTS

Each year, you are encouraged to complete an updated Member Emergency Contact Form, especially if you've experienced any changes that would need to be reflected in your information.

☐ Member Emergency Contact Form (Black Folder)

ADD MEDICAL COVERAGE FOR ELIGIBLE DEPENDENTS

If you missed the initial opportunity to add a dependent to your medical plan with the IAFF HWT you have an opportunity to do it during open enrollment.

03 RETURN ALL COMPLETED FORMS TO HR



HEALTH INSURANCE

THE BEST CARE WHERE IT MATTERS MOST

We believe the physical and behavioral well-being of our members is important for the performance of the entire organization. We provide comprehensive health coverage including medical, vision, dental, hearing, and more.

HEALTH INSURANCE **ELIGIBILITY**

ELIGIBLE MEMBERS

- A full-time, active employee of Renton RFA
- Regularly scheduled to work a minimum of 20 hours per week for Renton RFA
- Satisfied the probationary period established by Renton RFA, but no more than 90 days

ELIGIBLE SPOUSES

- Legal Spouse
- Domestic Partner registered with the State of Washington
- Surviving Spouse of deceased Eligible Member (not divorced; spouse-paid)

ELIGIBLE CHILDREN

- Natural or Step Children of the Member or Spouse/Domestic Partner, through age 25
- Legally adopted children of the Member or Spouse/Domestic Partner, or child placed with the Member or Spouse/Domestic Partner for the purpose of legal adoption, through age 25
- Surviving children of deceased Member, through age 25
- Child for whom Member or Spouse/Domestic Partner has court-appointed legal guardianship
- Child for whom Member or Spouse/Domestic Partner is required to provide coverage by a legal Qualifying Medical Child Support Order (QMCSO)
- Foster children are not eligible

ELIGIBLE RETIREES

Eligible Retirees can continue on the IAFF Health & Wellness Trust MedAdvantage Plan if the following requirements are met:

- Retiree in the eligible IAFF Health & Wellness Trust Participating Group must be actively covered by the Group medical plan
- Retiree must **not** be eligible for Medicaid
- Retiree must enroll immediately after separating from the Participating Group
  AND
- Retiree is at least 53 with 5 service credit years in LEOFF, or 50 with at least 20 service credit years, or;
- Retiree is at least 65 with 5 service credit years in PERS, or 55 with at least 20 service credit years, or;
- Retired administrative staff, not otherwise eligible for pension, who are retiring from the Participating Group, who have worked for Local or Employer for at least 5 consecutive years and are 60 years old.

You may make changes to your health insurance enrollment status any time there is a qualifying event. Examples of qualifying events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse/domestic partner or child
- Commencement or termination of adoption proceedings
- Loss of coverage due to a change in Spouse/Domestic Partner's employment status
- Change in residence due to an employment transfer for you or your spouse/domestic partner
- Loss of coverage due to Spouse/Domestic Partner's employer ceasing to make contributions toward coverage

Loss of coverage due to failure to pay premiums or termination of coverage for cause is **not** a qualified change in status.

HEALTH INSURANCE
PREMIUM BREAKDOWN 2026

Renton RFA is covering a majority of your benefits costs. The tables below show your portion of the monthly premiums.

RENTON RFA MEDICAL PLAN

Tier	Employee	RRFA	Total
Employee Only	$74.51	$753.34	$827.85
Employee & Spouse	$162.77	$1,645.74	$1,808.51
Employee & Child (1)	$121.51	$1,228.59	$1,350.10
Employee & Children (2+)	$146.23	$1,478.52	$1,624.75
Employee, Spouse, and Child (1)	$209.77	$2,120.98	$2,330.75
Employee, Spouse, and Children (2+)	$234.49	$2,370.90	$2,605.39

DELTA DENTAL PLAN (OPTION 1)

Tier	Employee	RRFA	Total
Employee Only	$5.09	$51.48	$56.57
Employee & Spouse	$9.55	$96.58	$106.13
Employee & Child (1)	$9.55	$96.58	$106.13
Employee & Children (2+)	$16.97	$171.59	$188.56
Employee, Spouse, and Child (1)	$16.97	$171.59	$188.56
Employee, Spouse, and Children (2+)	$16.97	$171.59	$188.56

WILLAMETTE DENTAL PLAN (OPTION 2)

Tier	Employee	RRFA	Total
Employee Only	$5.35	$54.05	$59.40
Employee & Spouse	$9.91	$100.16	$110.07
Employee & Child (1)	$9.91	$100.16	$110.07
Employee & Children (2+)	$15.04	$152.12	$167.16
Employee, Spouse, and Child (1)	$15.04	$152.12	$167.16
Employee, Spouse, and Children (2+)	$15.04	$152.12	$167.16

MEDICAL + DELTA DENTAL (OPTION 1)

Tier	Employee	RRFA	Total
Employee Only	$79.60	$804.82	$884.42
Employee & Spouse	$172.32	$1,742.32	$1,914.64
Employee & Child (1)	$131.06	$1,325.17	$1,456.23
Employee & Children (2+)	$163.20	$1,650.11	$1,813.31
Employee, Spouse, and Child (1)	$226.74	$2,292.57	$2,519.31
Employee, Spouse, and Children (2+)	$251.46	$2,542.49	$2,793.95

MEDICAL + WILLAMETTE DENTAL (OPTION 2)

Tier	Employee	RRFA	Total
Employee Only	$79.85	$807.40	$887.25
Employee & Spouse	$172.67	$1,745.91	$1,918.58
Employee & Child (1)	$131.42	$1,328.75	$1,460.17
Employee & Children (2+)	$161.27	$1,630.64	$1,791.91
Employee, Spouse, and Child (1)	$224.81	$2,273.10	$2,497.91
Employee, Spouse, and Children (2+)	$249.53	$2,523.02	$2,772.55

HEALTH INSURANCE TERMS EXPLAINED

COPAY

A copay is a flat dollar amount you pay for a medical service. Copays typically apply to office visits and prescription drugs. In most cases, emergency room visit copays are in addition to the member's coinsurance.

DEDUCTIBLE

A deductible is the annual amount you need to pay upfront before the plan begins paying expenses. Not all services are subject to the deductible. The family deductible applies if you have family members enrolled in your plan with you. The family deductible is the most you have to pay for deductibles if you have dependents enrolled. Each person has their own deductible, but once the family deductible is met, no one else in your family has to pay toward their deductible. This amount resets on January 1 of each year.

COINSURANCE

Coinsurance is the portion you pay after you meet your annual deductible. Coinsurance is the percentage of the allowable amount, or the contracted rate. The plan pays a percentage of the allowable amount and you pay a percentage. For in-network services, our plan pays 80% after you meet your annual deductible of $1,500, and you pay 20%.

OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the maximum amount you'll pay in a calendar year for covered medical expenses. You pay toward the out-of-pocket maximum when you pay your deductible, coinsurance, or copay. Anything above the out-of-pocket maximum will generally be covered by the plan at 100%. This amount resets on January 1 of each year. Out-of-pocket maximums are higher when you use out-of-network providers.

Note: Balance Billing charged by Category 3 Providers is not considered covered services and therefore does not count toward the out-of-pocket maximum.

ALLOWABLE AMOUNT

The amount the plan pays for covered services provided by out-of-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network providers. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial.

The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for out-of-network providers can be based on a number of schedules such as percentage of reasonable and customary or percentage of Medicare. Contact your claims payer or insurer for more information.

REGENCE BLUESHIELD PROVIDERS

Category 1 / Preferred Providers: A Regence Preferred Provider is a Category 1 Provider. These providers save you the most in out-of-pocket expenses. Choosing a Preferred Provider means you will not be billed for balances beyond deductibles, copayments and/or coinsurance for covered services.

Category 2 / Participating Providers: A Participating Provider is a Category 2 Provider. Your out-of-pocket costs for these providers will be higher than a Preferred Provider, and your cost-share will be greater on most services. When using a Category 2 Provider, you will still not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services.

Category 3 / Non-Participating Providers: A Non-Participating Provider is a Category 3 Provider outside of the network and does not have negotiated discounts with Regence to lower your costs. Your out-of-pocket costs will be highest, your cost-share will be highest, and you may be billed for balances beyond your deductible, copayment, and/or coinsurance (sometimes preferred to as "Balance Billing") with a Category 3 Provider.

The plan document or carrier's master policy is the controlling document, and this guide does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language.

There's an app for that →
Search "mycreatehealth" in the app or play store.

HEALTH INSURANCE
MEDICAL BENEFITS OVERVIEW

MAGNACARE℠ + Regence

MagnaCare is our established medical plan administrator. While we continue to have the robust coverage and network of experienced healthcare providers through Regence, MagnaCare is our go-to for all things healthcare-related:

- Finding a provider
- Checking plan coverage and benefit summaries
- ID card replacement
- Viewing and managing your claims, including your Explanation of Benefits (EOB)
- Tracking your medical costs and balances, such as your out of pocket maximum



REGISTER WITH MAGNACARE

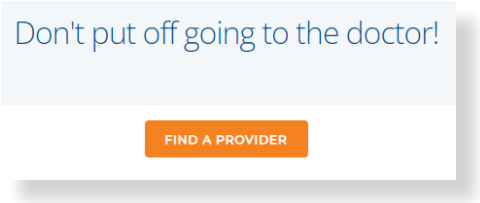
If you haven't already signed up for the MagnaCare app called **MY CREATE HEALTH,** be sure to do so ASAP in order to manage your medical plan in one, easy place - from anywhere! **Follow these steps:**

1. Visit www.MyCreateHealth.com/employee
2. Click the "REGISTER AS A NEW USER" button
3. Complete the registration questions (you will need your healthcare ID card number or your social security number)
4. ***(optional)*** Once you complete the registration, you can download the MyCreateHealth mobile app and use the login you created to access all your information on the go

Need help or have questions? You can call MagnaCare directly at 877-624-6219.

FINDING A PROVIDER

Finding a preferred provider is as easy as logging into your MagnaCare portal and clicking the "FIND A PROVIDER" button from the homepage! You will need to select Regence as your network and have your healthcare ID card handy.





VEBA HRA $2,000 / $4,000 BENEFIT

We have a High Deductible Healthcare Plan (HDHP). To offset the financial impact of the plan deductible for all employees who enroll in the HDHP, Renton RFA contributes $2,000 (individual) or $4,000 (family) per year to their VEBA HRA. See the following pages for information on the VEBA HRA.

THE BLUECARD PROGRAM

The BlueCard Program offers you access to a network of contracted Blue Cross Blue Shield providers around the world if you're traveling or living outside of the Regence BlueShield service area – Washington, Oregon, Utah, Idaho. Just like at home, these networks can save you time and money. For covered benefits that are available to you outside of the Regence BlueShield service area, please call Regence BlueShield:

Inside the U.S. call 800.810.BLUE (2583)
Outside the U.S. (call collect): 804.673.1177

Note: For emergency care outside of the Regence BlueShield service area, go to the nearest hospital and contact BlueCard® if admitted.



HEALTH INSURANCE
MEDICAL BENEFITS - PLAN HIGHLIGHTS

RENTON RFA- $1,500 PLAN			
MEDICAL BENEFITS	**Category 1 / Preferred Providers**	**Category 2 / Participating Providers**	**Category 3 / Non-Participating Providers**
Calendar Year Deductible	$1,500 per Member / $3,000 per Family		
Coinsurance	Plan pays 80% Member pays 20% of Allowed Amount	Plan pays 60% Member pays 40% of Allowed Amount	Plan pays 60% Member pays 40% of Allowed Amount***
Calendar Year Out-of-Pocket Maximum	$2,000 per Member / $4,000 per Family		
AFTER YOUR DEDUCTIBLE IS SATISFIED, YOUR COST SHARES WILL BE AS FOLLOWS:			
Office Visit	$20 Copay*		40% after Deductible
Professional Services	20% after Deductible	40% after Deductible	40% after Deductible
Spinal Manipulations / Acupuncture Up to **30** visits PCY** each	20%*	40%*	40%*
Preventive Care	Covered in Full*		40% after Deductible
Hearing Exam Hardware	Covered in full*, once PCY** Up to $3,000 per ear every 36 months		
Ambulance Services	20% after Deductible		
Outpatient Diagnostic Lab & X-ray	Covered in Full*	40% after Deductibles	40% after Deductible
Outpatient Surgery	20% after Deductible *(10% after Deductible for Ambulatory Surgical Centers)*	40% after Deductible	40% after Deductible
Inpatient Surgery	20% after Deductible	40% after Deductible	40% after Deductible
Emergency Room Services	$100 Copay, then 20% after Deductible (Copay waived if admitted to the hospital)		
Rehabilitation Services Inpatient - 30 days PCY** Outpatient - 40 visits PCY** ↖ *Includes Massage Therapy*	20% after Deductible 20%*	40% after Deductible 40%*	40% after Deductible 40%*
Mental Health / Substance Abuse Inpatient Outpatient	20% after Deductible $20 Copay		
Durable Medical Equipment	20% after Deductible	40% after Deductible	40% after Deductible
MDLive Virtual Care	No Charge	No Coverage	

This benefit comparison is only a summary of benefits and not intended to replace the specifics of the plan contract. If there is a discrepancy, the plan contract will supersede this summary.

* Deductible is waived.

**PCY = Per Calendar Year

*** You may be subject to balance of billed charges when seeing out-of-network providers.

There's an app for that →
Search "SAV-RX" in the app or play store.

HEALTH INSURANCE
PRESCRIPTION DRUG BENEFITS

Your medical plan includes a comprehensive prescription drug program. The level of coverage depends on whether the drug is generic or brand, and whether it is on the Sav-Rx formulary, or preferred drug list. Your out-of-pocket cost is lowest when you buy generic drugs, and highest when you buy brand drugs that are not on the formulary.

Sav-Rx covers a broad formulary of drugs. To determine whether your drug is on the formulary, please check the online list at savrx.com, click "Formulary", and then enter the drug name and group number (6558). You can also find a list of in-network pharmacies online. The drug list is updated periodically to ensure that newer, more effective drugs are listed.

When filling a prescription, present your Regence BlueShield member ID card to any participating pharmacy. If using an out-of-network pharmacy, you will need to pay the drug cost out-of-pocket and then submit a claim form to Sav-Rx to be reimbursed for the amount of coverage.

MAIL ORDER PRESCRIPTION DRUGS

If you take prescription drugs on an ongoing basis, you can save money by using the Mail Order program and ordering a **90-day supply at a time**.

To take advantage of the mail order program, ask your doctor to write you a prescription for a 90-day supply. Send it in along with the form you can download online at www.savrx.com. You can then conveniently refill the prescription online or over the phone.

Mail Order Prescription Drug Copays	
Generic Medication	$10 copay
Formulary Brand Name Medication	$50 copay
Non-Formulary Brand Name Medications	$100 copay
Specialty Medications	Applicable copay applies (30-day supply only) ***Must be filled via Sav-Rx Specialty Mail Order Pharmacy***

Retail Drug Copays	
Preventive Medication	Covered at 100% *per ACA guidelines Contact Sav-Rx for info*
Generic Medications	$5 copay
Formulary Brand Name Medications	$25 copay
Non-formulary Brand Name Medications	$50 copay
Weight Loss Medications	Coverage is available to members with a BMI ≥ 40 who take part in the MyPath Wellness Program. Subject to prior authorization and step therapy requirements.

GENERIC VS. BRAND NAME MEDICATION

Generic drugs have been approved by the FDA as safe and effective alternatives to its brand name counterpart. Generic drugs contain the same active ingredients in the same amounts as the brand name product. The generic version works just like the brand in dosage, strength, performance, and use. Generics may differ in color, shape, size, or flavor from the brand product; however these differences do not affect the performance, safety, or effectiveness of the generic drug.

If you choose to take a brand name drug over an exact generic equivalent, you will be responsible for the applicable plan copay, plus the difference in drug cost.

FORMULARY VS. NON-FORMULARY BRAND NAME MEDICATION

A formulary is a list of preferred products. The formulary considers treatment options on a therapeutic basis first, then based upon cost effectiveness.

Generic medications, when they are available and considered equivalent to their brand counterpart, are always preferred over brand name products. When similar brand name medications are available to treat a condition, the formulary helps physicians and patients consider treatment options in order of cost effectiveness.

There's an app for that →
Search "VSP Global" in the app store (iOS devices only)

HEALTH INSURANCE
VISION BENEFITS

USING YOUR VISION PLAN IS EASY

Vision care is an important part of your overall health. That's why your vision plan promotes preventive care. With open access to see ANY eyecare provider, you can choose the one that's right for you. While you can select a VSP doctor or any other provider, your benefits are greater when you use the VSP Choice network. **Find in-network providers at: www.vsp.com or 1-800-877-7195.**

VSP VISION PLAN (with a VSP Provider)			
Benefits	**Description**	**Copay**	**Frequency**
WellVision Exam	Focus on your eyes and overall wellness	$0	Every calendar year
	Routine Rentinal Screening	Up to $39	
Essential Medical Eye Care	Retinal imaging for members with diabetes is covered. Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination w/ your medical coverage may apply. Ask your VSP doctor for details.	$20 per exam	As needed
PRESCRIPTION LENSES			
Frames	$420 allowance for featured brands $400 allowance for a wide selection of frames 20% savings on the amount over your allowance $220 allowance at Walmart, Sam's, and Costco		Every other calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses Impact-resistent lenses for dependent children		Every other calendar year
Lense Enhancements	Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	$0 $95-$105 $150-$175	Every other calendar year
Contact Lenses (instead of glasses)	$400 allowances for contact lenses Contact lens exam (fitting and evaluation)	$0	Every other calendar year
ADDITIONAL PAIRS OF EYEWEAR			
Frames	$200 frame allowance 20% savings on the amount over your allowance $110 allowance at Walmart, Sam's, and Costco	$0	Every other calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses		Every other calendar year
Contact Lenses (instead of glasses)	$200 allowance for additional contact lenses	$0	Every other calendar year
Laser Visioncare Preferred Program	$500 allowance for both eyes for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK and PRK Average 15% off the regular price; discount available at contracted facilities	$0	Once per lifetime
Vision Therapy	Fully covered evaluation and 75% off approved therapy sessions up to $750. Check w/ your doctor to see if you qualify.	$0	Every calendar year
Extra Savings	**Visit vsp.com/offers for exclusive savings on glasses, sunglasses, and more.**		
Coverage with Out-of-Network Providers	Exam.....up to $50 Single Vision Lenses....up to $30 Frames.....up to $70	Lined Bifocal Lenses....up to $50 Lined Trifocal Lenses...up to $65 Progressive Lenses.....up to $50	Contacts.....up to $105

There's an app for that →
Search "Delta Dental" in the app or play store.

HEALTH INSURANCE
DENTAL PLAN - OPTION 1

DELTA DENTAL®

DELTA DENTAL OF WASHINGTON

Oral care is important to your health and general well-being. Renton RFA provides comprehensive dental coverage through Delta Dental of Washington. Under this plan, you may access dental care services from any licensed dentist you wish. However, if you obtain services from a Delta Dental in-network dentist, you will save on your out-of-pocket expenses.

Delta Dental offers a comprehensive provider network both locally and across the nation. All participating Delta Dental dentists agree to provide services to you at discounted, negotiated fees. If you use out-of-network dental providers, your charges will be based on the maximum allowable fee for your area, as determined by Delta Dental.

Find Delta Dental providers at www.DeltaDentalWA.com or see the "Your Benefit Contacts" page at the end of this guide.

Benefits	Delta Dental Plan	
	In-Network Dentists	**Delta Dental Premier or Non-Participating Dentists**
Class I - Diagnostics & Preventive Exams, prophylaxis, flouride, x-rays, sealants	Covered at 100%	Covered at 100%
Class II - Restorative Restorations, crowns, endodontics, periodontics, oral surgery	Covered at 90%	Covered at 80%
Class III - Major Dentures, partials, bridges, implants	Covered at 50%	Covered at 50%
Annual Maximum	$2,000	
Annual Deductible (waived on Class I benefits)	$0	$0
Orthodontia Benefits - Adults & Children $2,000 Lifetime Maximum	Covered at 50%	Covered at 50%
Temporomandibular Joint Disorder (TMJ) $1,000 Annual Maximum ($5,000 Lifetime Maximum)	Covered at 50%	Covered at 50%
Balance Billing - Can the dentist charge more than Delta Dental's allowable amount?	No	Delta Dental Premier Dentists: No Non-Participating Dentists: Yes

This benefit comparison is only a summary of the benefits and not intended to replace the specifics of the plan contract. If there is a discrepancy, the plan contract will supersede this summary.



HEALTH INSURANCE
DENTAL PLAN - OPTION 2

WILLAMETTE DENTAL GROUP

You deserve a personalized, proactive dental care plan: one that aims for whole, strong and healthy teeth to last your lifetime. The Willamette Dental Group is comprised of leaders in proactive preventive oral healthcare — and has been for over 45 years. It's the Willamette way.

Willamette Dental Group believes quality dental care should be simple and affordable for everyone. They create a personalized long-term treatment plan for every patient based on your unique health strengths and risks. Using this proactive approach to dental care, they aim to stop tooth decay before it happens — sometimes they can even reverse the early effects of tooth decay. That means fewer invasive treatments so your teeth can stay intact longer, giving your natural smile a fighting chance to last a lifetime. Providers can be found at www.WillametteDental.com.

Benefits	Willamette Dental Plan
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General & Ortho Office Visit	$15 Copay Per Visit
Diagnostic & Preventive Services	Covered with the Office Visit Copay
Fillings	$20 Copay
Porcelain-Metal Crown	$300 Copay
Complete Upper or Lower Denture	$400 Copay
Bridge (per tooth)	$300 Copay
Root Canal Therapy - Anterior / Bicuspid / Molar	$125 / $175 / $200 Copay
Osseous Surgery	$200 Copay
Root Planing	$85 Copay
Routine Extraction	$20 Copay
Surgical Extraction	$100 Copay
Pre-Orthodontia Services	$150 Copay
Comprehensive Orthodontia Treatment	$2,200 Copay
Nitrous Oxide	$40 Copay
Specialty Office Visit	$30 Copay
Out of Area Emergency Care Reimbursement	Up to $100

**Temporomandibular Joint Disorder has a $1,000 annual maximum / $5,000 lifetime maximum.*
Implants are not covered under the Willamette Dental Plan.
This benefit comparison is only a summary of the benefits and not intended to replace the specifics of the plan contract. If there is a discrepancy, the plan contract will supersede this summary.

You deserve simple, easy access to dental care.

- With a network of over 50 offices throughout the Pacific Northwest, you're likely to find a team of highly trained, experienced dental care providers in your community.
- Every one of Willamette Dental's locations uses an innovative 'Simple Scheduling' method to achieve the highest availability of appointments.
- They offer a wide range of top specialists so you don't have to look elsewhere for services such as orthodontics, periodontics, endodontics, oral surgery, and pediatric dentistry.

HEALTH INSURANCE
DENTAL PLAN - OPTION 1 & 2 COMPARISON

DELTA DENTAL

$2,000 Annual Maximum

No Annual Deductible

Use any dental provider

Dental expenses are based on an outlined coverage percentage

$1,000 Annual / $5,000 Lifetime coverage for Temporomandibular Joint Disorder (TMJ)

Orthodontia covered up to a $2,000 lifetime maximum

Office visits, diagnostics, and preventive care are covered 100%

DELTA DENTAL PLAN (OPTION 1)			
Tier	**Employee**	**RFA**	**Total**
EE Only	$5.09	$51.48	$56.57
EE & SP	$9.55	$96.58	$106.13
EE & DC (1)	$9.55	$96.58	$106.13
EE & DC (2+)	$16.97	$171.59	$188.56
EE, SP & DC (1)	$16.97	$171.59	$188.56
EE, SP & DC (2+)	$16.97	$171.59	$188.56

Willamette Dental Group

No Annual Maximum

No Annual Deductible

May only use Willamette dentists

Flat, upfront dental care expenses, clearly outlined in advance

$1,000 Annual / $5,000 Lifetime coverage for Temporomandibular Joint Disorder (TMJ)

Comprehensive Orthodontia Treatment copay: $2,200, no lifetime maximum

Office visits, diagnostics, and preventive care are covered at 100%, plus a $15 copay

WILLAMETTE PLAN (OPTION 2)			
Tier	**Employee**	**RFA**	**Total**
EE Only	$5.35	$54.05	$59.40
EE & SP	$9.91	$100.16	$110.07
EE & DC (1)	$9.91	$100.16	$110.07
EE & DC (2+)	$15.04	$152.12	$167.16
EE, SP & DC (1)	$15.04	$152.12	$167.16
EE, SP & DC (2+)	$15.04	$152.12	$167.16

There's an app for that →
Search "MDLive" in the app or play store.

HEALTH INSURANCE
VIRTUAL CARE WITH MDLIVE

MDLIVE®
Virtual Care, Anywhere.

YOUR **FREE** TELEHEALTH BENEFIT

MDLive is available to you and your enrolled family members for **FREE** on the Renton RFA medical plan. No deductible. No copay. You gain access to virtual care performed by U.S. board certified doctors and specialists.**These professionals are available to you anytime, anywhere!**

The list of conditions you can be seen for via MDLive is vast! Below are a few examples. For a full list of covered conditions and benefit details, please search "MDLive" on the Renton RFA Sharepoint site under Human Resources. You can also request additional information from HR at hr@rentonrfa.org.

INTERNAL / FAMILY MEDICINE

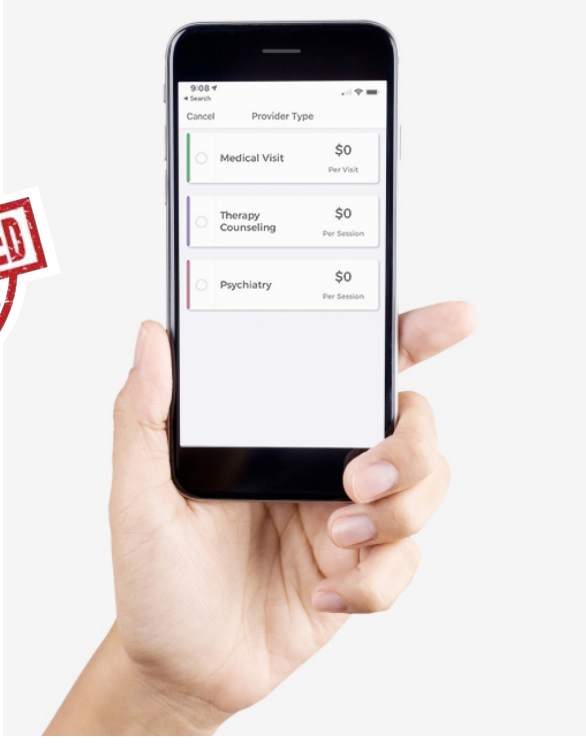
- Asthma
- Bronchitis
- Cold & Flu
- Fever
- Ear Infection
- Sinus Infection
- Sore Throat
- Headache & Migraine
- Diarrhea
- Constipation
- UTI
- Nausea
- Insect Bites
- Rashes
- Acne
- And More!

BEHAVORIAL HEALTH

- Addictions
- Bipolar Disorder
- Child/Adolescent Issues
- Depression
- Eating Disorders
- Grief and Loss
- Life Changes
- Panic Disorders
- Parenting Issues
- Postpartum Depression
- Relationship Issues
- Stress
- Trauma and PTSD
- And More!

HOW IT WORKS

You can access MDLive online, through the app, or by calling (888) 341-9937. Log on or call MDLive, share your symptoms, and **at no cost to you** MDLive will get you in contact with a doctor or specialist by video or phone call - usually within 15 minutes of your request.



SIGN UP FOR MDLIVE

ACTION REQUIRED

You **must** sign up for MDLive through MagnaCare (even if you previously signed up before the changes in 2022) in order to access these great benefits! **To do so, follow these steps:**

1. **Visit www.MDLive.com/magnacare**
2. **Click "Active Now"**
3. **Complete the registration process (you will need your Healthcare ID #)**
4. **You will receive an email confirming your registration with a link to "Access Your Account" and load your MDLive dashboard**

Be sure to download the MDLive mobile app for even more convenience!

There's an app for that →
Search "Transcarent" in the app or play store.

HEALTH INSURANCE
TRANSCARENT BENEFIT OPTIONS

transcarent
EXPERIENCE DIFFERENT

THE TRANSCARENT HEALTH CARE EXPERIENCE

Transcarent includes a suite of coverage that enhances our existing benefits program. Transcarent provides familiar services, such as the Surgery Care and Virtual Physical Therapy benefits previously known as BridgeHealth and Sword Health. It also includes a new Oncology Care benefit, in addition to a powerful new app that provides telehealth services, a user-friendly provider finder, a symptom checker, health guides, and more!

SURGERY CARE

When you need surgery, Transcarent can help you get the best care for your procedure at no cost to you. Their Care Coordinators guide you through the surgery process so you can focus on your health and recovery. **See page 19 for more information.**

VIRTUAL PHYSICAL THERAPY

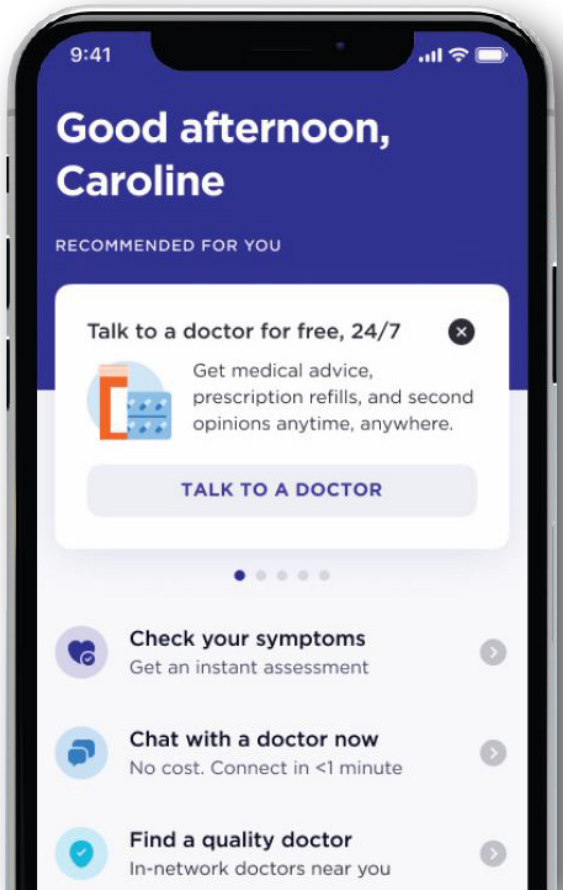
Work virtually with a licensed physical therapist for back, joint, and muscle pain - at no cost! You receive sensors and a tablet pre-loaded with a custom therapy plan, so you can benefit from therapy in the comfort of your home. **See page 20 for more information.**

TELEHEALTH

Transcarent makes connecting with a doctor as easy as texting a friend. Skip the wait and talk to a doctor when it works for you - in 60 seconds or less. No pre-registration or appointment needed. This benefit is in addition to the MDLive telehealth benefit and can be used in addition to or in place of that benefit. **See page 21 for more information.**

TRANSCARENT MOBILE APP

You can access these benefits and more, including a provider finder, symptom checker, health guides, and expert medical opinions, all through the Transcarent App. This can be used in addition to, or in place of, the MyCreateHealth app through Magnacare. You decide which service works best for you! **See page 21 for more information.**



HEALTH INSURANCE
TRANSCARENT - SURGERY CARE

transcarent
EXPERIENCE DIFFERENT

EXPAND YOUR OPTIONS

The surgery care benefit through Transcarent expands your options at no additional cost to you. It is designed to save you money and give you access to top-rated hospitals, surgery centers, and doctors for planned, non-emergent procedures.

TRANSCARENT SURGERY CARE BENEFITS	
	PPO Plans
You Pay	$0 No deductible No coinsurance
Paid Travel Expenses	Airfare, lodging, and meal allowance for the patient and a companion when traveling over 100 miles.
You Receive	By using a Transcarent Provider, you may receive a taxable care allowance of up to $1,500 to help w/ recovery costs. Allowance is paid within 30 days of surgery.

HOW IT WORKS

Transcarent pre-negotiates rates for a wide variety of surgical procedures with top-tier providers from across the nation. These pre-negotiated rates save our healthcare insurance provider, and those savings are also passed along to you. Not only do you know about all costs upfront - no surprises after surgery - there is no deductible and no coinsurance when using a Transcarent provider (for PPO plan members).

As a plan member, all you need to do is call and speak to a Transcarent Care Coordinator. They will help walk you through the process of coordinating your procedure with an approved provider. If the best provider is more than 100 miles away, they will also provide travel, lodging, and meal allowance for you and a companion.

This benefit only applies if the IAFF Health & Wellness Trust medical plan is your PRIMARY health insurance.

COMMON COVERED PROCEDURES

CARDIAC
- Coronary artery bypass graft
- Valve repair and replacement

WOMEN'S HEALTH
- Hysterectomy

ORTHOPEDIC
- ACL repair
- Hip and knee replacement
- Shoulder repair or replacement

SPINE
- Spinal fusion
- Artificial disc replacement

GENERAL
- Gall bladder removal
- Hernia repair

Considering surgery? Call a Transcarent Care Coordinator today!

(888) 994-2177 | surgerycare@transcarent.com | member.transcarent.com

There's an app for that →
Search "Transcarent" in the app or play store.

ADDITIONAL BENEFITS
TRANSCARENT - VIRTUAL PHYSICAL THERAPY

transcarent
EXPERIENCE DIFFERENT

RELIEVING PAIN FROM THE COMFORT OF YOUR HOME

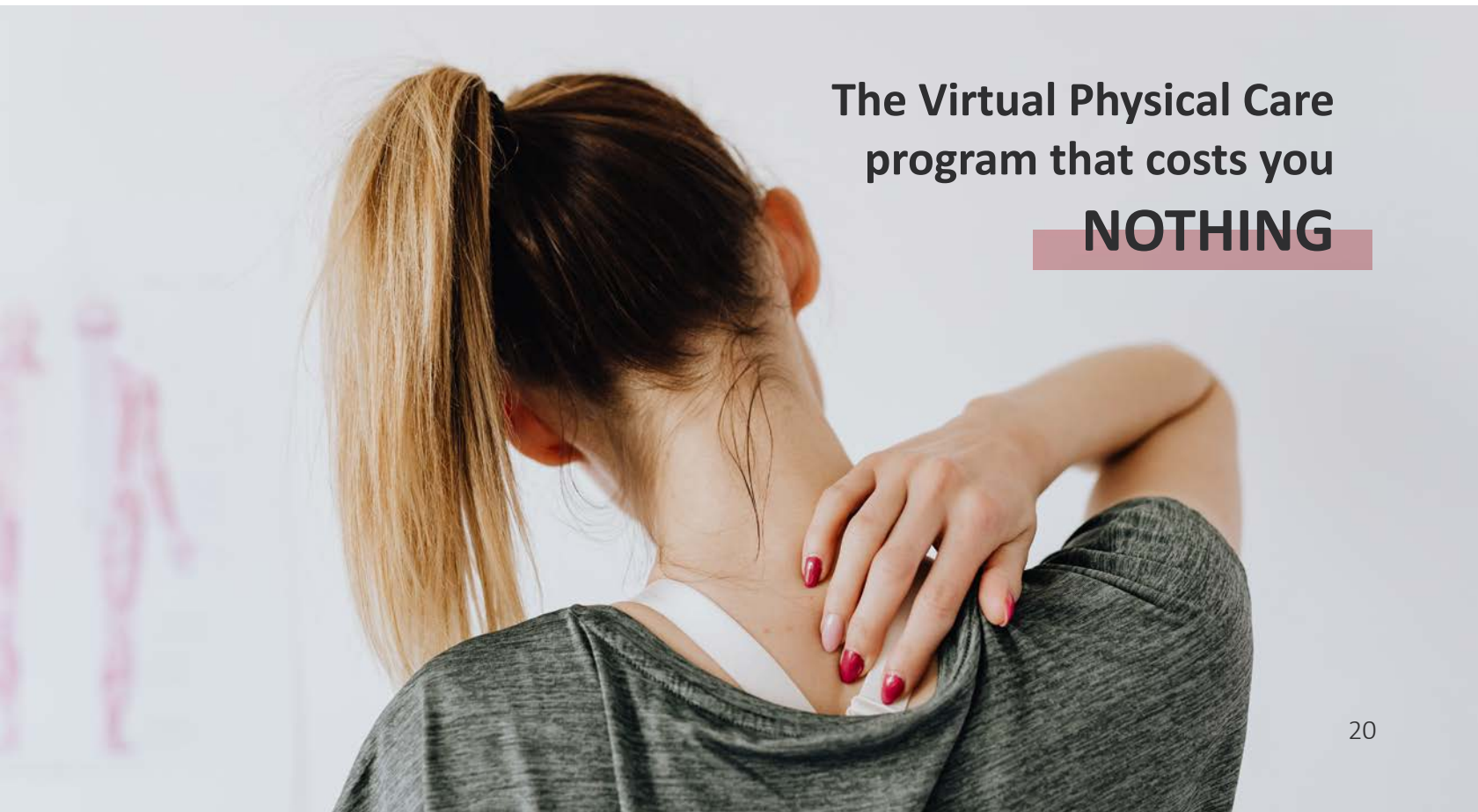
Transcarent provides virtual physical therapy (VPT) - **AT NO COST TO MEMBERS AND FAMILY MEMBERS** - who are 18+ and enrolled in the IAFF Health & Wellness Trust medical plan.

If you suffer from chronic pain or a loss of mobility, Transcarent may be the answer for you! The VPT program is more convenient than in-person physical therapy and has been proven to work as well or better than in-person therapy. With Transcarent VPT, you can reduce your pain by as much as 70% in just eight weeks!

RELIEVE PAIN IN THE FOLLOWING AREAS:



Get started and claim your free kit by visiting: **experience.transcarent.com/iaff/vpt**



There's an app for that →
Search "Transcarent" in the app or play store.

HEALTH INSURANCE
TRANSCARENT - TELEHEALTH & MOBILE APP

transcarent
EXPERIENCE DIFFERENT

HEALTHCARE DESIGNED TO EMPOWER YOU

The Transcarent suite of benefits is now part of your IAFF Health and Wellness Trust plan benefits, including access to the Transcarent Telehealth and Mobile App benefits. Access expert care the same way you'd text a friend, book a ride, or stream a movie - it's care on your terms, 24/7.

CONNECT TO A DOCTOR IN AS LITTLE AS 60 SECONDS

Transcarent Telehealth benefit allows you to skip the wait and chat or video call with a doctor in as little as one minute. You can use this benefit in addition to the MDLive telehealth benefit, and you can access this benefit alongside your other Transcarent benefit options through the Transcarent mobile application.

Transcarent Telehealth helps save you a physical trip to the doctor and has been shown to reduce trips to the ER or urgent care by as much as 40%!

ALL YOUR TRANSCARENT BENEFITS IN ONE, SIMPLE APP

It all starts with the Transcarent mobile app. You can download the app by opening the Play or App Store and searching "Transcarent". Search for the icon and install the application to your mobile device.

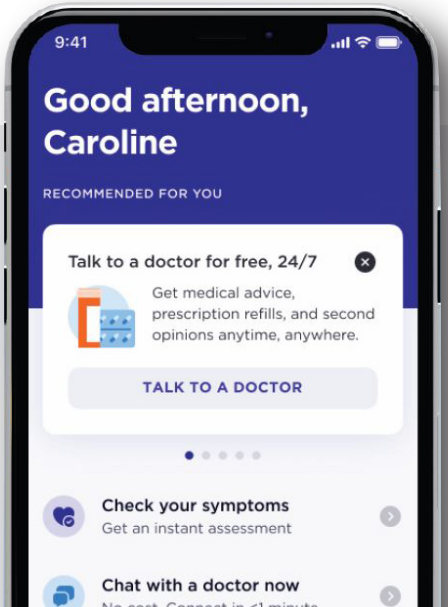
In addition to the Transcarent benefits previously outlined in this benefits guide, the Transcarent mobile application gives you access to the full scope of the program's benefits, including:

PROVIDER FINDER
Find a high-quality provider that suits your health and care needs. Access to data on doctors including quality insights, efficiency of care delivery, and performance scores.

SYMPTOM CHECKER
Check your symptoms virtually! Answer questions in the app to conveniently get pre-diagnosis, triage, and guidance to the appropriate medical services.

HEALTH GUIDES
When it comes to your health, sometimes you just want to talk to a person—the same person so you don't have to tell your story multiple times. Our Health Guides are here to help you by phone, or log in to chat.

EXPERT MEDICAL OPINIONS
Make medical decisions with confidence and ensure you receive high-quality care. We can connect you with a team of expert doctors and nurses to help you understand medical conditions, learn about available treatment options and get a virtual second opinion.



HEALTH INSURANCE
CANCER NAVIGATOR

CancerNavigator

CANCER SUPPORT PROGRAM

The CancerNavigator (CN) service provides tailored education and guidance to cancer patients as they navigate the many decisions that follow diagnosis. **This is a no-cost benefit** available to anyone enrolled in the Trust, including active members, dependents, non-Medicare and Medicare retirees.

HOW CN SUPPORTS CANCER PATIENTS

- Receive education on cancer screenings for early detection
- Access tailored information about your diagnosis and treatment options
- Schedule appointments quickly with the best care centers in your area
- Prepare for upcoming doctor visits
- Access transportation support, emotional and mental health support, and other community resources

SPEAK TO AN ONCOLOGY NURSE

To speak to an oncology professional to take advantage of this important benefit, contact CancerNavigator:

By Phone: (564) 397-0720

Online: cancernavigator.com/iaffhwt



HEALTH INSURANCE
ADDITIONAL MEDICAL BENEFITS

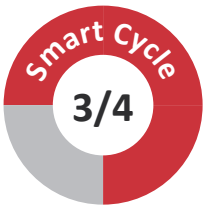
progyny
Smarter Fertility Benefits

PROGYNY- FERTILITY BENEFIT

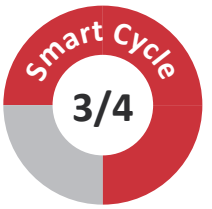
Your IAFF Health & Wellness Trust plan now offers fertility benefits through Progyny. As a leader in fertility care, this program is designed to help you meet your goal of growing your family. The Progyny Smart Cycle plan covers all the individual services, tests, and treatments you need to work toward that goal. Your coverage includes:

- **2** Smart Cycles
- **Progyny Rx** - Integrated fertility medication coverage
- **Donor Tissue Purchase**- Egg and sperm tissue purchase coverage

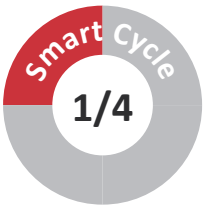
Common ways to use Smart Cycle benefits:



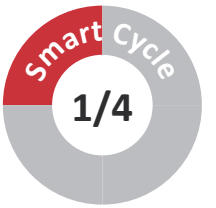
IVF Fresh Cycle



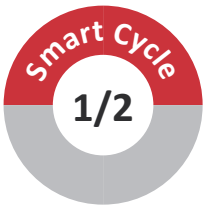
IVF Freeze-All Cycle



Frozen Embryo Transfer (FET)



Intrauterine Insemination (IUI) or Timed Intercourse



Pre-transfer Embryology Services

To learn more and activate your benefit call: (866) 946-0635

Regenexx®

NON-SURGICAL ALTERNATIVES

Regenexx is a non-surgical alternative that uses your body's natural healing agents and may be a solution in lieu of more invasive surgery options. Regenexx procedures use your own stem cells and blood platelets to treat damaged bone, cartilage muscle, tendon and ligament tissues.

ARE YOU A CANDIDATE

Regenexx procedures treat a broad range of chronic and acute orthopedic injuries. Whether you suffer from the lingering aches and pains often associated with aging, or a tear, or a sprain due to activity, Regenexx may be able to help return you to full function without invasive surgery.

Speak to your IAFF-HWT Regenexx patient liaison to learn more.

THE PROCEDURE EXPERIENCE

Regenexx procedures are injection-based, outpatient procedures. On procedure day, blood and/or stem cells are collected in the morning, processed in the Regenexx on-site lab, and reinjected under image guidance in the afternoon.

Most patients describe only moderate discomfort, and patients are encouraged to resume normal activity within a week following the procedure.

SCHEDULE AN EVALULATION

Regenexx's dedicated patient liaisons understand IAFF-HWT's benefits and will guide you through the process of finding the clinic nearest to you and scheduling your evaluation.

No physician referral is needed to schedule a Regenexx evaluation. Phone evaluations are available for patients who have recent imaging and do not live close to a clinic location.

There's an app for that →
Search "BPASClaims" in the app or play store.

HEALTH INSURANCE
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

BPAS

INTRODUCING VEBA HRA

The Voluntary Employees' Beneficiary Association Health Reimbursement Arrangement (VEBA HRA) is a benefit provided by Renton RFA in which funds are deposited into a tax exempt, irrevocable account for you to use for out-of-pocket, health-related expenses. It works with our health plan to help manage healthcare costs.

Your VEBA HRA is a tax-advantaged account, meaning the contributions are tax free, the interest it accrues is tax free, and the distributions are tax free too. Only Renton RFA can contribute to your VEBA HRA and you reap 100% of the benefit.

HOW THE PLAN WORKS

Always present your medical ID card to your provider first, to ensure they bill your insurance for all applicable charges. Once your claim has been processed, any balance due for eligible expenses can be charged to your VEBA HRA Benny Card. If you paid eligible expenses out-of-pocket, you may submit a reimbursement form, along with proof of the expense, to receive a reimbursement.

Regardless of whether you pay with your Benny Card or out-of-pocket to be reimbursed later, **ALWAYS KEEP YOUR RECEIPTS**. BPAS may require documentation for a purchase made with your Benny Card and ***will*** require proof of expense when submitting a reimbursement form. It is your responsibility to provide a detailed copy of your receipt, Explanation of Benefits (EOB), or itemized statement to be reimbursed (a credit slip stating the dollar amount is not sufficient).

If not using your Benny Card, you may claim reimbursements one of four ways: online, mobile app, fax, or US mail. Payments are issued via direct deposit or manual check. To ensure IRS compliance, 100% of claim requests are substantiated.



VEBA HRA Benefits	
Employee (only)	$2,077.92 annually
Family	$4,077.96 annually

VEBA HRA contributions are made on the second paycheck in January.

ONLINE ACCOUNT ACCESS

CHECK THIS OUT

- Go to **bpas.com** and under "Sign In to My Account" select **PARTICIPANT** from the first dropdown, **VEBA** from the second dropdown, and click **LOGIN.**
- If this is your first time logging in, enter your social security number (no spaces or dashes) as your username and your date of birth (MMDDYYYY) as your password. Otherwise, enter your chosen username and password.
- From your Home screen, click the "Account Summary" menu and select **BPASClaims** to open your claims portal.

HEALTH INSURANCE
FLEXIBLE SPENDING ACCOUNT (FSA)



FSA Benefit	
Maximum HFSA Contribution	$3,400
Maximum DFSA Contribution	$7,500* / $3,750**
Maximum amounts are per plan year, per household, in accordance with the IRS. *Limit for single individuals or married couples filing jointly. **Limit for married couples filing seperately.	

ONLINE ACCOUNT ACCESS

- Follow the same account access steps outlined on the VEBA HRA page (pg. 24).
- From the claims portal home screen, navigate to the middle, left-hand side of the page and click either the HFSA or DFSA link to review your specific FSA account activity or file a new claim.

The BPAS website gives you acces to online statements, online claims submission, claim status and history, plan documents, educational tools, and more.

WHAT IS A FSA?

A Flexible Spending Account (FSA) is an account you deposit pre-tax funds into to pay for eligible medical and dependent care expenses. Because the funds are deposited on a pre-tax basis, they are not counted as taxable income, saving you the amount of income tax you would have otherwise paid on the funds you deposit into your FSA.

There are two different types of FSA available to you through Renton RFA: the Health FSA (HFSA) and the Dependent Care FSA (DFSA). Both accounts allow up to $680 of unused funds to be rolled over into the next plan year, which must be used in first 2.5 months of the new year as a grace period. Any unused funds beyond that will be lost at the end of the year. Your FSA accounts cannot be cashed out.

HEALTH FSA (HFSA)

During open enrollment, you have the opportunity to deposit funds into a Health FSA, up to the maximum contribution set by the IRS. On January 1, the funds become immediately available to you. We will divide the amount you chose by the number of pay periods in the plan year and deduct an even amount from each paycheck to collect your contribution. You receive your pre-tax benefit upfront, with the added benefit of paying it back over time.

Like your VEBA HRA, your HFSA uses your Benny Card to pay eligible expenses. You can also request reimbursement through the website or mobile app. HFSA funds can only be used to pay for eligible medical expenses, and just like your VEBA HRA, it is imperative that you retain all itemized receipts for all purchases made from your FSA.

DEPENDENT CARE FSA (DFSA)

Similar to your HFSA, during open enrollment, you have the opportunity to deposit funds into a Dependent Care FSA, up to the maximum contribution amount set by the IRS. However, your funds are provided to you on a monthly reimbursement basis. You do not have immediate access to all of the funds you elected to contribute and cannot use your Benny Card to pay for expenses from your Dependent Care FSA. Dependent Care includes childcare (daycare) expenses.

We will still divide the amount you chose to deposit into your DFSA and divide it by the number of pay periods in the plan year in order to deduct an even amount from your paycheck to collect your contribution.

There's an app for that →
Search "BPASClaims" in the app or play store.

HEALTH INSURANCE
HRA/FSA BENNY CARD & ELIGIBLE EXPENSES

GRACE PERIOD

Your FSA(s) have a 2 1/2 month grace period to incur eligible expenses after the end of the plan year. All grace period expenses are paid out of your "prior" plan year balance automatically until the grace period ends or the funds are depleted.

ABOUT YOUR BENNY CARD

Because both VEBA HRA and HFSA are managed by BPAS, you can conveniently use your Benny Card to pay for eligible expenses out of both accounts. The card will automatically deduct funds from your HFSA account first, then your HRA once those funds have been exhausted. This is because your HFSA funds have a roll-over limit, where your HRA funds can continue to grow year after year.

VEBA HRAs are subject to fluctuations in market investments, so you can only spend up to 90% of your balance with the Benny Card. If the expense is more than your card balance, your transaction will be declined. If you need to access more than 90% of the funds in your VEBA HRA, simply submit a reimbursement form.

To make a large purchase, always check your account balance so you can split the cost. Use the Benny Card for the exact amount you can deduct from your account and pay the remaining amount separately.

EXAMPLE OF ELIGIBLE EXPENSES

Medical Procedures / Services

- Acupuncture
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)

Practitioners

- Allergist
- Chiropractor
- Dermatologist
- Naturopath*
- Optometrist
- Osteopath
- Psychiatrist/Psychologist

Lab Exams / Tests

- Blood Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

Therapy

- Counseling
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Speech
- Weight Loss Programs*

Medical Equipment

- Arches / Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Etc.
- Hospital Beds*
- Nebulizers
- Orthopedic Shoes*
- Prosthetics
- Syringes
- And more!

Note: This list is not all-inclusive; other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.

CLAIMFINDER BY BPAS

You are now invited to participate in ClaimFinder. ClaimFinder automatically connects with your insurance carriers to find new EOBs to substantiate expenses any time you pay with your Benny Card, saving you valuable time and energy!

Here's how it works:

- BPAS finds your reimbursable or challenged claims and submits them *for you.*
- BPAS does all the paperwork, and you get reimbursed.
- You can view your claim and activity at any time.

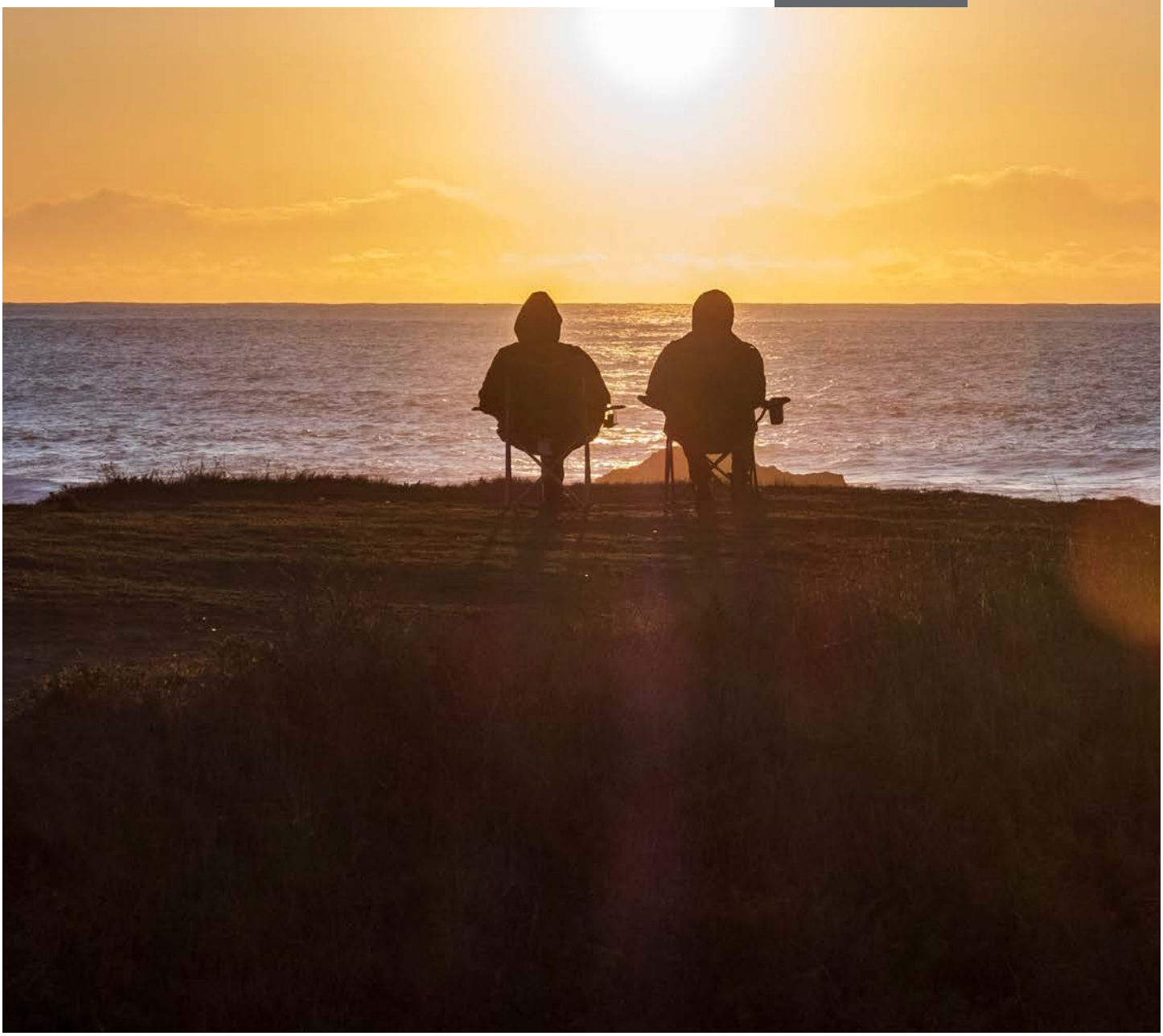
To sign up for ClaimFinder, give the BPAS Claimfinder team a call at:

1-800-401-5272

RETIREMENT BENEFITS

BUILDING A HEALTHY FUTURE

Your financial health is just as important as your physical health. Renton RFA offers a variety of retirement options to ensure our team has a bright and healthy future, even after they retire from the organization.



RETIREMENT
LEOFF PLAN 2

LAW ENFORCEMENT OFFICERS' AND FIREFIGHTERS' RETIREMENT SYSTEM (LEOFF PLAN 2)

LEOFF Plan 2 is one of the retirement benefits provided to all Renton RFA firefighters. When you meet plan requirements and retire, you are guaranteed a monthly benefit for the rest of your life. Your monthly benefit will be based on your earned service credit and compensation while a member of the plan. This formula will be used to calculate your monthly benefit:

2% x SERVICE CREDIT YEARS x FINAL AVERAGE SALARY ÷ 12
=
MONTHLY BENEFIT

CONTRIBUTIONS

You, Renton RFA and the State of WA each contribute a percentage of your salary or wages to help fund the plan. The LEOFF Plan 2 Retirement Board adopts contribution rates and periodically adjusts them to reflect the overall cost of the plan. You are vested in the plan when you have five years of service credit. Once you are vested, you have earned the right to a future monthly benefit. If you leave your job and withdraw your contributions, however, you give up your right to a benefit.

LEOFF 2 Contribution Rates	
Employee	8.53% of Subject Wages
Employer	5.32% of Subject Wages

RETIREMENT AGE

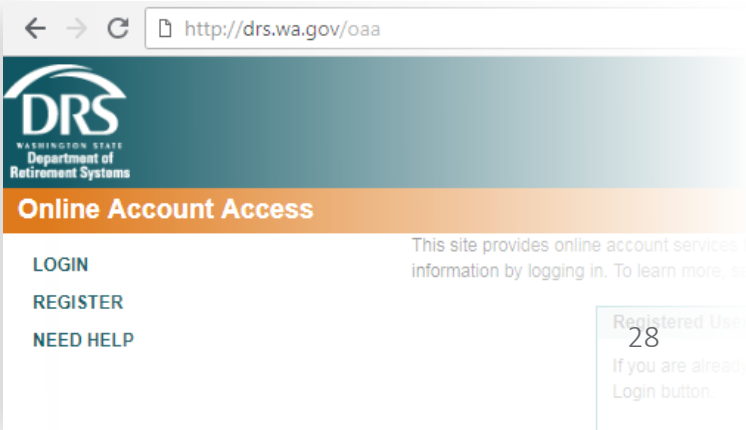
You are eligible to retire with a full benefit at age 53 if you have at least five years of service credit. Retirement before 53 is considered an early retirement. If you have at least 20 years of service credit and are at least age 50, you can choose to retire early, but your benefit might be reduced.

UNEXPECTED CIRCUMSTANCES

If the unexpected happens — disability or death before retirement — a benefit might be available. If you become totally incapacitated and leave your job as a result, you might be eligible for a disability retirement benefit. If you die before you retire, your spouse, registered domestic partner or minor child, if applicable, could be eligible to receive a benefit based on your years of service credit.

LOG IN TO DRS.WA.GOV/OAA TO...

- Access your retirement account
- Track your contributions and service credit
- Read the latest newsletter
- Update your beneficiary information or email address
- Use your individual data to estimate your monthly benefit
- Apply for retirement



RETIREMENT
PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

PUBLIC EMPLOYEES' RETIREMENT SYSTEM PLANS (PERS 2 / PERS 3)

All non-firefighter staff have 90 days from your date of hire to select between one of two Public Employees' Retirement System plans - PERS 2 and PERS 3. If you do not choose a plan within 90 days, you will automatically be placed into PERS 2. You should be sure to carefully consider your options, as your decision is permanent.

While both plans provide quality retirement benefits, they also differ greatly from each other. Your choice will depend on when you plan to retire, if you want to be directly involved in your retirement investments, and if you want to be responsible for the performance of those investments. Below are some key differences between the two plans.

PERS 2 and PERS 3 Quick Comparison

PERS 2	PERS 3
PERS 2 provides a retirement benefit, guaranteed by the State of WA, based on the time you worked, your pay, and your age at retirement.	PERS 3 provides two retirement benefits: the ***defined benefit***, which is guaranteed by the State of WA, and the ***defined contribution***, which is dependent on your chosen contributions and investment performance.
Guaranteed income at a rate of 2% x SCY x AFC	Guaranteed ***defined benefit*** income at a rate of 1% x SCY x AFC ***Defined contribution*** income varies based on your contribution, investment performance, and withdrawal choices.
One, pre-determined contribution rate	Six contribution rate options
Investments managed by Washington State Investment Board (WSIB) professionals	You manage your investment portfolio
Contributions are invested by WSIB and your guaranteed benefit is not dependent upon investment performance.	Your ***defined benefit*** is invested by WSIB and your guaranteed benefit is not dependent upon investment performance. You choose how your ***defined contribution*** will be invested and the amount of your benefit depends on the performance of your investments.
Eligibility for normal retirement: Age 65 or older with at least 5 service credit years.	Eligibility for normal retirement: Age 65 or older with at least 10 service credit years, or age 65 with at least five service credit years if at least 12 months were earned after age 44.
Eligibility for early retirement: Age 55 or older with at least 20 service credit years. There is less of a reduction in benefits if you have at least 30 years of service credit.	Eligibility for early retirement: Age 55 with at least 10 service credit years. There is less of a benefit reduction if you have at least 30 years of service credit.

ACCESS YOUR PERS RETIREMENT ACCOUNT ONLINE

To manage your PERS 2 or PERS 3 account, visit: www.drs.wa.gov/oaa

Find out more details about each PERS plan on the following pages →

RETIREMENT
PERS 2

PUBLIC EMPLOYEES' RETIREMENT SYSTEM - PLAN 2

When you meet the plan requirements and retire under PERS 2, you are guaranteed a monthly benefit for the rest of your life. Similar to LEOFF Plan 2, you are vested in the plan after five (5) service credit years and your monthly benefit is the product of:

2% x SERVICE CREDIT YEARS x FINAL AVERAGE SALARY ÷ 12 = MONTHLY BENEFIT

CONTRIBUTIONS

PERS 2 is funded by mandatory contributions both you and Renton RFA make. The Washington State Investment Board (WSIB) invests those contributions. Member contributions are deducted from your pay, and you can see your contributions on your paycheck. Contribution rates fluctuate over time based on the funding needs of the plan.

PERS 2 Contribution Rates	
Employee	5.38% of Subject Wages
Employer	5.58% of Subject Wages

RETIREMENT

Age and Service Credit Requirements

You are vested in the plan once you reach five service credit years. To retire with full benefits, you must be vested and age 65 or older.

To be eligible for early retirement, you must be at least age 55 with 20 years of service credit. Your monthly benefit will be reduced for each year before you turn 65 to reflect that you'll receive monthly benefits over a longer period of time. The amount of reduction depends on your age. The earlier you retire, the larger the reduction.

If you have 30 or more years of service credit, your early retirement reduction is less.

ACCESSING YOUR FUNDS BEFORE RETIREMENT

Your plan is designed to provide a source of income throughout retirement. For this reason, you may not borrow from or against your contributions at any time. If you leave public service, it is possible to withdraw your contributions and the interest they've earned. However, if you do, you will give up your right to a future retirement benefit. You may not withdraw your employer's contributions under any circumstances.

If you withdraw your contributions and later return to public service, there are options for recovering your withdrawn service credit by making a one-time purchase.

RETIREMENT
PERS 3

PUBLIC EMPLOYEES' RETIREMENT SYSTEM - PLAN 3

PERS 3 has two parts - a defined benefit and a defined contribution. We contribute to your defined benefit. You contribute to your defined contribution. You select your investment program and contribution rate for the defined contribution part of your plan.

Like PERS 2, once you meet the age and service requirements of the plan, you will receive a guaranteed monthly benefit for your lifetime. Your benefit is calculated as the product of:

1% x SERVICE CREDIT YEARS x FINAL AVERAGE SALARY ÷ 12
=
MONTHLY BENEFIT

CONTRIBUTIONS

Your defined benefit is the same as PERS 2. However, your defined contribution (the portion you contribute) is set by you. Once set, it cannot be changed unless you change employers.

If you do not choose a contribution rate, it will default to Option A. Ideally, you would choose your rate based on retirement income needs, years until retirement, and current budget.

PERS 3 CONTRIBUTION RATES

	Employee	Employer
OPTION A	5% all ages	9.11%
OPTION B	5% up to age 35 6% ages 35 through 44 7.5% age 45 and older	
OPTION C	6% up to age 35 7.5% ages 35 through 44 8.5% age 45 and older	
OPTION D	7% all ages	
OPTION E	10% all ages	
OPTION F	15% all ages	

RETIREMENT

Age and Service Credit Requirements

You are vested in the plan once you reach 10 years of service credit, five years of service credit with at least 1 year earned after age 44, or five years of service credit earned in PERS 2 before June 1, 2003.

If you are vested in the plan and retire at or after age 65, you will receive your full retirement benefit. You can apply for early retirement between ages 55 and 64, with 10 years of service credit, at a reduced benefit. Just like PERS 2, if you have 30 years or more of service credit and elect early retirement, your reduction in benefits will be less.

The guidelines regarding accessing your retirement funds before retirement mirrors the guidelines noted in PERS 2.



RETIREMENT
457(b) DEFERRED COMPENSATION PLAN

Renton RFA offers a deferred compensation plan in which employees may set aside a percentage of their earnings, on a tax-deferred basis, for retirement purposes. We also offer to contribute a percentage of base wage into the deferred compensation plan per the applicable labor contract.

VOLUNTARY DEFERRED COMPENSATION BENEFIT

The 457(b) Deferred Compensation Plan is a voluntary benefit offered by Renton RFA that supplements your retirement plan. It helps ensure that every team member has a bright future ahead of them when they retire. Eligible employees who opt into this benefit are able to set aside a portion of their salary for retirement on a pre-tax basis. Investment earnings are also tax deferred.

CONTRIBUTIONS

Deferred compensation plan contributions are regulated by federal laws and limits. Contribution limits are based on your current contributing age. The chart below contains the most recent contribution limits:

CONTRIBUTIONS		
Age	**Annual Deferral Limit**	**Total Annual Deferral Limit**
Age 49 and younger	$24,500	$24,500
Age 50-59 Catch-up	+$8,000 (in addition to the $24,500 above)	$32,500
Age 60-63 Catch-up	+$11,250 (in addition to the $24,500 above)	$35,750
Pre-Retirement Catch-up (within 3-years of retirement age)	+$24,500 (in addition to the $24,500 above, subject to IRS rules)	$49,000

DISTRIBUTIONS

You may receive distributions from your deferred compensation plan if you stop working for, or retire from, an eligible employer. You may also receive distributions if you are age 70 1/2 or older.

Eligibility & Participation

No age limits
No waiting period
Auto Enrollment

Vesting of Employer Contributions

100% immediately

Early Withdrawal Exemption

Not subject to a 10% early withdrawal penalty when separating employment

Changes are coming to the deferred compensation plan in 2026! Stay tuned!

ADDITIONAL BENEFITS

BENEFITS THAT GO ABOVE AND BEYOND

We provide competitive, comprehensive benefits that fit your needs and your lifestyle from every angle. Whether it's providing you access to health and wellness services or ensuring your loved ones are taken care of in an emergent situation, our benefits package is designed to provide ultimate peace of mind.



ADDITIONAL BENEFITS
LIFE INSURANCE

OUR LIFE INSURANCE PROGRAMS

We provide a base amount of Life Insurance, Dependent Life Insurance, and Accidental Death and Dismemberment Insurance (AD&D) to all eligible employees under the ULLICO Policy and The Standard Plan 1 defined below. Employees who want more coverage may apply for additional benefits, at their own expense, under The Standard Plan 2. In order to qualify for the Life Insurance program, you must be a current, active employee and regularly work at least 20 hours each week. If you are a temporary, seasonal, or leased employee or a full-time member of the armed forces of any country, you do not qualify. All eligible employees start coverage on the first day of the month following their start date.

BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (ULLICO POLICY)

$20,000 Basic Life, Accidental Death & Dismemberment Benefit

Please note, you must complete and return the beneficiary form to ensure distribution as desired.

LIFE INSURANCE PLAN 1 & 2 COVERAGE (THE STANDARD POLICIES)

Benefit	Amount
BASIC EMPLOYER PAID LIFE INSURANCE (PLAN 1)	
Life Insurance Benefit	1 times your annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum amount is $200,000.
Spouse Dependent Life Insurance Benefit	$1,000; coverage for your spouse may not exceed 100% of your Life Insurance Plan 1.
Child Dependent Life Insurance Benefit	$1,000; coverage for your child may not exceed 100% of your Life Insurance Plan 1.
The Repatriation Benefit	Coverage for the expenses incurred to transport your body to a mortuary near your primary residence. Not to exceed $5,000 or 10% of the Life Insurance Benefit, whichever is less.
Accidental Death & Dismemberment Insurance (AD&D)	The amount of your AD&D Insurance benefit is equal to the amount of your Life Insurance Plan 1 benefit. The amount payable for certain losses varies and does not exceed 100% of your AD&D Insurance benefit.
ADDITIONAL EMPLOYEE PAID LIFE INSURANCE (PLAN 2)	
Life Insurance Benefit	You may apply for Life Insurance in multiples of $25,000 from $25,000 to $250,000. However, your Plan 2 benefit cannot exceed 5 times your annual salary.
Spouse Dependent Life Insurance Benefit	You may apply for Dependent Life Insurance in multiples of $12,500 up to a max of $100,000. Coverage for your spouse may not exceed 100% of your Life Insurance Plan 2. Additional underwriting may apply.
Child Dependent Life Insurance Benefit	You may apply for Dependent Life Insurance in multiples of $5,000 up to a maximum of $10,000. Coverage for your child may not exceed 100% of the amount of your Life Insurance Plan 2.

PLAN 2 RATES

Age of Member or Spouse on Last January 1	Monthly Rate Per Multiple of $1,000	Age of Member or Spouse on Last January 1	Monthly Rate Per Multiple of $1,000
29 or Under	$0.082	55 through 59	$0.897
30 through 34	$0.100	60 through 64	$1.368
35 through 39	$0.127	65 through 69	$2.338
40 through 44	$0.208	70 through 74	$2.942
45 through 49	$0.326	75 through 79	$6.307
50 through 54	$0.571	80 or over	$8.718

Children are covered at $0.123 monthly per $1,000 of Dependent's Life Insurance, regardless of the number of children covered.

Note: Life insurance rates are subject to change.

There's an app for that →
Search "Health Advocate" in the App or Play store.

ADDITIONAL BENEFITS
EMPLOYEE ASSISTANCE PROGRAMS (EAP)

Health Advocate™

IAFF Health & Wellness Trust + The Standard

PARTNERING TO PROVIDE YOU THE BEST CARE

Health Advocate offers a unique level of healthcare, insurance, and well-being support to help you reach your best health! Their experts do the work to ensure you get the right information and assistance at the right time.

Their services are confidential and available to you, your spouse, dependents, parents, and parents-in-law at no cost up to **8 total sessions**. Please note that 5 sessions are provided by the IAFF Health & Wellness Trust and 3 sessions are provided by The Standard. All sessions are serviced through Health Advocate.

So what services does an EAP provide? Health Advocate can assist you with:

CONFIDENTIAL SUPPORT FOR PERSONAL PROBLEMS
- Work through relationship and financial/legal issues, stress, depression, and substance abuse.
- Get practical strategies and work/life resources to make life easier and find balance.

EXPERT HEALTHCARE HELP WHEN YOU NEED IT
- Explain diagnoses and treatments; find the right in-network doctors and make appointments.
- Arrange second opinions and transfer medical records; resolve complicated claims and billing issues.

WORK/LIFE RESOURCES TO MAKE LIFE EASIER
- Locate childcare, eldercare, summer camps, special needs services, and relocation support.
- Easy access to legal/financial experts and information — saving you time, money, and worry.

LOWER YOUR OUT-OF-POCKET COSTS
- Health Advocate's skilled negotiators can help reduce medical/dental bills over $400, not covered by insurance.
- Just send them the bill and they'll get provider signoff on the agreed-to terms and conditions.

ACCESS YOUR BENEFITS

IAFF Health & Wellness Trust (5 sessions):
healthadvocate.com/iaffhealthtrust

The Standard (3 sessions):
healthadvocate.com/standard3

CONTACTING HEALTH ADVOCATE

IAFF Health & Wellness Trust
866 -799-2728
answers@healthadvocate.com

The Standard
888-293-6948



ADDITIONAL BENEFITS
IDENTITY THEFT AND FRAUD PROTECTIONS

EZShield® Identity Crime Protection™

IDENTITY CRIME PROTECTION

EZShield is an Identity Crime Protection through Aflac that helps you protect yourself against identity theft and fraud before it has a chance to disrupt your life. EZShield services include the following:

- **Safe, secure** digital storage of personal info
- **Email alerts**
- **Recovery process** for lost/stolen wallet, fraud or ID theft
- **Live support,** 24 hours a day, 7 days a week

SIGN UP FOR AFLAC'S FRAUD PROTECTION
call: 1 (866) 826-8851 or visit: aflac.ezshield.com/register

TRAVELERS

IDENTITY FRAUD EXPENSE REIMBURSEMENT

Our members can now access Identity Fraud Expense Reimbursement coverage, as well as Identity Fraud Reimbursement Services through Travelers Insurance, provided by Enduris of Washington.

IDENTITY FRAUD REIMBURSEMENT POLICY COVERAGE	
Coverage Limit:	**Deductible:**
$25,0000	**$0**

This policy provides reimbursement to victims of identity fraud, up to the coverage limit, for qualified expenses related to an actual identity fraud, including lost wages, attorney fees, costs for daycare or elderly care, travel and accommodations, issuing new identification, obtaining health records, and more. For a full list of covered expenses and their conditions, visit rrfa.sharepoint.com, under Human Resources, or contact the Travelers Claims Department for details.

FOR MORE INFORMATION, CONTACT TRAVELERS CLAIMS DEPARTMENT: 1 (800) 462-8418

IDENTITY FRAUD RESOLUTIONS SERVICES

Travelers has partnered with Identity Theft 911 to provide fast, proactive assistance in addressing identity fraud before it occurs. Identity Theft 911 provides assistance with document replacement when important documents such as social security cards or birth certificates are lost or stolen; personal access to fraud specialists to help stop fraudulent bills and charges, work with government agencies and creditors, and set up fraud alerts; and step-by-step guidance through the identity resolution process if you ever find yourself a victim of identity fraud.

SIGN UP FOR IDENTITY THEFT 911 RESOURCES
www.travelers.com/idfraud | username: Travelers1 | password: Identity2

ADDITIONAL BENEFITS
INJURY REHABILITATION ADVOCACY

REBOUND

HELPING YOU RECOVER SOONER

Rebound is a third party organization designed to help first responders and their family members recover from an injury sooner through thorough and proactive advocacy. When you contact a Rebound specialist, they will guide you through the process of locating the best course of treatment, with the right doctors, to get you back on your feet in record time.

CARE ADVOCATES

Rebound's team connects you with the right doctors and therapists. They provide treatment options while staying in constant contact throughout the entire treatment process.

EXCLUSIVE NETWORK

Rebound's exclusive network includes doctors and therapists who are trained in sports medicine and fully understand the seriousness of injuries suffered by first responders every day.

COLLABORATIVE PARTNERSHIPS

Rebound's experience in collaborating with first response agencies is extensive. They have 165 municipalities in their client list, covering 48,000 members.

REPORT AN INJURY TO REBOUND

1 (800) 781-2320
hello@justrebound.com
www.justrebound.com



WHO'S COVERED?

Rebound is a unique program that not only provides coverage to current members; it also extends coverage to your spouse, children, parents, grandparents, grandchildren, brothers, sisters, and in-laws (parents, brothers, sisters, daughters, and sons). Adopted, half and step members are also included in immediate family.

There's an app for that →
Search "Assist America Mobile" in the App or Play store.

ADDITIONAL BENEFITS
TRAVEL ASSISTANCE

PEACE OF MIND, NO MATTER WHERE YOU ROAM

Travel Assistance from The Standard Insurance Company is a benefit provided to Renton RFA members to give them peace of mind and resources while traveling. This is not travel insurance, rather a travel resource for personal, medical, and emergent support. This tool provides support in the following areas:

PERSONAL SUPPORT

- Pre-Trip Information
- Locating Lost or Stolen Items
- Crime Information
- Legal Referral and Bail
- Interpretation and Translation Services

MEDICAL SUPPORT

- Medical Monitoring
- Medical and Dental Search and Referrals
- Assistance with Replacement of Medication
- Transfer of Insurance Information
- Assistance with Vaccine and Blood Transfers
- Facilitation of Hospital Admission

EMERGENCY SUPPORT

- Assistance with Emergency Travel Arrangements
- Emergency Cash Advance
- Evacuation in Case of Political/Natural Disaster
- Emergency Trauma Counseling
- Emergency Message Relay
- Care of Minor Children
- Vehicle Return
- Return of Pet/Service Animal

WHO'S COVERED

Travel Assistance applies to covered employees and their dependents, including a spouse or domestic partner, dependent children through age 25 or disabled. Dependents traveling on business for their employers are not eligible to access these services during those trips. Coverage applies to trips over 100 miles from home and for less than 180 consecutive days.



USE YOUR TRAVEL ASSISTANCE BENEFIT

1 (800) 872-1414 (inside the U.S.)
1 (609) 986-1234 (collect call outside the U.S.)
medservices@assistamerica.com

Renton RFA Assist America Reference Number: 01-AA-STD-5201

ADDITIONAL BENEFITS
CRITICAL ILLNESS PLAN

CRITICAL ILLNESS PLAN

Firefighters are at an exponentially higher risk for cancer than any other cause of death. Renton RFA takes this fact very seriously. T**he Aflac Critical Illness Plan is provided to ALL Renton RFA members at no cost** and is designed to help pay for expected and unexpected expenses arising from a diagnosis of a covered illness, including cancer.

This plan provides a cash benefit to any eligible employee who suffers from a covered condition. There is no open enrollment necessary for this plan; every employee of Renton RFA is enrolled automatically. The provided benefit amount and percentage of benefit by condition is shown below. This is a summary and will be superceded by the plan contract.

Who's Covered	Benefit Amount
Member	$7,500
Child(ren) under 26	50% of Employee Benefit

COVERED CONDITIONS

Covered Condition	Percent of Benefit Amount
Heart Attack (Myocardial Infarction), Sudden Cardiac Arrest, Coronary Artery Bypass Surgery, Major Organ Transplant, Bone Marrow Transplant (Stem Cell Transplant), Kidney Failure (End-Stage Renal Failure) Stroke (Ischemic or Hemorrhagic), Advanced Alzheimer's, Parkinson's, Benign Brain Tumor, ALS and MS, Paralysis, Loss of Sight/Speech/Hearing, and 17 specified diseases including Malaria, Polio, Rabies, and Tenanus.	Covered at 100% Payout
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	$250 PCY

Childhood Covered Conditions Rider (Covered at 100% Payout)**:**

- Cystic Fibrosis
- Cerebral Palsy
- Cleft Lip or Cleft Palate
- Down Syndrome
- Type 1 Diabetes
- Phenylalanine Hydroxylase Deficiency Disease (PKU)
- Spina Bifida

Please note: Spouses are not covered under this critical illness plan.



For information or to claim benefits, use the contact information below:

(866) 888-9755

support@thevbshop.com

Recurrence Benefit
100%

Additional Diagnosis/Recurrence Separation Period
Six (6) consecutive months For cancer diagnosis, treatment-free from cancer for at least 12 months and in complete remission before the date of a subsequent cancer diagnosis

ADDITIONAL BENEFITS
GROUP CRITICAL ILLNESS PLAN

Additional Coverage Option

GROUP CRITICAL ILLNESS PLAN

Critical illness touches everyone in some way, and it is especially prevelent to those in our line of work. For this reason, in addition to the provided Critical Illness Plan, we have partnered with Aflac to provide Renton RFA members with the option to purchase additional critical illness coverage. Not only does this coverage help with treatment costs of covered critical illnesses, it also helps you focus on recuperation and not unexpected out-of-pocket costs.

Covered Critical Illness	Percent of Benefit Amount
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	$250 PCY

Initial Diagnosis
Pays a lump sum benefit upon initial diagnosis of a critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Additional Diagnosis
Pays a benefit for each different critical illness after the first, when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

Health Insurance Screening Benefit
We will pay $50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.
This benefit is not paid for dependent children.

Child Coverage at No Additional Cost
Each dependent child is covered at 50 percent (%) of the primary insured's benefit amount at no additional charge.

PLAN LIMITS AND PREMIUMS

There are various plan limit options. **You can find premium and coverage details on the Renton RFA Sharepoint site (rrfa.sharepoint.com) by searching "Group Critical Illness Plan".** Employees can add this coverage during their initial on-boarding process or during Aflac's open enrollment period, which occurs in June/July, with an August policy effective date**. To add this coverage, contact HR for details: hrhelp@rentonrfa.org.**

Optional Additional Coverage Amounts	$5,000 - $30,000

Please note: Coverage for spouses can be purchased for an additional premium through this group critical illness plan.

ADDITIONAL BENEFITS
GROUP ACCIDENT INSURANCE

Additional Coverage Option

PROTECTION FROM THE UNEXPECTED

It is important to us to provide our members with access to benefits that give them peace of mind. That is exactly what the Group Accident Insurance policy through Aflac is designed to do. This policy can be purchased for an additional low premium, and it is tailored to provide insureds with a cash benefit for expenses incurred due to a covered accident.

The policy includes categories of benefits such as initial accident benefits, hospitalization benefits, after care benefits, and life-changing event benefits. Below are just a few examples of the benefits provided in each of these categories. For a full list of coverages, visit the Renton RFA Sharepoint site (rrfa.sharepoint.com) and search "Group Accident Insurance".

INITIAL ACCIDENT TREATMENT BENEFITS

Emergency Room/Urgent Care Visit
- with X-Ray $250
- without X-Ray $200

Ambulance
- Ground $400
- Air $1,200

Major Diagnositc Testing $200
Concussion $500

HOSPITALIZATION BENEFITS

Hospital Admission ..... $1,250 per confinement
Hospital Confinement ..... $300 per day
Hospital Intensive Care ..... $400 per day
Intermediate Intensive Care ..... $200 per day
Step-Down Unit
Family Member Lodging ..... $200 per day

AFTER CARE BENEFITS

Medical Appliances
- Cane, Ankle Brace $40
- Crutches, Walker, Etc. $100
- Wheelchair, Knee Scooter, Etc. $400

Accident Follow-up Treatment $50
Post-traumatic Stress Disorder $200
Rehabilitation Unit ..... $100 per day
Therapy $50

LIFE CHANGING EVENTS BENEFIT

Dismemberment	
Single Loss- Employee	$12,500
Double Loss- Employee	$25,000
Loss of One+ Fingers/Toes- Employee	$1,250
Partial Dismemberment- Employee	$125
Paralysis	
Paraplegia	$5,000
Quadriplegia	$10,000

COVER YOUR ENTIRE FAMILY

Members have the opportunity to purchase coverage that includes their dependent children and spouse. Benefit amounts vary for spouses and children, so be sure to check out the full policy details at rrfa.sharepoint.com. Below are the rates for adding this coverage to your benefits package:

Insureds	Rates
Employee	$14.84
Employee & Dependent Spouse	$24.72
Employee & Dependent Child(ren)	$32.83
Family	$42.71

Please note: Like the Group Critical Illness plan, this coverage can be opted into during your initial on-board process or during Aflac's open enrollment period, which is June/July, with a policy effective date of August. See HR for details.

ADDITIONAL BENEFITS
LONG TERM DISABILITY (LTD)

PROTECTING YOUR INCOME WHEN YOU NEED IT MOST

Long Term Disability (LTD) is a benefit available to all non-firefighter staff at Renton RFA. Firefighters do not qualify for this benefit, as it is available through the Local on a self-pay basis. LTD provides a steady stream of income to help cover essential expenses during an extended illness or accident.

Similar to the Life Insurance program, you must be a current, active employee who works 20 hours or more each week. You must also be a citizen or resident of the United States or Canada. You do not qualify if you are a Battalion Chief, Captain, Lieutenant, Engineer, Firefighter, temporary employee, seasonal employee, leased employee, independent contractor, or full-time member of the armed forces of any country.

ELIGIBILITY WAITING PERIOD

You are eligible for benefits on the first day of the calendar month following your start date.

Benefit	Amount
Long Term Disability Benefit	60% of the first $15,000 of your predisability earnings, reduced by deductible income. Maximum: $9,000 / month Minimum: $100 / month

WHEN INSURANCE BECOMES EFFECTIVE

If evidence of insurability is required, your coverage becomes effective on the date that evidence of insurability is approved.

BENEFIT WAITING PERIOD

There is a 90-day waiting period.

MAXIMUM BENEFIT PERIOD

Your maximum benefit period is determined by your age. For those age 62 and under, you are provided benefits until age 65, until you reach Social Security Normal Retirement Age (SSNRA), or 3 years and 6 months, whichever is longer. For those age 63 and above, see the table below:

Age	Benefit Period
62 ≤	Until 65, you reach SSNRA, or 3.5 years
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 3 years, whichever is longer
65	2 years
66	1 year, 9 months
67	1 year, 6 months
68	1 year, 3 months
69+	1 year



ADDITIONAL BENEFITS
COMPENSATED TIME OFF

WORK-LIFE BALANCE THAT WORKS FOR YOU

A happy, well-rested team member is a productive, alert team member. As part of our commitment to ensuring the well-being of our staff, Renton RFA provides a generous bank of vacation time, sick leave, and paid holidays. Whether you need time to get back on your feet from an illness or just need a bit of rest and relaxation, we've got you covered.

VACATION LEAVE

Renton RFA provides competitive vacation benefits to all of its employees. The amount of vacation time alotted and accrued depends on your employment contract and your service credit years.

MANAGEMENT LEAVE

Certain exempt team members (those who are not eligible for overtime compensation) receive a static amount of additional leave known as management leave. This additional benefit provides 40 hours of compensated leave to be used at their discretion. This leave is in addition to all of the other forms of compensated leave mentioned on this page. Management leave does not roll over, however, any unused management leave is cashed out at the end of the year.

SICK LEAVE

Renton RFA members not otherwise covered by a collective bargaining agreement or personal employment contract receive two kinds of sick leave - regular sick leave provided by Renton RFA and state sick leave provided in accordance to RCW 49.46. State sick leave is a portion of regular sick leave, not additional sick leave.

It's important to remember that sick leave is a benefit and should not be used for purposes other than illness or injury not incurred at work, except where supplementing workers' compensation payments or for scheduled personal health care appointments.

HOLIDAYS

Unless modified by a collective bargaining agreement, Renton RFA observes thirteen paid holidays per year - eleven are predetermined and two are floating holidays that can be used at your discretion after six months of service credit. The predetermined holidays include:

- New Year's Eve
- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Native American Heritage Day
- Christmas Eve
- Christmas Day



ADDITIONAL BENEFITS
COLLEGE TUITION BENEFITS

GRAND CANYON UNIVERSITY

Grand Canyon University (GCU) is a new education resource offered to Renton RFA members and their spouses in 2024. Like our other education resources, Grand Canyon offers convenient online classes, as well as a 10% tuition discount for first responders and their spouses. However, a key differentiator about Grand Canyon is their focus on first response education. GCU offers numerous programs in the fields of government, public policy, emergency management, and more. **To learn more, contact our GCU representative, Shala Reese: (602) 513-4512 or c.gcu.edu/Shala.Reese.**

Grand Canyon University Benefits	
10% TUITION DISCOUNT	ADDITIONAL SCHOLARSHIP OPPORTUNITIES

GCU ALSO OFFERS

- Smaller class sizes
- Flexible learning options
- One-on-one attention from instructors

FIRST RESPONDER PROGRAMS AT GCU

Grand Canyon has over 250 online programs to choose from. Among them are numerous programs geared toward individuals pursuing a career in public service. Their first responder programs include:

BACHELOR PROGRAMS

- Government w/ an Emphasis in Legal Studies
- Government w/ an Emphasis in State and Local Public Policy
- Forensic Science
- Homeland Security and Emergency Management
- Justice Studies

MASTER PROGRAMS

- Public Administration w/ an Emphasis in Government and Policy
- Criminal Justice w/ an Emphasis in Law Enforcement
- Criminal Justice w/ an Emphasis in Legal Studies
- Forensic Science
- Leadership w/ an Emphasis in Homeland Security and Emergency Management

Ask Shala about additional scholarship opportunities!

Our representative: Shala Reese
(602) 513-4512 / shala.reese@cgu.edu
c.cgu.edu/Shala.Reese

ADDITIONAL BENEFITS
COLLEGE TUITION BENEFITS

COLUMBIA SOUTHERN UNIVERSITY PROGRAM

Renton Regional Fire Authority values educational, personal and professional growth. We have joined CSU as a learning partner to provide our members and their families with excellent benefits for those looking to achieve higher education in a number of qualifying degree programs.

This benefit also extends beyond Renton RFA members. Member spouses and children are also eligible to enjoy the benefits of this program. Degree programs include certificates, Associate degrees, Bachelor's degrees, Master's degrees, and Doctoral degrees. **To learn more call (800) 344-5021 or visit columbiasouthern.edu.**

Columbia Southern University Benefits		
10% TUITION DISCOUNT	TEXTBOOKS PROVIDED AT NO COST	EXCLUSIVE SCHOLARSHIPS

CSU ALSO OFFERS

- Complimentary evaluation of prior education/training toward credits
- Flexible learning options
- Math and writing assistance
- No application fee
- No ACT/SAT/GRE/GMAT required
- Multiple course schedule options

CONTINUING EDUCATION THROUGH WALDORF UNIVERSITY

Also a learning partner, Renton RFA has teamed up with Waldorf University to provide our members options when it comes to their continuing education. Waldorf University offers their discounts and benefits to our members, as well as a member's spouse and children. **To learn more call: (877) 267-2157 or visit waldorf.edu.**

Waldorf University Benefits		
10% TUITION DISCOUNT	TEXTBOOKS PROVIDED AT NO COST	EXCLUSIVE SCHOLARSHIPS

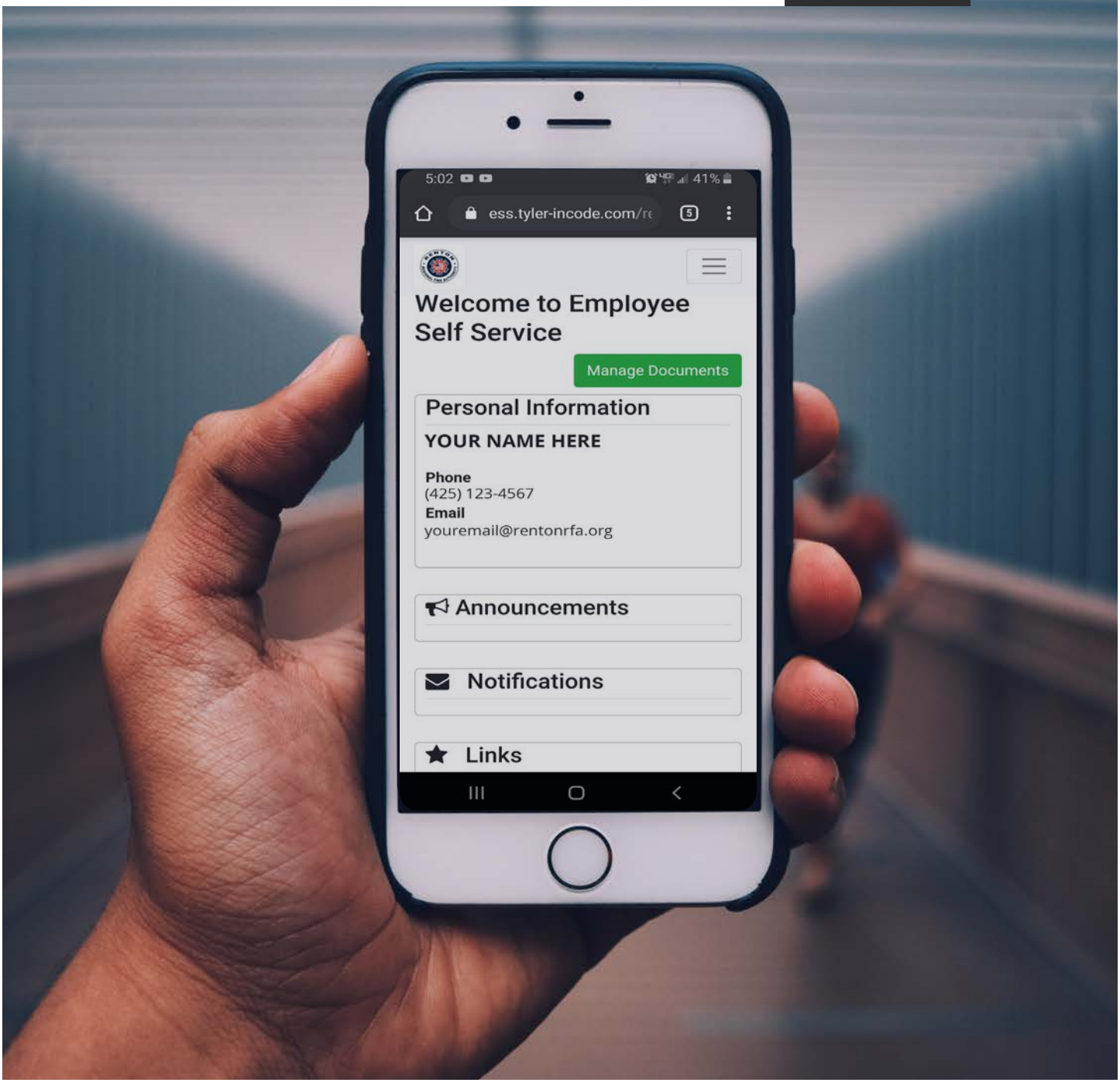
WALDORF ALSO OFFERS

- Complimentary evaluation of prior education/training toward credits
- Flexible learning options
- Math and writing assistance
- No application fee
- No ACT/SAT/GRE/GMAT required
- Multiple course schedule options

ADDITIONAL RESOURCES

FIND WHAT YOU NEED, WHEN YOU NEED IT

We take the guesswork out of making changes to your employee information and getting in touch with the providers outlined in this benefits guide by providing tools and resources to make quick, easy changes and points of contact.



ADDITIONAL RESOURCES
EMPLOYEE SELF SERVICE (ESS)

EMPLOYEE SELF SERVICE (ESS) FOR QUICK, EASY UPDATES

The ability to find and make adjustments to your employee information has never been easier. With Employee Self Service (ESS), you can check your information, find important documents, or make necessary changes.

ACCESSING ESS

To access ESS, simply navigate to **www.rentonrfa.com/rrfaemployees** and choose "**Employee Self Service (RFA)**" from the *Important Links* section. Unless you make changes, your username is the same as your Windows login and your password is the last four digits of your social security number.



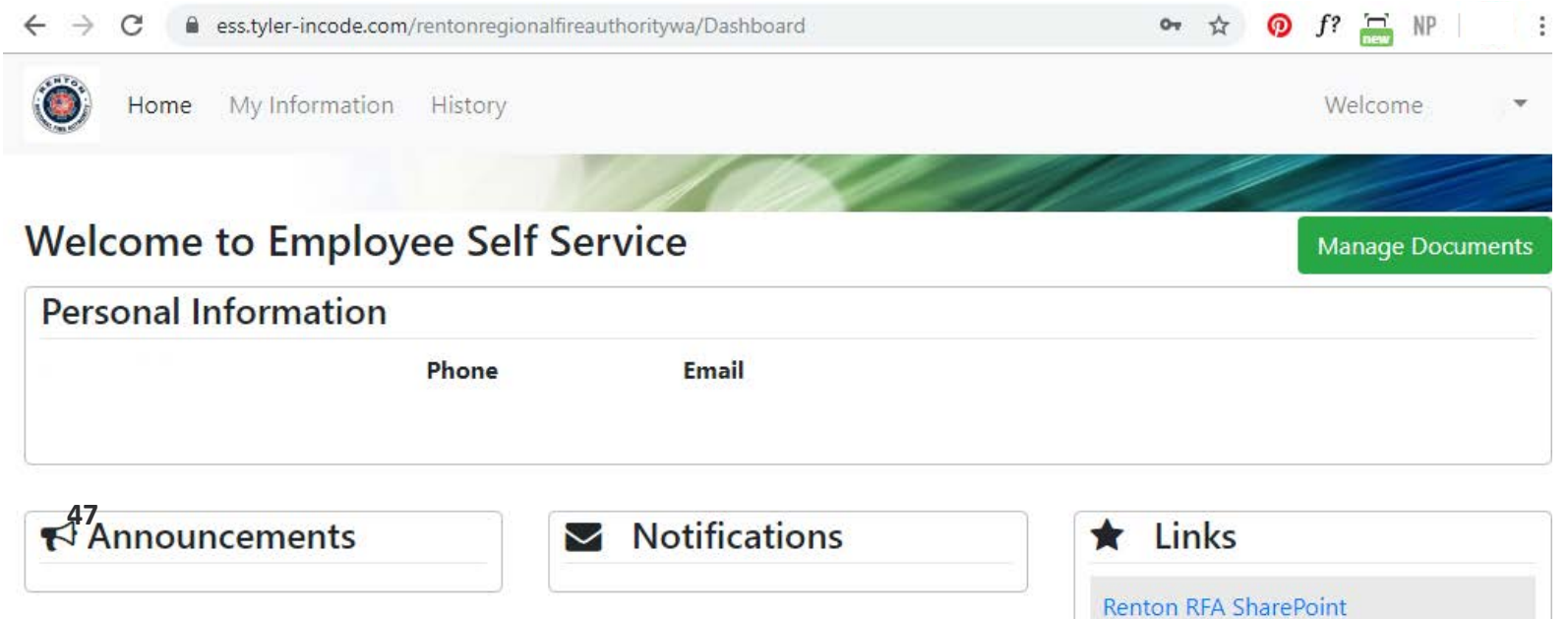
WHAT CAN I FIND ON ESS?

ESS houses all of your basic employee information, including name, addresses and phone numbers, contacts and dependents, direct deposit information and tax information, as well as your pay history, leave history and W-2 history. You will also find links to the important forms and documents mentioned in this guide.

WHAT CAN I CHANGE ON ESS?

If you are looking to adjust any of your employee information, ESS offers a quick and easy way to do it. You can:

- Update your personal information, such as your name, address and phone numbers.
- Change your emergency contact and dependent information.
- Manage your direct deposit accounts and amounts.
- Adjust your tax filing status and allowance.



ADDITIONAL RESOURCES
YOUR BENEFIT CONTACTS



Renton RFA Human Resources: hrhelp@rentonrfa.org

BENEFIT PROVIDER CONTACTS:

Benefit	Administrator	Group Number	Contact Information	Website
See Below	IAFF Health & Wellness Trust	46540001	Trust Office (866) 265-5231 Fax (866) 676-1530	iaffhealthtrust@vimly.com nwfft.Simon365.com
Medical	MagnaCare	46540001	Customer Service 877.624.6219 MDLive 888.341.9937 Sav-Rx 800.228.3108 BlueCard (inside US) 800.810.2583 (outside US) 804.673.1177	www.mycreatehealth.com/nwfft www.mdlive.com/magnacare www.savrx.com www.bcbs.com
Vision	VSP		Customer Service 800.877.7195	www.vsp.com
Dental	Delta Dental	03916	Customer Service 800.554.1907	www.deltadentalwa.com
Dental	Willamette Dental		Customer Service 855-433-6825	www.willamettedental.com
Transcarent	Transcarent		Care Coordinators 888.994.2177	member.transcarent.com
Progyny	Progyny		Customer Service 866.946.0635	www.progyny.com
Regenexx	Regenexx		Patient Liaison 866.425.2191	regenexxbenefits.com/IAFFHealthTrust
VEBA HRA FSA	BPAS		Customer Service 855.404.8322 HRA Claims Fax 866.254.2942	www.bpas.com reimbursements@bpas.com
LEOFF2 PERS2 PERS3	DRS	4875	Customer Service 800.547.6657	www.drs.wa.gov/oaa
457(b)	TIAA	406078	Customer Service 800.842.2252	www.tiaa.org
WHL EAP	The Standard		Customer Service 888.293.6948	www.eapbda.com
Basic Life, AD&D	ULLICO		Customer Service 800.431.5425	www.ullico.com
Travel Asst.	The Standard	01-AA-STD-5201	Inside U.S. 800.872.1414 Outside U.S. (collect) 609.986.1234	www.assistamerica.com medservices@assistamerica.com
Injury Rehab	Rebound		Customer Service 800.781-2320	www.justrebound.com hello@justrebound.com
Accident/ Critical Illness	Aflac		Critical Illness Plan 800.433.3036 Voluntary Benefits 866.888.3036	www.aflacinsurancegroup.com support@thevbshop.com
HA EAP	Health Advocate		Customer Service 800.799.2728	www.healthadvocate.com answers@healthadvocate.com
Fraud Reimb.	Travelers	105983630	Customer Service 800.462.8418	www.travelers.com/idfraud
ID Protection	EZ Shielf		Customer Service 866.826.8851	aflac.ezshield.com
Tuition Discount	Grand Canyon		Shala Reese (Rep) 602.513.4512	c.gcu.edu/Shala.Reese
	Columbia Southern		Student Services 800.344.5021	www.columbiasouthern.edu
	Waldorf		Student Services 877.267.2157	www.waldorf.edu

ADDITIONAL RESOURCES
BENEFIT PROVIDER APP & WEBSITE QR CODES

QUICK & EASY ACCESS TO YOUR BENEFITS

Below are QR codes that provide links to applications and websites that will help you quickly and easily manage your key benefits.

WEB & MOBILE APPLICATIONS

My Create Health
Medical Benefits Management

Sav-Rx
Prescription Benefits

VSP Vision Care
Vision Benefits

Delta Dental
Dental Benefits (option 1)

MD Live
Telehealth Benefits

Transcarent
Surgical, Virtual Phys. Therapy, Telehealth & More

BPAS
HRA & FSA Benefits

Health Advocate
Employee Assitant Program

The Standard
Travel Assistance

WEBSITE (ONLY) LINKS

IAFF Health & Wellness Trust
Group Insurer

Willamette Dental
Dental Benefits (Option 2)

Aflac Insurance Group
Critical Illness, Accident & ID Theft

ADDITIONAL RESOURCES
ANNUAL DISCLOSURES



Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
If you or your child(ren) are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your child(ren) aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependent(s) are already enrolled in Medicaid or CHIP, you may contact the Washington State Medicaid or CHIP office to find out if premium assistance is available at http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx or dial 1-800-562-3022 ext. 15473

If you or your dependent(s) are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see if any additional states offer a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Newborns' and Mothers' Health Protection Act of 1996
The Newborns' Act and its regulations provide that group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act, and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

Women's Health and Cancer Rights Act of 1998
In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of the mastectomy, including lymphedemas

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan. Please call your plan administrator for more information.



RENTON REGIONAL FIRE AUTHORITY

18002 108th Ave SE, Renton, WA 98055

www.rentonrfa.org

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