

**Washington Fire Commissioners Association  
2012 Self-Funded Medical Benefit Summary  
For WFC A Commissioners**

Summary Features	2012 Medical PPO-Plus Plan		2012 Medical PPO-100 Plan		2012 Medical PPO-300 Plan		2012 Medical HD Plan		2012 Medical Retiree Medical Plan (For Former Commissioners*)	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Annual Deductible										
Per Individual	\$50 (\$0 for Employee)		\$100		\$300		Employee Only - \$1,500		\$350	
Per Family	\$150 (\$0 for Employee)		\$300		\$900		Employee & Family - \$3,000		\$1,050	
Co-insurance for Most Benefits	100%	70%	90%	70%	80%	60%	80%	60%	80%	60%
Coinsurance Maximum (Does not include Vision)										
Per Individual	\$1,000		\$1,000		\$2,700		Employee Only - \$5,950		\$1,500	No Limit
Per Family	\$3,000		\$3,000		\$8,100		Employee & Family - \$11,900		\$4,500	No Limit
	(Deductible & Copays are additional)		(Deductible & Copays are additional)		(Deductible & Copays are additional)		(Includes Deductible)		(Deductible & Copays are additional)	
Inpatient Hospital	100%	70%	90%	70%	80%	60%	80%	60%	\$100/Day (\$300/Yr), then 80%	\$100/Day (\$300/Yr), then 60%
Emergency Room	\$50 Copay, then 100%	\$50 Copay, then 100%	\$75 Copay, then 90%	\$75 Copay, then 90%	\$125 Copay, then 80%	\$125 Copay, then 80%	80%	80%	\$100 Copay, then 80%	\$100 Copay, then 80%
Physician - Family Practice	100%	70%	\$10 Copay, then 90%	\$10 Copay, then 70%	\$20 Copay, then 80%	\$20 Copay, then 60%	80%	60%	\$15 Copay, then 80%	\$30 Copay, then 60%
Physician - Specialist	100%	70%	\$10 Copay, then 90%	\$10 Copay, then 70%	\$50 Copay, then 80%	\$50 Copay, then 60%	80%	60%	\$15 Copay, then 80%	\$30 Copay, then 60%
Prescription Drugs										
Retail Pharmacy	<u>In-Network</u>	<u>Non-Network</u>	<u>In-Network</u>	<u>Non-Network</u>	<u>In-Network</u>	<u>Non-Network</u>	<u>In-Network</u>	<u>Non-Network</u>	<u>In-Network</u>	<u>Non-Network</u>
Generic	\$14 Copay, then 100%	50%	\$14 Copay, then 100%	50%	\$15 Copay, then 100%	50%	80%, after Deductible	50%, after Deductible	Plan pays 60%*	Not Covered
Brand	\$28 Copay, then 100%	50%	\$28 Copay, then 100%	50%	\$30 Copay, then 100%	50%	80%, after Deductible	50%, after Deductible	Plan pays 50%*	Not Covered
Mail Order	In-Network Only		In-Network Only		In-Network Only		In-Network Only		In-Network Only	
Generic	\$24 Copay, then 100%		\$24 Copay, then 100%		\$30 Copay, then 100%		80%, after Deductible		Plan pays 60%*	
Brand	\$50 Copay, then 100%		\$50 Copay, then 100%		\$60 Copay, then 100%		80%, after Deductible		Plan pays 50%*	
	*No Rx for person eligible for Medicare									
Rates Effective 1/1/2012 - 12/31/2012	<u>For Active Commissioners:</u>		<u>For Active Commissioners:</u>		<u>For Active Commissioners:</u>		<u>For Active Commissioners:</u>		<u>For Former Commissioners*</u>	
	<u>Monthly Rate</u>		<u>Monthly Rate</u>		<u>Monthly Rate</u>		<u>Monthly Rate</u>		<u>Monthly Rate</u>	
Commissioner	\$938.18		\$739.72		\$665.75		\$591.77		Retiree or Spouse:	
Commissioner & Spouse	\$1,826.01		\$1,439.49		\$1,295.54		\$1,151.58		Under age 55	
Commissioner & Spouse & 1 Child	\$2,314.79		\$1,824.81		\$1,642.33		\$1,459.84		Age 55 thru 59	
Commissioner & Spouse & 2 or more Children	\$2,697.22		\$2,126.32		\$1,913.69		\$1,701.04		Age 60 thru 64	
Commissioner & 1 Child	\$1,426.96		\$1,125.04		\$1,012.54		\$900.03		Age 65 & Older	
Commissioner & 2 or more Children	\$1,809.39		\$1,426.55		\$1,283.90		\$1,141.23		1 Child	
									2+ Children	
									\$535.33	
									\$567.82	
									\$652.97	
									\$403.00	
									\$148.60	
									\$371.50	

\*Former Commissioners are eligible for the WFC A Retiree plan if: (1) they have served at least 6 years in office; and (2) have been covered under the WFC A plan for at least 1 year.

**Washington Fire Commissioners Association  
2012 Dental Benefit Summary  
For WFCAs Commissioners**

Summary Features	2012 Dental PPO Incentive Plan		2012 Dental PPO Basic Plan		2012 Dental Retiree Dental Plan (For Former Commissioners)
	PPO	Non-PPO	PPO	Non-PPO	
Annual Deductible					
Per Individual	\$0		\$50		\$50
Per Family	\$0		\$150		
Benefit Reimbursement Percentage:					
Class 1 (Preventive & Diagnostic)	70% - 100%*	70% - 100%*	100%	80%	100%
Class 2 (Basic Dental Services)	70% - 100%*	70% - 100%*	90%	80%	50%
Class 3 - Crowns	70%	50%	50%	40%	50%
Class 3 (Major Dental Services)	50%	50%	50%	40%	50%
Annual Maximum Benefit					
Per Individual	\$2,200	\$2,000	\$1,500		\$1,000
	*Annual Incentive Period advances 10% each year if individual sees Dentist during year, otherwise reduced 10%				
Orthodontia Coverage - Optional by District					Not Available
Deductible	None		None		
Benefit Reimbursement Percentage:	50%		50%		
Lifetime Maximum Benefit	\$1,000		\$1,000		
Rates Effective 1/1/2012 - 12/31/2012	For Active Commissioners:		For Active Commissioners:		For Former Commissioners* <b>WITH Retiree Medical:</b>
<b><u>NO ORTHODONTIA</u></b>	<u>Monthly Rate</u>		<u>Monthly Rate</u>		<u>Former Commissioner*</u> or Spouse <u>Monthly Rate</u>
Commissioner	\$52.67		\$47.26		<Age 55 \$580.86
Commissioner & 1 Dependent	\$90.03		\$80.72		55-59 \$613.35
Commissioner & 2 or more Dependents	\$144.20		\$129.44		60-64 \$698.50
					65 and > \$448.53
					1 Child \$193.62
					2+ Children \$416.52
<b><u>WITH ORTHODONTIA</u></b>	<u>Monthly Rate</u>		<u>Monthly Rate</u>		
Commissioner	\$53.54		\$48.13		
Commissioner & 1 Dependent	\$92.83		\$83.52		
Commissioner & 2 or more Dependents	\$170.86		\$156.10		

\*Former Commissioners are eligible for the WFCAs Retiree plan if: (1) they have served at least 6 years in office; and (2) have been covered under the WFCAs plan for at least 1 year.