



BENEFITS GUIDE

2024

Pre-65 Retirees Health Benefit Guide





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Overview

The Board of Directors of the **First Responders Retiree VEBA** would like to welcome you to review this Benefits Enrollment Guide that has been created for Retirees of **all First Responders Industry Companies**. Please refer to the Summary Plan Description (SPD) for complete details about your plan. If there is a conflict between this Benefits Guide and a Certificate or Summary Plan Description (SPD), the Certificate or SPD will govern. To receive a copy of the benefit plan materials, please go to www.FirstRespondersUS.com and download copies of benefit materials. If you would like to have them mailed to you, please contact, Benistar, the plan administrator @ **1-800-236-4782** and they will mail/email you an enrollment packet.

Mission Statement

The goal of the **First Responders Retiree VEBA** is to provide and maintain quality, cost effective benefits, including medical, prescription drugs, dental and vision programs and other healthcare benefits for all eligible First Responders Retirees that have worked for in the First Responders industry, Police, Fire, Public Service and subsidiaries for at least 5 years.

Protecting Your PHI

The Board, Cone Retiree Healthcare the Healthcare Providers understand the importance of protecting your personal health information. We have the ability to communicate with plan participants and protect their PHI.

Coverage Contact Information

Benistar Phone: 1(800)236-4782 Your Call Center and Plan Administrator

Mailing Address:

Benistar Retiree Service Center
10 Tower Lane, Suite 100
Avon, CT 06001
(do not send checks to this address)

Fax Enrollment Forms:

1(860)408-7025

Make Checks Payable to:
Benistar Retiree Services

Medical Plan Information:

Blue Cross Blue Shield Medical Plans

Blue Cross Blue Shield of Michigan
Post-Enrollment Benefits and Claims
Benistar Call Center (800)236-4782
BCBSM Claims Department (877)354-2583

Prescription Drug Plan Information:

Blue Cross Blue Shield Prescription Drug Plans

BCBSM Pre-Enrollment Benefit Inquiries: (800)236-4782
Post-Enrollment Benefits & Claims
Prescription Drug Formulary (877)354-2583

Dental Plan Information:

Blue Cross Blue Shield Nationwide Plans (Dental)

Blue Cross Blue Shield
www.Mibluedentist.com
Dental Customer Service Find a Doctor (888)826-8152

Vision Plan Information:

Blue Cross Blue Shield (Blue Vision VSP)

BCBSM Customer Service (800)877-7195
www.VSP.com or www.BCBSM.com



CALL

1(800)236-4782

Overview

This benefits enrollment guide provides an overview of the benefits offered by the First Responders Police Fire VEBA for Retirees. In the event of a conflict between this benefits enrollment guide and a Certificate or Summary Plan Description (SPD), the Certificate or SPD will govern. Please refer to them for additional information. An official detailed description of benefits, exclusions, limitations, eligibility and other terms and conditions is contained in the individual benefit Summary Plan Descriptions. Copies of benefit plan materials are available to you via mail or email and may be requested by calling the **First Responders VEBA** Call Center at **1(800)236-4782**.

Goals

- The First Responders will provide quality benefit programs to all retirees in the First Responders, Police, Fire and Public Service industries. Participants include people eligible under age 65, as well as their qualifying dependents under age 65.
- Pre-65 Retirees/Former First Responders and their dependents to enroll or to remain in these BCBSM plans.. For detailed information, you can visit the First Responders, Police, Fire and Public Service Industry website at **www.FirstRespondersUS.com**
- The VEBA Board will oversee the selection of healthcare plans that will be offered each year to members of the VEBA, including medical, prescription drug, dental and vision plans.
- The Board manages the selection of the plan administrator for the VEBA plans each year as they support the membership in enrolling, and completing the necessary documents.
- The VEBA Insurance Representatives will provide timely updates about the First Responders VEBA annual enrollment process as well as any changes to the plans offered including the cost of the programs during open enrollment.

VEBA Board

The First Responders VEBA Board is drawn from volunteers with experience on boards with health and disability benefits. They have volunteered their time and energy to serve as Board members for the First Responders VEBA. If you are interested in serving on the board when vacancies occur, please contact the Board to express your interest. You can submit any questions on your Trust website.

Keep Your Contact Information Up-to-Date!

It is important to have the most up-to-date contact information for retirees who are eligible to participate in these healthcare plans. Please go to our website **www.FirstRespondersUS.com** and click on **"Join Our Mailing List"** link and provide your contact information.

Questions	Company	Phone	Web Site
Eligibility and Administration	Benistar	(800)236-4782	N/A
Health Plan Benefits/Providers	Blue Cross Blue Shield	(877)354-2583	www.bcbsm.com
Dental Plan Benefits/Providers	Blue Cross Blue Shield	(877)354-2583	www.bcbsm.com
Vision Plan Benefits/Providers	Blue Cross Blue Vision (VSP)	(877)354-2583	www.bcbsm.com
Contact the Board of the VEBA	First Responders VEBA Board		www.FirstRespondersUS.com
Important Information for retirees eligible for the First Responders VEBA	Cone Retiree Healthcare Group, LLC. Insurance Representatives		Cathy@mymedplans.com John@mymedplans.com Lisa@mymedplans.com

Enrollment Period

Following your initial enrollment into the plans, you will be eligible to make changes during annual open enrollment. The annual enrollment period for the First Responders VEBA for Retirees/Former First Responders will be from October 01 - December 31 each year.

Active or Former First Responder Eligibility

Active or former First Responders and their families, as outlined in the eligibility section of this booklet, have the ability to enroll in the plans offered through the VEBA.

Pre-Medicare retirees, survivors and their families, who are:

- Active or former First Responder Industry workers including those, but not limited to, the companies of police, fire, first responders and public service workers..
- Active or former First Responder Industry under the age of 65 and dependents listed on the federal tax return of the eligible member.
- Active or former First Responder has worked at least 5 years for a company eligible to participate in the First Responders VEBA.

Active or Former First Responder - As a First Responders VEBA member, you and your dependents are eligible for the medical, prescription drug, dental and vision benefits outlined in this benefit guide.

Spouse/Domestic Partner/Survivor - Your spouse, same-gender domestic partner or survivor may also be eligible for medical, prescription drug, dental and vision benefits if they meet the guidelines established by the Trust.

Under Age 65 - Your spouse/domestic partner are not required to enroll in the same coverage as the retiree. Medicare-Eligible (both under and over age 65) - If you are enrolling in the plans offered through the Trust, each plan participant has the ability to enroll in benefits coverage tailored to their specific needs.

Dependents - If you have dependents under age 65, they may be eligible to participate.

Spouse	A legally married spouse, including a declared common-law spouse.* Only one spouse or same-gender domestic partner may be covered at any one time.
Domestic Partner	The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a retiree if, under state law, the individual would not be prevented from marrying the retiree on account of age, or prior undissolved marriage to another. An eligible domestic partner must be of the same gender as the retiree. Only one domestic partner may be covered at any one time.
Children	Your biological children, stepchildren, legally adopted children, children for whom you have obtained court-ordered guardianship or conservatorship; qualified children placed pending adoption; grandchildren; and children of your domestic partner if you also cover your domestic partner for the same benefit. Your children must be on the federal income tax return of the Retiree or spouse, domestic partner or survivor to be eligible to enroll in any plans through the Trust.
Dependent Grandchildren	Your unmarried grandchild must meet the requirements listed above and must also qualify as a dependent on your or your spouse/domestic partner federal income tax return.
Disabled Children	Your disabled child must otherwise meet the requirements for eligible dependents and must also meet the following definitions: A disabled child is a child who, due to a mental or physical disability, is incapable of earning a living at the time he or she would otherwise cease to be a dependent if the child is covered as a dependent at that time and if at that time he or she depends on you for principal support and maintenance. A disabled child continues to be considered and eligible dependent as long as the child remains incapacitated, unmarried, dependent on you for principal support and maintenance, and you continuously maintain the child's coverage as a dependent under the plan from the date he or she otherwise would lose dependent status. A dependent child who loses eligibility and later becomes disabled is not eligible to be covered. A disabled child who was not covered as a dependent immediately prior to the time he or she would otherwise cease to be a dependent is not eligible to be covered.

Documentation

To provide coverage for a dependent under any of the VEBA benefits programs, you must submit documentation that supports your relationship to the dependent when dependents are added after initial enrollment into the VEBA plans.

Persons Not Eligible to Participate

Dependents do not include:

- Individuals on active duty in any branch of military service (except to the extent and for the period required by law)
- Permanent residents of a country other than the United States
- Parents, grandparents, or other ancestors
- Grandchildren who do not meet the definition of dependent grandchildren and who are not claimed on your or your spouse's federal income tax return.

Changes in Family Status

If you have a change in your family status, such as adding or dropping a dependent, you must notify Benistar within 31 days of any changes in family status at **1(800)236-4782**. If you add or drop a dependent during open enrollment, the change becomes effective on the first day of January, the following year.

Special Qualifying Life Events

A special qualifying life event will allow you to change or enroll in coverage outside the normal open enrollment window provided you have notified Benistar within 31 days of the qualifying life event.

Special qualifying events include:

- Certain changes in employment status for your spouse or an eligible dependent;
- Marriage or divorce
- Addition of a dependent
- Loss of a spouse or dependent
- Eligibility for Medicare due to turning 65 or classified as Social Security disabled
- Gaining or losing a dependent resulting from marriage, divorce, birth or adoption
- Involuntary loss of other insurance coverage (proof is required)

Pre65-Eligible Survivor Dependents upon Death of Retiree	A Pre-65 survivor or dependent is eligible for medical, prescription drug, dental and vision coverage following the death of the retiree, until they reach 65. The Spouse/Domestic Partner/Survivor will remain eligible for the Pre-65 program until they reach the age of 65 or become Medicare.
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Former Eligible Spouse

The plan administrator, Benistar, will send enrollment materials to the former spouse following a request from the individual..

Pre Medicare Health Insurance Options for Participants

The Medical plans offered for Pre-Medicare retirees/former First Responder and their dependents provide:

- Nationwide coverage in the United States
- PPO plans provide you with access to covered benefits through a network of healthcare providers and facilities. You are not required to have a referral from your primary care doctor before going to a specialist.
- Members and their dependents under the age of 65 will qualify for Medical programs offered through the VEBA have the ability to select from the following health insurance options offered through BlueCross BlueShield:
 - **Copper, Bronze, Silver and Gold Bundled plans** (all include medical, prescription drugs, dental and vision)
 - **Cobalt plan** (includes medical and prescription drugs)

Medical Plan Options

Nationwide insurance plans are provided by Blue Cross Blue Shield. Gold, Silver, Bronze, Cobalt and Copper plans are offered as and unbundled plan (include medical and prescription drugs) or a **bundled plan (include medical, prescription drugs, dental and vision).**



	Gold Plan		Silver Plan		Bronze Plan		Copper Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family
Coinsurance	20%	40%	20%	40%	20%	40%	50%	50%
Out-Of-Pocket Maximum (includes deductible excludes all copays and penalty amounts)	\$1,250 Individual \$2,500 Family	\$2,250 Individual \$4,500 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$6,350 Individual \$12,700 Family	\$12,700 Individual \$25,400 Family

Preventive Care Services

Adult Routine Physical Exam (every 24 months), Annual Routine Mammogram, GYN Exam and PSA.	Covered 100%; no deductible, no copay	Not covered	Covered 100%; no deductible, no copay	Not covered	Covered 100%; no deductible, no copay	Not covered	No Charge	Not Covered
Routine Eye and Hearing Screening (one exam every 24 months)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not Covered	Not Covered

Physician Services

Primary Doctor Office Visit	\$10 office visit copay; deductible waived	40% copay, after deductible	\$20 office visit copay; deductible waived	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	50% co-insurance after deductible	50% co-insurance after deductible
Specialist Office Visits	\$10 office visit copay; deductible waived	40% copay, after deductible	\$20 office visit copay; deductible waived	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	50% co-insurance after deductible	50% co-insurance after deductible
X-ray and Lab Services (during office visit)	20% co-insurance after deductible	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	50% co-insurance after deductible	50% co-insurance after deductible

Emergency Services

Emergency Room (copay waived if admitted)	\$50 copay;	\$50 copay;	\$150 copay;	\$150 copay;	20% co-insurance after deductible	20% co-insurance after deductible	50% co-insurance	50% co-insurance
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Urgent Care

Immediate Medical Attention	\$10 copay	40% copay, after deductible	\$20 copay	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	50% co-insurance	50% co-insurance
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Hospital Services

Hospital Admission	20% co-insurance after deductible	40% copay, after deductible	20% copay, after deductible	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	50% co-insurance after deductible	50% co-insurance after deductible
Outpatient Hospital	20% co-insurance after deductible	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	50% co-insurance after deductible	50% co-insurance after deductible

	Gold Plan		Silver Plan		Bronze Plan		Copper Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Alternatives to Hospital Care								
Skilled Nursing (max. 120 days), this is facility benefit and covered	20% after copay, after deductible	20% after copay, after deductible	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible
Home Health (max. 120 days) and Urgent Care	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible	20% co-insurance after deductible	50% co-insurance after deductible	50% co-insurance after deductible
Other Services								
Outpatient Short-Term Rehabilitation (includes speech, physical, occupational and spinal manipulation therapy), in office setting.	20% co-insurance after deductible.	40% copay, after deductible	20% co-insurance after deductible	40% copay, after deductible	20% after deductible	40% copay, after deductible	50% co-insurance after deductible	Applied behavioral analysis treatment for Autism— by behavioral analyst, up to 18 pre-authorization
Prescription Drug Plan—Retail Pharmacy								
Generic	\$10 copay	25% after Rx plan \$10 copay	\$10 copay	25% after Rx plan \$10 copay	After deductible, \$15 co-pay for retail	After deductible, \$30 co-pay for retail	After deductible, 50% co-pay of approved amount	After deductible, co-pay plus 20% of approved amount
Preferred Brand-Name Drugs	\$20 copay	25% after Rx plan \$20 copay	\$40 copay	25% after Rx plan \$40 copay	After deductible/\$50 copay for retail or mail order	After deductible, \$100 co-pay for retail or mail order	After deductible, 50% co-pay of approved amount	After deductible, co-pay plus 20% of approved amount
Non-Preferred Brand-Name Drugs	\$40 copay	25% after Rx plan \$40 copay	\$80 copay	25% after Rx plan \$80 copay	After deductible/\$70 copay or 50% co-insurance of approved amount (whichever is greater) no more than \$100 copay	After deductible/\$70 copay additional 20% approved amount	After deductible, 50% co-pay of approved amount	After deductible, co-pay plus 20% of approved amount
Prescription Drug Plan—Mail Order (90 Day Supply)								
Generic	\$20 copay	N/A	\$20 copay	N/A	After deductible/\$30 co-pay for 30 day supply	After deductible, co-pay plus 20% of approved amount	50% co-pay of amount	Not covered
Preferred Brand	\$40 copay	N/A	\$80 copay	N/A	\$100 co-pay for mail order 90-day supply	After deductible, co-pay plus 20% of approved amount	50% co-pay of amount	Not covered
Non-Preferred Brand	\$80 copay	N/A	\$160 copay	N/A	\$140 or 50% whichever is greater, max of \$200 after deductible	After deductible, co-pay plus 20% of approved amount	50% co-pay of amount	Not covered



New Medical Plan Option for 2024

Nationwide insurance plans are provided by Blue Cross Blue Shield. Gold, Silver, Bronze, Cobalt and Copper plans are offered as and unbundled plan (include medical and prescription drugs) or a **bundled plan (include medical, prescription drugs, dental and vision).**



**Blue Cross
Blue Shield**
of Michigan

	Cobalt Plan	
	In-Network	Out-of-Network

Deductible
(per calendar year)

\$500 Individual
\$1,000 Family

\$1,000 Individual
\$2,000 Family

Coinsurance

20%

40%

Out-Of-Pocket Maximum
(includes deductible excludes all copays and penalty amounts)

\$5,000 Individual
\$10,000 Family

\$10,000 Individual
\$20,000 Family

Preventive Care Services

Adult Routine Physical Exam (every 24 months), Annual Routine Mammogram, GYN Exam and PSA.	Covered 100%; no deductible, no copay	Not covered
Routine Eye and Hearing Screening (one exam every 24 months)	Not covered	Not covered

Physician Services

Primary Doctor Office Visit	\$20 office visit copay; deductible waived	40% copay, after deductible
Specialist Office Visits	\$40 office visit copay; deductible waived	40% copay, after deductible
X-ray and Lab Services (during office visit)	20% co-insurance after deductible	40% copay, after deductible

Emergency Services

Emergency Room (copay waived if admitted)	\$250 copay;	\$250 copay;
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Urgent Care

Immediate Medical Attention	\$60 copay	40% , after deductible
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Hospital Services

Hospital Admission	20% copay, after deductible	40% copay, after deductible
Outpatient Hospital	20% co-insurance after deductible	40% copay, after deductible

	Cobalt Plan	
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	In-Network	Out-of-Network
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Alternatives to Hospital Care

Skilled Nursing (max. 120 days), this is facility benefit and covered	20% co-insurance after deductible	20% co-insurance after deductible
Home Health (max. 120 days) and Urgent Care	20% co-insurance after deductible	20% co-insurance after deductible

Other Services

Outpatient Short-Term Rehabilitation (includes speech, physical, occupational and spinal manipulation therapy), in office setting.	20% co-insurance after deductible	40% copay, after deductible
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Prescription Drug Plan—Retail Pharmacy

Generic	\$15 copay	\$15 COPAY
Preferred Brand-Name Drugs	\$50 copay	\$50 COPAY
Non-Preferred Brand-Name Drugs	\$70 copay or 50% coinsurance of the approved amount (whichever is greater, but no more than \$100 copay for retail 30 day supply)	\$70 copay or 50% coinsurance of the approved amount (whichever is greater, but no more than \$100 copay for retail 30 day supply)

Prescription Drug Plan—Mail Order (90 Day Supply)

Generic	\$30 copay for retail or mail order 90 day supply	N/A
Preferred Brand	\$80 copay	N/A
Non-Preferred Brand	\$160 copay	N/A



DENTAL AND VISION BENEFITS

If you would like to enroll in dental and vision coverage or change your current elections please contact the Benistar Retiree Call Center at (800)236-4782 or access the First Responders enrollment form on the website - www.FirstRespondersUS.com.

Understanding Your Dental Plan Options

The First Responders Trust offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM) during the open enrollment period only. The dental plan provides a wide variety of covered services - either covered in full or partially by the plan. Members will continue to have the choice to enroll in dental and/or vision which requires an application to be completed. Considering the relatively small cost difference between the High and Low Plans, members may want to consider the High plan which includes substantially more coverage - **80% vs 50%**, for Onlays, Crowns, Veneers, Inlays-permanent teeth, even though the need for them may not be anticipated at this time.

The table below provides an overview of the dental plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.FirstRespondersUS.com.

\$0 Deductible for Class 1 Services **\$50 Deductible for Class 2 and 3 Services**

Benefits	Low Plan Coverage	High Plan Coverage
Deductible		
Class 1	\$ 0	\$ 0
Class 2 and Class 3	\$50 per member limited to a maximum of \$150 per family per calendar year	\$50 per member limited to a maximum of \$150 per family per calendar year
Class 1 services	100% Covered	100% Covered
Class 2 services	80%	80%
Class 3 services	50%	50%
Class 4 services	Not covered	Not covered
Annual maximum for Class 1, 2 and 3 services	\$3,000 per member	\$3,000 per member
Lifetime maximum for Class 4	N/A	N/A
Class 3: Major Restorative	35%	35%
Class 4: Orthodontia	N/A	50%

See enrollment form for all plan rates.



DENTAL PLAN - HIGH PLAN VS LOW PLAN

See enrollment form for all plan rates.

Low Plan

Annual Dental Maximum per person \$3,000

Class 1 services

Includes but not limited to: Oral Exams
 Bitewing X-rays Full Mouth X-Rays
 Dental prophylaxis (Teeth Cleaning)
 Fluoride Treatment - Under 19y/o

\$0 = Your Deductible 0% = Your Coinsurance

* 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 2 services

Includes but not limited to:
 Fillings (for permanent & primary teeth)
 Root Canal Oral Surgery
 General anesthesia or IV sedation

\$50 = Your Deductible per member to a maximum of \$150 per family per calendar year
 20% = Your Coinsurance

* 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 3 services

Includes but not limited to:
 Dentures (complete & partial)
 Occlusal biteguards
 Endosteal Implants
 Onlays, crowns and veneer fillings- permanent teeth age 12 and older
 Bridge Installations

\$50 = Your Deductible 50% = Your Coinsurance

* 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 4 services

Orthodontic services for dependents under age 19

Not Covered

DENTAL PLAN - HIGH PLAN VS LOW PLAN

(Continued)



High Plan

Annual Dental Maximum per person

\$3,000

Class 1 services

Includes but not limited to: Oral Exams
Bitewing X-rays Full Mouth X-Rays
Dental prophylaxis (Teeth Cleaning)
Fluoride Treatment - **ANY AGE****

\$0 = Your Deductible 0% = Your Coinsurance

* 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 2 services

Includes but not limited to:
Onlays, Crowns, Veneers, Inlays - permanent teeth**
Occlusal biteguards**
Oral Surgery
General anesthesia or IV sedation

\$50 = Your Deductible per member to a maximum of \$150 per family per calendar year
20% = Your Coinsurance

* 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 3 services

Includes but not limited to:
Dentures (complete & partial)
Endosteal Implants
Bridge Installations

\$50 = Your Deductible 50% = Your Coinsurance

* 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.

Class 4 services

Orthodontic services for dependents under age 19**
Class IV Lifetime Maximum per Individual

50% = Your Coinsurance
\$2,500

See enrollment form for all plan rates.

*Before getting any major procedure, make sure to check with your provider for complete rates and coverage information.

**Consider these upgraded benefits when selecting the High Plan vs. Low Plan and notice the relatively small cost difference.



VISION PLAN BENEFITS



The First Responders Trust offers vision benefits through Blue Cross Blue Shield of Michigan (BCBSM) Blue Vision. The table below provides an overview of the vision plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.FirstRespondersUS.com. To find a VSP doctor, call 1(800)877-7195 or log on to the VSP website at www.vsp.com.

Member's responsibility (copays)

Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$10 copay	\$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$15 copay	Member responsible for difference between approved amount and provider's charge, after \$15 copay
Medically necessary contact lenses	\$15 copay	Member responsible for difference between approved amount and provider's charge, after \$15 copay

Note: No copay is required for prescribed contact lenses that are not medically necessary.

Eye exam

Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$10 copay	Reimbursement up to \$45 less \$10 copay (member responsible for any difference)
One eye exam in any period of 12 consecutive months		

Lenses and frames

Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or grounded, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	\$15 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$15 copay (member responsible for any difference)
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor	One pair of lenses, with or without frames in any period of 12 consecutive months	
•Progressive Lenses - Covered when rendered by a VSP network doctor		
Standard frames	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance)	Reimbursement up to \$70 less \$15 copay (member responsible for any difference)
One frame in any period of 24 consecutive months		

Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.

Contact Lenses

Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$15 copay	Reimbursement up to \$210 less \$15 copay (member responsible for any difference)
One pair of contact lenses in any period of 12 consecutive months		
Elective contact lenses that improve vision (prescribed, but not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)



VEBA WEBSITE
www.FirstRespondersUS.com

First Responders RETIREE VEBA

VEBA BOARD

Doug Guerdat, Chairman
Gary Conley, Board Member
Richard Davis, Secretary / Treasurer

RETIREE SERVICE CENTER

CALL CENTER & PLAN ADMINISTRATOR

1(800)236-4782
Fax: 1-860-408-7025
10 Tower Lane, Suite 100
Avon, CT 06001

CONE RETIREE HEALTHCARE GROUP

VEBA REPRESENTATIVES

Cathy Cone
John Cone
Lisa Andrews

INSURANCE PROVIDERS

Blue Cross Blue Shield Nationwide Providers
BCBSM - Medical Plans
BCBSM - Prescription Drugs
BCBSM - Dental
VSP Blue Vision - Vision



Blue Cross Blue Shield – Medical & RX Plan Options

Pre 65 / 2024 Rates

COBALT Plan		Medical and RX only
Single		\$1,378.91
Two Person		\$3,239.40
Family		\$4,036.75

COPPER Plan		Medical and RX only
Single		\$958.60
Two Person		\$2,230.64
Family		\$2,775.81

BRONZE Plan		Medical and RX only
Single		\$1,179.32
Two Person		\$2,760.37
Family		\$3,437.97

SILVER Plan		Medical and RX only
Single		\$1,515.57
Two Person		\$3,564.97
Family		\$4,443.70

GOLD Plan		Medical and RX only
Single		\$1,705.31
Two Person		\$4,022.73
Family		\$5,015.92

The rates above include the administration fee



Blue Cross Blue Shield – Low Plan Dental / Vision (Standalone no Medical) 2024 Rates

LOW PLAN		
	Dental /Vision	Dental Only
Single	\$71.48	\$62.59
Two Person	\$138.71	\$120.93
Family	\$237.95	\$208.44

An administration fee of \$4.25 is included above



Blue Cross Blue Shield - High Plan Dental / Vision (When adding to a medical plan) 2024 Rates

LOW PLAN		
	Dental /Vision	Dental Only
Single	\$67.23	\$58.34
Two Person	\$134.46	\$116.68
Family	\$233.70	\$204.19

No admin fee when adding Dental to a Medical Plan.

HIGH PLAN		
	Dental /Vision	Dental Only
Single	\$74.55	\$65.66
Two Person	\$149.10	\$131.32
Family	\$259.33	\$229.82

No admin fee when adding Dental to a Medical Plan.



Blue Cross Blue Shield – Medical Plan Options

Pre 65 / 2024 Rates

COBALT Plan	Medical and RX only	Medical, RX and Dental	Medical, RX, Dental and Vision
Single	\$1,378.91	\$1437.25	\$1446.14
Two Person	\$3,239.40	\$	\$3,385.59
Family	\$4,036.75	\$4,095.09	\$4,270.45

COPPER Plan	Medical and RX only	Medical, RX and Dental	Medical, RX, Dental and Vision
Single	\$958.60	\$1,016.94	\$1,025.83
Two Person	\$2,230.64	\$2,347.32	\$2,365.10
Family	\$2,775.81	\$2,980.00	\$3,009.51

BRONZE Plan	Medical and RX only	Medical, RX and Dental	Medical, RX, Dental and Vision
Single	\$1,179.32	\$1,237.66	\$1,246.55
Two Person	\$2,760.37	\$2,857.05	\$2,894.83
Family	\$3,437.97	\$3,642.16	\$3,671.67

SILVER Plan	Medical and RX only	Medical, RX and Dental	Medical, RX, Dental and Vision
Single	\$1,515.57	\$1,572.91	\$1,581.80
Two Person	\$3,564.97	\$3,681.65	\$3,699.43
Family	\$4,443.70	\$4,647.89	\$4,677.40

GOLD Plan	Medical and RX only	Medical, RX and Dental	Medical, RX, Dental and Vision
Single	\$1,705.31	\$1,763.65	\$1,772.54
Two Person	\$4,022.73	\$4,139.41	\$4,157.19
Family	\$5,015.92	\$5,220.11	\$5,249.62

The rates above include the administration fee