



# OMAHA FIREFIGHTERS HEALTHCARE TRUST

## COST PLUS PLAN TWO

Effective January 1, 2023

Group #870941

PLEASE CONTACT GROUP & PENSION ADMINISTRATORS OR THE PPO NETWORK AT THE PHONE NUMBER OR WEBSITE SHOWN ON YOUR PLAN I.D. CARD FOR INFORMATION ABOUT WHICH PROVIDERS ARE INCLUDED.

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	FACILITY 1) PPO PHYSICIANS AND NON-PPO PHYSICIANS 2), 3), 4)	
	***Tier I – CHI HealthPartners Providers & CHI Facilities, Children’s Physician Networks, See TheTrainer, Aerocare - CPAP Vendor	Tier II – Non CHI Health Partners Providers & Non-Contracted Facilities
<b>COST PLUS PLAN – PLAN 2</b> RX Card with co-pay		
<b>Calendar Year Deductible</b>		
- Per Individual	\$500	\$1,000
- Family Limit	\$1,000	\$2,000
<b>Calendar Year Out-of-Pocket Maximum</b> (Includes Deductible and all Co-pays. Excludes Rx)		
- Per Individual	\$1,200	\$1,700
- Family Limit	\$2,200	\$3,200

### LEVEL I FACILITY BENEFITS – Payment Levels:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the Preferred Provider Organization (PPO) network.

BENEFIT PERCENTAGE FOR:	FACILITY BENEFIT 1)		MAXIMUM BENEFITS, LIMITS & PROVISIONS
	Tier I	Tier II	
<b>Inpatient Hospital Services</b>	90% after Deductible	70% after Deductible	UR Notification required, \$500 non-compliance penalty for failure to notify.
<b>Maternity Inpatient Hospital Services</b>	90% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
<b>Routine Newborn Care Inpatient Hospital Services</b>	90% after Deductible	70% after Deductible	
<b>Rehabilitation Facility</b>	90% after Deductible	70% after Deductible	UR Notification required.
<b>Skilled Nursing Facility</b>	90% after Deductible	70% after Deductible	UR Notification required.
<b>Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse</b> Inpatient/Residential Treatment Facilities	90% after Deductible	70% after Deductible	UR Notification required.
<b>Hospital Emergency Room</b>	90% after deductible	90% after Deductible	
<b>Outpatient Surgical Facility</b>	90% after Deductible	70% after Deductible	
<b>Outpatient Therapy/Other Services</b> Physical & Speech Therapy Occupational Therapy Pulmonary Therapy Cardiac Rehabilitation Therapy Chemotherapy, Dialysis, Radiation Therapy	90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible	70% after Deductible 70% after Deductible 70% after Deductible 70% after Deductible 70% after Deductible	CYM 60 visits CYM 36 visits CYM 18 visits UR Notification required
<b>Outpatient Diagnostic Services</b> Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	90% after Deductible	70% after Deductible	UR Notification required.
<b>All Other Diagnostic Lab and X-ray</b>	90% after Deductible	70% after Deductible	UR Notification required for MRI, MRA, CT and PET
<b>Preventive and Wellness Lab and X-ray</b>	100%; Deductible waived	100%; Deductible waived	



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### LEVEL I PROVIDER BENEFITS – Payment Levels and Limits:

This section applies to Providers of services defined as below. Benefits shown are available **based upon the Provider's participation in the Provider Group.**

BENEFIT PERCENTAGE FOR:	LEVEL I BENEFIT		MAXIMUM BENEFITS, LIMITS & PROVISIONS
	Tier I	Tier II	
<b>We Care Providers – Initial Visit</b>	100%	Non-We Care Providers 70% after Deductible	Benefits limited to Active and Retiree Firefighters Only
<b>We Care Providers – Subsequent Visits</b>	90% after Deductible		
<b>We Care Providers – Initial Visit</b>	90% after Deductible	Non-We Care Providers 70% after Deductible	Benefits for participating spouses and child(ren)
<b>We Care Providers – Subsequent Visits</b>			

### LEVEL II PHYSICIAN BENEFITS – Payment Levels and Limits:

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available **based upon the Provider's participation in the PPO network.**

BENEFIT PERCENTAGE FOR:	LEVEL II BENEFIT 2), 3), 4)		MAXIMUM BENEFITS, LIMITS & PROVISIONS
	Tier I	Tier II	
<b>Physician Hospital Visits/Surgeon/Anesthesia</b>	90% after Deductible	70% after Deductible	
<b>Physician Hospital Visit for Mental &amp; Nervous Disorders/Chemical Dependency, Drug and Substance Abuse</b>	90% after Deductible	70% after Deductible	
<b>Maternity</b> (Including Prenatal delivery and Postnatal care) Lab and X-Ray Benefit Applies	90% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
<b>Routine Newborn Care</b> (Pediatric care to date of mother's discharge.)	90% after Deductible	70% after Deductible	
<b>Office Visit</b> (includes Exam, Treatment, X-ray includes select diagnostic medical procedures, Allergy Injections, Testing & Serum, Office Surgery)	90% after Deductible	70% after Deductible	
<b>TMJ Services</b>	90% after Deductible	70% after Deductible	Limited to \$2,500 per Lifetime
<b>Mental/Nervous Disorders and Substance Abuse Office Visits</b>	90% after Deductible	70% after Deductible	
<b>Urgent Care Facility</b>	90% after Deductible	70% after Deductible	
<b>Infertility Services</b> (Includes Diagnostic Testing and Treatment)	90% after Deductible	70% after Deductible	
<b>Select Diagnostic Medical Procedures</b> CT Scans, MRIs, PET Scans, etc.(Physician's Office or Freestanding Facility)	90% after Deductible	70% after Deductible	UR Notification required.
<b>Diagnostic Lab/X-ray</b> (Freestanding Facility, Independent Lab or Physician's Office)	90% after Deductible	70% after Deductible	
<b>KIS Imaging Radiological Benefit</b> (CT scans, PET scans, MRIs)	100% of KIS Imaging negotiated rate Deductible waived	100% of KIS Imaging negotiated rate Deductible waived	<b>Call 888-458-8746 to schedule appointment</b> No UR Notification Required.
<b>Outpatient Therapy/Other Services</b> Physical & Speech Therapy Occupational Therapy *Chiropractic and Acupuncture Pulmonary Therapy Cardiac Rehabilitation Therapy Chemotherapy, Dialysis, Radiation Therapy	90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible	70% after Deductible 70% after Deductible 70% after Deductible 70% after Deductible 70% after Deductible 70% after Deductible	CYM 60 visits CYM 30 Visits CYM 36 visits CYM 18 visits UR Notification required
<b>Vision Correction Surgery</b>	90% after Deductible	70% after Deductible	Benefits for employee only



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<b>Home Health Services</b>	90% after Deductible	70% after Deductible	Contact UR Company for coordination of care. CYM 60 visits
<b>Hospice</b> (Inpatient Hospice and Home Hospice)	90% after Deductible	70% after Deductible	UR Notification required for Inpatient Hospice. 180 day limit.
<b>Durable Medical Equipment</b>	90% after Deductible	70% after Deductible	UR Notification Required
<b>Prosthetic Devices and Orthotics</b>	90% after Deductible	70% after Deductible	UR Notification Required
<b>Ambulance Services</b>	90% after Deductible	90% after Deductible	Non-Emergency use N/C
<b>All Other Provider Covered Physician Services</b>	90% after Deductible	70% after Deductible	



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### Preventive and Wellness Care Benefits

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or Injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE FOR:	LEVEL II BENEFIT 2), 3), 4)		LIMITS & PROVISIONS
	Tier I	Tier II	
All Covered Wellness Benefits	100%; Deductible waived		See age and frequency limits and other special provisions below
<b>Examples of Covered Wellness Procedures to include but are not limited to:</b> <ol style="list-style-type: none"> <li>1) Routine Physical Exam</li> <li>2) Annual Well Woman Exam</li> <li>3) *Annual Pap smear and other routine lab</li> <li>4) *Annual Routine Mammogram</li> <li>5) *Bone Density test</li> <li>6) Annual PSA test</li> <li>7) Well Baby Care Exam/Well Child Care Exam</li> <li>8) Hearing Screenings for newborns</li> <li>9) Routine Immunizations</li> <li>10) Flu vaccine/pneumonia vaccine</li> <li>11) *Routine lab, x-ray, diagnostic testing and other medical screenings</li> <li>12) Smoking/Tobacco Use Cessation</li> <li>13) *All FDA-approved Women's Contraceptive methods/Sterilization procedures</li> <li>14) *Routine Colonoscopy (includes polyp removal)</li> </ol>			

\* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.

<b>Routine Vision</b> (Includes Refraction)	CHI Health Partners, PHCS, MultiPlan Providers  Covered 100%, Deductible Waived	Any Other Provider  Not Covered
<b>*Chiropractic Services</b>	PHCS or Multiplan Providers  Covered under Tier 1	Any Other Provider  Covered under Tier 2



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PRESCRIPTION DRUGS *	Network	Out of Network
Retail (30 day supply)	Generic: \$5 Copay Formulary Brand: \$15 Copay Non-Formulary Brand: \$30 Copay	Generic: \$5 Copay Formulary Brand: \$15 Copay Non-Formulary Brand: \$30 Copay
Mail Order (90 day supply)	Generic: \$10 Copay Formulary: \$30 Copay Non-Formulary Brand: \$60 Copay	Generic: \$10 Copay Formulary: \$30 Copay Non-Formulary Brand: \$60 Copay
Specialty Drugs (30 day supply)**	Generic: \$5 Copay Formulary Brand: \$15 Copay Non-Formulary Brand: \$30 Copay	Generic: \$5 Copay Formulary Brand: \$15 Copay Non-Formulary Brand: \$30 Copay
Oral Chemotherapy Drugs with IV Equivalents	Deductible waived-\$0 Coinsurance	30% Coinsurance Deductible Applies

After the Prescription Copayments and/or Coinsurance have reached an Out-of-Pocket Maximum of \$5,600 for an individual or \$11,200 for a Family, your plan pays 100% of covered prescription drugs for the remainder of the benefit year

**NOTE:** This Summary of Benefits only represents an overview of your medical benefits and are subject to change.

\*\*Specialty Drugs must be obtained through the Prescription Drug Plan's Specialty Pharmacy. However, two (2) retail fills will be allowed before filling will be required at the Specialty Pharmacy.

\*\*\*Tier I: CHI Health Partners Providers/CHI Facilities/Children's Physician Network/See The Trainer/Americare

-Contracted Facilities – CHI Hospitals, The Urology Center and Omaha Surgical Center