



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

HOW TO COMPARE AND CONTRAST HEALTHCARE PLAN PROPOSALS

March 29, 2026

OVERALL PLAN STRUCTURE

- Plan Sponsor, “usually” the employer, is responsible for the fund, it’s finances and operation - also determines plan structure:
- ‘Fully Insured’ – employer pays a premium to a carrier who assumes all risk. “Off the shelf” plan – no changes
- ‘Self Insured’ – plan sponsor is the insurer and assumes all risk. The plan sponsor also assumes total control of the plan, including benefit plan design – can be customized. Plan sponsor hires a Third Party Administrator (TPA) to process claims which are actually paid by the plan sponsor. Sometimes called ‘Self Funded’. Cards may look very similar for both, fully insured and self Insured.



PLAN DESIGNS

- PPO – Preferred Provider Organization (network)
- EPO – Exclusive Provider plans (narrow network)
- HMO – Health Maintenance Organization (runs through PCP)
- POS – Point of Service plans (hybrid)
- Indemnity Plans (80/20)

- HDHP – High Deductible Plans (HSA Plans)
Contribution limits - \$4,400 / \$8,750



THE ROLE OF BROKERS / CONSULTANTS

- Human Resources departments are usually responsible for health insurance procurement, the RFP process. The problem is that most of them don't understand the, very complicated, insurance business.
- As a result, Brokers or Consultants are relied upon for just about everything in the procurement process and are often conflicted. Many of them are taking money from all sides, the employer, the carrier, the PBM and other vendors.
- They will often try to complicate the process with many, many proposals and then steer the employer to what pays them the most.
- Consider the establishment of a Labor/Management Healthcare Committee and get involved in the procurement process.



DOCUMENTS NEEDED FOR COMPARISON

- Disruption report – for providers and facilities
- Summary of Benefits and Coverage (SBC) for each plan
- Summary Plan Description (SPD) for plan specifics
- Prescription Formularies
- Plan costs broken down – employer / employee rates
- Employer financial documents for Healthcare and Workers' Compensation – ACFR preferred (Annual Comprehensive Financial Report) - these are audited numbers.



PRELIMINARY EVALUATION


- Check '**Disruption Report**', provided by the broker, for providers and facilities, including cancer care facilities.
- Check '**Formulary**' for Specialty Drugs used by your members. There might be Biosimilars which are like specialty generics.
- Check '**Employer Financial Documents**' to make sure Workers' Comp claims aren't comingled with medical claims.
- Check the '**SBC**' to see if there is 'Out of Network Coverage', and for 'Limitations and Exclusions' - follow up for specifics in the 'SPD', if needed.



SUMMARY OF BENEFITS AND COVERAGE

- The SBC identifies what is actually covered by a plan and to what extent, and as a result, the value of the benefits plan.
- Begin with the SBC of your current plan and compare the other one against it, line by line. You may use highlights, check marks, pluses or minuses and add in dollar amounts or percentage differences, where applicable.
- After one is selected, compare it against any others, one by one and continue the process until all have been compared.
- The final step applies the rates to the plan benefits to determine the overall value.



 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](#) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	In Network - \$ Individual / Family Out of Network - \$ Ind. / Family	\$1,700 / \$3400 or greater = HDHP (HSA) for 2026
Are there services covered before you meet your deductible ?	Preventive Care no cost Primary Care / Specialist Care with Copay Plan	Annual physical, preventive screenings (labs, mammograms, colonoscopies), vaccinations
Are there other deductibles for specific services?	Possibly Prescription Drug Coverage or other services	
What is the out-of-pocket limit for this plan ?	In Network - \$ individual / Family Out of Network - \$ Ind. / Family	\$8,500 / \$17,000 maximum for 2026
What is not included in the out-of-pocket limit ?		Premiums, Copays, Balance Bills , Preauthorization Penalties, Services the plan doesn't cover.
Will you pay less if you use a network provider ?	<u>Usually</u>	
Do you need a referral to see a specialist ?	Sometimes...	





All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Copay Plan	Coinsurance % or N/C	HDHP usually out of pocket
	Specialist visit	Higher Copay	Higher Coinsurance %	Referral or Preauthorization may be required.
	Preventive care/screening/immunization	No Charge	Can be coinsurance %	
If you have a test	Diagnostic test (x-ray, blood work)	Copay / Coinsurance %	Higher Coinsurance %	
	Imaging (CT/PET scans, MRIs)	Copay / Coinsurance %	Higher Coinsurance %	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.[insert].com	Generic drugs	Copay	Coinsurance %	
	Preferred brand drugs	Higher Copay	Coinsurance %	
	Non-preferred brand drugs	Coinsurance %	Higher Coinsurance %	
	Specialty drugs	Coinsurance %	Higher Coinsurance %	Some plans don't cover at all.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Copay per day	Coinsurance %	Preauthorization <u>usually</u> required.
	Physician/surgeon fees	Coinsurance %	Higher Coinsurance %	
If you need immediate medical attention	Emergency room care	Copay / Coinsurance %	Coinsurance %	
	Emergency medical transportation	Coinsurance %	Coinsurance %	
	Urgent care	Copay	Coinsurance %	
If you have a hospital stay	Facility fee (e.g., hospital room)	Copay per day or coinsurance %	Coinsurance %	
	Physician/surgeon fees	Coinsurance %	Coinsurance %	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Mental Health Parity	Mental Health Parity	Federal Law
	Inpatient services	Mental Health Parity	Mental Health Parity	Federal Law
If you are pregnant	Office visits	Depends on plan	Coinsurance %	
	Childbirth/delivery professional	Coinsurance %	Higher Coinsurance %	



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	services			
	Childbirth/delivery facility services	Coinsurance %	Higher Coinsurance %	
If you need help recovering or have other special health needs	Home health care	Copay / Coinsurance %	Coinsurance %, if covered	
	Rehabilitation services	"	"	
	Habilitation services	"	"	
	Skilled nursing care	"	"	
	Durable medical equipment	"	"	
	Hospice services	"	"	
If your child needs dental or eye care	Children's eye exam			Limitations
	Children's glasses			"
	Children's dental check-up			"

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

-
-
-

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

-
-
-

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: [insert State, HHS, DOL, and/or other applicable agency contact information]. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: [insert applicable contact information from instructions].

Does this plan provide Minimum Essential Coverage? [Yes/No]

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? [Yes/No]

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).



SERVICES WITH LIMITATIONS, OR NOT COVERED

Examples:

Cosmetic surgery, Dental and Vision, Specialty drugs, GLP 1's, Chiropractic care, Acupuncture, Infertility treatment, Artificial insemination, Weight loss programs, Bariatric surgery, Hearing aids, Rehabilitation or physical therapy, Reconstructive surgery, Experimental or investigational services or drugs, Abortion or elective abortion, Private duty nursing, Long term care, Custodial care, Hospice or Palliative care, Routine eye and foot care, Non-emergency care outside of U.S.



CONTRACT LANGUAGE - MAINTENANCE

The employer agrees to provide substantially equivalent healthcare benefits, when considered overall, to the current health benefits package for firefighters and their dependents. This may involve the use of another carrier or administrator provided that the combined value of the package, including employee out of pocket costs, provider and facility access, and benefits remain substantially equivalent to the current package when considered overall. The current Summary Plan Description is attached herein and incorporated into the appendix of this agreement. The current employer health benefit subsidy percentage shall remain unchanged.



HEALTHCARE BENEFITS COMMITTEE

Add a clause that recognizes a Labor / Management Healthcare Committee that shall attend all employer meetings (usually quarterly) with the broker / consultant and the employer where plan progress and details are discussed, and shall be an integral part of the procurement process. Include language about the composition of the committee, the authority of the committee, how decisions are made and documents it requires from the employer and its broker / consultant. The union does not waive its right to negotiate healthcare benefits by participating in this committee.



IAFF ASSISTANCE

- Jim Tate, IAFF Healthcare Advisor jtate@iaff.org
- For technical assistance on healthcare related issues, contact your District Vice President for approval.



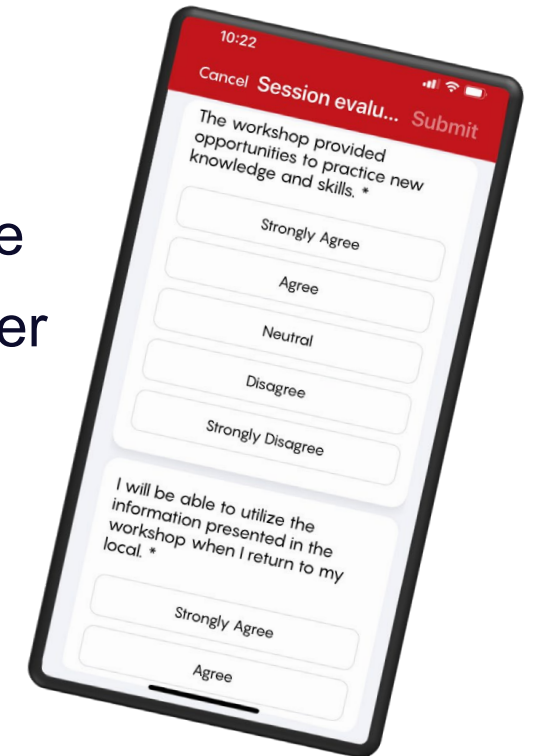


THANK YOU!
ANY QUESTIONS?

Jim Tate
IAFF Healthcare Advisor
jtate@iaff.org

EVALUATION AND WIN AN IPAD!

- **Submit your workshop and overall evaluations to be automatically entered in two drawings for a new iPad!**
- **Complete your evaluations using the IAFF app:**
 1. Download the IAFF app and sign in with your iaff.org username
 2. Tap the 2026 Strive for Excellence Summit event image to enter the event's dashboard
 3. Tap "Sessions" and tap on the workshops you attended
 4. Tap "Evaluation" and complete the evaluation
 5. Tap "Submit"



For the event's overall evaluation, follow steps 1 and 2, then tap "Event Evaluation" located in the event's Dashboard.

