



2026 Employee Benefits Guide

Provided by

San Bernardino County
Firefighters, Local 935



2025/26 OPEN ENROLLMENT

August 25 - September 8, 2025

All open enrollment changes will be effective October 4, 2025.

WELCOME TO YOUR NEW IAFF LOCAL 935 BENEFIT PACKAGE

The IAFF Local 935 Health and Welfare Trust was created with one goal in mind – to provide exceptional, no-cost benefits that meet the unique needs of our members and their families. As firefighters, your health and well-being are our top priorities. That’s why this new Trust was built by San Bernardino Professional Firefighters, Local 935 for Local 935.

Each year, we will continue to review and refine our benefit offerings to ensure they remain comprehensive, high-quality, and financially sustainable. Based on member feedback, we are confident that the plans available for 2025 deliver enhanced care, expanded access, and zero out-of-pocket costs – all while protecting the long-term strength of the Trust.

Action Required:

All members must log into <https://www.brownbis.com/sb-fire-oe> to complete their benefit elections.

Please take time to review this guide carefully and refer to it throughout the year.

We’re proud to offer this new level of coverage – and even prouder to do it at no cost to you or your family.

TABLE OF CONTENTS

Letter from Local 935 Trustees	3
New for 2025/26	4
Eligibility and Enrollment	5
Employee Bi-Weekly Rate Comparison	6
Medical Plans	7
2025/26 Medical Plan Changes	8
Medical Options vs. County Plan Options	9-12
Dental Plan Options vs. County Options	13-16
Vision Plan Options vs. County Options	17-18
Accident and Hospital Indemnity Plans	19-20
IAFF Local 935 Additional Benefits	21
Flexible Spending Accounts (FSA)	22
Customer Service and Contacts	23
Important Notices	24-26
Annual Compliance Notice	27

Please contact Brown Insurance Services at 714-460-7744 or email SBFire935@brownbis.com should you have any questions regarding your benefit package.



LETTER FROM THE TRUSTEES OF THE LOCAL 935 HEALTH & WELFARE TRUST

To: All Active Members Represented by San Bernardino County Firefighters Local 935

From: Trustees of the Local 935 Health & Welfare Trust

Re: Introducing Your New Health & Welfare Trust – 2025/26 Open Enrollment

Dear Local 935 Members,

We are proud to announce the launch of the **Local 935 Health & Welfare Trust** — a new, firefighter-run healthcare trust established exclusively for the benefit of our members and their families.

Beginning with the **2025 plan year**, all eligible members and their enrolled dependents will receive **equal or better benefits than those previously offered through the County — at absolutely no cost.** This includes **\$0 payroll deductions for medical, dental, and vision coverage.**

What's Changing — and What's Better:

The Local 935 Health & Welfare Trust was created to give our members access to top-tier benefits, more control over healthcare decisions, and long-term financial protection for our Trust and members. Your new benefits package includes:

- **United Healthcare PPO and HMO Medical Plans**
- **Delta Dental PPO** — providing comprehensive dental coverage
- **VSP Vision Plan** — industry-leading vision care coverage
- **\$0 Payroll Cost** — for you and your entire family

Exclusive Health & Wellness Enhancements:

Through our new partnership with **Hoag Hospital**, members will also receive:

- An **executive-level annual physical** — comparable to what professional athletes receive
- Access to a **state-of-the-art cancer screening blood test**, utilizing cutting-edge technology to detect cancer at its earliest stages

These programs are designed specifically to support the health needs of firefighters and are **only available through the Local 935 Health & Welfare Trust.**

Open Enrollment Details:

Open Enrollment will begin on Monday, August 25 through Monday, September 8.

Action is required. All members must log in to www.brownbis.com/sb-fire-oe to complete their 2025/26 elections.

If you need help, contact the **Brown Insurance Services Team** at **(714) 460-7744**. They are available to support you every step of the way.

This Trust is a major step forward — built for firefighters, by firefighters. With stronger benefits, no cost to you, and improved access to preventive care, we are confident this transition will have a lasting and positive impact on the well-being of our members and their families.

Thank you for your service and commitment. We look forward to a strong year ahead.

Sincerely,

Trustees of the Local 935 Health & Welfare Trust

CHANGES & ENHANCEMENTS FOR 2025/26 PLAN YEAR



NEW - United HealthCare PPO Plan		
Chiropractic	\$10 copay (CY Deductible Waived)-Up to 20 visits per calendar - OptumHealth only contracts with duly licensed California chiropractors. Members must use OptumHealth Participating Providers to receive their maximum benefit.	
Acupuncture	20 Treatments Per Year - 20% after deductible	20 Treatments Per Year - 30% after deductible

NEW - United HealthCare HMO Plan	
\$10 Copays	There are not different levels, just a \$10 Copay
Mental Health & Substance Abuse	Both Outpatient and Inpatient Services are covered at no charge



NEW - Anthem Accident & Hospitalization Plans	
Accident Plan - No Cost for PPO Medical Members	Accident coverage provides a cash benefit for qualifying accidental losses. It can help pay for out-of-pocket medical costs, costs that may not be covered under your medical plan, or daily expenses. Cash benefit is paid directly to you in a lump-sum, tax-free payment.
Hospital Indemnity Plan - No Cost for PPO Medical Plan Members	Hospital Indemnity provides a lump-sum cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Use your hospital indemnity coverage to help pay for out-of-pocket medical costs or daily expenses like rent, food or transportation. Cash benefit is paid directly to you in a lump-sum. Covers hospitalization for normal pregnancy from day one with no waiting period tax-free payment.



NEW - Delta Dental Premier Network Access	
Delta Premier Network	You now have access to the Delta Premier Dentist Network with no change in coverage at No Cost.



NEW - VSP Vision Plan	
Frames Allowance	Increase from \$120 to \$170 for Featured Frame Brands
Contact Lens	Out of Network increase from \$85 to \$105 allowance
VSP LIGHTCARE	\$120 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts

ELIGIBILITY & ENROLLMENT

Eligible Members:

As a condition of County employment, if eligible, you must enroll in a County-sponsored or union-sponsored, medical and dental plan unless you have other employer-sponsored group medical and/or dental insurance. To be eligible for the benefits listed in this guide you must be a dues paying member and offered benefits through the San Bernardino County Professional Firefighter's Local 935 MOU Compensation Plan, Salary Ordinance, or Employment Contract.

New Employees have 7 days to enroll, failure to make an election will result in automatic enrollment in the lowest cost health and dental plan on an after-tax basis -

Eligible Dependents:

Once you become eligible for benefits, you may also enroll your eligible dependents. Generally, eligible dependents include:

- **Your legal spouse or domestic partner**
- **Your children** up to age 26, including:
 - Natural children
 - Adopted children
 - Children for whom you or your spouse/domestic partner are the legal guardian
 - Stepchildren
 - Domestic partner's children
- **Children beyond age 26**, provided they were enrolled before reaching age 26 and you can provide proof of an ongoing disability

Changes in Benefit Elections:

During **open enrollment**, you can change your benefit elections for the upcoming plan year. You may:

- Add or change your benefit plans
- Add or remove dependents from your coverage

In addition to open enrollment, you may make changes to your benefits during the year if you experience a qualified status change.

Qualified Life Event (QLE) status changes include:

- The **birth or adoption** of a child (*Required Documentation: Birth certificate or hospital birth record for a newborn. Adoption or placement paperwork for an adopted child*). All Documentation Must be Received within 30 days
- A change in **domestic partnership status or legal marital status**, such as marriage, death of a spouse, divorce, legal separation, or annulment

(Required Documentation:

- Marriage certificate or registration of domestic partnership
- Divorce decree, legal separation agreement, or annulment documentation
- Death certificate)

- **Starting or ending employment** for you, your spouse/domestic partner, or a dependent (*Required Documentation: Proof of loss of other coverage, such as a termination letter from the previous insurer. Proof of gaining other coverage, such as a confirmation of enrollment letter*)
- **A reduction or increase in work hours** for you, your spouse/domestic partner, or a dependent (*Required Documentation: Letter from the employer indicating a change in employment status, such as termination, reduction in hours, or change from full-time to part-time*)
- An event that causes a dependent to **meet or no longer meet coverage requirements**, such as reaching a specific age, or any similar circumstance defined by the health plan (*Required Documentation: Proof of the dependent's age or student status if applicable*)
- In certain cases, a **change in residence or workplace** for you (*Required Documentation: Proof of new address, such as a utility bill, lease agreement, or mortgage statement, if it affects the coverage area*)

You must notify **Brown Insurance Services at 714-460-7744** or email SBFire935@brownbis.com within **60 days** of any qualified status change.

When Coverage Ends:

- **For members and dependents:** Coverage ends on the **last day of the month** in which you leave employment.
- **For dependent children:** Coverage continues until the **end of the month** in which they reach age 26.

In most cases, members and qualified dependents may choose to continue coverage at their own expense after losing eligibility, as allowed under **COBRA federal law**.

EMPLOYEE BI-WEEKLY RATE COMPARISON

NEW IAFF Local 935 Trust
VS.
County of San Bernardino Bi-Weekly Rates

MEDICAL PLAN OPTIONS				
TIER LEVEL	IAFF Local 935 United Health Care PPO	County of San Bernardino Blue Shield PPO	IAFF Local 935 United Health Care HMO	County of San Bernardino Blue Shield Signature HMO
Employee Only	\$0.00	\$655.06	\$0.00	\$352.47
Employee +1	\$0.00	\$1,322.93	\$0.00	\$702.94
Employee +2	\$0.00	\$2,067.79	\$0.00	\$993.83

Accident & Hospitalization Plans are included with UHC PPO Plan at no cost

DENTAL PLAN OPTIONS				
TIER LEVEL	IAFF Local 935 United Health Care PPO	County of San Bernardino Delta Dental PPO	IAFF Local 935 United Health Care HMO	County of San Bernardino DeltaCare USA DHMO
Employee Only	\$0.00	\$21.91	\$0.00	\$9.88
Employee +1	\$0.00	\$40.70	\$0.00	\$15.94
Employee +2	\$0.00	\$69.52	\$0.00	\$20.77

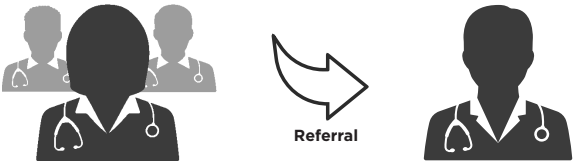
VISION PLANS PLAN OPTIONS		
TIER LEVEL	IAFF Local 935 VSP Vision	County of San Bernardino MES Vision
Employee Only	\$0.00	\$0.00
Employee +1	\$0.00	\$0.00
Employee +2	\$0.00	\$0.00

Local 935 Active Members All Plans Include: 1. Executive NFL Level Physical: Hoag Corporate Health will annually assess eight distinct categories or systems, to identify and assess participants' disease risk and performance as well as opportunities for improvement. 2. **Revolutionary Multi-Cancer Screening:** Cancer screening is used to find cancer before a person has any symptoms. Through a new blood test available at Hoag, we can detect the presence of more than 50 types of cancers

NEW MEDICAL PLANS

Below is a brief summary of the **medical plans** offered by Local 935 Health & Welfare Trust, along with a **side-by-side** comparison of each plan. For more detailed information, you can visit the Benefits website to view the **Summary of Benefits and Coverage (SBC)** for each plan at SBFire935@brownbis.com.



United Healthcare (UHC) PPO	United Healthcare (UHC) HMO
<p>The UHC PPO plan offers access to a network of contracted providers who provide services at discounted rates. The plan includes a \$250 individual/\$500 family deductible with 20% coinsurance for in-network services and 30% coinsurance for out-of-network services. Specified preventive services, as required by Health Care Reform, are covered at 100%, with the deductible waived.</p> <p>Some services require prior authorization under the PPO plan. If you go out of network, you will be responsible for a higher coinsurance and any additional fees charged by the providers. Office visits with an Anthem preferred provider require a \$10 copayment.</p>	<p>Under the UHC HMO plan, you and your family must select a medical group or primary care physician (PCP). The PCP will provide general and preventative care and refer you to specialists when needed. The PCP will also arrange admission to the hospital. You and your family do not need to choose the same PCP. You must work or live within 15 miles or 30 minutes of your PCP. Most services are covered at 100% after paying a copayment and in most cases there is no deductible or coinsurance when care is approved by your PCP.</p> <p>Health Maintenance Organization (HMO) Plan In-Network Only</p> <div style="text-align: center;">  <p>Primary Care Physician (PCP) Referral Specialist</p> </div>



2025/26 MEDICAL PLAN CHANGES

PROVISION	DESCRIPTION OF CHANGE	TYPE OF CHANGE	DATE OF CHANGE
AB 3059 Human Milk	Requires a health care service plan or health insurance policy to provide an enrollee or insured with coverage for medically necessary pasteurized donor human milk obtained from a tissue bank licensed the State Department of Public Health. A new benefit has been filed with the DMHC.	Federal and/or State Regulatory Change	1/1/25
AB 2105 Coverage for PANDAs and PANS	Creates a new mandated benefit for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon and is medically necessary, as defined by current nationally recognized clinical practice guidelines by expert treating physicians published in peer-reviewed medical literature. A new benefit has been filed with the DMHC.	Federal and/or State Regulatory Change	1/1/25
AB 1936 Maternal Mental Health Screenings	Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. AB 1926 amends the law to add that the program must consist of at least one maternal mental health screening to be conducted during pregnancy, at least one additional screening to be conducted during the first six weeks of the postpartum period, and additional postpartum screenings, if determined to be medically necessary and clinically appropriate in the judgment of the treating provider. A revision to the Maternity Services benefit has been filed with the DMHC.	Federal and/or State Regulatory Change	1/1/25
AB 2258 Health Care Coverage: Cost Sharing	Prohibits a group nongrandfathered health care service plan contract or health insurance policy from imposing cost sharing requirements for preventive care services, including home test kits for sexually transmitted diseases. The current EOC does not apply cost sharing for network preventive care services, except for home test kits for sexually transmitted diseases because it was previously permitted. A revision to the Schedule of Benefits has been filed with the DMHC to reflect no cost sharing for home test kits for sexually transmitted diseases since it is now considered a preventive care service.	Federal and/or State Regulatory Change	1/1/25
SB 1180 Emergency Medical Services	A health care service plan contract or health insurance policy must establish a process to reimburse for services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program. A new benefit has been filed with the DMHC.	Federal and/or State Regulatory Change	7/1/25
AB 2843 Rape and Sexual Assault	A health care service plan must provide coverage for emergency room medical care and follow-up health care treatment for an enrollee who is treated following a rape or sexual assault without imposing cost sharing for the first nine months after the enrollee initiates treatment. A new benefit has been filed with the DMHC.	Federal and/or State Regulatory Change	7/1/25
SB 729 Treatment for Infertility and Fertility Services	Effective 7/1/25, a large group health care service plan contract must provide coverage for the diagnosis and treatment of infertility and fertility services, including a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with ASRM guidelines, using single embryo transfer when recommended and medically appropriate. A new benefit has been filed with the DMHC.	Federal and/or State Regulatory Change	7/1/25

NEW IAFF LOCAL 935 TRUST PLAN HIGHLIGHTS



United Healthcare (UHC) PPO	In-Network	Out-of-Network
Calendar Year (CY) Deductible		
Individual	\$250	
Family	\$500	
Out-of-Pocket Maximum		
Some benefits excluded from the OoP maximum, refer to EOC for details)		
Individual	\$1,750	\$2,250
Family	\$3,500	\$4,500
Office/Outpatient Care		
Office Visit	\$10 copay (CY Deductible Waived)	You pay 30%*
Preventative Care Services	No charge (CY Deductible Waived)	Not Covered
Specialist	\$10 copay (CY Deductible Waived)	You pay 30%*
Emergency Medical Care		
Emergency Room	\$50 per visit + 20%* (\$50 waived if admitted) ER Physician Services: You pay 20%*	\$50 per visit + 20%* (\$50 waived if admitted & treated as in-network benefit). ER Physician Services: You pay 20%*
Urgent Care	\$10 copay (CY Deductible Waived)	30% after CY deductible
Diagnostic Services		
Laboratory and Pathology Tests	You pay 20%*	You pay 30%*
Diagnostic Tests and X-Ray		
Hospital Services		
Hospital care (Physician and Facility charges)	You pay 20%*	You pay 30%*
Surgical Services		
Hospital - In Patient Surgical Services	Facility: You pay 20%* Physician: You pay 20%*	Facility: You pay 30%* Physician: You pay 30%*
Outpatient/Ambulatory Surgical Center		
Mental Health and Substance Abuse Treatment		
Inpatient Services	You pay 20%*	You pay 30%*
Outpatient Services	Outpatient: 1-3 visits: No charge \$10 per visit thereafter (Not subject to the Calendar-Year Deductible)	You pay 30%*
Prescription Drugs		
Prescription drugs (per fill)	In-Network Retail Pharmacy: \$15 Tier 1, \$30 Tier 2, \$30 Tier 3 (up to a 31-day supply) Mail order is voluntary 90 day supply at discounted rate	In-Network Retail Pharmacy: \$15 Tier 1, \$30 Tier 2, \$30 Tier 3 (up to a 31-day supply) Mail order not covered
Other Benefits		
Chiropractic care	\$10 copay (CY Deductible Waived)-Up to 20 visits per calendar - OptumHealth only contracts with duly licensed California chiropractors. Members must use OptumHealth Participating Providers to receive their maximum benefit.	
Acupuncture	You Pay 20%* - Up to 20 visits per calendar	You Pay 30%* - Up to 20 visits per calendar
Physical and Occupational Therapy Speech Therapy	You pay 20%* (CY deductible waived)	You pay 30%*

*After the Annual Medical Deductible has been met.

COUNTY OF SAN BERNARDINO PLAN HIGHLIGHTS



Blue Shield PPO	In-Network	Out-of-Network
Calendar Year (CY) Deductible		
Individual		\$250
Family		\$500
Out-of-Pocket Maximum		
Some benefits excluded from the OoP maximum, refer to EOC for details)		
Individual	\$1,750	\$2,250
Family	\$3,500	\$4,500
Office/Outpatient Care		
Office Visit	\$10 copay (CY Deductible Waived)	You pay 30%*
Preventative Care Services	No charge (CY Deductible Waived)	Not Covered
Specialist	\$10 copay (CY Deductible Waived)	You pay 30%*
Emergency Medical Care		
Emergency Room	\$50 per visit + 20%* (\$50 waived if admitted) ER Physician Services: You pay 20%*	\$50 per visit + 20%* (\$50 waived if admitted & treated as in-network benefit). ER Physician Services: You pay 20%*
Urgent Care	\$10 copay (CY Deductible Waived)	30% after CY deductible
Diagnostic Services		
Laboratory and Pathology Tests	You pay 20%*	You pay 30%*
Diagnostic Tests and X-Ray		
Hospital Services		
Hospital care (Physician and Facility charges)	You pay 20%*	You pay 30%*
Surgical Services		
Hospital - In Patient Surgical Services	Facility: You pay 20%* Physician: You pay 20%*	Facility: You pay 30%* Physician: You pay 30%*
Outpatient/Ambulatory Surgical Center		
Mental Health and Substance Abuse Treatment		
Inpatient Services	You pay 20%*	You pay 30%*
Outpatient Services	Outpatient: 1-3 visits: No charge \$10 per visit thereafter (Not subject to the Calendar-Year Deductible)	You pay 30%*
Prescription Drugs		
Prescription drugs (per fill)	Participating Pharmacy: \$15 generic formulary, \$30 brand formulary, \$30 non-formulary (up to a 30-day supply) Specialty Pharmacies: \$15 per prescription (up to a 30-day supply) Mail order is voluntary 90 day supply at discounted rate.	Participating Pharmacy: \$15 generic formulary, \$30 brand formulary, \$30 non-formulary (up to a 30-day supply) Specialty Pharmacies not covered. Mail Order not covered.
Includes Diabetic drugs and testing supplies		
Other Benefits		
Chiropractic care	You pay 20%*	You pay 30%*
	Up to 30 visits per calendar year combined PPO/Out-of-Network maximum	
Physical and Occupational Therapy Speech Therapy	You pay 20%* (CY deductible waived)	You pay 30%*

*Member pays Calendar Year (CY) deductible before Blue Shield pays for covered services under the benefit plan. Please note: This comparison chart only highlights benefits. The evidence of coverage document (EOC) and official plan documents contain comprehensive benefit details and govern your rights and benefits under each plan. If any discrepancy exists between this comparison chart and the official plan documents, the official plan documents will prevail.

NEW IAFF LOCAL 935 TRUST PLAN HIGHLIGHTS



United Healthcare (UHC) HMO		
Calendar Year (CY) Deductible	None	
Out-of-Pocket Annual Maximum		
Some benefits excluded from the OoP maximum, refer to EOC for details)		
Individual	\$1,500	
Family	\$3,000	
Office/Outpatient Care		
Office Visit	\$10 copay	
Preventative Care Services	No charge	
Specialist	\$10 copay	
Emergency Medical Care		
Emergency Room	\$75 copay	
Urgent Care	\$10 copay	
Diagnostic Services		
Laboratory and Pathology Tests	No charge	
Diagnostic Tests and X-Ray		
Hospital Services		
Hospital care	No charge	
Surgical Services		
Hospital - In Patient Surgical Services	No charge: Facility and Physician services	
Outpatient/Ambulatory Surgical Center		
Mental Health and Substance Abuse Treatment		
Inpatient Services	No charge	
Outpatient Services		
Prescription Drugs		
Prescription drugs (per fill)	In-Network Retail Pharmacy: \$5 Tier 1, \$10 Tier 2, \$25 Tier 3 (up to a 31-day supply)	Mail Order Pharmacy: \$10 Tier 1, \$20 Tier 2, \$50 Tier 3 (up to a 90-day supply) Mail Order is voluntary
Includes Diabetic drugs and testing supplies		
Other Benefits		
Chiropractic care	\$10 copay - 20 visits max annually	
Physical and Occupational Therapy Speech Therapy	\$10 copay	

This is partial listing of benefits. Please refer to the appropriate Evidence of Coverage booklet for more detailed information.

COUNTY OF SAN BERNARDINO PLAN HIGHLIGHTS



Blue Shield Signature HMO		
Calendar Year (CY) Deductible	None	
Out-of-Pocket Annual Maximum		
Some benefits excluded from the OoP maximum, refer to EOC for details)		
Individual	\$1,500	
Family	\$3,000	
Office/Outpatient Care		
Office Visit	Level I - \$10 copay Level II - \$30 copay	
Preventative Care Services	No charge	
Specialist	Level I - \$10 copay Level II - \$30 copay	
Emergency Medical Care		
Emergency Room	\$75 copay	
Urgent Care	\$10 copay	
Diagnostic Services		
Laboratory and Pathology Tests	Level I - No Charge Level II - Covered only when performed in physician's office	
Diagnostic Tests and X-Ray	Level I - No Charge for CT, MRI, MUGA, PET. and SPECT Level II - Covered only when performed in physician's office	
Hospital Services		
Hospital care	No charge	
Surgical Services		
Hospital - In Patient Surgical Services	No charge: Facility and Physician services	
Outpatient/Ambulatory Surgical Center		
Mental Health and Substance Abuse Treatment		
Inpatient Services	No charge	
Outpatient Services	1-3 visits: No charge. \$10 per visit thereafter	
Prescription Drugs		
Prescription drugs (per fill)	Per prescription, up to a 30-day supply: Formulary Generic: \$5 Formulary Brand: \$10 Non Formulary Brand: \$25 Specialty: \$10	Mail order is voluntary 90-day supply: Formulary Generic: \$10 Formulary Brand: \$20 Non Formulary Brand: \$50
Includes Diabetic drugs and testing supplies		
Other Benefits		
Chiropractic care	\$10 copay/visit	
Physical and Occupational Therapy Speech Therapy	Level I - \$10 copay Level II - \$30 copay	

This is partial listing of benefits. Please refer to the appropriate Evidence of Coverage booklet for more detailed information.

NEW IAFF LOCAL 935 TRUST PLAN HIGHLIGHTS



Delta Dental PPO	In-Network: Delta Dental PPO Network	Non-Network: Non-Network Reimbursement
Calendar Year (CY) Deductible	None	
Calendar Year Maximum	\$1,700.00	\$1,700.00
Choice of Dentist	Delta Dental PPO & Premier Dentist	Any Board Certified Dentist
Diagnostic and Preventive Services		
Periodic Oral Examination	No Charge	No Charge
Cleanings (2 per Calendar Year)		
Full Mouth X-Ray		
Restorative Dentistry		
Amalgam ("silver" fillings) on primary or permanent teeth: 1, 2, 3, or 4 surfaces	No Charge	10%
Resin Composite (white fillings) anterior (front) teeth: 1, 2, 3, 4 surfaces		
Resin Composite (white fillings) posterior (molars) teeth: 1, 2, 3, 4 surfaces		
Periodontics		
Bone replacement graft - first site in quadrant	10%	10%
Gingivectomy/ gingivoplasty (gum surgery), per quadrant		
Endodontics		
Root Canal	No Charge	10%
Pulpotomy		
Oral Surgery		
Local Anesthesia	No Charge	10%
Biopsy of soft oral tissue		
Extraction		
Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth		
Crowns and Bridges		
Crown - resin with predominantly base metal	25%	30%
Crown - full cast high noble metal (gold)		
Crown - porcelain/ ceramic substrate		
Prosthetic		
Complete upper or lower denture	25%	30%
Upper or lower partial denture - resin base		
Repair broken complete denture base	No Charge	
Implants	25%	
Orthodontics	(50% of treatment cost + any cost over \$1,700 (max. lifetime benefit 1,700))	

COUNTY OF SAN BERNARDINO PLAN HIGHLIGHTS



Delta Dental PPO	In-Network: Delta Dental PPO Network	Non-Network: Non-Network Reimbursement
Calendar Year (CY) Deductible	None	
Calendar Year Maximum	\$1,700.00 (excluding orthodontia)	\$1,700.00 (excluding orthodontia)
Choice of Dentist	Delta Dental PPO Dentist	Any Board Certified Dentist
Diagnostic and Preventive Services		
Periodic Oral Examination	No Charge	No Charge
Cleanings (2 per Calendar Year)	No Charge	No Charge
Full Mouth X-Ray	No Charge	No Charge
Adjunctive General Services		
External Bleaching - Self treatment with bleaching & gel	Not Covered	Not Covered
Occlusal Guard: Full or Partial Arch	25%	30%
Restorative Dentistry		
Amalgam ("silver" fillings) on primary or permanent teeth: 1, 2, 3, or 4 surfaces	No Charge	10%
Resin Composite (white fillings) anterior (front) teeth: 1, 2, 3, 4 surfaces	No Charge	10%
Resin Composite (white fillings) posterior (molars) teeth: 1, 2, 3, 4 surfaces	No Charge	10%
Periodontics		
Bone replacement graft - first site in quadrant	10%	10%
Gingivectomy/ gingivoplasty (gum surgery), per quadrant	10%	10%
Endodontics		
Root Canal	No Charge	10%
Pulpotomy	No Charge	10%
Oral Surgery		
Local Anesthesia	No Charge	No Charge
Biopsy of soft oral tissue	No Charge	10%
Extraction	No Charge	10%
Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	No Charge	10%
Crowns and Bridges		
Crown - resin with predominantly base metal	25%	30%
Crown - full cast high noble metal (gold)	25%	30%
Crown - porcelain/ ceramic substrate	25%	30%
Prosthetic		
Complete upper or lower denture	25%	30%
Upper or lower partial denture - resin base	25%	30%
Repair broken complete denture base	No Charge	30%
Implants	25% Predetermination recommended	30% Predetermination recommended
Orthodontics	(50% of treatment cost + any cost over \$1,700 (max. lifetime benefit 1,700))	

NEW IAFF LOCAL 935 TRUST PLAN HIGHLIGHTS



Delta Dental HMO	2025 Proposed Delta Plan: In-Network
Calendar Year (CY) Deductible	None
Calendar Year Maximum	
Choice of Dentist	In-Network Only
Diagnostic and Preventive Services	
Periodic Oral Examination	No Charge
Cleanings (2 per Calendar Year)	
Full Mouth X-Ray	
Restorative Dentistry	
Amalgam ("silver" fillings) on primary or permanent teeth: 1, 2, 3, or 4 surfaces	No Charge
Resin Composite (white fillings) anterior (front) teeth: 1, 2, 3, 4 surfaces	
Resin Composite (white fillings) posterior (molars) teeth: 1, 2, 3, 4 surfaces	\$45-\$75 Copay
Periodontics	
Bone replacement graft - first site in quadrant	\$195 Copay
Gingivectomy/ gingivoplasty (gum surgery), per quadrant	\$0-\$80 Copay
Endodontics	
Root Canal	\$45-\$205 Copay
Pulpotomy	No Charge
Oral Surgery	
Local Anesthesia	No Charge
Biopsy of soft oral tissue	No Charge
Extraction	\$0-\$15 Copay
Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50 Copay
Crowns and Bridges	
Crown - resin with predominantly base metal	\$55 Copay
Crown - full cast high noble metal (gold)	\$170 Copay
Crown - porcelain/ ceramic substrate	\$195 Copay
Prosthetic	
Complete upper or lower denture	\$55 Copay
Upper or lower partial denture - resin base	\$170 Copay
Repair broken complete denture base	\$195 Copay
Implants	Not Covered
Orthodontics	
You're covered for hundreds of procedures with no annual limit on the amount your plan pays. Orthodontics coverage for adults and children, including clear aligners	

COUNTY OF SAN BERNARDINO PLAN HIGHLIGHTS



Delta Dental HMO	Current County Delta Plan: In-Network
Calendar Year (CY) Deductible	None
Calendar Year Maximum	\$1,700.00 (excluding orthodontia)
Choice of Dentist	In-Network Only
Diagnostic and Preventive Services	
Periodic Oral Examination	No Charge
Cleanings (2 per Calendar Year)	
Full Mouth X-Ray	
Adjunctive General Services	
External Bleaching - Self treatment with bleaching & gel	\$125 per Arch
Occlusal Guard: Full or Partial Arch	\$95 Copay
Restorative Dentistry	
Amalgam ("silver" fillings) on primary or permanent teeth: 1, 2, 3, or 4 surfaces	No Charge
Resin Composite (white fillings) anterior (front) teeth: 1, 2, 3, 4 surfaces	
Resin Composite (white fillings) posterior (molars) teeth: 1, 2, 3, 4 surfaces	\$45-\$75 Copay
Periodontics	
Bone replacement graft - first site in quadrant	\$195 Copay
Gingivectomy/ gingivoplasty (gum surgery), per quadrant	\$15-\$75 Copay
Endodontics	
Root Canal	\$30-\$90 Copay
Pulpotomy	No Charge
Oral Surgery	
Local Anesthesia	No Charge
Biopsy of soft oral tissue	No Charge
Extraction	\$0-\$40 Copay
Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50 Copay
Crowns and Bridges	
Crown - resin with predominantly base metal	\$60 Copay
Crown - full cast high noble metal (gold)	\$160 Copay
Crown - porcelain/ ceramic substrate	\$195 Copay
Prosthetic	
Complete upper or lower denture	\$55 Copay
Upper or lower partial denture - resin base	\$170 Copay
Repair broken complete denture base	\$195 Copay
Implants	Not Covered
Orthodontics	
Ortho Treatment Plan and Records	\$300 copay
Comprehensive Orthodontic treatment	\$490, plus \$40 per month for usual and customary 24-month treatment
Limited ortho treatment of primary, transitional or adolescent teeth	\$230, plus \$40 per month for usual and customary 24-month treatment
Limited orthodontic treatment of adult teeth	\$430, plus \$40 per month for usual and customary 24-month treatment

NEW IAFF LOCAL 935 TRUST PLAN HIGHLIGHTS

New	In-Network	Out of-Network
Exams	\$0	\$45 reimbursement
Retinal Imaging	\$39 copay	Not covered
Frames	\$170 Featured Frame Brands allowance / \$170 Visionworks and Eyemart Express frame allowance on any frame / \$120 frame allowance / \$120 Walmart/Sam's Club frame allowance / \$65 Costco frame allowance / 20% savings on the amount over your allowance	\$70 reimbursement
Frequency		
Exams	Once every 12 months	
Eyeglass Lenses	Once every 12 months instead of contact lenses	
Contact Lenses	Once every 12 months instead of eyeglass lenses	
Frames	Once every 12 months	
Standard Plastic Lenses		
Single Vision	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children	\$30 reimbursement
Bifocal		\$50 reimbursement
Trifocal		\$65 reimbursement
Lenticular		Up to \$65
Contact Lenses		
Conventional	\$120 allowance for contacts; copay does not apply. Contact lens exam (fitting and evaluation)	\$105 reimbursement
Disposable		\$105 reimbursement
Medically Necessary		
Lens Options		
Polycarbonate Adults	\$35 copay	Up to \$30
Polycarbonate Children	No Charge	Up to \$30
Premium Progressive Lenses (add on to Bifocal) "Brand Names"	\$0	Up to \$50
Premium Progressive Lenses (add on to Bifocal) "Brand Names"	\$95-\$105	Up to \$50
Custom progressive lenses	\$105-\$175	Up to \$50
VSP LIGHTCARE	\$120 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% - 20% discount or 5% off promotional price	

COUNTY OF SAN BERNARDINO PLAN HIGHLIGHTS



Current	In-Network	Out of-Network
Exams	\$0	Up to \$48
Retinal Imaging	Up to \$39	Not covered
Frames	\$0 copay \$120 allowance, 20% off balance	Up to \$47
Frequency		
Exams	Once every 12 months	N/A
Eyeglass Lenses	Once every 12 months instead of contact lenses	N/A
Contact Lenses	Once every 12 months instead of eyeglass lenses	N/A
Frames	Once every 12 months	N/A
Standard Plastic Lenses		
Single Vision	\$0 copay	Up to \$40
Bifocal	\$0 copay	Up to \$55
Trifocal	\$0 copay	Up to \$75
Lenticular	\$0 copay	Up to \$125
Contact Lenses Only one option available per Benefit Frequency		
Conventional	\$0 copay, \$120 allowance, 15% off balance over \$120	Up to \$80
Disposable		Up to \$80
Medically Necessary	\$0 Co-payment Paid in full	Up to \$250
Lens Options		
Polycarbonate Adults	\$20 copay	Up to \$14
Polycarbonate Children	\$20 copay	Up to \$14
Premium Progressive Lenses (add on to Bifocal) "Brand Names"	\$65 copay	Up to \$70
Premium Progressive Lenses (add on to Bifocal) "Brand Names"	Tier 1 - \$85 Co-payment Tier 2 - \$95 Co-payment Tier 3 - \$110 Co-payment Tier 4 - \$65 Co-pay- ment, Less \$120 allowance	Up to \$70
Custom progressive lenses	N/A	
VSP LIGHTCARE	N/A	
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price	

NEW IAFF LOCAL 935 TRUST PLAN HIGHLIGHTS



Anthem Accident Plan		
Benefit Type	Low Plan	High Plan
Emergency Care	\$100 - \$3,000	\$200 - \$6,000
Dislocations	\$100 - \$3,000	\$200 - \$6,000
Second- and Third- Degree Burns	\$500 - \$5,000	\$1,000 - \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$100 - \$200	\$200 - \$400
Eye Injuries	\$200 - \$450	\$300 - \$600
Medical Services and Treatment	Low Plan	High Plan
Ambulance	\$200 - \$750	\$300 - \$1,000
Emergency Care	\$50	\$100
Non-Emergency Care	\$50	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (including physical therapy)	\$15	\$25
Medical Appliances	\$500	\$500
Inpatient Surgery	Covered	Covered
Medical Services and Treatment	Low Plan	High Plan
Admission	\$500; Daily: \$100	\$1,000; Daily: \$200
Confinement	"ICU confinement \$100 - \$200, Non-ICU - Up to 365 days/lifetime ICU - Up to 30 days"	"ICU confinement \$200 - \$400, Non-ICU - Up to 365 days/lifetime ICU - Up to 30 days"
Inpatient Rehabilitation (paid per accident)	\$100 Up to 15 days/lifetime within 90 days	\$200 Up to 15 days/lifetime within 90 days
Other Benefits	Low Plan	High Plan
Lodging = Pays for lodging for companion - up to 30 nights per calendar year	\$100 - Up to 30 nights	\$200 - Up to 30 nights

PPO Medical Plan - Bi-Weekly Rates	Payroll Deduction	
Employee	\$0.00	\$3.04
Employee + 1	\$0.00	\$5.20
Employee + Family	\$0.00	\$8.16
HMO Medical Plan - Bi-Weekly Rates	Payroll Deduction	
Employee	\$2.40	\$5.32
Employee + 1	\$3.89	\$8.90
Employee + Family	\$6.15	\$14.00

NEW IAFF LOCAL 935 TRUST PLAN HIGHLIGHTS



Anthem Hospital Indemnity Plan		
Benefit Type	Low Plan	High Plan
Hospital Confinement - First Day Benefit	\$500	\$1,000
First Day Hospital Confinement - Annual Max	1 day	1 day
Hospital Confinement - Daily Benefit	\$100	\$200
Daily Hospital Confinement - Annual Max	31 days	31 days
Intensive Care Unit Confinement - Daily Benefit	\$200	\$400
Daily Intensive Care Unit Confinement - Annual Max	31 days	31 days
Health Screening (per covered person, per calendar year)	\$50	\$50
Pre-Existing Conditions Limitation	None	None
Extended Continuation	Up to 3 Years	Up to 3 Years
Termination Age	Age 85	Age 85
Underwriting	Guaranteed Issue	Guaranteed Issue
Eligibility Requirements	Must be Actively At work	Must be Actively At Work
Contribution Type	Voluntary	Voluntary
Benefit Waiting Period	None	None
Pregnancy Waiting Period	None	None
Covered Events	Illness & Injury/24 Hour	Illness & Injury/24 Hour

PPO Medical Plan - Bi-Weekly Rates	Low Plan	High Plan
Employee	\$0.00	\$4.82
Employee + 1	\$0.00	\$10.00
Employee + Family	\$0.00	\$12.79
HMO Medical Plan - Bi-Weekly Rates	Low Plan	High Plan
Employee	\$5.09	\$9.66
Employee + 1	\$11.40	\$20.00
Employee + Family	\$10.52	\$25.52





WEFIT Program by Hoag	
Employees Only Benefit	
<p>Designed specifically for you & your health. By participating in your annual exam, we will be able to provide you with an individual evaluation of your current health & fitness level, provide nutritional support & guidance, & answer any specific questions you may have about your health.</p>	
Benefits	
Clinical Components	Fitness Components
<ul style="list-style-type: none"> • Comprehensive Blood Panel • Physician Consult & Exam • Chest X-Ray • Vision • Hearing • Resting EKG • Carotid Intima-Media Thickness Test • Hip/ Waist Ratop • Blood Pressure • Skin Cancer Check • Inflammation Markers • Musculoskeletal Assessment • Titmus Vision Test • Hernia Exam • Pulmonary Function/Spirometry • Galleri Cancer Screening 	<ul style="list-style-type: none"> • Body Composition Analysis • Digital Posture Screening • Hand Grip Strength • Digital Squat Analysis • VO2 Max Test • Nutrition Consultation • Fitness & Nutritional Recommendations • Push Up Test • Core Strength Test (Plank)
<p>You will receive a full report that captures your results. Completely confidential & the privacy rule protects your health information.</p>	



Galleri Cancer Screening - Early Detection
Employees Only Benefit
<p>Early detection results in better outcomes.</p> <ul style="list-style-type: none"> • Early cancer detection: Galleri test detects a shared cancer signal across more than 50 types of cancer - including many that are not commonly screened for today. • Testing with ease: Completed with a simple blood draw. • Actionable results: If a cancer signal is found, the results predict where in the body the cancer is located to help your healthcare provider guide your next steps. • 70% of cancer deaths are caused by cancers not commonly screened for. <p>The cadence for IAFF Local 935 Members to receive this screening is as follows:</p> <p>Age 20-29 years - Every 3 years Age 30-39 years - Every 3 years Age 40-49 years - Every 2 years Age 50-59 years - Annually 60+ years - Annually</p> <p>833-MY-GALLERI (833-694-2553)</p>

FLEXIBLE SPENDING ACCOUNTS (FSA)

The IAFF, Local 935 Health and Welfare Trust provides access to the San Bernardino County Flexible Spending Account (FSA) and Dependent Care Assistance Program (DCAP). These programs allow you to set aside money on a pre-tax basis to cover eligible medical and dependent care expenses.

The County of San Bernardino will continue to administer these accounts, and IAFF members must follow the County's process to:

- Enroll in an FSA and/or DCAP
- Make changes to contributions
- Submit claims for reimbursement

HOW THE PLANS WORK

- You elect an annual contribution amount for your FSA and/or DCAP.
- Contributions are made via bi-weekly payroll deductions in equal amounts throughout the year.
- You may access funds using:
 1. Your FSA benefit card
 2. Submitting an online claim for approval through the County's benefits portal

ELIGIBLE EXPENSES

Funds can be used for:

- Qualified medical expenses not covered under your health plans
- Eligible childcare costs or care for a disabled dependent while you work

ENROLLMENT

You may enroll in the FSA and/or DCAP during:

- FSA Open Enrollment (Begins June 1)
- DCAP Open Enrollment (Begins November 1)
- Within 60 days of a qualifying life event

CONTRIBUTIONS & ROLLOVER

- Annual contribution limits follow IRS guidelines.
- Unused FSA funds may be eligible for rollover (up to the IRS maximum) into the next plan year; DCAP funds do not roll over.

CONTACT FOR ENROLLMENT, CHANGES, AND REIMBURSEMENT:

San Bernardino County Employee Benefits

(909) 387-5648

[County FSA Website](#)

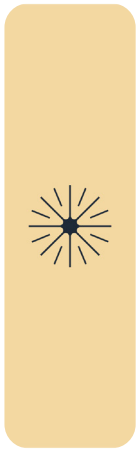




Need Help? Contact Brown Insurance Services First!

Brown Insurance Services is your primary resource for all benefits-related questions and support. Whether you need help understanding your coverage, making changes, enrolling dependents, or resolving claim issues—start with us. We are here to make sure you and your family get the help and answers you need.

Call us first—we take care of the rest!



BROWN INSURANCE SERVICES - BROKER & ADMINISTRATORS

Brown Customer Service: 714-460-7744 Email: SBFire935@brownbis.com

MEDICAL

Plan	Group Number	Phone Number	Website
United Health Care PPO Plan	942221	800-244-6224	myuhc.com
United Health Care HMO Plan	37008	800-244-6225	myuhc.com

DENTAL

Plan	Group Number	Phone Number	Website
Delta Dental PPO	23572	800-244-6224	deltadental.com
Delta Care HMO	70253	800-244-6224	deltadental.com

VISION

Plan	Group Number	Phone Number	Website
VSP Eye Services	40164796	800-877-7195	vsp.com

SUPPLEMENTAL HEALTH - ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY

Plan	Group Number	Phone Number	Website
Anthem	L14936	800-888-8288	anthem.com/ca

IMPORTANT NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

As required by the Women's Health and Cancer Rights Act (WHRA) of 1998, the medical plans provide coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

These benefits are subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For more information on WHCRA benefits, please refer to your Summary Plan Description (SPD) or contact your Plan Administrator at Brown Insurance Services **(714) 460-7744**.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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
- 96 hours following a cesarean section.

The attending provider may discharge the mother or her newborn earlier than 48 hours (or 96 hours) only if the provider, after consultation with the mother, decides that doing so is best. Plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

COBRA CONTINUATION COVERAGE RIGHTS

This notice provides a summary of your rights to continue your health care coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Please review it carefully.

This notice is effective as of January 1, 2026 and applies to the 2026 plan year.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a temporary extension of group health coverage that becomes available to you and your eligible dependents when you would otherwise lose your health coverage due to a qualifying event. Common qualifying events include:

- Termination of employment (for reasons other than gross misconduct)
- Reduction in hours of employment
- Death of the covered employee
- Divorce or legal separation from the covered employee
- Entitlement to Medicare
- Loss of dependent child status under the plan

Who is Eligible for COBRA?

Individuals who were covered by the health plan on the day before a qualifying event may be eligible for COBRA continuation coverage. This includes:

- Employees
- Spouses of employees
- Dependent children of employees

How Long Does COBRA Coverage Last?

The length of COBRA continuation coverage depends on the type of qualifying event:

- 18 months if coverage is lost due to termination of employment or reduction in hours.
- 36 months if coverage is lost due to the covered employee's death, divorce, legal separation, or a dependent child losing eligibility as a dependent under the plan.

How to Elect COBRA Coverage

If you or your eligible dependents lose coverage due to a qualifying event, you will receive a COBRA Election Notice. This notice will provide detailed instructions on how to elect COBRA continuation coverage. You must elect coverage within 60 days from the date the notice is sent or the date you would lose coverage, whichever is later.



IMPORTANT NOTICES

What is the Cost of COBRA Coverage?

COBRA participants are required to pay the entire premium for coverage up to 102% of the cost to the plan. For individuals with extended coverage due to disability, the premium may be 150% of the plan cost during the additional 11 months.

Early Termination of COBRA Coverage

COBRA coverage may end before the maximum period if:

- Premiums are not paid on time.
- The employer stops offering any group health plan.
- You become covered under another group health plan that does not impose a pre-existing condition exclusion.
- You become entitled to Medicare.

For More Information

If you have any questions about your COBRA rights or if you need to notify us of a qualifying event, please contact:

IAFF Local 935 Health and Welfare Trust Plan Administrator

Brown Insurance Services

714-460-7744

SBFire935@brownbis.com

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA) NOTICE

The IAFF Local 935 Health and Welfare Trust Plan complies with the Mental Health Parity and Addiction Equity Act (MHPAEA). This law ensures that the financial requirements (such as copayments, deductibles) and treatment limitations (such as visit limits) applied to mental health and substance use disorder (MH/SUD) benefits are no more restrictive than those applied to medical and surgical benefits. This applies to all health plans that offer both types of benefits.

What Does This Mean for You?

Equal Coverage: The plan provides mental health and substance use disorder benefits that are comparable to those offered for medical and surgical conditions. This means that there are no higher copayments, deductibles, or more restrictive limits on the number of visits or days of coverage for MH/SUD services compared to other medical services.

Access to Care: You have the same access to inpatient and outpatient services for MH/SUD treatment as you do for other medical and surgical treatments. This includes emergency care, medication management, and counseling services.

No Separate Limits: The plan does not impose separate treatment limits for MH/SUD benefits, such as a different annual limit on visits or lifetime maximums, that do not apply to other medical and surgical benefits.

How to Access Mental Health and Substance Use Disorder Services

If you need mental health or substance use disorder services, contact your health plan administrator or your insurance provider directly for information on accessing care. The plan covers services such as:

- Inpatient treatment
- Outpatient counseling
- Substance use disorder treatment programs
- Medication management
- Appeals and Grievances

If your claim for MH/SUD benefits is denied or you feel that you are not receiving parity in your coverage, you have the right to appeal the decision. For assistance with the appeals process or to file a grievance, please contact:

IAFF Local 935 Health and Welfare Trust Plan Administrator

Brown Insurance Services

714-460-7744

SBFire935@brownbis.com

For additional information about your mental health and substance use disorder benefits and your rights under the MHPAEA, please refer to your Summary Plan Description (SPD) or visit the U.S. Department of Labor's website at dol.gov/ebsa.

This notice is intended to inform you of your rights and does not alter the terms of your health plan. Please review your plan's SPD or contact the Plan Administrator for more detailed information about your coverage and benefits.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- **Get a copy of your health and claims records:** You can request to see or obtain a copy of your health and claims records and other health information we have about you. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

IMPORTANT NOTICES

You have the right to (continued):

- **Correct your health and claims records:** You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may deny your request, but we'll explain why in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate all reasonable requests.
- **Ask us to limit what we use or share:** You can request that we not use or share certain health information for treatment, payment, or our operations. While we are not required to agree to your request, we will consider it if it does not interfere with your care.
- **Get a list of those with whom we've shared your information:** You can ask for a list (an accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **File a complaint if you feel your rights are violated:** If you believe your privacy rights have been violated, you can file a complaint with us using the contact information below or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1-877-696-6775**, or visiting [hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints)

Your Choices

You have some choices in the way that we use and share your information. For example, we may use or share your information:

- To tell your family and friends about your condition
- To provide disaster relief
- To include you in a hospital directory
- For mental health care services
- For marketing purposes or to sell your information
- To raise funds

Our Uses and Disclosures

We may use and share your information as we:

- **Treat you:** We can use your health information and share it with professionals who are treating you.
- **Run our organization:** We can use and share your health information to run our organization and contact you when necessary.
- **Pay for your health services:** We can use and share your health information as we pay for your health services.

- **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration purposes.
- **Help with public health and safety issues:** We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, and reporting suspected abuse, neglect, or domestic violence.
- **Conduct research:** We can use or share your information for health research purposes.
- **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, and for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy of it.
- We will not use or share your information other than as described here unless you authorize us in writing. If you give us permission, you may change your mind at any time by letting us know in writing.

For more information or to report a concern, please contact:

**IAFF Local 935 Health and Welfare
Trust Plan Administrator**

Brown Insurance Services

714-460-7744

SBFire935@brownbis.com

ANNUAL OPEN ENROLLMENT & CALIFORNIA-SPECIFIC COMPLIANCE NOTICE

Under California law (California Health & Safety Code §1363.1, §1373, and related labor regulations), all employees must be provided with a clear and accessible summary of their benefits, eligibility requirements, and enrollment procedures each plan year.

Key Requirements for the 2025–26 Plan Year:

- **Mandatory Action for All Employees:** Even if you are not making changes to your current coverage, California law requires that employees receive and acknowledge the availability of the Summary Plan Description (SPD) and enrollment materials annually. You may be required to log into the enrollment system to confirm your information.
- **Dependent Eligibility Verification:** Employees adding new dependents may be asked to provide proof of relationship (e.g., birth certificate, marriage certificate) as permitted under California law.
- **Language Access:** If you require benefits materials in another language, they will be provided in compliance with California's language access laws.
- **Special Enrollment Rights (California Insurance Code §10119.5):** You may have the right to enroll yourself or your dependents outside of open enrollment in cases such as marriage, birth, adoption, loss of other coverage, or if you become eligible for Medi-Cal or Covered California subsidies.
- **COBRA and Cal-COBRA:** In addition to federal COBRA rights, California law provides extended continuation coverage for certain employees through Cal-COBRA. This may extend your continuation period to a total of 36 months for medical coverage.

Employee Acknowledgment Requirement:

As part of the annual open enrollment process, employees will be required to electronically or physically acknowledge receipt of the annual benefits guidebook, important notices, and the SPD to remain compliant with both federal and California state regulations.

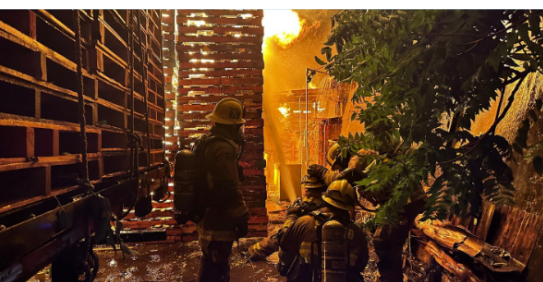
For more information or to report a concern, please contact:

**IAFF Local 935 Health and Welfare
Trust Plan Administrator**

Brown Insurance Services

714-460-7744

SBFire935@brownbis.com





This guide is not a legal document. It is only intended as an overview of the benefits offered by the IAFF Local 935 Health and Welfare Trust. It does not contain all plan provisions, limitations, and exclusions. Please refer to your legal plan documents (Evidence of Coverage booklet, Certificate of Coverage, Group Policy). Brown Insurance Services will have copies available upon request.

Should there be a difference between this guide and the plan documents, the legal plan documents will always supersede this guide.



INSURANCE SERVICES

For more information, please contact:

**San Bernardino County Firefighter Association
Health Care Trust Plan Administrator**

**Brown Insurance Services, Inc.
CA Insurance License Number OF71975 | 714-460-7744**

Email: SBFIRE935@brownbis.com