



Firefighters & Paramedics
Local 22 Health Plan
415 N 5th Street
Philadelphia, PA 19123



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HEALTH PLAN

Spring 2025

WELCOME TO THE **HEALTH PLAN'S NEWSLETTER**

FY25 Incentives

FY25 INCENTIVE PROGRAM - \$200 member/\$100 Spouse

I. FY25 incentive payment for members and spouses

(July 1, 2024 to June 30, 2025)

The FY25 incentive payment is available to all eligible health plan members and their spouses. The FY25 incentive payment provides \$200 to a member and an additional \$100 to a spouse for completing at least 2 of the qualifying activities between July 1, 2024 and June 30, 2025

For a complete list of qualifying incentives go to the Health Plan Website – www.Local22HealthPlan.org – go to the “WELLNESS” header – Click on “Incentives-Lung Screening – Heart Scan – Sleep Apnea – IBX wire”

Please do not hesitate to **call Jerry Kots directly at **215-440-4426** or **267-549-6326** if you have additional questions. For FY25 we’ve tried to offer enough variety in our incentive activities that everyone can participate. Don’t miss out on this opportunity to earn\$\$ and get (or stay) healthy in the process!**

Send your documentation to Health Plan Incentive – 415 N 5th St – Philadelphia, PA 19123 or e-mail the documentation to jkots@iaff22.org.

You are responsible to provide the documentation to the Health Plan to qualify for the incentive

DOCUMENTATION MUST BE RECEIVED BY JUNE 30, 2025

Local 22 Health Plan Provider Contact Information

Medical Plans;

- Personal Choice: 215-557-7577 – WEBSITE: www.ibx.com
- Keystone Health Plan East: 215-241-2240 – Website: www.ibx.com

Prescription Plan

- Benecard: Member Services / Mail Order Pharmacy; 1-888-907-0070, Physician Fax number: 1-888-907-0040 – WEBSITE: www.benecardpbf.com

Dental Plans

- AETNA PPO and DMO: Member Services: 1-877-238-6200 – WEBSITE: www.aetna.com

Vision Plan

- NVA – National Vision Administrators: 1-800-672-7723 – WEBSITE: www.e-nva.com

Teladoc Health (24/7 Telemedicine Program)

- 1-800-835-2362 – WEBSITE: www.teladochealth.com

Local 22's EAP program

- Mental Health Consultants (MHC): 1-877-238-6200 – WEBSITE: www.mhconsultants.com

Guardian Nurses

- 1-888-836-0260 –(Cell) 484-803-2198 – WEBSITE: www.guardiannurses.com



LOCAL 22 FIRE FIGHTERS & PARAMEDICS HEALTH PLAN

HEALTH PLAN

Beneficiary changes are your responsibility.

You may make certain benefit changes during the year only if a change in status occurs (as outlined below).

You must notify the Plan office of your request for a change in coverage within 30 days of the change in status, and you must provide proof of the event. Otherwise, you may not be able to make changes until the Plan's annual Open Enrollment. **If you fail to report that a dependent is no longer eligible you may be responsible for all costs the Plan incurs for the ineligible dependent.**

The following are changes in status:

- A change in your marital status (such as marriage, divorce, or annulment)
- A change in the number of your dependents for tax purposes (such as birth, legal adoption of your child, placement of a child with you for adoption, or death of a dependent)
- Certain changes in employment status that affect benefits eligibility for you, your spouse, or child(ren) such as: termination of employment, the start of or return from an unpaid leave of absence, a change in work schedule (for example, between full-time and part-time work, decrease or increase in hours)
- Your child no longer meets the Plan's eligibility requirement
- Entitlement to Medicare or Medicaid (applies only to the person entitled to Medicare or Medicaid)
- Change to comply with a state domestic relations order or qualified medical child support order pertaining to coverage of your dependent child
- A change in your, your spouse's, or your child's place of residence
- A change in your spouse's or child's coverage during another employer's annual enrollment period when the other plan has a different period of coverage or following a qualified status change under the other employer's plan

All changes must be made within 30 days of the event. If you fail to make the change within the 30 day timeframe you may have to wait until the Plan's annual Open Enrollment



Philadelphia Fire Fighters and Paramedics Union Local 22



Ultrasound Health Screening

As a result of our continued commitment to the health and wellness of our members, Philadelphia Fire Fighters and Paramedics Union Local 22 will be partnering with United Diagnostic Services to host a health screening event **Monday to Friday** May 5-23, 2025. This event will take place at:

**415 N. 5th St,
Philadelphia, PA, 19123**

UDS will be conducting early detection diagnostic testing, which has proven successful in identifying actionable pathologies to improve overall health as well as early detection for cancer and cardiovascular issues. Early detection has had a significant impact on helping prevent and reverse potential future catastrophic events.

All tests are ultrasound based and therefore painless and non-invasive. Tests include an Echocardiogram, Carotid, Abdominal Aorta, Thyroid, Liver, Spleen, Gallbladder, Bladder, Kidney, and Testicular scan. This screening also includes an Exterior Pelvic scan for females. The examination will take approximately 30 min to complete.

Fasting for at least 8 hours is required for the screening and you must pre-register to participate. Individuals are allowed to drink water during this period. About 1 ½ hours prior to appointment time, start to drink 32 ounces of water so bladder is full at the start of the exam. Be sure to use the email & phone number you'd like to receive updates when registering.



Pre-registration is required. To schedule your appointment:

1. Click the [Scheduling Link](#) or scan the QR Code
2. Click on "Choose Appointment"
3. Select your desired appointment date/time and click "Continue"
4. Enter required information: First & Last Name, phone number, email address
5. Provide "Additional Information" as necessary
6. You will receive a welcome email and appointment confirmation email with exam instructions.

For questions, please call our Main Number (646) 553-5803





CANCER SCREENINGS - MAY 5-9, 12-16 & 19-23

Local 22 Health Plan will be having 3 weeks of Ultra Sound Screenings.

The Screenings will be available to the active members of the Health Plan – not dependents.

We ask that members who had the screenings the past 2 years to not sign up this year.

Due to the large amount of no-shows the past 2 years – anyone that scheduled and did not show up last year will not get an appointment this year.

The Screenings are by appointment only. If you make an appointment it is your responsibility to keep the appointment or at least give us the courtesy of a phone call so we can schedule someone else for the appointment.

MEDICARE PART B REIMBURSEMENT PROGRAM RULE CHANGE



Starting the 1st Quarter 2025 every member receiving Medicare Part B Reimbursement must submit documentation showing their Medicare Part B Premium every year by March 15th. The documentation can be in the form of the actual Medicare Part B Bill received for January, February or March or the Social Security Verification Letter received by January of each year. The verification letter can be obtained by going on the Social Security website or calling Social security and requesting one sent to your residence.

The reason for the change in policy is that most people have premium changes at the beginning of each year. The City of Philadelphia funds the Medicare Part B Reimbursement and requires proper documentation as proof for premium reimbursement.

If the fund does not receive documentation by March 15 you will be removed from the reimbursement list until the proper documentation is provided.

Any questions feel free to call Jerry Kots at 267 549 6326



Your NVA Vision Benefit Summary



Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Plan Year	<ul style="list-style-type: none"> Covered 100% 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$36
Lenses Once Every Plan Year	Standard Glass or Plastic	
<ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates 	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$32 Up to \$65 Up to \$65 Up to \$65 Up to \$25 (SV) Up to \$30 (Bi/Tri) Up to \$50 Up to \$80 Up to \$100 Up to \$120 Up to \$20 (SV) Up to \$30 (Bi/Tri) Up to \$65 (SV) Up to \$70 (Bi/Tri) Up to \$10
<ul style="list-style-type: none"> Progressives – Tier 1 Progressives – Tier 2 Progressives – Tier 3 Progressives – Tier 4 Glass Photogrey 	<ul style="list-style-type: none"> Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% 	
<ul style="list-style-type: none"> Standard Transitions 	<ul style="list-style-type: none"> \$35 Copay 	
<ul style="list-style-type: none"> Standard Scratch Coating UV Coatings Blended Bifocal (Segment) Solid Tints Fashion Gradient Tints AR Coatings – Tier 1 AR Coatings – Tier 2 AR Coatings – Tier 3 	<ul style="list-style-type: none"> Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$12 Up to \$30 Up to \$10 Up to \$12 Up to \$40 Up to \$50 Up to \$65
Frame Once Every Two Plan Years	Retail Allowance <ul style="list-style-type: none"> Up to \$175Ⓞ (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$40
Contact Lenses Once Every Plan Year	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	<ul style="list-style-type: none"> Up to \$160 RetailⓄ (15% discount (Conventional) or 10% discount (Disposable) off balance)** 	<ul style="list-style-type: none"> Up to \$160
Fit/Follow-Up*** Standard Daily Wear	<ul style="list-style-type: none"> Covered 100% after \$20 copay 	<ul style="list-style-type: none"> Up to \$20
Standard Extended Wear	<ul style="list-style-type: none"> Covered 100% after \$30 copay 	<ul style="list-style-type: none"> Up to \$30
Specialty Wear	<ul style="list-style-type: none"> Covered 100% after \$50 copay 	<ul style="list-style-type: none"> Up to \$50
Medically Necessary****	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$300
Lasik***** Once Per Lifetime	<ul style="list-style-type: none"> Up to 80% of \$2000 per eye 	<ul style="list-style-type: none"> Up to 80% of \$2000 per eye

Philadelphia Firefighters & Paramedics Health Plan – Local 22

Effective 02/01/2025
Group Number# 4279

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses once every plan year and a frame once every two plan years or contact lenses and contact lens evaluation/fitting once every plan year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at www.e-nva.com or download our mobile app by searching NVA Vision or contact NVA's Customer Service Department toll-free at 1.800.672.7723, TTY: 711 or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 4279000001 or the group number on the identification card and enter in your search parameters. It's that easy!

*Does not apply to Costco, Wal-Mart / Sam's Club locations or for certain proprietary brands.
**Does not apply to Costco, Wal-Mart/Sam's Club, Contact Fill (NVA Mail Order) or certain locations at: Target & Pearle and may be prohibited by some Manufacturers.

***Only covered if you choose Contact Lenses.
****Pre-approval from NVA required.
*****Member is eligible once per lifetime. Member is not eligible for lenses & frames or contacts for 2 years.

Ⓞ Includes frames up to \$72 every day low price-price point at Walmart/Sam's Club locations & Costco.

Ⓞ\$112 every day low price-price point for contact lenses at Walmart/Sam's Club locations & Costco.

Get a Better View

Fixed prices/courtesy discount do not apply at Walmart/Sam's Club and Costco locations.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- \$75 Polarized
- \$40 Blue Light Blocker (Standard)
- \$60 Blue Light Blocker (Premium)
- \$150 Blue Light Blocker (Ultra)
- \$55 High Index
- \$80 AR Coating – Tier 4
- 20% discount AR Coating – Tier 5
- \$39 Retinal Scan
- \$140 Progressive – Tier 5
- \$165 Progressive – Tier 6
- \$190 Progressive – Tier 7
- 20% discount Progressive – Tier 8

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., Costco, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:

- Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent
- View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website www.e-nva.com or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Discounts: In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
Eye Examination:	Member Cost: Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating
Contact Lens Fitting:	Retail Less 10%	\$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
Lenses: Single Vision Bifocal Trifocal or Lenticular	Glass or Plastic \$35.00 \$55.00 \$70.00	
Frame:	Retail Less 35%	
Contact Lenses*: Conventional Disposable	Member Cost: Retail Less 15% Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price.

Wal-Mart / Sam's Club and Costco stores do not provide additional discounts.

Some optometrist affiliated with Optical Retail locations (i.e. Costco, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

At NVA, We Work Only for Our Clients.

Exclusions / Limitations: No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

National Vision Administrators, L.L.C. • PO Box 2187 • Clifton, NJ 07015

Web: www.e-nva.com • Toll-Free: 1.800.672.7723

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This document is intended as a program overview only and is not a certified document of the individual plan parameters.

