



Northwest Fraternal Order of Police Medical Insurance



Northwest Fraternal Order of Police offers its active members a high-quality employer sponsored plan.

- ★ **Plan with access to extensive Cigna PPO Network**
- ★ **Exclusive pricing just for members**
- ★ **Individual, spousal, and family plans**
- ★ **Premiums average 20% less than market place plans**
- ★ **Medicare eligible as long as employed**



NEW additional premium benefits added:

Chronic Care

- Chronic care management
- Stroke and heart disease
- Arthritis and pain management
- High blood pressure
- Cancer treatment
- Diabetes management and assistance

Mental Health

- \$0 deductible/\$0 out-of-pocket max
- In office counseling
- 24 hour crisis call line
- Remote video/tele counseling
- Same counselor option
- Virtual workshops

Powered by Thin Blue Line Benefits





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Plan year is from 10/01/2024 to 09/31/2025



PLAN INFORMATION	IN NETWORK
ANNUAL DEDUCTIBLE	\$500 INDIVIDUAL \$1000 FAMILY
OUT-OF-POCKET MAX (OPM) (ALL COPAYS APPLY TO OPM)	\$2200 INDIVIDUAL \$4800 FAMILY
PROVIDER OFFICE	IN NETWORK
PREVENTIVE	100% COVERED
PRIMARY CARE	\$25 COPAY
SPECIALIST OFFICE VISIT	\$35 COPAY
IMAGING / LABS	IN NETWORK
IMAGING (CT / PET SCAN, MRI)	20% AFTER DEDUCTIBLE
DIAGNOSTIC XRAY	20% AFTER DEDUCTIBLE
DIAGNOSTIC LAB WORK	20% AFTER DEDUCTIBLE
HOSPITAL INPATIENT STAY	IN NETWORK
FACILITY FEE	20% AFTER DEDUCTIBLE
PHYSICIAN / SURGEON FEE	20% AFTER DEDUCTIBLE
OUTPATIENT SURGERY	IN NETWORK
FACILITY FEE	20% AFTER DEDUCTIBLE
SURGEON FEE	20% AFTER DEDUCTIBLE
EMERGENCY / URGENT CARE	IN NETWORK
EMERGENCY ROOM CARE	20% AFTER DEDUCTIBLE
URGENT CARE	20% AFTER DEDUCTIBLE
PRESCRIPTION DRUGS	IN NETWORK
GENERIC & OTC BENEFIT	\$30 COPAY FOR 30 DAY SUPPLY STANDARD FORMULARY COVERED 100% IN PREFERRED FORMULARY AND MAIL-ORDER
PREFERRED NAME BRAND/ SPECIALTY	\$50 / \$75 IN STANDARD FORMULARY 20% COPAY IN PREFERRED FORMULARY AND MAIL ORDER
MAIL ORDER	\$60 / \$100\$140 CO-PAYS IN STANDARD FORMULARY 20% CO-PAY IN PREFERRED FORMULARY AND MAIL ORDER
PREGNANCY	IN NETWORK
OFFICE VISITS	BUNDLED WITH FACILITY CARE
FACILITY AND PROFESSIONAL SERVICES	DEDUCTIBLE AND 20% CO-INSURANCE

Always refer to the official SBC document for plan details, limitations and exclusions
Thin Blue Line Benefits Association Holdings, LLC is a Registered and Licensed Texas Corporation
Health Insurance plans are exclusively sold and issued to association members and their dependents
This plan comparison is for illustrative purposes only and does not constitute a complete list of coverage



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MENTAL HEALTH	
MENTAL HEALTH OUTPATIENT VISIT	FIRST 5 VISITS COVERED AT 100% THEN 20% AFTER DEDUCTIBLE / SUBSTANCE ABUSE 20% AFTER DEDUCTIBLE. ADDITIONAL MENTAL HEALTH WORKSHOP AND PER TO PER BENEFIT. MENTAL HEALTH AND CHRONIC CARE WRAP INCLUDED
OVERALL DEDUCTIBLE	0
OUT OF POCKET MAX	0
MENTAL HEALTH COUNSELING IN OFFICE	\$45
24 HOUR CRISIS CALL LINE	100% COVERED
REMOTE VIDEO OR TELE COUNSELING	100% COVERED
BEHAVIORAL HEALTH TELE/VIDEO COUNSELING	100% COVERED
SAME COUNSELOR OPTION AVAILABLE FOR VIRTUAL / TELE CARE	100% COVERED
VIRTUAL WORKSHOPS	100% COVERED
DENTAL	
ANNUAL	\$2500
PREVENTIVE	100%
BASIC	90%
MAJOR	75%
CHILD ORTHO	50% (\$3000 PER YEAR BENEFIT)
VISION	
EXAM	100% EXAM AND \$600 HARDWARE EVERY 12 MONTHS
CHRONIC CARE VIRTUAL/ TELE SERVICES	
CHRONIC CARE MANAGEMENT SERVICES	100% IF NO RX REQUIRED/\$45 COPAY IF RX PRESCRIBED
DIABETES MANAGEMENT AND ASSISTANCE	100% IF NO RX REQUIRED/\$45 COPAY IF RX PRESCRIBED
STROKE AND HEART DISEASE	100% IF NO RX REQUIRED/\$45 COPAY IF RX PRESCRIBED
ARTHRITIS AND PAIN MANAGEMENT	100% IF NO RX REQUIRED/\$45 COPAY IF RX PRESCRIBED
HIGH BLOOD PRESSURE	100% IF NO RX REQUIRED/\$45 COPAY IF RX PRESCRIBED
CANCER TREATMENT	100% IF NO RX REQUIRED/\$45 COPAY IF RX PRESCRIBED

Plan Premium

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$1475.00	\$1475.00	\$1475.00	\$1475.00

**An administrative fee will be assessed for non FOP Dues paying member of this plan.

**Plan and premiums proposed for 10/01/2024 and are subject to change at any time

08.13.2024