



Northwest Fraternal Order of Police Medical Insurance



Northwest Fraternal Order of Police offers its members under age 65 incredible Health Insurance.

- ★ Plan with access to extensive Cigna PPO Network
- ★ Excellent pricing just for members
- ★ Spouse and family plans
- ★ Premiums average 20% less than market place plans



NEW premium benefits include:

Chronic Care

Virtual / Tele Services

- 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	20% AFTER DEDUCTIBLE / PREFERRED PLUS DIRECT CARE NETWORK \$10 COPAY
SPECIALIST OFFICE VISIT	20% AFTER DEDUCTIBLE / PREFERRED PLUS DIRECT CARE NETWORK \$10 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 constitute a complete list of coverages



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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 DEDUCTIBLE	\$2500
PREVENTIVE	100%
BASIC	90%
MAJOR	75%

VISION

EXAM	1 EXAM EVERY 12 MONTHS 100%
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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
\$1460.00	\$1460.00	\$1460.00	\$1460.00

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

**Plans and premiums published as of Jun 30, 2024 and are subject to change at any time