

2024 IAFF Local 1784 Insurance Comparison

Dental Benefits	Union Dental/Vision Cigna		City Dental/Vision Blue Cross/Blue Shield	
	In-Network	Out of Network	In-Network	Out of Network
Deductible (On Basic & Major Services Only)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual Maximum Benefit	\$1,250.00		\$1,500.00	\$1,500.00
Preventive Services				
Exams, Cleanings, X-Rays	100%	100%	100%	80% Employees & Spouses eligible for a \$25 gift card after showing proof of one cleaning per year
Basic Services				
Fillings, General Anesthesia, Surgery, Simple Extractions	90%	80%	80%	60%
Major Services				
Crowns, Bridges, Dentures, Inlays, Veneers	60%	50%	50%	40%
Orthodontia	50% to a Lifetime Max of \$1,000		50% to a Lifetime Max of \$1,000	
Waiting Periods	No Waiting Period		No Waiting Period	
Network Name	Classic PPO		BCBS Dental	
Vision Benefits	In-Network	Out of Network	In-Network	Out of Network
Exams	\$10 Copay One Every 12 Months	Covers Up to \$45	\$15 Copay One every 12 months	Covers Up to \$45
Deductible	\$0	\$0	\$0	\$0
Lenses	Once Every 12 months / \$10 Copay		Once Within A 12 Month Period	
Single Vision	Covered in Full	Up to \$32	\$15 Copay	Up to \$40
Bifocal	Covered in Full	Up to \$55	\$15 Copay	Up to \$65
Trifocal	Covered in Full	Up to \$65	\$15 Copay	Up to \$75
Lenticular	Covered in Full	Up to \$80	\$15 Copay	Up to \$100
Contact Lenses	Once every rolling 12 months		Limited to one set of lenses every calendar year	
Conventional Contact Lenses	\$150 Allowance	Up to \$120	\$150 Allowance	Up to \$120
Disposable Contact Lenses	\$150 Allowance	Up to \$120	\$150 Allowance	Up to \$120
Medically Necessary Contacts	\$0 Copay	Up to \$210	Covered at 100%	Up to \$210
Frames	Up to \$150 Once Every Rolling 24 months	Up to \$83	\$0 copay up to \$150 Allowance	Up to \$82
Network Name	EyeMed		BCBS Vision	
Dental/Vision Premium (Per Payday)				
Single	\$18.48		\$12.19	
Member + One	\$36.28		\$24.79	
Family (Employee + Two Dependents)	\$49.13		\$37.43	

Basic/Group Life - \$10,000 Life Insurance to all Local 1784 Members free of charge, regardless of active or retired or age

Voluntary Life Insurance	\$20,000	\$3.42 per pay period
(Member Life Insurance)	\$50,000	\$8.55 per pay period

Voluntary Life Insurance	\$10,000	\$1.50 per pay period
(Spousal Life Insurance)	\$25,000	\$3.75 per pay period

(Must purchase member life in order to purchase spousal life)