2027 IAFF Local 1784 Insurance Comparison

	Union Dental/Vision Delta Dental/ VBA		City Dental/Vision Blue Cross/Blue Shield	
Dental Benefits	**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 w/possible increase to $1,700 with preventive care		$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	PPO & Premier Network		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	$40 Allowance	$15 Copay	Up to $40
Bifocal	Covered in Full	$60 Allowance	$15 Copay	Up to $65
Trifocul	Covered in Full	$80 Allowance	$15 Copay	Up to $75
Lenticular	Covered in Full	$120 Allowance	$15 Copay	Up to $100
Contact Lenses	Once every rolling 12 months	$150 Allowance	Limited to one set of lenses every calendar year	
Conventional Contact Lenses	$150 Allowance	$150 Allowance	$150 Allowance	Up to $120
Disposable Contact Lenses	$150 Allowance	$150 Allowance	$150 Allowance	Up to $120
Medically Necessary Contacts	$0 Copay	$450 Allowance	Covered at 100%	Up to $210
Frames	Up to $150 Once Every Rolling 24 months	$50 Allowance	$0 copay up to $150 Allowance	Up to $82
Network Name	VBA		BCBS Vision	
Dental/Vision Premium (Per Payday)				
Single	$18.84		$15.90	
Member + One	$37.15		$31.84	
Family (Employee + Two Dependents)	$55.75		$48.57	

Basic/Group Life - $10,000 Life Insurance for 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)