

MEMORANDUM OF UNDERSTANDING
BETWEEN THE INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL 624
&
THE CITY OF SAN ANTONIO, TEXAS

The International Association of Fire Fighters Local 624 (referred to as SAPFFA) enters into the following Memorandum of Understanding (MOU) with the City of San Antonio in conjunction with the Collective Bargaining Agreement, more in particular, Article 25 – Health Benefits, Section 5, that became effective February 13, 2020. The changes reflected in this MOU will remain in force and effect through the duration of the current collective bargaining agreement, including any evergreen period.

The SAPFFA and the City of San Antonio shall be referred to collectively as the “Parties.”

Background: The Collective Bargaining Agreement between the Parties reflects that the Annual Deductible under the Fire Consumer Driven Health Plan (CDHP) for an Individual is \$3,000 and \$6,000 for a Family Plan. Included in the Family Plan is an Individual Deductible of \$3,000.

Revised CDHP Individual Deductibles and Health Savings Accounts Contributions: New IRS regulations require an increase of the amount of that Individual Deductible within the Family Plan of \$200 to \$3,200 effective January 1, 2024. In light of that requirement, the Parties agree that the Individual Deductible within a Family plan will increase to \$3,200. At the request of SAPFFA, to treat all members equally, the Individual Deductible, outside of the Family plan, will also increase by \$200 to \$3,200.

To mitigate the effects of the IRS required change, the City will contribute an additional amount of \$175 to the Health Savings Accounts for the total sum of \$1,675.00 each calendar year beginning January 1, 2024, for all Fire Fighters under the Fire Consumer Driven Health Plan (“CDHP”) only.

Article 25 Section 5, Effective January 1, 2024:

Effective January 1, 2024, Article 5 will reflect the two Health plans with plan designs and employee contributions described below:

ITEM	Fire Value Plan		Fire Consumer Driven Health Plan	
	In-Network	Out of Network	In-Network	Out of Network
Office Visits				
Primary Care	\$25 co-pay	40% after Deductible	0% once deductible is met	0% once deductible is met
Specialty Care	\$50 co-pay	40% after Deductible		
Co-insurance (member share)	20% after deductible	40% after deductible	0% once deductible is met	0% once deductible is met
Individual Deductible Individual / Family	\$500 / \$1,000	\$1,500 / \$3,000	\$3,200 / \$6,000 ¹	\$4,500 / \$9,000
Individual Out Of Pocket Maximum Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,200 / \$6,000	\$4,500 / \$9,000
All eligible cost share amounts apply toward the Out of Pocket Maximum)				

Once the Out of Pocket Maximum is met, all benefits increase to 100% coverage with no member cost sharing for the remainder of the calendar year, except for monthly employee contributions				
Emergency Room Facility charges	\$250 Co-Pay, then 20% coinsurance. Co-pay waived if admitted	\$250 Co-Pay, then 20% coinsurance. Co-pay waived if admitted	0% once deductible is met	0% once deductible is met
Emergency Room Physician charges	20% after deductible	20% after deductible	0% once deductible is met	0% once deductible is met
Urgent Care	\$50 Co-Pay	40% after deductible	0% once deductible is met	0% once deductible is met
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Pharmacy Program (CVS Value Formulary or Equivalent)				
Coordination with Calendar Year Medical Deductible	No	Not applicable	Yes	Not applicable
Separate In-Network Brand Drug Deductible Per Person	\$100	Not applicable	Covered Non Preventive Drugs are subject to the Calendar Year Deductible	Not applicable
In-Network Rx Out of Pocket Max	All cost share applies to the annual Out of Pocket Maximum above	Not applicable	All cost share applies to the annual Out of Pocket Maximum above	Not applicable
Pharmacy Co-Pays				
Affordable Care Act Preventive Drugs	Covered at 100% No Member Cost Sharing	Not Covered	Covered at 100% No Member Cost Sharing	Not Covered
Tier 1: 1-30 day supply	\$10 Co-pay (or prescription cost, whichever is less)	Not Covered	Non ACA preventive drugs are subject to the same co-pay structure as the Value Plan.	Not Covered
Tier 2: 1-30 day supply	\$25 Co-pay	Not Covered		Not Covered
Tier 3: 1-30 day supply	\$40 Co-pay	Not Covered		Not Covered
Tier 1: Retail/Mail 90-day supply	\$20 Co-pay	Not Covered	All other drugs are subject to the calendar year deductible.	Not Covered
Tier 2: Retail/Mail 90-day supply	\$50 Co-pay	Not Covered		Not Covered
Tier 3: Retail/Mail 90-day supply	\$80 Co-pay	Not Covered		Not Covered
OTHER (Services are provided per provisions above, with following provisos)				
Occupational, Speech and Physical Therapy	No annual limit *speech includes child born under the plan with developmental disorder or birth defects	No annual limit *speech includes child born under the plan with developmental disorder or birth defects	No annual limit *speech includes child born under the plan with developmental disorder or birth defects	No annual limit *speech includes child born under the plan with developmental disorder or birth defects
Serious Mental Health Physician Services – Office Visits	Full Mental Health Parity – covered same as any illness	Full Mental Health Parity – covered same as any illness	Full Mental Health Parity – covered same as any illness	Full Mental Health Parity – covered same as any illness
Chiropractic	20% after deductible	Not Covered	In-network 0% once deductible is met	Not Covered
In-Vitro Coverage	20% after deductible Limit to six attempts per lifetime	40% after deductible Limit to six attempts per lifetime	0% after deductible Limit to six attempts per lifetime	0% after deductible Limit to six attempts per lifetime
Routine Physical Exams (annual for age 2 and up)	0%	40% after deductible to \$300 per year	0%	0% after deductible to \$300 per year
Dependent Children Well Visits	0% birth to age 2 with no annual \$ limit	40% after deductible up to \$300 per year	0% birth to age 2 with no annual \$ limit	0% after deductible up to \$300 per year
Pap, Mammogram, PSA	Covered at 100%, annually, age and gender appropriate	40% after deductible	Covered at 100%, annually, age and gender appropriate	0% after deductible
Immunizations	0%	40% after deductible	0%	0% after deductible

¹ In the CDHP Family Plan, the maximum annual deductible for one Individual is \$3,200.

The pharmacy coverage is as outlined in the CVS Value formulary or its equivalent if a new PBM is selected during the contract term.

Employee Monthly Contributions and CDHP plan Health Savings Account contributions are as follows:

Monthly Employee Contributions										
	2020		2021		2022		2023		2024	
	Value	CDHP	Value	CDHP	Value	CDHP	Value	CDHP	Value	CDHP
EE Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE & Spouse	\$100.10	\$0.00	\$110.11	\$0.00	\$121.12	\$0.00	\$133.23	\$0.00	\$146.56	\$0.00
EE & Children	\$67.10	\$0.00	\$73.81	\$0.00	\$81.19	\$0.00	\$89.31	\$0.00	\$98.24	\$0.00
EE & Family	\$166.10	\$0.00	\$182.71	\$0.00	\$200.98	\$0.00	\$221.08	\$0.00	\$243.19	\$0.00


Health Savings Account (H.S.A.) Annual City Contributions (only for CDHP)										
(Voluntary employee contributions may be made to a Flexible Spending Account if the employee is not eligible for the H.S.A.)										
	2020		2021		2022		2023		2024	
	Value	CDHP	Value	CDHP	Value	CDHP	Value	CDHP	Value	CDHP
EE Only	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$1,675
EE & Spouse	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$1,675
EE & Children	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$1,675
EE & Family	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$1,675

A. The above years are plan (currently calendar) years. The first year plan for 2020 begins in April and ends in December. Payments made by covered members (employees, plus any dependent(s)) that have accumulated toward the deductible and out-of-pocket maximums will credit toward the first year of the new health plan ending December 31, 2020. Subsequent years 2021, 2022, 2023, 2024, and any evergreen period will be in calendar years (January through December). Employee monthly contributions (under the Value plan) will increase by 10% over the prior year's contribution every year during the life of the agreement (including during evergreen). Out-of-network claims will be capped at the in network allowable amounts under both the Value and CDHP plans.

B. Health Savings Account Contributions for CDHP will continue during evergreen.

Signed and agreed to by the duly authorized representatives of the Parties on this _____ day of _____, 2023.

FOR THE SAPPFA:

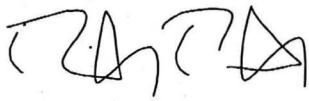

Joe Jones, President

Date: 20 October 2023

FOR THE CITY:


Erik J. Walsh, City Manager

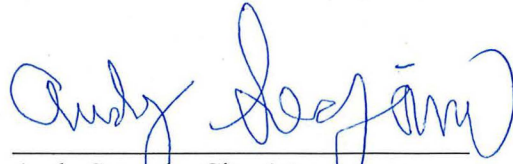
Date: 10/23/23



Ricky J. Poole, Counsel

October 20, 2023

Date



Andy Segovia, City Attorney

10/22/23

Date