



12/2/2025

**DISABILITY BOARD AGENDA
210 W. 6TH AVE, KENNEWICK CITY HALL
CASCADE CONFERENCE ROOM**

4:30 PM

- 1. CALL TO ORDER**
- 2. ATTENDANCE**
- 3. PUBLIC COMMENT**
- 4. APPROVAL OF MINUTES**
 - a. Approval of the minutes dated November 4, 2025
- 5. TREASURER'S REPORT**
 - a. Treasurer's Report October
- 6. FIRE CLAIMS**
 - a. Summary of claims for signature
- 7. POLICE CLAIMS**
 - a. Summary of claims for signature
- 8. NEW BUSINESS**
- 9. UNFINISHED BUSINESS**
 - a. Disability Board policy, rules and regulations draft review
- 10. BOARD COMMENTS/DISCUSSION**
- 11. ADJOURNMENT**

NEXT MEETING DATE: JANUARY 6, 2026

**DISABILITY BOARD
REGULAR MEETING
November 4, 2025 - DRAFT**

1. **CALL TO ORDER:** Police Representative Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 4:30 p.m.
2. **ATTENDANCE:**

Board Members Present: <i>Gretl Crawford, Mayor</i> <i>Chuck Torelli, Mayor Pro Tem</i> <i>Jim Kraft, Police Representative</i> <i>Dennis Waters, Fire Representative</i> <i>Kathryn Armstrong, Member-At-Large</i>	City Staff Present: <i>Jessica Platt, Finance Director</i> <i>Joyce Pascua, Senior Accounting Specialist</i> <i>Kristi Smith, Disability Board Benefits Administrator</i>
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3. **PUBLIC COMMENT:** NONE
4. **APPROVAL OF MINUTES:** The minutes of October 7, 2025 and October 21, 2025 were unanimously approved as presented.
5. **TREASURER’S REPORT:** Ms. Platt delivered the Treasurer's reports and analytics for September. The Board briefly discussed future long-term care costs.
6. **FIRE CLAIMS:**
 - a. **SUMMARY OF CLAIMS:** The motion to approve the fire claim was unanimously approved as presented.
7. **POLICE CLAIMS:**
 - a. **SUMMARY OF CLAIMS:** The motion to approve the police claims was unanimously approved as presented.
8. **NEW BUSINESS:**
 - a. **Claim: Police Member # 2 requesting reimbursement for dental work:** The Board briefly discussed the claim. **The motion to approve Police Member # 2’s claim for reimbursement in the amount of \$255.45 was unanimously approved as presented.**
 - b. **Claim: Police Member # 14 requesting reimbursement for dental work:** The Board briefly discussed the claim. **The motion to approve Police Member # 14’s claim for reimbursement in the amount of \$4,541.60 was unanimously approved as presented.**
 - c. **Disability Board policy, rules and regulations draft review:** The Board discussed the proposed policy updates. **Motion to approve changes to the policy as of the November 4, 2025 meeting.**
9. **UNFINISHED BUSINESS:** NONE
10. **BOARD COMMENTS/DISCUSSION:** NONE
11. **ADJOURNMENT:** Mr. Kraft concluded the meeting at 5:15 p.m.



Joyce Pascua
Disability Board Secretary

CITY OF KENNEWICK
OTHER POST EMPLOYMENT BENEFITS
TRUST FUND

Preliminary Financial Statements

October 31, 2025

CITY OF KENNEWICK

Other Post Employment Benefits Trust Fund

Balance Sheet
October 31, 2025

	Current Year	Prior Year
<u>Assets</u>		
Equity in Pooled Cash & Investments	\$ 5,915,456	\$ 5,463,795
Investments	-	\$ -
Interest Receivable		
	<u>\$ 5,915,456</u>	<u>\$ 5,463,795</u>
<u>Liabilities</u>		
Accounts Payable	\$ 13,163	\$ 13,098
Total Liabilities	13,163	13,098
<u>Fund Balance</u>		
Committed Fund Balance	<u>5,902,293</u>	<u>5,450,696</u>
Total Fund Balance	<u>5,902,293</u>	<u>5,450,696</u>
Total Liabilities and Fund Balance	<u>\$ 5,915,456</u>	<u>\$ 5,463,795</u>

CITY OF KENNEWICK

Other Post Employment Benefits Trust Fund

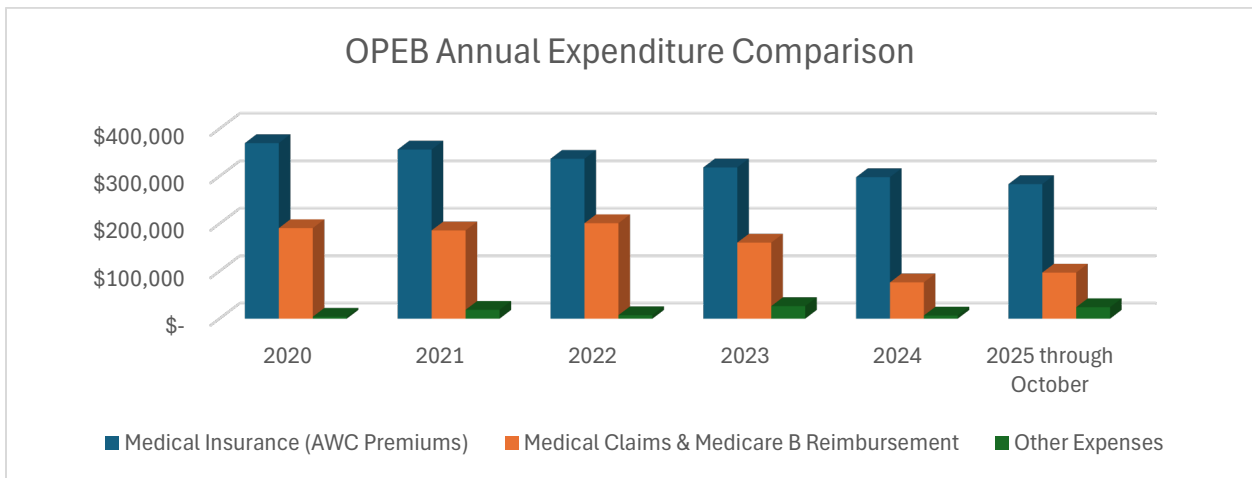
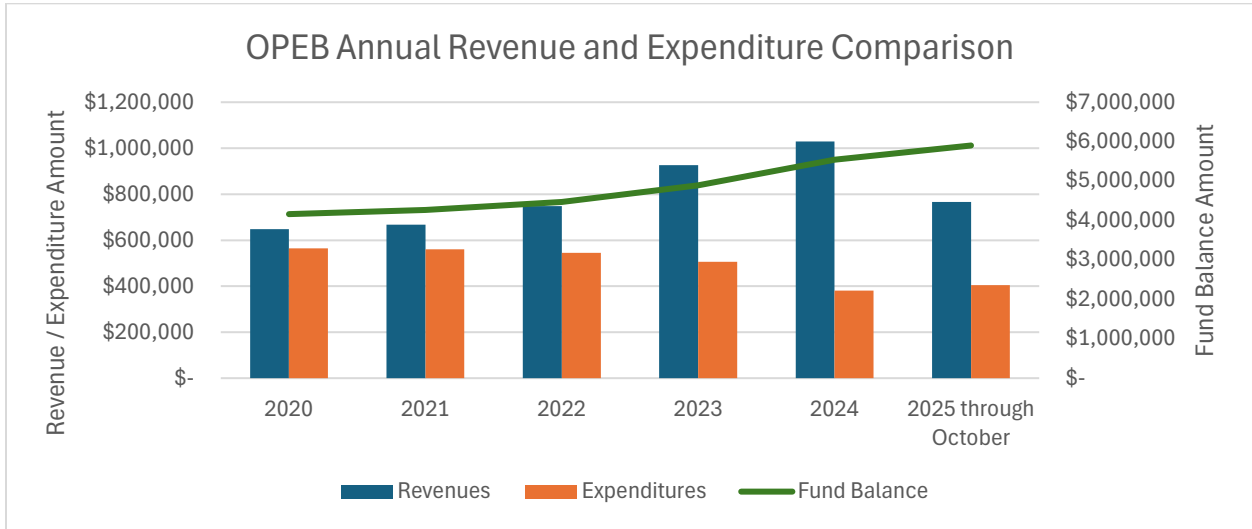
Income Statement

October 31, 2025

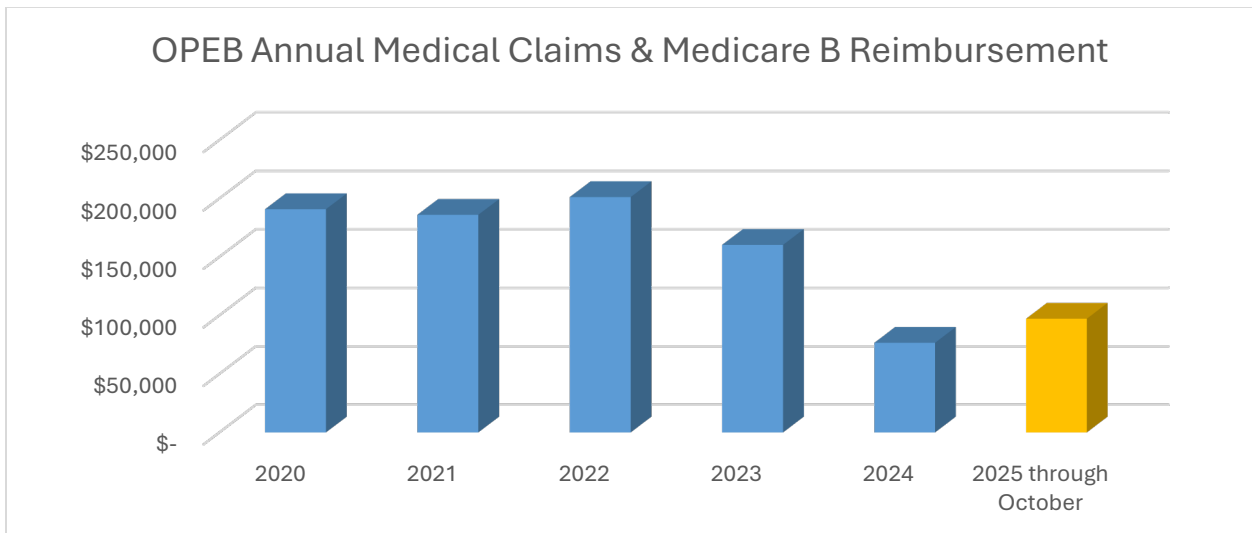
	2025 Budget	Year To Date	Over (Under) Budget	Prior Year To Date
<u>Revenues:</u>				
Water and Sewer Utility Tax	\$ 590,000	\$ 590,000	\$ -	\$ 679,633
Investment Interest	163,500	176,046	12,546	190,361
Total Revenues	753,500	766,046	12,546	869,994
<u>Expenditures:</u>				
Medical Insurance	348,500	283,523	(64,977)	244,529
Medical and Prescriptions	205,000	97,152	(107,848)	60,997
Disability Board Secretary	2,000	-	(2,000)	-
Office Supplies	50	-	(50)	-
Postage Expense	300	31	(269)	14
Travel and Training	2,000	-	(2,000)	2,851
Contractual/Consulting Services	12,500	24,125	11,625	3,700
Copier Charges	18	59	41	-
Total Expenditures	570,368	404,890	(165,478)	312,091
Net Income (Loss)	183,133	361,156	178,024	557,903
Beginning Fund Balance	5,541,137	5,541,137	-	4,892,793
Ending Fund Balance	\$ 5,724,270	\$ 5,902,293	\$ 178,024	\$ 5,450,696

City of Kennewick
Other Post Employment Benefits Trust (OPEB) Fund
October 31, 2025

Revenues and Expenditures

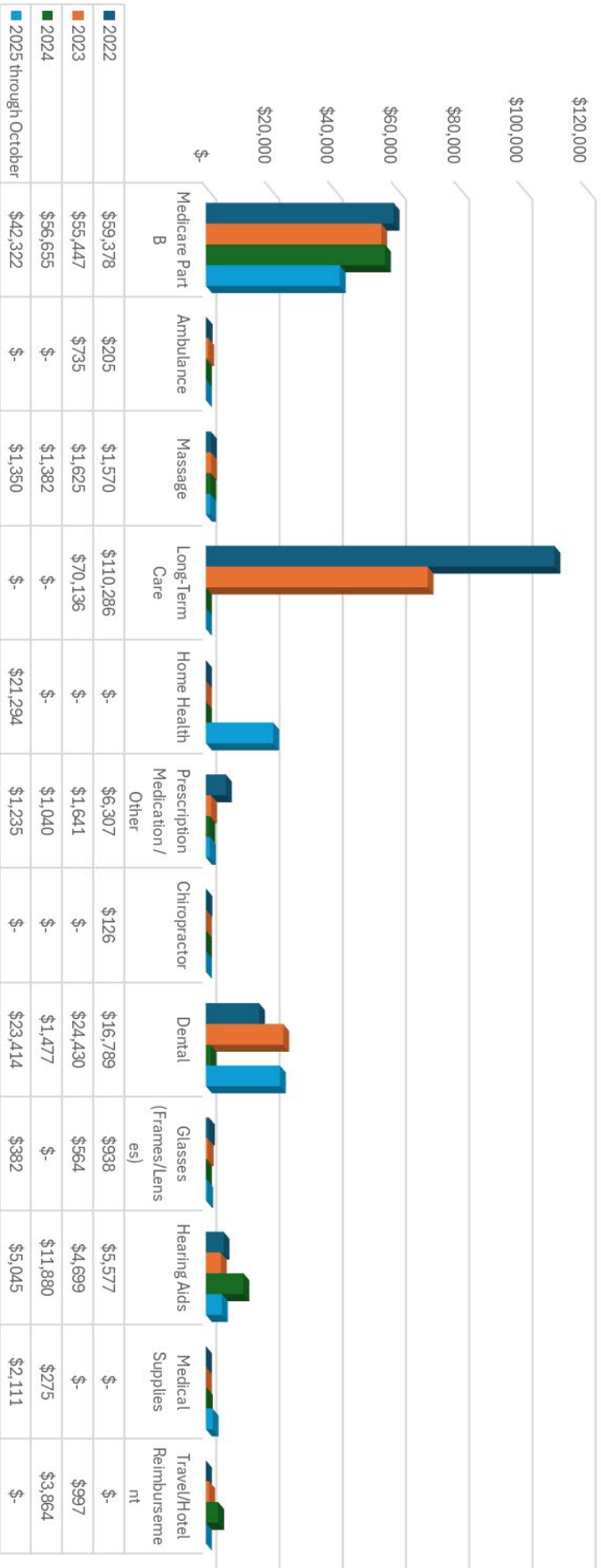


Medical Claims & Medicare B Reimbursement



**City of Kennewick
Other Post Employment Benefits Trust (OPEB) Fund
October 31, 2025**

OPEB Annual Medical Claims & Medicare B Reimbursement Comparison



MEETING DATE: 12/2/2025

DISABILITY BOARD - FIRE

JOYCE PASCUA, DISABILITY BOARD SECRETARY

BUDGET NO. J2517210 . 520012

Member #	Date of Claim	Claim Type - Category	Category	Provider	TOTAL
19	10/16/2025	Prescription	1040	Brand Direct Health	\$ 192.00

\$ 192.00

JIM KRAFT, POLICE REPRESENTATIVE

DENNIS WATERS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETL CRAWFORD, MAYOR

CHUCK TORELLI, MAYOR PRO TEM

LEOFF I – CERTIFICATION CLAIM FORM – FIRE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.

I further certify that I am an active/retired member of the Kennewick Fire Department; that the following claim was required by an allowable provider; I am enclosing the required explanation of benefits; and that I am eligible for reimbursement under the following plan(s):

Asuris []

Medicare []

Other City Fire Pension

Date of Service

Condition or Illness Or Prescription Name

Provider of Service

Bill Charged

Co-pay Amount

16 Oct 25 Memory concerns B.D.H. \$ 192- 0

TOTAL: \$ 192-

Print Name

[Redacted Signature]

Signature

16-Oct 25

Date

Board Use Only

Fire member #19

RECEIVED
10/16/25



P.O. Box 1017
 Bedminster, NJ 07921-1017
 Tel: 866.331.6440

NCPDP: 5732323
NPI: 1861280596

Medical Expense Report

6

DATE RANGE: 8/1/2025 - 9/11/2025



Item #1

PRODUCT INFORMATION

DISPENSED DATE	RX NUMBER	DRUG NAME PRODUCT CODE	SIG	QTY	DAYS SUPPLY	PRESCRIBER
8/12/2025	[REDACTED]	Cerefolin Brain Wellness Levomefolate/Methylcob/N -Acetylcys 6/2/600 mg Tab 00525052590	TAKE 1 TABLET BY MOUTH DAILY	90	90	KARLSON, KATIE

PAYMENT INFORMATION

ORDER	PRODUCT PRICE	DATE(S) PAID	AMOUNT(S) PAID FOR PRODUCT+	SHIPPING FEE	SALES TAX	PAYMENT TYPE*
2048726	\$195.99	8/12/2025	\$189.00	\$3.00	\$0.00	FULL PAY

TOTAL AMOUNT PAID: \$192.00

*If PAYMENT TYPE is 3 PAY, the amount charged was only 1/3 of the total Product Price that appears above. The second and third payments were automatically charged on the same date for the next two months. The 3 PAY Program has a convenience fee of \$6.00 and is applied to the first payment.

+AMOUNT PAID FOR PRODUCT does not include sales tax or shipping fee. Payments have been scheduled as noted. The Amount Paid total reflects only amounts paid to date or within the date range noted above.



MEETING DATE: 12/2/2025

DISABILITY BOARD - POLICE

JOYCE PASCUA, DISABILITY BOARD SECRETARY

BUDGET NO. J2517210 . 520012

Member #	Date of Claim	Claim Type - Category	Code	Provider	TOTAL
15	9/19/2025	Prescription	1040	Elk Drug	\$ 10.84
15	10/4/2025	Prescription	1040	Elk Drug	\$ 10.84
15	10/17/2025	Prescription	1040	Elk Drug	\$ 10.84
15	10/31/2025	Prescription	1040	Elk Drug	\$ 10.84
25	10/15/2025	Massage	1050	Massage Tri-Cities	\$ 100.00

\$ 143.36

JIM KRAFT, POLICE REPRESENTATIVE

DENNIS WATERS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETLE CRAWFORD, MAYOR

CHUCK TORELLI, MAYOR PRO TEM

LEOFF I - CERTIFICATION CLAIM FORM - Police

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.

I further certify that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; I am enclosing the required explanation of benefits; and that I am eligible for reimbursement under the following plan(s):

Asuris [] Medicare [] Other [] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
9-19-2025	Pill pack	Elk Drug	10.84	10.84
10-4-2025	Pill pack	Elk Drug	10.84	10.84

TOTAL: 21.68

Print Name: _____ Signature: _____

Oct 12 - 2025
Date

Board Use Only

Police member # 15

RECEIVED
10/20/25

Sale



558-N-0000 12/31/99

Elk Drug
176 E. Main Street
Dayton, WA 99328
Ph : 509-382-2536

Receipt: [REDACTED]
Date: 10/04/25 09:58AM
Cashier: LISA
Register: POS Lane2
Customer: [REDACTED]

Item	Flags	Qty	Price	Value
Bubble PK 2 WK	T	1x	\$10.00	\$10.00
Rx [REDACTED]	RF			\$0.00
Rx [REDACTED]	RF			\$0.00
Rx [REDACTED]	RF			\$0.00

Flags: T=Taxable F=FSA R=Rx P=Promo A=Auto Refill

Rx count:3
Retail count:1
Total count:4
Rx Total:\$0.00
Retail Total:\$10.00
Subtotal \$10.00
Standard Tax on \$10.00 \$0.84
Total \$10.84
Tender Credit [REDACTED] \$10.84

Mastercard Card - Approved

Amount:\$10.84

Transaction:CREDIT

Approval [REDACTED]

Response Code:0

Entry Method:Contactlesscc

MASTERCARD [REDACTED]

Trace Code [REDACTED]

Cryptogram:TC 02B1E5EEC55A80F5



Customer Copy

Sale



558-N-0000 12/31/99

Elk Drug
176 E. Main Street
Dayton, WA 99328
Ph : 509-382-2536

Receipt: [REDACTED]
Date: 09/19/25 02:44PM
Cashier: LACY
Register: POS Lane1
Customer: [REDACTED]

Item	Flags	Qty	Price	Value
Bubble PK 2 WK	T	1x	\$10.00	\$10.00
Rx [REDACTED]	RF			\$0.00
Rx [REDACTED]	RF			\$0.00

Flags: T=Taxable F=FSA R=Rx P=Promo A=Auto Refill

Rx count:2
Retail count:1
Total count:3
Rx Total:\$0.00
Retail Total:\$10.00

Subtotal \$10.00
Standard Tax on \$10.00 \$0.84
Total \$10.84
Tender Credit [REDACTED] \$10.84

Mastercard Card - Approved

Amount:\$10.84

Transaction:CREDIT

Approval [REDACTED]

Response Code:0

Entry Method:Contactlesscc

MASTERCARD [REDACTED]

Trace Code [REDACTED]

Cryptogram:ARQC D9CD78DA0C54CE79



Customer Copy

LEOFF I - CERTIFICATION CLAIM FORM - Police

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
 I further certify that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; I am enclosing the required explanation of benefits; and that I am eligible for reimbursement under the following plan(s):

Asuris [] Medicare [] Other [] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
10-17-25	Bubble pack	Elb Drug	10.84	10.84
10-31-25	Bubble pack	Elb Drug	10.84	10.84

TOTAL: 21.68

Print Name

Signature

Nov 3-2025

Date

Board Use Only

Police member # 15

RECEIVED
11/7/25

Sale



509-382-2536

Elk Drug

176 E. Main Street
Dayton, WA 99328
Ph : 509-382-2536

Receipt: [REDACTED]
Date: 10/31/25 02:07PM
Cashier: LACY
Register: POS Lane2
Customer: [REDACTED]

Item	Flags	Qty	Price	Value
Bubble PK 2 WK	T	1x	\$10.00	\$10.00
Rx [REDACTED]	RF			\$0.00

Flags: T=Taxable F=FSA R=Rx P=Promo A=Auto Refill

Rx count:1
Retail count:1
Total count:2

Rx Total:\$0.00
Retail Total:\$10.00

Subtotal \$10.00
Standard Tax on \$10.00 \$0.84

Total \$10.84

Tender Credit [REDACTED] \$10.84

Mastercard Card - Approved

Amount:\$10.84

Mastercard:*****8282

Transaction:CREDIT

Approval [REDACTED]

Response Code:0

Entry Method:Contactlcc

MASTERCARD [REDACTED]

Trace Code: [REDACTED]

Cryptogram:TC 59A021025676E423



Customer Copy

Sale



509-382-2536

Elk Drug

176 E. Main Street
Dayton, WA 99328
Ph : 509-382-2536

Receipt: [REDACTED]
Date: 10/17/25 01:13PM
Cashier: MISTY
Register: POS Lane1
Customer: [REDACTED]

Item	Flags	Qty	Price	Value
Rx [REDACTED]	RF			\$0.00
Bubble PK 2 WK	T	1x	\$10.00	\$10.00

Flags: T=Taxable F=FSA R=Rx P=Promo A=Auto Refill

Rx count:1
Retail count:1
Total count:2

Rx Total:\$0.00
Retail Total:\$10.00

Subtotal \$10.00
Standard Tax on \$10.00 \$0.84

Total \$10.84

Tender Credit [REDACTED] \$10.84

Mastercard Card - Approved

Amount:\$10.84

Mastercard:*****8282

Transaction:CREDIT

Approval [REDACTED]

Response Code:0

Entry Method:Contactlesslcc

MASTERCARD [REDACTED]

Trace Code: [REDACTED]

Cryptogram:ARQC EF93E006453B443C



Customer Copy

LEOFF I – CERTIFICATION CLAIM FORM – Police

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.

I further certify that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; I am enclosing the required explanation of benefits; and that I am eligible for reimbursement under the following plan(s):

Asuris [] Medicare [] Other [] LEOFF 1

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
-----------------	---	---------------------	--------------	---------------

10/15/2025	SOZE BACK	MASSAGE (2) CITIES	\$100 ⁰⁰	\$100 ⁰⁰

TOTAL: \$100⁰⁰

Print Name  Signature 

Date 10/16/2025

Board Use Only

Police Member #25



You paid an invoice!

Message Tri-Cities <messenger@messaging.squareup.com>

Reply-To: Message Tri-Cities

<CAESPhIkN2IzMDM1ODUtYTA5Yi00ZTAwLThhMGUtYWYyMDQxOGJjOWY2GgtjOjQ5MzgwMjk5NyJbWVzc2VuZ

To:

Message Tri-Cities

Invoice Paid

\$100.00

Paid with Visa on October 15, 2025 at :

Invoice

October 15, 2025

Customer

[Download Invoice PDF](#)

Message

WA state License # MA00024917. NPI - 1144467895.
- 97140.

Invoice summary

60 Min Massage with Nancy	\$
Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a 60 min massage your way. As your therapist I will communicate with you in order to customize your experience.	

Subtotal	\$
Total Paid	\$

Visa

10/15/2

[Send estimates or invoices for your busine](#)

TITLE 18

DISABILITY BOARD RULES AND REGULATIONS

Scope 18-04
Definition of Terms 18-08
Board Membership & Duties 18-12
Processing Medical Claims and Disability Applications
 And Annual Member Updates 18-16
Claims for Medical Services 18-28
Medical Services Resolutions 18-32
Specific Claims Information 18-36
Travel Reimbursement 18-40
Reconsideration 18-44
Amendment and Review of Policy 18-48

18-04: SCOPE

SECTION:

18-04-010: Purpose

18-04-010: Scope

18-04-030: Effect of Rules and Regulations

18-04-010: Purpose: The purpose of these rules is to establish uniform methods of procedure for the conduct of the business of the City of Kennewick Disability Board (“Board”). This Board was established pursuant to the authority of RCW 41.16.020 and Chapter 294 which was passed in 1981, and its powers, duties, and responsibilities are as established by state law. In the event of any conflict of these rules with state law, the latter shall govern.

18-04-020: Scope: These rules and regulations shall be applicable to all LEOFF I employees and retirees covered by RCW 41.26, whether fire fighter or police officer, unless specifically provided herein.

18-04-030: Effect of Rules and Regulations: All fire fighters, law enforcement officers and retired members covered by RCW 41.26 shall be subject to the rules and regulations contained herein. A member's failure to follow these procedures may subject such member to the loss of benefits otherwise due under the acts. Upon adoption of these rules, a copy will be distributed to the appropriate agencies.

18-08 DEFINITION OF TERMS

SECTION:

18-08-010: Definitions

18-08-010: Definitions:

- (1) Application. A request by a member for Board approval of disability leave or retirement.
- (2) Claim. A request by a member for Board approval of payment for medical services or expenses.
- (3) Disability. The existence of a physical and/or mental condition which renders the member unable to discharge, with average efficiency, the duty of the grade or rank to which the member belongs, or the position in which the member regularly serves. If a member is able to perform all of the duties of any available position to which a member of his grade or rank is normally assigned, the member is not considered disabled.
- (4) In the line of duty. The member's disability occurred as a direct result of the performance of the member's duties.
- (5) Member. A law enforcement officer or fire fighter eligible for benefits provided under RCW 41.26, LEOFF I plan.

18-12 BOARD MEMBERSHIP & DUTIES

- 18-12-010: Membership
- 18-12-020: Election of Fire Fighter and Police Representatives
- 18-12-030: Selection of Member-at-Large
- 18-12-040: Duties of Board Members
- 18-12-050: Meetings – General Information
- 18-12-060: Hearings – General Information
- 18-12-070: Hearings – Witnesses

18-12-010: Membership:

- (1) The Board shall consist of five (5) members as follows:
 - (a) Two representatives from Kennewick City Council.
 - (b) One fire fighter representative.
 - (c) One police officer representative.
 - (d) One member from the public at large.
- (2) The Council members shall serve a two-year term, and Non-Council members shall serve a two-year term expiring on March 31, or until such time as their successor is selected. A Member, Council or Non-Council, shall be removed if they have two or more unexcused absences in any calendar year.
- (3) The members of the Board will appoint their own chairperson.

18-12-020: Election of Fire Fighter and Police Representatives:

- (1) Nominations are submitted to the Secretary every two years, on the odd year. The nomination and election process is coordinated by the Board Secretary during January.
- (2) Representatives will be elected by LEOFF I members from amongst all LEOFF I members (active and retired) as well as active LEOFF II members.
- (3) For the sake of transition, both the incoming and outgoing members are encouraged to attend the February meeting, with the outgoing member voting and the incoming member observing. The incoming member will take over duties as of the close of that meeting.

18-12-030: Selection of Member-at-Large:

- (1) Applications will be accepted every two years, on the even years. The interview and selection process is coordinated by the Board Secretary during January.
- (2) The member-at-large will be selected by the Law Enforcement Representative, Fire Fighter Representative, and both City Council Representatives currently serving on the Disability Board.
- (3) For the sake of transition, both the incoming and outgoing members are encouraged to attend the February meeting, with the outgoing member voting and the incoming member observing. The incoming member will take over duties as of the close of that meeting.

18-12-040: Duties of Board Members:

- (1) Chairperson - The chairperson shall preside at all meetings, public hearings and disability hearings of the Disability Board and may call special meetings. The chairperson shall

have the privilege of discussing all matters before the Board and voting thereon except where to do so would constitute violations of an appearance of fairness of doctrine or a conflict of interest. The chairperson shall have all the duties normally conferred by parliamentary procedures on such officers and shall perform such other duties as may be requested by the Disability Board.

(2) Chairperson Pro Tem - The Chairperson Pro Tem shall assume the duties and powers of the chairperson in his or her absence.

(3) Secretary - The Secretary shall keep the minutes of all regular, adjourned and special meetings of the Disability Board. Such minutes shall be approved by the Board and copies shall be distributed to all members of the Board, all members of City Council, the City Manager and the Administrator for the Department of Retirement Systems. The Secretary shall prepare the agenda of regular and special meetings, shall give notice of all disability hearings, and shall draft and sign routine correspondence of the Board. The Secretary shall coordinate the elections of Fire and Police Representatives and the selection of member-at-large to the Board.

18-12-050: Meetings - General Information:

(1) The regular monthly meeting of the City of Kennewick Disability Board shall be held on the first Tuesday of each month. Meetings will be held in an available room at City Hall. Rescheduled meetings shall be held within seven days prior to or seven days following the regularly scheduled meeting, provided that the day falls within the same month as the originally scheduled meeting. Special meetings of the Board shall be held upon the request of the Chairperson, of which notice shall be given in accordance with RCW 42.30.080.

(2) Three members shall constitute a quorum and the same shall have the power to transact all business. Each Board member is expected to notify the Secretary at least three working days prior to a scheduled meeting if that member will be unable to attend the meeting.

(3) "Robert's Rules of Order" shall guide the Board where the proceedings are not otherwise governed by rules or state law.

(4) The Board shall allow the public to attend regular meetings. However, pursuant to RCW 42.30.140(2), the Board reserves the right to close those portions of meetings in which the Board is deliberating upon quasi-judicial matters relating to specific benefits, where the Board finds that such deliberations might be expected to include discussion of Protected Healthcare Information (PHI) in accordance with HIPAA regulations.

(5) Information relating to any member's claim or application should be released only as required by RCW 42.17, or any court order, or upon written permission of the member, except certain medical information disclosed to medical experts as provided herein.

(6) The Board may hold a full hearing on any matter when deemed necessary.

(7) If any person(s) on the Board concludes that he has a conflict of interest or an appearance of fairness problem with respect to a matter pending before the Board so that he cannot discharge his duties, he shall disqualify himself from participating in the deliberations and the decision-making process with respect to the matter.

18-12-060: Hearings - General Information: At such a hearing as referred to in Section 18-12-050(6), the following statements shall apply:

(1) Any person testifying before the Board may have their attorney present.

(2) Opportunity shall be afforded all parties to respond and present relevant evidence and argument on all issues involved.

- (3) Unless precluded by law, information dispositions may also be made of any contested case by stipulation, agreed settlement, consent order or default.
- (4) The record of a hearing shall include:
 - (a) All pleadings, motions, and intermediate rulings;
 - (b) Evidence received or considered;
 - (c) A statement of matters officially noticed, if any;
 - (d) Questions and offers of proof, objections and rulings thereon, if any;
 - (e) Prepared findings and exceptions, if any; and
 - (f) Any decisions, opinions or reports by the Board.
- (5) All oral proceedings in a Board hearing shall be recorded. A copy of the record or any part thereof shall be transcribed and furnished to any party to the hearing upon request therefore, and payment of the reasonable costs thereof.
- (6) Findings of fact shall be based exclusively on the evidence and on matters officially noticed.
 - (7) The Disability Board may:
 - (a) Administer oaths and affirmations, examine witnesses, and receive evidence;
 - (b) Issue subpoenas as provided in Section 18-12-070;
 - (c) Rule upon offers of proof and receive relevant evidence;
 - (d) Take or cause depositions to be taken pursuant to rules promulgated by the Board; and
 - (e) Regulate the course of the hearing.

18-12-070: Hearings – Witnesses: Subpoenas will be issued in accordance with KMC 2.16.950. The Board has the power to issue subpoenas and compel the attendance of witnesses without the intervention of Superior Court.

18-16 PROCESSING MEDICAL CLAIMS AND DISABILITY APPLICATIONS AND ANNUAL MEMBER UPDATES

- 18-16-010: Presenting to the Board
- 18-16-020: Medical Claims Appeals
- 18-16-030: Application for Disability Retirement
- 18-16-040: Right to Appeal
- 18-16-070: Annual Member Updates and Privacy Policy Statements

18-16-010: Presenting to the Board:

(1) All claims and applications shall be submitted to the Secretary via the appropriate representative of the Board on forms approved by the Board. All material to be considered in connection with any application or claim must be submitted to the Board by the 15th of the month prior to the Board meeting at which such claim or application is to be considered. Material submitted after such time may be considered at the discretion of the Board.

(2) The Board's decision to approve or deny applications or claims will be based on the forms and other written information submitted by the member. The Board may, however, require additional documents and/or letter of medical necessity before deciding on the member's application or claim.

18-16-020: Medical Claim Appeals:

(1) Any decision of the Board regarding medical claims made in the manner provided in Section 18-16-010(2) may be appealed to the Board for a hearing and reconsideration of its decision. Notice of such an appeal must be filed with the Board no more than 30 days after notification of the Board's decision.

(2) When a notice of appeal is received by the Board, a hearing shall be scheduled before the Board. The party appealing the decision shall be given at least 10 calendar days notice of the time, place, and nature of the hearing.

18-16-030: Application for Disability Retirement: Every order of the Disability Board granting or denying a disability retirement allowance shall contain the following items presented in clear concise terms:

(1) Findings of fact supported by evidence in the record supporting the granting or denying of the disability retirement allowance. When a disability retirement is granted, findings of fact shall include:

- (a) Whether or not the disability was incurred in the line of duty.
 - (b) Whether or not the disability was incurred while in other employment.
 - (c) Dates encompassing waiver of disability leave, if applicable; and that applicant established that such disability will be in existence for a period of six months.
- (2) Conclusions of law in accordance with law on the basis of the facts in the case.
- (3) Decision and Order.

18-16-040: Right to Appeal: If the Board denies disability leave or disability retirement or cancels a previously granted disability leave or retirement, the applicant shall be immediately notified and advised of the right to appeal such decision or order within 30 days, to the Director of the Department of Retirement Systems, pursuant to RCW 41.26.200. Such notification shall be in writing and served by personal service or mail. Provided, that written notice need not be given if the applicant or his duly authorized representative is in attendance at the meeting or hearing and is advised of the decision and of the right of appeal.

18-16-070: Annual Member Updates and Privacy Policy Statements:

(1) Each member will be required on a yearly basis to update their personal information and sign a privacy policy statement at the request of the Board.

(2) The Board Secretary will mail an information worksheet, privacy policy statement and an authorization to release Protected Healthcare Information (PHI) in accordance with HIPAA guidelines to each member who will be required to respond in the time frame given. If the member fails to respond within that time frame, further claims submitted will not be processed until the information is received by the Board Secretary.

18-28 CLAIMS FOR MEDICAL SERVICES

18-28-010: Claim Forms & Required Documents

18-28-020: Six-Month Limit

18-28-030: Coordination of Benefits

18-28-040: Subrogation of Claims

18-28-010: Claim Forms & Required Documents: Claims for payment of medical services shall be submitted on forms provided by the Board. To maintain privacy, members are required to submit all claims in a sealed envelope addressed to the Disability Board or via email. Explanation of benefits from member's medical insurance provider(s), if any, shall be submitted in addition to the statement of claims form provided by the Board for all claims.

18-28-020: Six-Month Limit: All claims must be submitted to the member's board representative or Secretary within six months of the date of service or the date of processing by the insurance carrier. Claims submitted after this period of time may not be approved by the Board.

18-28-030: Coordination of Benefits: Pursuant to RCW 41.26.150(2), payment of claims shall be reduced by any amount received or eligible to be received under Workman's Compensation, Social Security, Medicare, insurance provided by another employer, pension plan, or any other similar source.

18-28-040: Subrogation of Claims: Upon making payment for authorized medical services, the Board and employer shall be subrogated to all rights of the member against any third party who may be held liable for the member's injuries or for the payment of the cost of medical services in connection with a member's sickness or disability. Such subrogation shall be to the extent necessary to recover payments made to the member by the Disability Board and City of Kennewick. RCW 41.26.150(3).

18-32 MEDICAL SERVICES RESOLUTIONS

18-32-010: Health Plans

18-32-010: Additional Service

18-32-010: Health Plans: If a member currently has a prepaid health plan, they are required to obtain medical services through that prepaid health plan.

18-32-020: Additional Service: On a case-by-case basis, the Board may authorize additional services to a member. The member will be required to provide a letter of medical necessity to show a need for such additional services not covered under RCW 41.26.150 prior to authorization by the Board. In making its determination whether to authorize additional services, the Board shall not be bound by the rules of evidence, and the Board's decision shall be deemed final.

NOTE: Approval of additional services is at the discretion of the Board. For any member seeking additional medical services, prior approval must be obtained by the Board to be reimbursed for such claims.

18-36 SPECIFIC CLAIMS INFORMATION

- 18-36-010: General Statements
- 18-36-020: Dental
- 18-36-030: Psychiatric Care
- 18-36-040: Optical Exams, Eyeglasses, and Contact Lenses
- 18-36-050: Diet Programs/Fitness Clubs
- 18-36-060: Alcohol and Drug Treatment
- 18-36-070: Hearing Aids
- 18-36-080: Chiropractic Care
- 18-36-090: Physical Therapy
- 18-36-100: Surgical Procedures
- 18-36-110: Acupuncture Treatments
- 18-36-120: Restorative Care Programs
- 18-36-130: Vaccinations and Immunizations
- 18-36-140: Impotency Medication
- 18-36-150: Premiums
- 18-36-160: Long-Term Care

18-36-010: General Statements:

- (1) The Board will approve payment of claims for all medical services defined in RCW 41.26.030(22) under the conditions set forth in RCW 41.26.150. Services do not include late fees or charges.
- (2) No case allowing payment of claims for services shall stand as binding precedent for future similar claims.
- (3) Anyone needing special medical equipment or devices must first get approval from the Kennewick Disability Board.
- (4) Medical equipment and devices (Durable Medical Equipment) include any item other than normal medical treatment and prescription.

18-36-020: Dental:

- (1) Dental expenses will be considered necessary medical services in those circumstances when they are incurred by a member who sustains an accidental injury resulting in damage to his teeth or gums and commences treatment within 90 days following the accident, or when treatment is justified by way of curing or correcting an existing health problem.
- (2) Routine dental care and normal wear or adjustment of dentures is not covered.

18-36-030: Psychiatric Care:

- (1) Prior to seeking psychiatric therapy or treatment, members requesting psychological aid will need to request prior authorization from the Board for reimbursement.

18-36-040: Optical Exams, Eyeglasses, and Contact Lenses: Each LEOFF I member is entitled to the services of a participating physician or a participating optometrist for an eye examination once each year. Note: A year is defined as that 12-month period following the purchase date of the eyeglasses or contact lenses.

(1) Claims for eyeglasses, frames and eye exams will be paid; however, there will be a limit of \$100 per year on the cost of frames.

(2) Contact lenses claims will be paid up to a limit of \$200 per year.

(3) Members will be reimbursed once a year for either one pair of glasses or contact lenses, but not both.

(4) Benefits are paid for necessary services only and shall exclude tinting, coloring, photo-gray, photo-sun, or other options. Tinting of glasses or contacts will not be paid for, unless such request is required for the line of duty, or is accompanied by a physician's prescription.

(5) Progressive lenses are not considered a covered expense.

(6) Radial/laser keratotomy and blepharoplasty surgical procedures will be evaluated by the Board on a case-by-case basis.

18-36-050: Diet Programs/Fitness Clubs: The City of Kennewick's Disability Board encourages and supports physical fitness for its members and is aware of the importance physical fitness provides in the prevention of injury and disease. The Board will pay for all necessary medical costs but will not pay for any food supplement, membership in weight loss programs, physical fitness clubs, health spas or other such programs. The Board will pay for counseling services if prescribed by a physician and performed by a licensed psychologist, psychiatrist, or Dietician/Nutritionist.

18-36-060: Alcohol and Drug Treatment:

(1) All claims submitted for alcohol and drug treatment must have a letter of medical necessity recommending the individual seek treatment.

(2) Any member needing or being requested to go to an inpatient facility for drug or alcohol treatment is required to have Board approval prior to admission.

The Board reserves the right to designate the treatment facility.

(3) Payment for inpatient treatment facilities will be made one time only. If problems should reoccur, the patient is responsible for the cost of treatment.

18-36-070: Hearing Aids:

(1) After receiving suitable evidence of medical necessity for hearing aids, the City of Kennewick Disability Board will authorize a payment for hearing aid(s) up to an amount determined by the Board and the designated hearing provider (TruHearing). The Board will consider authorization for a hearing aid device every five (5) years. Any claim submitted by a member who chooses not to use the Board designated hearing aid provider or lives outside the service area will be limited to reimbursement up to the amount the designated hearing aid provider would charge. Hearing aids prescribed due to injury, disease or other unusual circumstances will be considered on a case-by-case basis by the Board. The Board will also authorize the cost of necessary repairs, however, routine maintenance and batteries shall be the member's responsibility.

(2) The member may bring recommendations from their hearing specialists before the Board, which shall be reviewed on a case-by-case basis.

18-36-080: Chiropractic Care:

(1) No more than 12 visits per calendar year, including any provided through other sources such as workers' compensation, pre-paid medical, etc., will be approved. The Board may approve additional visits if prior to the added visits, the Board is presented with a report and recommendation for such added visits from a Board-approved physician.

(2) When treatment exceeds 12 visits per year, the Board may require an evaluation of the affected member's chiropractic conditions and prognosis, or a plan for continued chiropractic care from a physician.

(3) A member shall notify the Board, as soon as it is known, that chiropractic treatments may exceed the 12-visit limit to allow timely Board action and preclude any hardship on the member.

18-36-090: Physical Therapy:

(1) No more than 12 visits per calendar year, including those provided through other sources such as workers' compensation, pre-paid medical, etc., will be approved. The Board will only approve visits to a duly licensed R.P.T.

(2) When treatment exceeds 12 visits per year, the Board may require an evaluation of the affected member's physical conditions and prognosis, or a plan for continued physical therapy care from a physician.

(3) A member shall notify the Board as soon as it is known that the physical therapy treatments may exceed the 12-visit limit. This will allow timely Board action and preclude any hardship on the member.

18-36-100: Surgical Procedures: For any surgical procedure, the member shall:

(1) Advise the Board no less than one month in advance, unless emergency circumstances do not provide for such notification.

(2) The Board may elect to require a member to obtain a ~~second opinion regarding medical necessity~~ for the surgical procedure.

18-36-110: Acupuncture Treatments: No more than 12 visits per calendar year, including those provided through other sources such as workers' compensation, pre-paid medical, etc., will be approved. The Board may approve additional visits if medical necessity is established.

18-36-120: Restorative Care Programs: Due to the generality of restorative care programs, the Board will consider each restorative care program on a case-by-case basis.

18-36-130: Vaccinations and Immunizations:

- (1) Flu/Pneumonia vaccinations are considered approved expenses.
- (2) Allergy shots, Antigens and supplies for Antigens are considered approved expenses.

18-36-140: Impotency Medication:

(1) Prescription drugs for the treatment of impotency or any type of erectile dysfunction including Viagra, Levitra and Cialis will only be eligible for reimbursement if there is a medical diagnosis for an existing medical condition which causes the impotency or dysfunction being treated, i.e., prostate cancer, high blood pressure, diabetes, vascular disease, or other similar medical condition.

(2) Regardless of the circumstance for which the prescription drugs are deemed medically necessary and the number of doses prescribed by a physician, the Board will only provide reimbursement for a maximum of eight (8) doses per month of any combination of these drugs. Anything over this amount will be the responsibility of the member.

(3) Proper documentation to support the medical necessity of the drug shall be required prior to approval of reimbursement.

18-36-150: Premiums:

(1) Insurance premiums for Medicare Part B or the Medicare Advantage Plan and supplemental Medicare Part B are eligible for reimbursement. At the beginning of each calendar year, members must provide a copy of their letter from the Social Security Administration to the Board that delineates their monthly insurance premium amount. Individual monthly requests for insurance premium reimbursement are not required. Reimbursements will be processed on a monthly basis.

(2) Eligible members must apply for Medicare Part B coverage to avoid the potential reduction of medical benefit payments. RCW 41.26.150(2) states that payments for medical services will be reduced by any amounts the member receives or is eligible to receive under workers' compensation, Medicare, insurance provided by your LEOFF employer or another employer, other pension plan or any other similar source.

(3) Members who become eligible after January 1, 2009, but elect not to enroll during their initial sign-up period will not be reimbursed for penalties or surcharges assessed by the Social Security Administration if coverage begins at a later date. The Board, or their designee, will notify members by certified mail prior to the date they become eligible for Medicare benefits to ensure timely enrollment. However, retirees are responsible for their own enrollment.

(4) Members who became eligible for Medicare Part B coverage prior to January 1, 2009, shall be eligible for full reimbursement of their premiums, including any penalty or surcharge associated with late enrollment, as long as the member enrolls for coverage by the completion of the next open enrollment period commencing on January 1, 2010, and running through March 31, 2010. If these members fail to enroll by March 31, 2010, they will no longer be eligible for reimbursement of penalties or surcharges assessed by the Social Security Administration should coverage begin at a later date.

18-36-160: Long-Term Care: The City of Kennewick LEOFF 1 Disability Board establishes the following long-term care policy pursuant to its authority to designate the medical services available to any sick or disabled member under RCW § 41.26.150(b).

(1) **Definitions:**

- (a) Activities of Daily Living (ADLs): Daily self-care activities such as eating, dressing, bathing, toileting, transferring, grooming, and continence.
- (b) Assisted Living: Generally, a state-licensed program offered at a residential community (not in the member's home) with services that include meals, laundry, housekeeping, medication reminders, and assistance with activities of daily living for individuals who can otherwise live independently. Assisted living facilities do not provide skilled nursing care or medical services.
- (c) Custodial care: Custodial care provides in-home assistance in performing activities of daily living. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel and may also include a component of companionship.
- (d) Home health care: Home health care encompasses skilled services such as nursing, and physical and occupational therapies prescribed by a physician and administered in the patient's home.
- (e) Hospice care: Care designed to give supportive care to an individual in the final phase of a terminal illness. Hospice care focuses on comfort and quality of life rather than cure.
- (f) Nursing home care: Also known as an extended care facility, a nursing home is a licensed facility which provides general long-term nursing care to those who are chronically ill or unable to handle their own necessary daily living needs due to medical limitations or advanced age.
- (g) Skilled nursing care: Skilled nursing and skilled rehabilitation services are services prescribed by a physician that: 1) require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists and speech pathologists or audiologists; and 2) must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the individual and to achieve the medically desired result; and 3) are not custodial in nature.

(2) **Reasonable long-term care expenses authorized:** Reasonable expenses related to long-term care that is determined to be medically necessary and is prescribed by a physician shall be reimbursed by the Board as required by RCW § 41.26.150(1) in an amount not to exceed the median daily or monthly rate for a semi-private room for the specific type of long-term care in the regional area within which the services will be provided, as reported in the most current

Genworth State-Specific Cost of Care Survey; provided, however, that reimbursement shall not be made for long-term care that becomes necessary as the result of dissipation or abuse. In this context, long-term care includes home health care, nursing home care as provided in RCW § 41.26.030(19)(I), skilled nursing care, and hospice care as provided in Section 4 below.

(3) **Custodial Care/Assisted Living:** Custodial care and assisted living, by definition, are not considered medically necessary, and the LEOFF 1 Disability Board need not approve requests for reimbursement for expenses related to long-term custodial care or assisted living. The Board retains the discretion to grant reimbursement under extenuating circumstances as determined on a case-by-case basis. Reimbursement may be appropriate in instances wherein the members' needs could be met by custodial care as opposed to confinement in a nursing care facility. In the event reimbursement for reasonable expenses related to custodial care or assisted living is authorized pursuant to this Section, the Board will pay up to the median daily or monthly rate based on a one bedroom occupancy for the specific type of long-term care in the regional area within which the services will be provided, as reported in the most current Genworth State-Specific Cost of Care Survey. Any decision to authorize reimbursement for custodial care or assisted living shall not set precedent or entitle any other member to reimbursement for similar expenses.

(4) **Hospice Care:** Reasonable expenses related to hospice care for a terminally ill member will be reimbursed under the following circumstances:

- (a) The member is admitted to a DSHS-certified or Medicare-approved program; and
- (b) The care provided is part of a written plan of continuous care that has been prescribed and is being periodically reviewed by a physician; and
- (c) If eligible for Medicare, the member has applied for and is receiving both Part A and Part B of Medicare coverage, whether paid for by the employer or the member.

(5) **Independent Examination:** Pursuant to RCW § 41.26.150(1)(a), the LEOFF 1 Disability Board may, at any time, require the member seeking reimbursement for long-term care to submit to an examination for the purpose of ascertaining the nature and extent of the sickness or disability and the appropriateness of the recommended long-term care prescribed. The Board may also require periodic reports from the facility or treating physician to justify continued reimbursement of reasonable expenses related to long-term care.

(6) **Procedures for reimbursement:**

- (a) All requests for reimbursement related to long-term care must be pre-approved by the City of Kennewick LEOFF 1 Disability Board.
- (b) Expenses must be reasonable and related to medically necessary services to qualify for reimbursement. "Medically necessary services" are those prescribed by a physician. To determine whether expenses are reasonable, the Board may consider factors such as the cost of similar services, the availability or exclusiveness of a particular service, and the duration of time the service will be required, in addition to any other relevant information. In no circumstance shall the reimbursement exceed the median daily or monthly rates outlined in sections (2) and (3) above.
- (c) To initiate the claim process, the member or his/her designee shall complete the Medical Report and Request for Long-Term Care Form. When reimbursement for expenses related to in-home care is requested, the member or his/her designee

shall also complete the Home Care Services Assessment Form. Failure to complete the required forms will result in denial of any request for reimbursement. Incomplete forms will be returned to the member for further information.

- (d) Before reimbursement will be made, the member or his/her designee must provide documentation indicating that coordination of benefits has occurred and that all other entities legally obligated to pay a portion of the expenses related to long-term care have satisfied their financial obligation. Pursuant to RCW § 41.26.150(2), the legal financial obligation of the LEOFF 1 Disability Board is to make up the difference between the actual cost of reasonable necessary medical expenses and the amount paid by other forms of coverage (i.e., Medicare, private insurance, other pensions, workers' compensation, etc.).
- (e) Itemized statements or billings must be submitted that adequately identify and/or describe the expenses incurred. Services that are not deemed to be medically necessary are not covered. Such services shall include, but are not limited to, house cleaning, laundry services, cooking, companionship, cable, telephone services, etc.
- (f) All off-site facilities providing medically necessary services for which a member seeks reimbursement of reasonable expenses shall be licensed by the state in which they are located. In the event the Board approves reimbursement of expenses related to assisted living under Section 3 above, the assisted living facility must also be state-licensed. The member or his/her designee is responsible for providing documentation of the applicable state license.
- (g) All individuals providing medically necessary services for which a member seeks reimbursement of reasonable expenses shall be state-licensed and bonded. The Board shall not provide coverage for a caretaker who ordinarily resides in the member's home, or is a member of the family of either the member or the member's spouse, unless such individual is also a licensed and bonded care provider. The member or his/her designee is responsible for providing documentation proving the care provider's license and bond requirements.
- (h) The Board shall only reimburse for qualified expenses related to services rendered. The Board will not make advance payment of any charges.

18-40 TRAVEL REIMBURSEMENT

18-40-010: General Information

18-40-020: Allowance Rates

18-40-030: Procedures

18-40-010: General Information:

- (1) All out-of-town referrals must be pre-approved by the Board.
- (2) The Board will reimburse travel costs for out-of-area medical referrals when a medical problem cannot be diagnosed or corrected by
- (3)
- (4) or any other approved local physician. When a medical problem can be corrected locally, those members wishing to be treated by an out-of-area physician must pay their own expenses to and from the physician or treatment facility.
- (5) Travel expense is for the member only.
- (6) Travel reimbursement will be for the diagnostic trip only. Subsequent trip expense will be evaluated by the Board.

18-40-020: Allowance Rates:

- (1) Travel reimbursement will be based upon the current City of Kennewick Travel Policy and Procedures utilizing The General Services Administration (GSA) guidelines.
- (2) Travelers using private vehicles for City business must maintain adequate insurance coverage consistent with the laws of the State of Washington.

18-40-030: Procedures: Travel reimbursement forms for out-of-area referrals can be obtained from the Board Secretary. Upon return, this form should be completed and returned to the Secretary. As outlined by current City of Kennewick policy, receipts are required for all expenditures, including meals, and must be attached to the completed travel allowance form.

18-44: RECONSIDERATION

18-44-010: Procedure

18-44-020: Grounds

18-44-030: Stay

18-44-010: Procedure: The member may petition, in writing, the Board to reconsider any decision made, if done within 14 days of the Board's decision.

18-44-020: Grounds: The Board may reconsider its decision if one of the following grounds and supporting facts are alleged:

- (1) Mistakes, inadvertence, surprise, excusable neglect or irregularity in making the decision;
- (2) Newly discovered evidence;
- (3) Fraud, misrepresentation, or the misconduct of an adverse party;
- (4) The decision is void;
- (5) Any other reason, which, in the Board's discretion, justifies relief.

18-44-030: Stay: Pending the reconsideration, the decision of the Board will be stayed. The stay shall apply to the next meeting of the Board, at which time the reconsideration will be heard.

18-48 AMENDMENT AND REVIEW OF POLICY

18-48-010: Amendments

18-48-020: Review

18-48-010: Amendments: These rules and regulations may be amended, repealed or altered in whole or in part by a majority vote of the total membership of the Board.

18-48-020: Review: These rules and regulations shall be reviewed annually to assure that:

- (1) Provisions herein remain in conformance with Washington statutory and administrative codes and the City of Kennewick Code.
- (2) Provisions herein reflect the current philosophy and intent of this Board.

Dental

Jurisdiction Policy Examples

- \$2000/year includes 2 cleanings/1 set of X-rays. Further expenses require prior approval.
- \$1,500 maximum per year for premiums/deductibles for members on city plan. If not on city plan/case by case basis.
- \$600/year preventive/restorative. Dentures 50% lowest of 2 quotes. Prior approval. Reimburse premium for retiree coverage through current employer up to \$48/month.
- \$300/year. Dentures if medical necessity and pre-approved.
- Procedures medically necessary to prevent physical problems, prior approval required. No orthodontia.
- \$2,000 per year. Cosmetic not approved.
- \$2,000/year. Accidental injury to teeth and claims documented medically necessary. Covered under city plan w/ limits for Type of care. Two cleanings per yr.
- \$1,200/year preventive/restorative. \$1,500/dentures one set bridges/denture/implant, one lifetime payment. Orthodontics if medically necessary.
- \$2,000/year exam, fillings, crowns, repair dentures; \$1,500 one set/bridges/full or partial dental. Orthodontic not approved unless medical tx, no cosmetic dental.
- \$2,000 annual applied towards premiums/dentures/cleanings/x-rays etc. by licensed dentist.
- \$3,000 per year. Oral surgery/implants if medically necessary w/prior authorization and limits. No premium reimbursement.
- \$750 annually for out-of-pocket dental expenses.
- Accidental injury to teeth only. Orthodontics for medical necessity pre-approved.

- 100% routine dental care. No cosmetic procedures. Board will pay insurance excess up to \$2,000.
- 1 exam/year, 2 cleanings/year, routine dental, and peri if medically necessary. No cosmetic or whitening. \$25 max fluoride tx/year.
- \$2,000 year premiums allowed. No dental insurance/two cleanings/yr. with one of those cleanings and one checkup being mandatory. Fluoride \$25/year. No ortho, whitening, cosmetic. Submission w/in one year.
- \$2,000 per calendar year
- \$2,000/calendar year for non-cosmetic dental care w/Regence; Willamette not to exceed max allowance.
- Reasonable expenses for medically necessary dental/ortho tx directly related to medical condition.
- \$300/year for preventive.
- \$3,000 per calendar year.
- \$1500/year excludes cosmetic