



Meeting Agenda

LEOFF I Disability Board

City Hall
601 4th Avenue E
Olympia, WA 98501

Contact: Carl Watts
360.753.8305

Monday, October 14, 2019

5:00 PM

Room 112

1. CALL TO ORDER

1.A ROLL CALL

2. OTHERS PRESENT

3. APPROVAL OF MINUTES

3.A [19-0932](#) Approval of August 12, 2019 LEOFF 1 Disability Board Meeting Minutes

Attachments: [Minutes](#)

4. BUSINESS ITEMS

4.A [19-0929](#) Approval of Case #08-19 Dental Request

Attachments: [Request](#)

5. REPORTS

5.A [19-0930](#) Approval of January, February, March, April, May and June 2019 Expense Reports of the LEOFF 1 Disability Board

Attachments: [January Expenses](#)

[February Expenses](#)

[March Expenses](#)

[April Expenses](#)

[May Expenses](#)

[June Expenses](#)

6. ADJOURNMENT

Accommodations

The City of Olympia is committed to the non-discriminatory treatment of all persons in employment and the delivery of services and resources. If you require accommodation for your attendance at the City Advisory Committee meeting, please contact the Advisory Committee staff liaison (contact number in the upper right corner of the agenda) at least 48 hours in advance of the meeting. For hearing impaired, please contact us by dialing the Washington State Relay Service at 7-1-1 or 1.800.833.6384.



City Hall
601 4th Avenue E.
Olympia, WA 98501
360-753-8244

LEOFF I Disability Board

Approval of August 12, 2019 LEOFF 1 Disability Board Meeting Minutes

Agenda Date: 10/14/2019
Agenda Item Number: 3.A
File Number: 19-0932

Type: minutes **Version:** 1 **Status:** In Committee

Title

Approval of August 12, 2019 LEOFF 1 Disability Board Meeting Minutes



Meeting Minutes - Draft

LEOFF I Disability Board

City Hall
601 4th Avenue E
Olympia, WA 98501

Contact: Carl Watts
360.753.8305

Monday, August 12, 2019

5:00 PM

Room 112

1. CALL TO ORDER

Chair Cooper called the meeting to order at 5:05 p.m.

1.A ROLL CALL

Present: 4 - Chair Jim Cooper, Boardmember Jack Seward, Boardmember Russ Gies and Boardmember Jody Ramey

Excused: 1 - Vice Chair Jessica Bateman

2. OTHERS PRESENT

Carl Watts, Sr HR Analyst
Debbi Hufana, HR Analyst

3. APPROVAL OF MINUTES

3.A Approval of April 8, 2019 LEOFF I Disability Board Meeting Minutes

The minutes were approved.

4. BUSINESS ITEMS

4.A Approval of Case #05-19 Transportation Reimbursement Request

The member has not submitted any additional medical information.

The Board agreed to revisit this topic at a future date as appropriate.

4.B Approval of Case #06-19 Dental Reimbursement Request

Boardmember Gies moved, seconded by Boardmember Ramey, to approve the payment for dental reimbursement in the amount of \$7245. The motion carried by the following vote:

Aye: 4 - Chair Cooper, Boardmember Seward, Boardmember Gies and Boardmember Ramey

Excused: 1 - Vice Chair Bateman

4.C Approval of Case #07-19 Hearing Aid Request

Boardmember Seward moved, seconded by Boardmember Gies, to approve the hearing aid request in the amount of \$3,800. The motion carried by the following vote:

Aye: 4 - Chair Cooper, Boardmember Seward, Boardmember Gies and Boardmember Ramey

Excused: 1 - Vice Chair Bateman

5. REPORTS - None

6. ADJOURNMENT

The meeting was adjourned at 5:25 p.m.



LEOFF I Disability Board

Approval of Case #08-19 Dental Request

Agenda Date: 10/14/2019
Agenda Item Number: 4.A
File Number: 19-0929

Type: decision **Version:** 1 **Status:** In Committee

Title

Approval of Case #08-19 Dental Request

Report

Issue:

Whether to approve payment for dental work for a LEOFF 1 member.

Staff Contact:

Debbi Hufana, H R Analyst, Human Resources, 360.753.8149

Background:

The Board must decide whether or not to approve the request for dental work in the amount of \$13,998.00.

The member originally contacted the City by email with a request for the City to assist in the cost to replace a bridge of 3 teeth that were crowns. On the estimate, those are identified as teeth #11- #13. The dentist is also recommending filling tooth #10 at the same time due to decay. Total cost for this portion of the work is \$4,846.00 which includes the cost to seat the new bridge.

The treatment plan provided by the dentist includes treatment on 12 additional teeth; however, the member's application for payment is only asking for a new bridge to replace the one that fell out.

This request is in accordance with LEOFF 1 Disability Board Policies & Procedures.

Attachments:

Application for Payment of Services
Explanation of treatment plan
Treatment Plan

Reference:

H. Dental Benefits

Member Name: _____ Active: _____ Retired: X
 Member Telephone: _____ Police: X Fire: _____
 Member Address: _____
 Alternate Contact: _____ Alternate Contact Telephone: _____
 Describe Your Condition and Why It Is Duty Related: New bridge to
replace old bridge that fell out + hindered
chewing function
 Describe the Service/Treatment Requested: See above

Total Cost of Treatment/Service: \$ 4546⁰⁰ 9152⁰⁰ or at least 4446
 Amount Paid by Insurance/Medicare: \$ 0
 Amount Requested from the Board \$ 9152⁰⁰ \$13,998⁰⁰

Please attach the Explanation of Benefits statement(s) from your insurance provider(s) and/or Medicare which indicates the amount paid for this treatment/service.

Member Signature: _____ Date: 10-5-19
 Please attach a copy of the Power of Attorney if signed by the alternate contact.

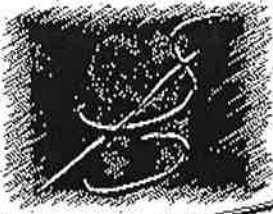
Provider's Name: Dr. Thomas Duffy Provider's Telephone: (360) 426-9711
 Clinic/Office Name: Bowers Dental Group
 Provider's Address: 1525 Olympic Hwy N, Shelton WA 98584
 Describe the Patient's Current Condition and State Whether It Is Duty Related:
SEE NEXT PAGE

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary:
SEE NEXT PAGE

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs:
SEE NEXT PAGE

Provider's Signature: Thomas Duffy, DDS Date: 10/4/19
 Fax Completed Form to: (360) 709-2735 or mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967





Bowers Dental Group
Cosmetic & Family Dentistry
"Excellence Through Detail"

October 7, 2019

Attn: City of Olympia/ LEOFF Board

Re

To whom it may concern:

Has an extensive treatment plan, however, his highest priority is the upper left quadrant as the old bridge has fallen off due to decay on both previous abutments.

Upper Left Quadrant: #11-#13 New Bridge (Abutments on teeth #'s 11 & 13, pontic on #12) with build ups on teeth #'s 11 & #13. Also in the upper left quadrant is a filling on tooth #10, front and backsides (DL, MF) which is due to active decay.

next priorities are as follows:

Lower Left Quadrant: Tooth #22 needs a two surface filling due to wear and decay. #21 needs a crown and build up due to extraordinary wear and breakdown, it is not currently serving as a functional tooth. #23 & #24 needs single surface fillings where the enamel has worn through into the softer part of the tooth, to build the tooth back up and prevent further breakdown. is missing 2 molars in this quadrant; we are recommending a bridge to fill that gap and allow for proper chewing function- #17-#20 Bridge (Abutments on teeth #'s 17 & 20, pontics on #'s 18 & 19) with build ups on teeth #'s 17 & 20.

Upper Right Quadrant: Tooth #3 needs a crown with a buildup due to the size of the existing filling (there is an old, all surface amalgam filling that was placed essentially as a crown although it is not made of crown material). Should this filling fail/break, the tooth may not be restorable without more extensive work (such as a root canal), we recommend pro-actively treating this tooth before it's harder to treat later on.

Lower Right Quadrant: Teeth #'s 25, 26 & 27 needs single surface fillings where the enamel has worn through into the softer part of the tooth, to build the tooth back up and prevent further breakdown.

Thank you,

Melissa Upson

Office Administrator

Case # 08-19

Describe the Patient's Current Condition and State Whether It Is Duty Related:

is missing teeth #'s 1, 2, 5, 12, 16, 18, 19, 30, 31 & 32. Pt has bridges in the UR and UL quadrants. The UR Bridge is stable, the UL is decayed and has fallen off. Duty related= unknown. Patients LL and LR quadrants are missing enough teeth that regular chewing function isn't possible. Pt has worn through his enamel and into dentin in multiple sites. Duty related= unknown.

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary:

treatment plan includes a new bridge on the UL to replace the old bridge that has recently fallen off due to decay. Plan includes a LL bridge to restore chewing function, fillings to remove decay and protect tooth structure.

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs:

Alternative treatment could include removable partial dentures, but would not have near as good a result or provide the same comfort. All treatment outcomes are expected to last many years. Cost has been outlined on the treatment plan submitted.

Case # 08-19

Treatment Plan

Patient
 Birthdate:
 Provider: Thomas V. Duffy DDS
 Phone: (360)426-9711
 Office: 1525 Olympic Hwy N
 Shelton, WA 98584

Chart #: ME0025

Date: 10/01/2019
 SS#:

Ord	Th	Surf	Description	Fee	Pat	Pri Ins	Sec Ins
1	10	DL	D2331:Resin-two surfaces, anterior	237.00	237.00	0.00	0.00
1	10	MF	D2331:Resin-two surfaces, anterior	237.00	237.00	0.00	0.00
1	11		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
1	11		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	12		D6245:Pontic-porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	13		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
1	13		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	22	IF	D2331:Resin-two surfaces, anterior	237.00	237.00	0.00	0.00
Sub Total:				4791.00	4791.00	0.00	0.00
2			B SEAT:Seat Bridge	0.00	0.00	0.00	0.00
2			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
2			D0230:Intraoral-periapical each add'l	24.00	24.00	0.00	0.00
Sub Total:				55.00	55.00	0.00	0.00
3	21		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
3	21		D2740:Crown- all porcelain	1170.00	1170.00	0.00	0.00
Sub Total:				1455.00	1455.00	0.00	0.00
4			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
4	21		SEAT:Seat Crown	0.00	0.00	0.00	0.00
Sub Total:				31.00	31.00	0.00	0.00
5	3		D2740:Crown- all porcelain	1170.00	1170.00	0.00	0.00
5	3		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
Sub Total:				1455.00	1455.00	0.00	0.00
6			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
6	3		SEAT:Seat Crown	0.00	0.00	0.00	0.00
Sub Total:				31.00	31.00	0.00	0.00
7	23	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
7	24	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
7	25	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
7	26	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
7	27	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
Sub Total:				875.00	875.00	0.00	0.00
8	17		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
8	17		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
8	18		D6245:Pontic-porcelain/ceramic	1170.00	1170.00	0.00	0.00
8	19		D6245:Pontic-porcelain/ceramic	1170.00	1170.00	0.00	0.00
8	20		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
8	20		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
Sub Total:				5250.00	5250.00	0.00	0.00
9			B SEAT:Seat Bridge	0.00	0.00	0.00	0.00
9			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
9			D0230:Intraoral-periapical each add'l	24.00	24.00	0.00	0.00
Sub Total:				55.00	55.00	0.00	0.00

Case #08-19

Treatment Plan

Patient:
Birthdate:
Provider: Thomas V. Duffy DDS
Phone: (360)426-9711
Office: 1525 Olympic Hwy N
 Shelton, WA 98584

Date: 10/01/2019
SS#:

Treatment Plan Total	13,998.00
Estimated Deductible to be Applied	0.00
Estimated Insurance Payment	0.00
Estimated Patient's Portion	13,998.00

Dental Insurance Benefits	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual Plan Benefits	0.00	0.00	0.00	0.00
Paid Benefits YTD	0.00	0.00	0.00	0.00
Pending Insurance Est. YTD	0.00	0.00	0.00	0.00
Est. Benefits Remaining YTD	0.00	0.00	0.00	0.00
Benefits Expire				
Deductible Owed YTD Standard	0.00	0.00	0.00	0.00
Preventive	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
Primary Dental Insurance:				



LEOFF I Disability Board

Approval of January, February, March, April, May and June 2019 Expense Reports of the LEOFF 1 Disability Board

Agenda Date: 10/14/2019
Agenda Item Number: 5.A
File Number: 19-0930

Type: report **Version:** 1 **Status:** In Committee

Title

Approval of January, February, March, April, May and June 2019 Expense Reports of the LEOFF 1 Disability Board

Report

Issue:

Whether to approve the attached expense reports.

Staff Contact:

Debbi Hufana, H R Analyst, Human Resources, 360.753.8149

Background:

The expense reports summarize medical costs for the months of January, February, March, April, May and June 2019.

Attachments:

January, February, March, April, May and June 2019 Reports

CITY OF OLYMPIA
LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 01/31/2019	Police	Fire	As of 01/31/2018	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	44,360	25,741	18,620	44,491	26,613	17,878
Medicare Reimbursements	7,414	3,651	3,763	6,746	3,090	3,656
Direct Payments:						
To Service Provider	-	-	-	5,050	5,050	-
To Retiree	930	107	823	422	117	305
Dental Pd to Retiree and Provider	11,011	7,033	3,978	3,604	1,585	2,019
Long Term Care	45	45	-	10,437	10,437	-
Total Retiree Payments	\$ 63,760	\$ 36,576	\$ 27,184	\$ 70,749	\$ 46,892	\$ 23,857
LEOFF OPEB Balance	\$ 2,552,276					

CITY OF OLYMPIA
LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 02/01/2019	Police	Fire	As of 02/28/2018	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	89,124	51,478	37,646	89,383	53,226	36,157
Medicare Reimbursements	14,801	7,250	7,551	13,955	6,462	7,492
Direct Payments:						
To Service Provider	52	-	52	5,050	5,050	-
To Retiree	1,305	107	1,198	422	117	305
Dental Pd to Retiree and Provider	13,696	7,867	5,829	3,788	1,585	2,203
Long Term Care	45	45	-	19,841	19,841	-
Total Retiree Payments	\$ 119,023	\$ 66,747	\$ 52,276	\$ 132,439	\$ 86,282	\$ 46,157
LEOFF OPEB Balance	\$ 2,446,895					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 03/31/2019	Police	Fire	As of 03/31/2018	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	44,360	25,741	18,620	44,491	26,613	17,878
Medicare Reimbursements	7,414	3,651	3,763	6,746	3,090	3,656
Direct Payments:						
To Service Provider	-	-	-	5,050	5,050	-
To Retiree	930	107	823	422	117	305
Dental Pd to Retiree and Provider	11,011	7,033	3,978	3,604	1,585	2,019
Long Term Care	45	45	-	10,437	10,437	-
Total Retiree Payments	\$ 63,760	\$ 36,576	\$ 27,184	\$ 70,749	\$ 46,892	\$ 23,857
LEOFF OPEB Balance	\$ 2,396,018					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 04/30/2019	Police	Fire	As of 04/30/2018	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	177,836	102,685	75,151	176,707	104,253	72,454
Medicare Reimbursements	36,334	17,373	18,961	27,928	12,847	15,081
Direct Payments:						
To Service Provider	52	-	52	5,050	5,050	-
To Retiree	1,709	197	1,512	5,303	3,992	1,311
Dental Pd to Retiree and Provider	16,464	9,012	7,452	7,779	3,726	4,053
Long Term Care	45	45	-	40,369	40,369	-
Total Retiree Payments	\$ 232,440	\$ 129,312	\$ 103,127	\$ 263,135	\$ 170,237	\$ 92,898
LEOFF OPEB Balance	\$ 2,390,773					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 05/31/2019	Police	Fire	As of 05/31/2018	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	227,368	128,289	99,080	220,584	129,306	91,277
Medicare Reimbursements	43,691	20,727	22,965	34,973	16,005	18,968
Direct Payments:						
To Service Provider	52	-	52	15,359	15,359	-
To Retiree	2,209	327	1,882	6,418	4,796	1,622
Dental Pd to Retiree and Provider	20,468	10,775	9,694	18,118	14,066	4,053
Long Term Care	45	45	-	40,369	40,369	-
Total Retiree Payments	\$ 293,834	\$ 160,162	\$ 133,672	\$ 335,821	\$ 219,902	\$ 115,919
LEOFF OPEB Balance	\$ 2,341,177					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 06/30/2019	Police	Fire	As of 06/30/2018	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	271,588	153,486	118,102	264,402	153,512	110,890
Medicare Reimbursements	43,956	20,992	22,965	41,916	19,163	22,753
Direct Payments:						
To Service Provider	3,778	-	3,778	25,541	25,541	-
To Retiree	2,776	639	2,137	8,444	4,946	3,498
Dental Pd to Retiree and Provider	22,181	11,503	10,678	19,884	14,757	5,127
Long Term Care	45	45	-	40,369	40,369	-
Total Retiree Payments	\$ 344,324	\$ 186,665	\$ 157,659	\$ 400,556	\$ 258,289	\$ 142,267
LEOFF OPEB Balance	\$ 3,259,743					