



Meeting Agenda

LEOFF I Disability Board

City Hall
601 4th Avenue E
Olympia, WA 98501

Contact: Debbi Hufana
360.753.8149

Monday, September 14, 2020

5:00 PM

Online and via phone

Register to attend: [https://us02web.zoom.us/j/88265935434?](https://us02web.zoom.us/j/88265935434?pwd=MVZVSWpxUXdNSE1kS0JFOWR1N2ZvUT09)
[pwd=MVZVSWpxUXdNSE1kS0JFOWR1N2ZvUT09](https://us02web.zoom.us/j/88265935434?pwd=MVZVSWpxUXdNSE1kS0JFOWR1N2ZvUT09)

1. CALL TO ORDER

1.A ROLL CALL

OTHERS PRESENT

2. APPROVAL OF MINUTES

2.A [20-0636](#) Approval of May 11, 2020, LEOFF Board Meeting Minutes

Attachments: [Minutes](#)

3. BUSINESS ITEMS

3.A [20-0718](#) Approval of Case 20-11 Dental Request

Attachments: [Case 20-11](#)

4. REPORTS

4.A [20-0721](#) Receive LEOFF Expense Report for January 2020 through July 2020

Attachments: [Jan - July 2020 Expense Reports](#)

5. 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 May 11, 2020, LEOFF Board Meeting Minutes

Agenda Date: 9/14/2020
Agenda Item Number: 2.A
File Number:20-0636

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

Title

Approval of May 11, 2020, LEOFF Board Meeting Minutes



Meeting Minutes - Draft

LEOFF I Disability Board

City Hall
601 4th Avenue E
Olympia, WA 98501

Contact: Debbi Hufana
360.753.8149

Monday, May 11, 2020

5:00 PM

Online or via phone

Meeting Registration:

<https://us02web.zoom.us/j/9379396269pwd=ZkFJWTN5UDVqV2RQcTRESVNISEFpQT09>

1. CALL TO ORDER

The meeting was called to order at 5:02 p.m.

1.A ROLL CALL

Present: 4 - Chair Jim Cooper, Vice Chair Jessica Bateman, Boardmember Jack Seward and Boardmember Russ Gies

Excused: 1 - Boardmember Jody Ramey

2. OTHERS PRESENT

HR Analyst Debbi Hufana

3. APPROVAL OF MINUTES

3.A Approval of February 10, 2020 LEOFF Board Meeting Minutes

The minutes were approved.

6. BUSINESS ITEMS

4.A Approval of Case 20-5 Long Term Care Request

Vice Chair Bateman moved, seconded by Boardmember Gies, to approve payment for long term care of retired LEOFF 1 member. The motion carried by the following vote:

Aye: 4 - Chair Cooper, Vice Chair Bateman, Boardmember Seward and Boardmember Gies

Excused: 1 - Boardmember Ramey

5. ADJOURNMENT

The meeting was adjourned at 5:08 p.m.



LEOFF I Disability Board

Approval of Case 20-11 Dental Request

Agenda Date: 9/14/2020
Agenda Item Number: 3.A
File Number:20-0718

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

Title

Approval of Case 20-11 Dental Request

Report

Issue:

Whether to approve payment for dental implant for retired LEOFF 1 member in the amount of \$6,008.00

Staff Contact:

Debbi Hufana, HR Analyst, Human Resources, 360.753.8149

Background:

The board must decide whether or not to approve the request for a dental implant for this member in the amount of \$6,008.00. The implant is for a front tooth that broke off at the gum line and the member has started the implant process.

Attachments:

Application for Payment of Services
Treatment Plans
Receipts for payment

Reference:

Section III Procedures to Receive Benefits, H. Dental

to Debbie Hufana
Fax - 360-709-2735
360-956-3419

LEOFF Board Application for Payment of Services

Case No: 20-11

Please Print Clearly & Legibly - Incomplete Form Will Be Returned

A) This Section To Be Completed by Member

Member Name: _____ Active: _____ Retired: ☒
Member Telephone: _____ Police: _____ Fire: ☒
Member Address: _____
Alternate Contact: _____ Alternate Contact Telephone: _____

Describe Your Condition and Why It Is Duty Related: Approx 40 years ago I fell off fire engine & hit concrete floor - At that time two front teeth had to be replaced - Now one broke off at gum line.

Describe the Service/Treatment Requested:

front tooth needs to be replaced

Total Cost of Treatment/Service: \$ Amount Attached

Amount Paid by Insurance/Medicare: \$ - - -

Amount Requested from the Board

\$76,008.00

- TOTAL COST

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: 9/9/2020

Please attach a copy of the Power of Attorney if signed by the alternate contact.

B) This Section To Be Completed by Member's Attending Health Care Provider

(attach additional pages as needed)

Provider's Name: _____ Provider's Telephone: _____
Clinic/Office Name: _____
Provider's Address: _____

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

Tooth #8 fractured at the gum line. Tooth is non-restorable.

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: The root requires an extraction and needs to be replaced with an implant to restore patient's aesthetics and function.

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

None

\$2995.00

3013 Dentist
2995 - oral
surgeon

Provider's Signature: Nish Shah Date: 9/9/2020

Fax Completed Form to: (360) 709-2735 or mail to: City Of Olympia HR Dept. PO Box 1967, Olympia WA 98507-1967

Revised 12-27-07

Nish Shah DMD, MD

N/OS

Location: Cabin Personnel Form:

Dentist
oral
surgeon

STATEMENT OF SERVICES RENDERED

Sierra Family Dentistry
600 S Dobson Rd, Ste. 8 Bldg B
Chandler, AZ 85224-5674

(480)899-3425

CHARGE NO.	PAGE NO.
000082	1

BILLING DATE
09/09/2020

EDU/INT FOR NAME AND MAILING ADDRESS

72

PATIENT	DOB	STRT	DESCRIPTION	CHARGE	CREDIT
	8		Limited oral evaluation	44.00	
	8		Interim partial denture (maxil)	399.00	
			Usage of Scanner w/o Simulation	0.00	
			Occlusal guard- hard, full arch	570.00	
			Custom abutment-incl placement	950.00	
			Abutment supported porc/cer cm	1050.00	
			Visa/MC/Discover - Thank you		-3013.00

09:25:07

Card # XXXXXXXXXXXX2924
SEQ #: 2
Batch #: 1276
INVOICE 08227C
Approval Code:
Entry Method: Swipe
Mode: Online

\$2713.00

CUSTOMER COPY

SALE AMOUNT

09/09/2020

CREDIT CARD

VISA SALE

SIERRA FAMILY DENTISTR
600 S DOBSON RD #B-8
CHANDLER, AZ 85224

09:25:42

Card # XXXXXXXXXXXX7287
SEQ #: 1
Batch #: 1276
INVOICE 009959
Approval Code:
Entry Method: Swipe
Mode: Online

\$300.00

CUSTOMER COPY

SALE AMOUNT

09/09/2020

CREDIT CARD

MC SALE

SIERRA FAMILY DENTISTR
600 S DOBSON RD #B-8
CHANDLER, AZ 85224

ADD. BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DEFERRED CHARGES	PAYMENT
0.00	3013.00	3013.00	0.00	0.00	0.00

PAYMENT DATE	AMOUNT	REASON

There will be a charge of \$50 for appointments cancelled or broken without a 24 hour advanced notice. VISIT OUR WEBSITE @ WWW.CHANDLERSMILES.COM

ATTENDING DOCTOR'S STATEMENT

DATE: 09/09/2020

PATIENT INFORMATION	PROVIDER INFORMATION
PATIENT NAME: BIRTHDAY: (87) SOC. SEC. NUMBER: CHART NUMBER: 000082 RELATION TO SUBSCRIBER:	NAME OF DENTIST: Eliya R Zaidi, DMD Sierra Family Dentistry 600 S Dobson Rd, Ste. 8 Bldg B Chandler, AZ 85224-5674 NPI: 1598726721 TIN: 200690674 LICENSE NUMBER: D05462
INSURANCE INFORMATION	Remarks for unusual services:
CARRIER: GROUP NUMBER: EMPLOYER: SUBSCRIBER: Subscriber ID: Subscriber Birthday:	

DATE	TOOTH	SURF	CODE	PROCEDURE	AMOUNT
09/09/2020			D0140	Limited oral evaluation	44.00
09/09/2020			D5820	Interim partial denture (maxil)	399.00
09/09/2020			D9559	Usage of Scanner w/o Simulation	0.00
09/09/2020			D9944	Occlusal guard- hard, full arch	570.00
09/09/2020	8		D6057	Custom abutment-incl placement	950.00
09/09/2020	8		D6058	Abutment supported por/cer crn	1050.00
TOTAL:					3013.00

Ref in foll

There will be a charge of \$50 for appointments cancelled or broken without a 24 hour advanced notice. VISIT OUR WEBSITE @ WWW.CHANDLERSMILES.COM

Eliya R Zaidi, DMD
 SIGNED (TREATING DENTIST)

09/09/2020
 DATE

Sierra Family Dentistry

Name

Chart Number

000082

:: TREATMENT CASE

Treatment Plan

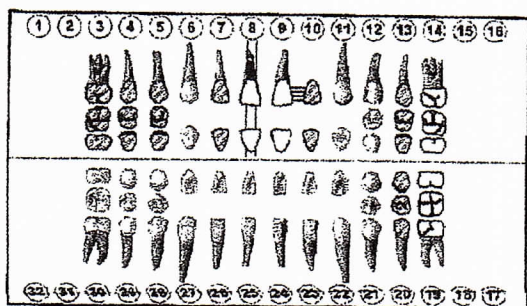
DATE	VISIT	TOOTH	SURF	CODE	PROV	DESCRIPTION	FEE	PATIENT	Office
09/09/2020	1			D5820	EZ01	Interim partial denture (maxil)	399.00	399.00	876.00
09/09/2020	1			D9559	EZ01	Usage of Scanner w/o Simulation	0.00	0.00	0.00
09/09/2020	1			D9944	EZ01	Occlusal guard- hard, full arch	570.00	570.00	712.00
09/09/2020	1	8		D6057	EZ01	Custom abutment-incl placement	950.00	950.00	1455.00
09/09/2020	1	8		D6058	EZ01	Abutment supported pora/cer crn	1050.00	1050.00	1682.00
Visit 1 Totals:							2969.00	2969.00	4725.00

:: INSURANCE PROVIDER(S) ::

Primary Secondary

:: TOTALS ::

Fee	Patient	Office
2969.00	2969.00	4725.00



:: FINANCIAL SUMMARY ::

Treatment Plan Total	2969.00
Estimated Deductible to be Applied	0.00
Estimated Insurance Payment	0.00
Estimated Patient's Portion	2969.00
Patient Balance	0.00
Family Balance	0.00

:: 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 Estimate YTD	0.00	0.00	0.00	0.00
Estimated Benefits Remaining YTD	0.00	0.00	0.00	0.00
Benefits Expire	NA	NA		
Deductible Owed YTD	Standard	0.00	0.00	0.00
	Preventative	0.00	0.00	0.00
	Other	0.00	0.00	0.00

Alternate Cases:

Case notes:

Insurance benefits are ESTIMATED based upon information from the insurance company. It is not a guarantee of payment. Patient/Guardian is responsible for amount not paid by insurance. The fees listed above will be valid for up to 30 days.

Patient/Guardian agrees to pay their portion day of treatment. Payment will be made by:

Cash/Check ☒ Visa/MasterCard ☐ Care Credit ☐

Patient/Guardian Signature

Team Member Signature

9-9-2020

www.chandlersmiles.com

800 S Dobson Rd, Ste. 8 Bldg B
Chandler, AZ 85224-5674 PHONE: (480) 399-3425

REPORT
DATE:
09/09/2020



NISH S. SHAH, DMD, MD, FACS
Board Certified, Oral and Maxillofacial Surgeon

Date: 9/8/2020

Patient Name:

The following is an estimate of your recommended treatment.

Insurance Plan: Self Pay

Procedure Code	Tooth #	Description	AZ ORAL	Allowable Rate	Insurance Estimate	Patient Estimate
7250	8	Extraction, Residual Roots	265.00	265.00	-	265.00
6104	8	Bone Graft	660.00	660.00	-	330.00
4266	8	GTR Resorbable Membrane	643.00	643.00	-	200.00
6010	8	Surgical Implant Body, Endosteal	2,400.00	2,400.00	-	1,900.00
J7799	8	Exparel Injection	300.00	300.00	-	300.00
Total			\$ 4,268.00	\$ 4,268.00	\$ -	\$ 2,995.00

Implant crown and abutment will be a separate fee with your dentist 3-4 months after implant is placed.
 A 20 % deposit is collected at the time of scheduling. The remaining balance of is due

DEPOSIT 599.00 pd REMAINING BALANCE \$ 2396.00

Patient (Parent or Legal Guardian) Signature

9/9/20
 Date

Treatment Coordinator

9/9/20
 Date



NISH S. SHAH, D.M.D., M.D.
Board Certified, Oral and Maxillofacial Surgeon

IMPLANT PRE-OP INSTRUCTIONS WITH LOCAL ANESTHETIC

1. Please **report to the office 10 minutes** prior to your scheduled appointment. At this time, a follow-up visit will be scheduled, and any financial obligations will be settled.
2. If you are ill, need to reschedule your appointment, or have any questions, please call us at 480-814-9500. **Appointments cancelled less than 24 hours of scheduled time may be subject to broken appointment fee.*
3. For implant patients we ask that you start Peridex rinse 3-days prior to your surgery.

YOUR SURGERY APPOINTMENT WITH DR. SHAH IS ON:

September 17, 2020 AT Check-in 11:10

DEPOSIT DUE AT TIME OF SCHEDULING SURGERY \$ 599.00 paid

REMAINING AMOUNT DUE AT TIME OF SURGERY IS \$ 2396.00

**We accept Debit, all Major Credit Cards,
CareCredit & Chase Health Advance.
WE DO NOT ACCEPT PERSONAL CHECKS**

Ranch Professional Plaza • 2450 W. Ray Rd., Ste. 1 • Chandler, AZ 85224 • Phone 480.814.9500 Fax 480.814.9501
www.azoral.com



Diplomate of the American
Board of Oral
and Maxillofacial Surgery



Fellow of the American
Association of Oral and
Maxillofacial Surgeons

Az Oral Facial Implant Surgery
 2450 W Ray Rd Suite 1
 Chandler, AZ 852243595
 480-814-9500

Service Date	09/09/2020
Patient ID	39327

Today's Charges \$	0.00
Today's Credits \$	599.00
Account Balance \$	-599.00

Please Detach and keep for your records
 Attending Doctor's Statement.

Az Oral Facial Implant Surgery
 2450 W Ray Rd Suite 1
 Chandler, AZ 852243595
 480-814-9500

Date 09/09/2020
 Patient ID 39327

Service Date	Description	Modifier	Tooth	POS	TOS	Units	Amount
09/09/2020	Visa CC Payment/VISA						\$-599.00
09/09/2020	No charge Implant visit			0		1	\$0.00

Signature:

Nish S. Shah DMD MD
 200703525 31035 D6015
 Tax I.D. Med Lic. Den Lic. Total \$ -599.00



LEOFF I Disability Board

Receive LEOFF Expense Report for January 2020 through July 2020

Agenda Date: 9/14/2020
Agenda Item Number: 4.A
File Number:20-0721

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

Title

Receive LEOFF Expense Report for January 2020 through July 2020

Report

Issue:

Whether to receive expense report.

Staff Contact:

Debbi Hufana, HR Analyst, Human Resources, 360.753.8149

Background:

Receive expense report of LEOFF fund balance.

Attachments:

January to July 2020 Expense Report

Reference:

N/A

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 01/31/2020	Police	Fire	As of 01/31/2019	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	42,769	25,587	17,182	44,360	25,741	18,620
Medicare Reimbursements	10,553	6,241	4,312	7,414	3,651	3,763
Direct Payments:						
To Service Provider	-	-	-	-	-	-
To Retiree	1,195	716	480	930	107	823
Dental Pd to Retiree and Provider	5,739	3,858	1,881	11,011	7,033	3,978
Long Term Care	8,000	-	8,000	45	45	-
Total Retiree Payments	\$ 68,255	\$ 36,401	\$ 31,855	\$ 63,760	\$ 36,576	\$ 27,184
LEOFF OPEB Balance	\$ 2,854,920					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 02/29/2020	Police	Fire	As of 02/28/2019	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	86,441	51,625	34,816	89,124	51,478	37,646
Medicare Reimbursements	19,064	10,420	8,644	14,801	7,250	7,551
Direct Payments:						
To Service Provider	-	-	-	52	52	-
To Retiree	3,708	2,603	1,106	1,305	107	1,198
Dental Pd to Retiree and Provider	9,226	6,984	2,242	13,696	7,867	5,829
Long Term Care	16,000	-	16,000	45	45	-
Total Retiree Payments	\$ 134,439	\$ 71,632	\$ 62,808	\$ 119,023	\$ 66,798	\$ 52,225
LEOFF OPEB Balance	\$ 2,789,150					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 03/31/2020	Police	Fire	As of 03/31/2019	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	128,035	77,212	50,823	149,263	76,675	72,588
Medicare Reimbursements	29,185	15,044	14,141	22,015	10,665	11,349
Direct Payments:						
To Service Provider	-	-	-	52	52	-
To Retiree	3,863	2,653	1,211	1,619	107	1,512
Dental Pd to Retiree and Provider	10,867	7,229	3,638	14,773	8,004	6,769
Long Term Care	24,000	-	24,000	45	45	-
Total Retiree Payments	\$ 195,950	\$ 102,138	\$ 93,813	\$ 187,766	\$ 95,548	\$ 92,218
LEOFF OPEB Balance	\$ 2,738,352					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 04/30/2020	Police	Fire	As of 04/30/2019	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	169,628	102,798	66,830	177,836	102,685	75,151
Medicare Reimbursements	39,307	19,668	19,638	36,334	17,373	18,961
Direct Payments:						
To Service Provider	-	-	-	52	52	-
To Retiree	4,060	2,653	1,408	1,709	197	1,512
Dental Pd to Retiree and Provider	18,369	14,731	3,638	16,464	9,012	7,452
Long Term Care	24,000	-	24,000	45	45	-
Total Retiree Payments	\$ 255,364	\$ 139,850	\$ 115,514	\$ 232,440	\$ 129,364	\$ 103,076
LEOFF OPEB Balance	\$ 2,682,596					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 05/31/2020	Police	Fire	As of 05/31/2019	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	207,749	124,912	82,837	227,368	128,289	99,080
Medicare Reimbursements	50,296	24,726	25,569	43,691	20,727	22,965
Direct Payments:						
To Service Provider	-	-	-	52	52	-
To Retiree	4,120	2,713	1,408	2,209	327	1,882
Dental Pd to Retiree and Provider	19,074	15,060	4,013	20,468	10,775	9,694
Long Term Care	48,646	-	48,646	45	45	-
Total Retiree Payments	\$ 329,884	\$ 167,412	\$ 162,473	\$ 293,834	\$ 160,214	\$ 133,620
LEOFF OPEB Balance	\$ 3,595,828					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 06/30/2020	Police	Fire	As of 06/30/2019	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	247,606	148,762	98,844	271,588	153,486	118,102
Medicare Reimbursements	60,417	29,351	31,066	43,956	20,992	22,965
Direct Payments:						
To Service Provider	-	-	-	3,778	3,778	-
To Retiree	4,192	2,785	1,408	2,776	639	2,137
Dental Pd to Retiree and Provider	19,556	15,258	4,298	22,181	11,503	10,678
Long Term Care	56,646	-	56,646	45	45	-
Total Retiree Payments	\$ 388,417	\$ 196,155	\$ 192,261	\$ 344,324	\$ 190,443	\$ 153,881
LEOFF OPEB Balance	\$ 3,538,774					

CITY OF OLYMPIA

LEOFF 1 - Medical Costs

	Y-T-D			Y-T-D		
	As of 07/31/2020	Police	Fire	As of 07/31/2019	Police	Fire
Current Employees						
Payments to Claimants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retirees						
Medical Insurance	286,595	171,744	114,851	315,405	178,683	136,722
Medicare Reimbursements	70,754	34,191	36,563	51,525	24,611	26,914
Direct Payments:						
To Service Provider	-	-	-	3,778	3,778	-
To Retiree	4,217	2,810	1,408	3,396	868	2,529
Dental Pd to Retiree and Provider	23,251	18,329	4,922	24,587	12,523	12,064
Long Term Care	81,321	-	81,321	45	45	-
Total Retiree Payments	\$ 466,138	\$ 227,073	\$ 239,065	\$ 398,735	\$ 220,507	\$ 178,228
LEOFF OPEB Balance	\$ 3,460,200					