

A. Medical Services

Whenever any active member or member retired for service or disability, requires medical services, such services shall be paid for by the City, if approved by the Disability Board. Only those medical services which are deemed necessary shall be paid for, provided the condition which has caused the need for such medical services was not caused or brought on by dissipation or abuse, and the necessity of such medical services shall be determined by the Board based upon the medical evaluation of the medical advisor and other relevant information. [RCW 41.26.150 (1), (2)]

All active and retired members shall be covered by a City-purchased insurance plan for group hospitalization and medical aid. It is a member's responsibility to choose a City-purchased insurance plan and apply for coverage. The Board designates the insurance plan that a member joins to be the designated provider of medical services for that active or retired member. In addition, those medical services available under the chosen plan shall be the medical services authorized by the Board. [RCW 41.26.150(4)]

In the event an active or retired member fails to be covered by a City-purchased plan or incurs expenses for medical services not covered by a City-purchased insurance plan, the Board has the authority to pay for medical services that have prior approval from the Board or in rare cases, the Board may pay for medical services that have not come to the Board for prior approval. The Board retains the sole right to determine whether or not to pay for medical services if the medical service has not been brought to the Board for prior approval.~~may refuse to pay for those medical services unless the Board has approved payment in advance of treatment. [RCW 41.26.110 (3)]~~

The Board shall be responsible for copayments and deductibles under city-purchased insurance plans by an active or retired member. [RCW 41.26.110 (3)]

The City does not usually pay claims for medical services that arise because an active or retired member either fails to be covered by a City-purchased insurance plan or obtains medical services not covered by a City-purchased insurance plan.

~~The Board can make exceptions to this policy in special circumstances if payment for such medical services is approved by the Board in advance of treatment.~~
~~[RCW 41.26.110 (3)]~~

Medical services payable as a LEOFF benefit shall be reduced by any amount received or eligible to be received under worker's compensation, social security, including public welfare, insurance or pension plan, or other similar source. In the event any such alternative source of payment is available, it shall be incumbent upon the requesting member to apprise the Board of such source and failure to do so may result in a revocation of medical benefits and be deemed a violation of RCW 41.26.150. It shall be the policy of the Board to pay only the difference in benefits rather than pay the full amount and seek repayment from the other source, unless the affected member shows to the satisfaction of the Board that he/she has demanded payment of such benefits expeditiously, and that the Board's failure to make such advance repayment would cause unreasonable hardship to the member. [RCW 41.26.150 (2) and (3)]

When a member becomes eligible for Medicare Part B (at age 65 or earlier due to a disability), the member **is required** to enroll in Medicare Part B the month prior, during, or after the member becomes 65. Premiums for Medicare Part B which are paid by the member will be reimbursed by the Disability Board. [RCW 41.26.150 (5)]

All requests for payment/reimbursement of medical services must be submitted to the City for payment within one year of services rendered. Requests not submitted to the City within the required one-year time period will become the responsibility of the LEOFF I employee/retired employee. The Board may, in its discretion, waive this requirement, if the employee/retired employee can demonstrate a delay in timely submission due to circumstances beyond his/her control. [RCW 41.26.110 (3)]

All requests submitted to the Board for payment of services or equipment shall be accompanied by a completed Application for Payment of Services Requiring Board Approval and Health Care Provider's Statement of Member's Current Condition. These forms are available from the Board Secretary. *(Added November 24, 1997.)* [RCW 41.26.110 (3)]

O. **Hearing Aids**

The Board may approve hearing aids if prescribed by a physician. Pre-approval by the Board is required prior to purchase, however, in rare cases, the Board has the authority to pay for hearing aids where the member has not come to the Board for prior approval. The Board retains the sole right to determine whether or not to pay for hearing aids if the hearing aid service has not been brought to the Board for prior approval.

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—Charges will be limited to those necessary to achieve functional correction. When seeking pre-approval, members must submit to the Board quotes from at least two licensed audiologists. The member must also have a current hearing test, exam and referral from a physician. Hearing aids must have a three-year warranty. Reimbursement will be made for ordinary and necessary repair not due to carelessness on the part of the member, and for hearing aid batteries.

Q. **Dental Benefits** *(Effective 1/1/07)*

LEOFF 1 retirees who are actively employed and have dental coverage through their current employer or can acquire group dental coverage through their spouses' dental plans, have the option to remain with their group dental plan. The City will pay or reimburse the premium for the member's coverage up to \$48.00 per month. Members who select this option will not be allowed to seek reimbursement from the City for any dental care.

All expenses directly associated with the dental provisions under this policy will be **paid only on a reimbursement basis** to the member receiving those services. Members are required to pay for the dental services specified under this policy and must submit a receipt and description of the covered services for reimbursement. Any other dental services not specified under the provisions of this policy will **require advance** LEOFF Disability Board approval, however, in rare cases, the Board has the authority to pay for dental procedures where the member has not come to the Board for prior approval. The Board retains the sole right to determine whether or not to pay for dental procedures whether or not the member has brought the procedure to the Board for prior approval.

-and expenses will be subject to the plan limitations, unless the procedure is determined to be medically necessary, as prescribed by a medical doctor.

1) Dental Provision

\$600 annually to be applied directly towards preventative care that will include one annual cleaning and x-ray; restorative, that will include fillings, crown; tooth extraction, periodontal (treatment of tissues supporting the teeth), pulpal and root canal treatment.

2) Denture Provision

Member is required to submit two quotes from dentist/licensed denturists. Dentures

(full/partial) will be reimbursed at 50% of lowest quote. LEOFF Disability Board approval **must be obtained prior** to receiving services.-

-however, in rare cases, the Board has the authority to pay for dentures for the member who has not come to the Board for prior approval. The Board retains the sole right to determine whether or not to pay for dentures whether or not the member has brought the procedure to the Board for prior approval.

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