City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

LEOFF-1
Disability Board

Agenda

Wednesday, May 31, 2023 | **8:30 AM** | **2nd Floor, City Hall**

The City Hall is accessible for persons with disabilities. Special equipment to assist the hearing impaired is also available. Please contact the City Executive Office at 360.442.5004 48 hours in advance if you require special accommodations to attend the meeting.

To attend the meeting virtually use the link or information below:
Click here to join the meeting
Meeting ID: 269 837 824 466
Passcode: 998pKy

Or call in (audio only)
+1 213-631-2692
Phone Conference ID: 315 649 02#

1 CALL TO ORDER

2 FLAG SALUTE

3 ROLL CALL

4 OLD BUSINESS

5 AGENDA APPROVAL

6 PUBLIC COMMENT

7 APPROVAL OF MINUTES

23-001056 April 26, 2023 Regular Meeting

8 MEDICAL REIMBURSEMENT REQUESTS

9 APPROVAL OF BILLS

23-001057 May 2023 Medical Bills (Regular) - Total $18,852.57

23-001058 May 2023 Medicare B Reimbursement - Total $8,761

10 NEW BUSINESS

23-001206 Humana Presentation and BAC Advocacy Program with Gallagher Benefit Advocates

11 CONTINUED BUSINESS

23-001059 Update Long-Term Care Form

Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses

12 ADJOURNMENT

NEXT REGULAR MEETING

Wednesday, June 28, 2023 at 8:30 a.m.

City of Longview

Agenda Summary

April 26, 2023 Regular Meeting

Attachments:
1. 4-26-2023 Regular Meeting Minutes

City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

LEOFF-1
Disability Board

Minutes

Wednesday, April 26, 2023 | **8:30 AM** | **2nd Floor, City Hall, Small Conference Room**

The City Hall is accessible for persons with disabilities. Special equipment to assist the hearing impaired is also available. Please contact the City Executive Office at 360.442.5004 48 hours in advance if you require special accommodations to attend the meeting.

To attend the meeting virtually use the link or information below:
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1 CALL TO ORDER

Chairman Ruth Kendall called the meeting to order at 8:30 a.m.

2 FLAG SALUTE

The flag salute was recited.

3 ROLL CALL

Present: Don Barnd, Police Department Representative
Jim Morkert, Fire Department Representative
Ruth Kendall, City Council Representative
Mike Wallin, City Council Representative
Chet Makinster, Member-at-large (on-line)

Also Present: Tiffany Ostreim, Board Secretary
Dana Beck, Payroll Specialist
Jim McNamara, City Attorney
Kris Swanson, City Manager

4 AGENDA APPROVAL

No changes to the agenda.

5 PUBLIC COMMENT

None.

6 OLD BUSINESS

23-001100 R-37 Long Term Care - Canterbury Reimbursement

Motion was made by Member Wallin, seconded by Member Morkert to determine and approve R-37 for reimbursement for Canterbury LTC for February, March and April in the amount of $18,882.92 based on the forms for medical necessity and approve reimbursement for monthly charges from Canterbury for LTC in the amount of $6,800. The motion carried unanimously.

7 APPROVAL OF MINUTES

23-001036 March 29, 2023 Regular Meeting Minutes

A motion was made by Member Barnd, seconded by Member Morkert to approve the minutes of March 29, 2023. The motion carried with Chairman Kendall abstaining.

8 MEDICAL REIMBURSEMENT REQUESTS

23-001101 R-14 Cataract Surgery Memo

A motion was made by Member Morkert, seconded by Member Barnd to determine and approve R-14 reimbursement for cataract surgery. The motion carried unanimously.

23-001102 R-08 Eyeglass Frames Memo

A motion was made by Member Morkert, seconded by Member Wallin to determine and approve R-08 reimbursement for eyeglass frames in the amount of $200 as allowed in the policy. The motion carried unanimously.

9 APPROVAL OF BILLS

23-001037 April 2023 Medical Bills (Regular) - Total $29,412.93

A motion was made by Member Barnd, seconded by Member Morkert to approve the bills as presented, reasonable, and medically necessary. The motion carried unanimously.

23-001038 April 2023 Medicare B Reimbursement - Total $8,761.00

A motion was made by Member Morkert, seconded by Member MaKinster to approve the bills as presented, reasonable, and medically necessary. The motion carried unanimously.

10 NEW BUSINESS

23-001103 City of Longview Procedures and Guidelines for Individual, Organizational Volunteer Workers, and Commissions, Boards, and Committees

City of Longview Procedures and Guidelines were presented to the Council. OPMA requires all members of governing bodies to complete OPMA training within 90 days of taking the oath of office or assuming duties.

23-001105 Interest in Humana presentation and BAC Advocacy Program with Gallagher Benefit Advocates.

Corey Balkan, Area Vice President with Gallagher would like to host a Humana presentation with the LEOFF Board to help everyone understand the plan, how it works, what is covered (i.e. the intention of zero out of pocket expenses when running through the plan for covered benefits).

Board discussed the issues with Humana insurance. The consensus of the Board was to have an in-person meeting with Corey Balkan for a Humana presentation and an update on the BAC advocacy program.

11 CONTINUED BUSINESS

23-001039 Update of Long-Term Care Form

Update of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses

Long-term care varies greatly based on the individual's needs. Each request has to be looked at individually. Clerk will continue to revise the LTC Form and bring it back to the Board for approval.

The policy pays for eyeglass lenses. Clerk will continue to review other jurisdictions' resources and policies for reimbursement of frames.

Hearing aid prices vary greatly based on location purchased and type. Clerk will continue to review other jurisdictions' resources and policies for reimbursement of hearing aids.

12 ADJOURNMENT

With no further business to discuss, and a vote duly held and unanimously passed, Chairman Kendall adjourned the meeting at 9:15 a.m.

Next Meeting

The next regular meeting of the LEOFF-1 Board is scheduled for May 31, 2023 at 8:30 a.m.

_____ _____

Ruth Kendall, Chairman *Tiffany Ostreim, Board Secretary*

City of Longview

Agenda Summary

May 2023 Medical Bills (Regular) - Total $18,852.57

Attachments:
1. Reimbursement May 2023 Spreadsheet

May 2023 MEDICAL BILLS (Regular)			
Member	**Dental**	**Regular**	
R-01	$411.80		
R-05		$13.97	
R-13	$1,319.30		
R-29	$687.20	$544.34	
R-36		$1,010.98	
R-37		$6,800.00	
R-38		$7,392.00	
R-48		$328.19	
R-55		$40.00	
R-63		$304.79	
TOTAL	$2,418.30	$16,434.27	$18,852.57

City of Longview

Agenda Summary

May 2023 Medicare B Reimbursement - Total $8,761

Attachments:
1. Medicare B voucher list May 2023

Medicare Premiums		April 2023	
Code	Vendor #	Year	RATE
R59	000092	2023	$31.50
R2	000122	2023	$243.00
R5	000233	2023	$361.20
R6	000278	2023	$164.90
R34	000447	2023	$156.90
R8	000465	2023	$164.90
R9	000466	2023	$164.90
R11	000632	2023	$164.90
R36	000634	2023	$164.90
R28	000664	2023	$164.90
R13	000666	2023	$164.90
R37	000701	2023	$164.90
R14	000706	2023	$164.90
R39	000740	2023	$164.90
R40	000744	2023	$164.90
R16	000789	2023	$164.90
R17	000827	2023	$164.90
R64	000883	2023	$164.90
R19	000963	2023	$164.90
R44	001021	2023	$164.90
R51	001106	2023	$164.90
R29	001124	2023	$164.90
R47	001226	2023	$164.90
R21	001245	2023	$164.90
R49	001402	2023	$164.90
R50	001481	2023	$151.90
R23	001511	2023	$164.90
R57	001599	2023	$151.90
R24	001631	2023	$164.90
R25	001644	2022	$134.00
R53	001685	Quarterly	$0.00
R63	001694	2023	$164.90
R55	001714	2023	$164.90
R56	001732	2023	$164.90
R58	001823	2023	$164.90
R26	002066	2023	$164.90
R27	210058	2023	$164.90
R18	210122	2023	$164.90
R42	210489	2023	$0.00
R48	211292	Quarterly	$494.70
R12	211809	2023	$479.30
R43	216727	2023	$164.90
R1	217402	2023	$164.90
R38	217404	2023	$164.90
R31	218105	2023	$141.90
R33	218134	2022	$164.90
R46	218350	2023	$164.90
R41	223804	2023	$164.90
R61	224982	2023	$164.90
R22	225194	2022	$148.50
R15	226325	2023	$164.90
			$8,761.00

City of Longview

Agenda Summary

Humana Presentation and BAC Advocacy Program with Gallagher Benefit Advocates

Corey Balkan, Area Vice President with Gallagher will host a Humana presentation with the LEOFF Board to help everyone understand the plan, how it works, what is covered (i.e. the intention of zero out of pocket expenses when running through the plan for covered benefits).

Corey will bring printed glossy copies of the Retiree Concierge BAC guide as well as hard copies of Humana's PowerPoint presentation.

Attending at minimum will be Victoria Mayes from Gallagher's Benefit Advocate Center, Erikk Shepherd and Laura Pinkard from Humana.

Benefits Guide

LEOFF-1 Retirees

JANUARY

2023

The City of Longview Washington

WELCOME TO YOUR BENEFITS!

City of Longview is proud to offer a robust benefits package to our LEOFF-1 Retirees! The City is also excited to introduce a new resource, **Gallagher Benefit Advocates,** to help you navigate your healthcare benefits.

To learn about the available plans, take a look at this Benefit Guide. Highlights of all the plans and some additional decision-making tools are available online too. If you have general questions on your benefits, reach out to the **Gallagher Benefit Advocates** at bac.longviewleoff1@ajg.com, or by phone at **(833) 639-1791**, 5AM—6PM Monday thru Friday.

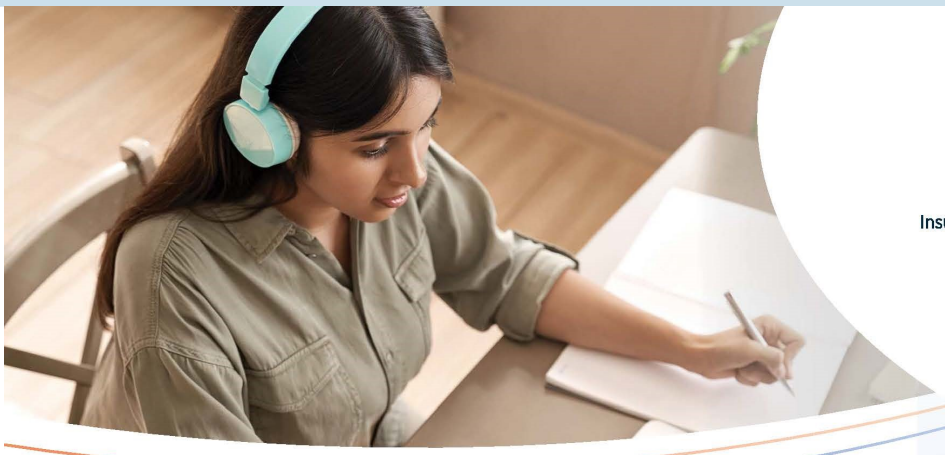
The medical and dental premiums for all LEOFF-1 Retirees are paid in full by the City of Longview.

It is important to note that changing between plans is generally not permitted, so you will remain enrolled in either the Kaiser Senior Advantage or the Humana Medicare Supplement plan that you selected at the time of initial enrollment.

IMPORTANT:

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see pages 12-13 for more details.

WHAT'S INSIDE



Gallagher

Insurance | Risk Management | Consulting

Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

1. **Explanation of benefits**
   Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
2. **Prescription challenges**
   Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?
3. **Benefits questions**
   Are you unsure if the insurance company will pay for a certain procedure?
4. **Claim issues**
   Did you receive a bill from a doctor but don't know why?
5. **Difficult situations**
   Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

ajg.com **The Gallagher Way.** Since 1927.

Connect With Us

City of Longview - LEOFF

Phone: (833) 639-1791
Email: bac.longviewleoff1@ajg.com

Hours of operation

Monday – Friday

5 a.m. – 6 p.m.

MEDICAL BENEFITS – HUMANA

Humana provides you with excellent coverage of preventive services such as routine physical exams and immunizations that are very important to your health. Prescription drug coverage is included with the medical plan.

SILVERSNEAKERS—BE ACTIVE YOUR WAY

SilverSneakers is more than a fitness program. It's an opportunity to maintain your health, gain confidence and connect with your community. Plus, its included with many Medicare Advantage plans and select Medicare Supplement plans **at no additional cost.**

At home or on the go

- SilverSneakers On-Demand fitness classes available 24/7
- SilverSneakers LIVETM virtual classes and workshops throughout the week
- SilverSneakers GO mobile app with adjustable workout plans and more

In participating fitness locations

- Thousands of participating locations with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes designed for all levels

In your community

- Group activities and classes offered outside the gym
- Events including shared meals, holiday celebrations and class socials

Get started today! Call 888.423.4632 (TTY: 711), Monday—Friday, 8am—8pm ET, or visit Silversneakers.com.

PREVENTIVE CARE, FOR THE ROAD AHEAD

Your Annual Wellness Visit and talking with your doctor or medical provider is a great first step. He or she can help give you a road map of what you need to do. Talk with your provider about what preventive screenings you need and how often you need them.

Some of the preventive screenings under Medicare Part B:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Bone mass measurement for osteoporosis screening
- Cardiovascular disease screenings & behavioral therapy
- Cervical/vaginal cancer screening, pap test and pelvic exam
- Colorectal cancer screenings
- COVID19 vaccines, flu shots, and immunizations
- Depression screening
- Diabetes screening & self management training
- Glaucoma screening
- Hepatitis B and C screening
- HIV screening
- Kidney disease education
- Lung cancer screening
- Mammogram
- Nutrition therapy
- Obesity screening &counseling
- Prostate cancer screening
- Tobacco use cessation counseling

Additional preventive services approved by Medicare during the contract year will be covered.

Humana. Group Medicare Advantage

Get your personalized health information on MyHumana

A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

Get the most out of MyHumana by keeping your account profile up to date. Whether you prefer using a desktop, laptop, or smartphone, you can access your account anytime.*

Getting started is easy—jut have your Humana ID card ready and follow these three steps:

1. Create your account—visit Humana.com/registration and select the "Start activation now" button.
2. Choose your preferences—choose how you want to receive information from us, online or mailed to your home. You can update your communication preferences at any time.
3. View your plan benefits—after you set up your account, be sure to view your plan documents so you can understand your benefits and costs. You can also update your member profile if your contact information has changed.

The MyHumana mobile app

If you have an iPhone or android, download the MyHumana mobile app. You'll have your plan details with you at all times. *

Visit Humana.com/mobile-apps to learn about our many mobile apps, the app features and how to use them.

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Compare drug prices.
- View or print your Humana member ID card
- Select your communication preferences

Have questions?

If you need help using MyHumana, try our Chat feature or call Customer Care at the number listed on the back of your Humana member ID card.

** Standard data rates may apply.*

PLAN HIGHLIGHTS – HUMANA

	Humana Medicare Employer Plan (PPO)
PCY = Per Calendar Year (January 1-December 31)	**In-Network**
Annual Deductible	$0
What You Pay	0%
Annual Out-of-Pocket Maximum	$1,000 Combined (Medicare Covered Services)
Preventive Care	No charge
Outpatient Services	
"Welcome to Medicare" preventive visit	No charge
Primary Care Visit	No charge
Specialist Visit	No charge
Telemedicine	No charge
Mental Health	No charge
Diagnostic Lab & X-Ray	No charge
Surgery	No charge
Rehabilitation Physical, Speech, Occupational Therapies	No charge
Other Services	
Chiropractic Services (Medicare-covered)	No charge
Acupuncture (Medicare-covered) Up to 20 combined visits	No charge
Urgent Care	No charge
Emergency Room	No charge
Inpatient Hospitalization	No charge
Routine Vision Exam (one PCY)	No charge
Vision Hardware	No charge
Hearing Services (Medicare covered)	No charge

Limitations: This benefit outline is for illustrative purposes only. Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, terms and conditions of the contract.

PRESCRIPTION DRUG BENEFITS – HUMANA

Your medical insurance includes comprehensive prescription drug coverage. The level of coverage depends on whether the drug is generic or brand name, and whether it is on the Humana Formulary, or preferred drug list. Your out-of-pocket cost is lowest when you buy generic drugs, and highest when you buy brand name drugs that are not on the formulary. To find out if your medication is on the formulary, please check the online list at www.Humana.com.

	Humana Medicare Employer Plan (PPO)		
	$0 to Catastrophic (1)	**Catastrophic to Unlimited**	**Out-of-Pocket that triggers Catastrophic**
Retail Pharmacy - up to 30-day supply	*At Participating Pharmacies Only*	*At Participating Pharmacies Only*	
Generic or Preferred Generic	$0	$0	$7,400
Preferred Brand	$0	$0	
Non-Preferred	$0	$0	
Specialty	$0	$0	
Mail Order - up to 90-day supply			
Generic or Preferred Generic	$0	$0	$7,400
Preferred Brand	$0	$0	
Non-Preferred	$0	$0	

[1] Catastrophic: When a member's True Out Of Pocket (TrOOP) cost reaches $7,400.

MEDICAL BENEFITS – KAISER PERMANENTE

Kaiser Senior Advantage provides you with excellent coverage of preventive services such as routine physical exams and immunizations that are very important to your health. Prescription drug coverage is included with the medical plan.

SILVER&FIT HEALTHY AGING AND EXERCISE PROGRAM

You don't have to be a lifelong athlete to be active as an older adult. The Silver&Fit Healthy Aging and Exercise Program makes it easier for you to get fit and stay motivated—at no extra cost.*

Get started in 3 simple steps:

1. Become a member in our Medicare Health plan

When you enroll in a Kaiser Permanente Medicare health plan you're automatically eligible for the Silver&Fit program.

2. Choose how you'd like to work out

The Silver&Fit program offers different ways to exercise (at home or at a fitness center). Pick the one that's right for you based on how and where you like to work out—or choose both options for added flexibility.

3. Sign up

Register at SilverandFit.com or call 877.750.2746 (TTY 711) Monday thru Friday, 5am to 6pm Pacific time.

Healthy extras! No matter what you choose, you'll have access to the following perks:

Well-Being Club

This enhanced feature of the Silver&Fit website focuses on community with a personalized approach to fitness, well-being and member connection. You can view customized resources, as well as attend live-streaming classes and events.

Member Resources

Find answers to common questions about aging and take advantage of health tips and materials available at SilverandFit.com.

Social Activities

Join your fellow Silver&Fit members at community events (where available), or join in with on-demand workout videos. Download the Silver&Fit ASHConnect mobile app to access thousands of on-demand workouts so you can exercise when and where you want.

Newsletter

Get motivated with The Silver Slate, a quarterly newsletter filled with wellness tips to keep you committed to health living.

Rewards Program

With the Silver&Fit Connected tool, you can use your smartphone or wearable fitness device to track your progress and earn rewards.

** Classes at some fitness centers may require additional fees that aren't included in your membership. Silver&Fit classes may not be offered at all fitness centers.*

KAISER PERMANENTE®

NURSELINE – 24/7 CARE BY PHONE

Connect with a licensed care provider day or night for advice, referrals, prescriptions, and more. Call anytime at:
Portland: 503.813.2000 (TTY: 711)
All other areas: 800.813.2000 (TTY: 711)

TELEHEALTH – GET THE CARE YOU NEED, WHEN AND WHERE YOU NEED IT

Schedule a virtual visit today at www.kp.org/myhealthmanager or call 800.813.2000 (TTY 711).

Self-Care Apps

Feeling overwhelmed? Tap into the power of self-care. Adult members can download popular apps at www.kp.org/selfcareapps. These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier. Choose the areas you want to focus on – including managing depression, reducing stress, improving sleep, and more.

Calm is an app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. With guided meditations, programs taught by world renowned experts, sleep stories narrated by celebrities, mindful movement videos and more, Calm offers something for everyone.

myStrength offers personalized programs with interactive activities, daily health trackers to monitor and maintain your progress, in-the-moment coping tools, and more. It's designed to help you set goals and work towards them in ways that work for you – by making positive changes that support your mental, emotional, and overall well-being.

Ginger offers immediate one-on-one emotional support for coping with many common challenges—from stress and low mood to issues with work, relationships, and more. Ginger's skilled coaches are ready to help 24/7.

Visit Kaiser's Health and Wellness website at https://healthy.kaiserpermanente.org/oregon-washington/health-wellness for more information on classes, wellness coaching, tobacco cessation, weight management, diabetes education and more!

PLAN HIGHLIGHTS – KAISER PERMANENTE

	Kaiser Permanente Senior Advantage (HMO)
PCY = Per Calendar Year (January 1-December 31)	**In-Network**
Annual Deductible	$0
What You Pay	0%
Annual Out-of-Pocket Maximum	$600
Preventive Care	$0 copay
Outpatient Services	
"Welcome to Medicare" preventive visit	$0 copay
Primary Care Visit	$10 copay
Specialist Visit	$15 copay
Mental Health	$10 copay
Preventive Tests	$0 copay
Diagnostic Lab & X-Ray	$0 copay
Chemotherapy/radiation therapy visit	$15 copay
Surgery	$50 copay
Rehabilitation Physical, Speech, Occupational Therapies	$15 copay
Other Services	
Chiropractic Care / Acupuncture Up to 12 visits before referral required	$15 copay / Not covered
Urgent Care	$15 copay
Emergency Room	$50 copay
Ambulance Services (per transport)	$50 copay
Inpatient Hospitalization	$100 copay per admission
Routine Vision Exam (one PCY)	$10 copay
Vision Hardware	$150 allowance every 24 months
Outside Service Area Benefit	20%. The annual benefit maximum is $1,250. Kaiser pays 80% up to $1,000 per year. You pay 100% thereafter. (In the U.S. only.)
Silver & Fit	$0 for basic fitness center membership at participating centers.
Hearing Aids	Not covered

Limitations: This benefit outline is for illustrative purposes only. Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, terms and conditions of the contract.

PRESCRIPTION DRUG BENEFITS – KAISER PERMANENTE

Your medical insurance includes comprehensive prescription drug coverage. The level of coverage depends on whether the drug is generic or brand name, and whether it is on the Kaiser Formulary, or preferred drug list. Your out-of-pocket cost is lowest when you buy generic drugs, and highest when you buy brand name drugs that are not on the formulary. To find out if your medication is on the formulary, please check the online list at www.kp.org.

	Kaiser Permanente Senior Advantage (HMO)
Retail Pharmacy - up to 30-day supply Generic Brand	*At Participating Pharmacies Only* $5 $10
Mail Order - up to 31-90 day supply	After you have paid $7,400 in true out-of-pocket costs for Part D covered drugs in a calendar year, you will pay the lesser of your copayment or $3 for generic drugs and $7 for brand drugs, per prescription.
Administered Medications, including injections (all outpatient settings)	15%
Nurse treatment room visits to receive injections	$10

IMPORTANT INFORMATION REGARDING YOUR MEDICAL BENEFITS

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

City of Longview is committed to the privacy of your health information. The administrators of the City of Longview Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Dana Beck, Payroll Specialist, at 360.442.5023 or dana.beck@ci.longview.wa.us.

PATIENT PROTECTION DISCLOSURE NOTICE

The City of Longview Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance company. Contact information is listed under "Your Benefit Contacts" at the back of this guide.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your insurance company or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your contact your insurance company. Contact information is listed under "Your Benefit Contacts" at the back of this guide.

PREVENTIVE CARE

Certain preventive care services must be provided by non-grandfathered group health plans without member cost-sharing (such as deductibles or copays) when these services are provided by a network provider. Please refer to your insurance company for more information. Contact information is listed under "Your Benefits Contacts" in the back of this Guide.

DENTAL BENEFITS – DELTA DENTAL

Going to the dentist isn't on anyone's list of favorite things to do, but City of Longview's dental benefits make it as painless as possible with comprehensive coverage through Delta Dental of Washington.

	Delta Dental PPO℠ Dentist	Delta Dental Premier® Dentist
Annual Deductible	$50 per person $150 per family	
Annual Benefit Maximum	$2,500	
Services		
Preventive & Diagnostic	Covered in full	Covered in full
Basic	10% after deductible	20% after deductible
Major	40% after deductible	40% after deductible
Periodontics	10% after deductible	20% after deductible
Endodontics	10% after deductible	20% after deductible
Implants	40% after deductible	40% after deductible
Orthodontia		
Services	N/A	
Lifetime Benefit Maximum	N/A	

Limitations: This benefit outline is for illustrative purposes only. Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, terms and conditions of the contract.

CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

IMPORTANT NOTICE FROM CITY OF LONGVIEW

ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Longview and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **City of Longview has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage may be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents may still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current company coverage, be aware that you and your dependents may be able to get this coverage back by enrolling back into the company benefit plan during the Open Enrollment period under the company benefit plan.

CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE (CONTINUED)

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Longview and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Longview changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**January 01, 2023**
Name of Entity/Sender:	**City of Longview**
Contact—Position/Office:	**Dana Beck - Payroll Specialist**
Office Address:	**1525 Broadway / P.O. Box 128** **Longview, Washington 98632** **United States**
Phone Number:	**360.442.5023**

YOUR BENEFITS CONTACTS

GALLAGHER BENEFIT ADVOCATES

Benefit Advocates (a service provided by Gallagher) are available to provide confidential, free help with your insurance needs.

- **Explanation of benefits**—is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- **Prescription challenges**—is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?
- **Benefits questions**—are you unsure if the insurance company will pay for a certain procedure?
- **Claim issues**—did you receive a bill from a doctor but don't know why?
- **Difficult situations**—are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You can reach a Benefit Advocate at:

bac.longviewleoff1@ajg.com
or Toll-Free: 833.639.1791
5:00 am – 6:00 pm PT,
Monday - Friday

Benefit	Administrator	Group Number	Contact Information		Website
Medical/Vision/Rx	Kaiser Permanente	3359-004	Customer Service NurseLine Telehealth	800.813.2000 800.813.2000 800.813.2000	www.kp.org
Medical/Vision/Rx	Humana	318001	Medicare Customer Service	800.457.4708	www.Humana.com
Dental	Delta Dental	14254	Customer Service	800.554.1907	www.deltadentalwa.com

KEY TERMS

BRAND NAME PRESCRIPTION DRUG

A prescription drug that is sold under a trademarked name. An equivalent generic drug may or may not be available at lower cost, depending on whether the patent on the brand name drug has expired.

COPAY

A flat dollar amount you pay for a medical service.

COINSURANCE

The percentage of the charges you are responsible for paying. For example, the plan pays 80% and you pay 20%.

DEDUCTIBLE

This is the amount you pay before your plan begins covering expenses not subject to a copay.

EXPLANATION OF BENEFITS

The statement you receive from your insurance company detailing how much the provider billed, how much (if any) the plan paid, and the amount that you owe the provider (if any).

GENERIC PRESCRIPTION DRUG

A prescription drug made and distributed after the brand name drug patent has expired, and available at a lower cost than brand name prescriptions.

OUT-OF-POCKET (OOP) MAXIMUM

The most you pay in a calendar year for covered medical services. Once the OOP maximum is met, the plan will pay 100% of the allowed amount for the remainder of the calendar year for covered services.

IN-NETWORK

Services from a provider or facility that is contracted with the insurance company. In-network providers agree to accept set fees for covered medical services and not bill you for any amounts over those fees. In-network providers also agree to bill the insurance company directly, so you will not have to pay up front and submit your own claims to the insurance company.

OUT-OF-NETWORK

Services from a provider or facility that is not contracted with the insurance company. If you receive services out-of-network, then you will typically have a higher coinsurance and you will be responsible for the difference between the provider's billed charge and the allowable charge.

On the Kaiser HMO plans, there is only coverage for emergency care with a non-Kaiser provider. Other out-of-network services are not covered.

PREVENTIVE CARE

Measures taken to prevent diseases. This includes routine cancer screenings, exams and certain drugs and immunizations. Most preventive care is covered-in-full by the plan, with no cost to you.

This benefit summary prepared by:

Gallagher

Insurance | Risk Management | Consulting

Please note:

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

City of Longview

Agenda Summary

Update Long-Term Care Form

Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses

Attachments: None