



City of Longview

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

LEOFF-1 Disability Board

Agenda

Wednesday, July 30, 2025

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 ROLL CALL

3 CHANGES TO THE AGENDA

4 PUBLIC COMMENT

5 APPROVAL OF MINUTES

25-00636 June 25, 2025 Regular Meeting

6 MEDICAL REIMBURSEMENT REQUESTS

7 APPROVAL OF BILLS

25-00637 July 2025 Medicare B Reimbursement - Total \$8,440.00

25-00638 July 2025 Medical Bills (Regular) - Total \$21,758.79

8 NEW BUSINESS

25-00643 Information Only - Rate Preview for Delta Dental of Washington Plan for LEOFF-1 Retirees effective September 2025

25-00695 Information Only - Rate Preview for Kaiser Senior Advantage Plan Premiums for LEOFF-1 Retirees effective January 2026

9 ADJOURNMENT

NEXT REGULAR MEETING - Wednesday, August 27, 2025 at 8:30 a.m. in the Longview City Hall



City of Longview

Agenda Summary

June 25, 2025 Regular Meeting

Attachments:

1. June 25, 2025 Regular Meeting Minutes



City of Longview

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

LEOFF-1 Disability Board

Minutes

Wednesday, June 25, 2025

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:

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

Chair Wallis called the meeting to order at 8:30 a.m.

2 ROLL CALL

*Present: Don Barnd, Police Retiree Representative
Jim Morkert, Fire Retiree Representative
MaryAlice Wallis, City Council Representative (on-line)
Erik Halvorson, City Council Representative (on-line)*

Absent/Excused: Chet Makinster, Member-at-Large

*Also Present: Tiffany Ostreim, Board Secretary
Dana Beck, Human Resources Specialist*

3 CHANGES TO THE AGENDA

4 PUBLIC COMMENT

5 APPROVAL OF MINUTES

25-001200 May 28, 2025 Regular Meeting

A motion was made by Member Barnd, seconded by Member Morkert to approve the May 28, 2025 Regular Meeting Minutes. The motion carried unanimously.

6 MEDICAL REIMBURSEMENT REQUESTS

25-00601 Request approval of Prescription Sunglasses - \$625.00

Per the Rules and Regulations for Law Enforcement Officers and Firefighters, the Board will automatically pay charges associated with normal corrective eyewear, consisting of normal lenses and frames (\$100 limit per year on frames, or \$200 every two years) or contact lenses. Optical payments will be limited to one examination and one pair of glasses and/or contact lenses each twelve (12) month period unless deemed necessary due to a change in a member's vision requiring a change in the prescription.

LEOFF-1 Member submitted the "Reasonable and Medically Necessary Services" form from their doctor for prescription sunglasses.

A motion was made by Member Morkert, seconded by Chair Wallis to approve the medical reimbursement request as presented, reasonable, and medically necessary. The motion carried unanimously.

25-00602 Request approval of non-covered medication - \$354.00 per month

The Rules and Regulations for Law Enforcement Officers and Firefighters, establishes uniform methods for the administration of necessary medical service benefits to eligible members. The burden shall be on the member to justify medical expenses. A member who has selected health and/or medical insurance through the City of Longview, the premiums for which are paid by the City of Longview, shall be required to fully utilize the services, coverages and facilities made available through such selected health and/or medical insurance.

LEOFF-1 Member requested reimbursement for Zepbound. The medication is not on Kaiser's approved formulary and may not be regularly stocked in their clinic pharmacies. Non-formulary Exception Code: Patient Request (patient may pay full price).

Completion of the "Reasonable and Medically Necessary Services" form by the physician recommending treatment is required for the Board to consider reimbursement requests for services not covered by insurance. The retiree is responsible for submitting the form to the Board with a completed claim form, invoice or estimate, explanation of benefits from insurance and proof of payment. Procedures that are purely cosmetic and not medically necessary are not eligible for reimbursement.

A motion was made by Member Barnd, seconded by Member Morkert, requiring the appropriate paperwork to be submitted before making a determination. It was unclear in the request if the medication was medically necessary, if all formulary alternatives would not be as effective or would have adverse effects. The motion carried unanimously.

7 APPROVAL OF BILLS

25-00524 June 2025 Medicare B Reimbursement - Total \$8,440.00

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

25-00525 June 2025 Medical Bills (Regular) - Total \$15,664.08

A motion was made by Member Barnd, seconded by Member Morkert to approve the bills as presented, reasonable, and medically necessary in the amount of \$15,664.08 which reflects a decrease of \$820.90 as originally presented pending submittal of appropriate paperwork and Board approval. The motion carried unanimously.

8 NEW BUSINESS

9 ADJOURNMENT

With no further business to discuss, Chair Wallis adjourned the meeting at 8:58 a.m.

Next Meeting

The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, July 30, 2025 at 8:30 a.m.

MaryAlice Wallis, Chair

Tiffany Ostreim, Board Secretary



City of Longview

Agenda Summary

July 2025 Medicare B Reimbursement - Total \$8,440.00

Attachments:

1. Medicare B July 2025 voucher list

Medicare Premiums Jul-25

Code	Vendor #	Year	
R59	000092	2025	\$185.00
R02	000122	2025	\$405.30
R05	000233	2025	\$382.70
R06	000278	2025	\$185.00
R34	000447	2025	\$172.00
R08	000465	2025	\$185.00
R09	000466	2025	\$174.70
R11	000632	2025	\$185.00
R28	000664	2025	\$185.00
R13	000666	2025	\$272.70
R14	000706	2025	\$185.00
R39	000740	2025	\$185.00
R40	000744	2025	\$185.00
R17	000827	2025	\$185.00
R64	000883	2025	\$185.00
R19	000963	2025	\$185.00
R44	001021	2025	\$185.00
R51	001106	2025	\$170.70
R29	001124	2025	\$272.70
R47	001226	2025	\$185.00
R21	001245	2025	\$174.70
R49	001402	2025	\$185.00
R23	001511	2025	\$185.00
R24	001631	2025	\$185.00
R25	001644	2025	\$174.70
R53	001685	2025	\$0.00
R63	001694	2025	\$185.00
R55	001714	2025	\$185.00
R56	001732	2025	\$184.00
R58	001823	2025	\$185.00
R26	002066	2025	\$185.00
R27	210058	2025	\$174.70
R18	210122	2025	\$185.00
R42	210489	2025	\$0.00
R48	211292	2025	\$0.00
R12	211809	2025	\$405.30
R43	216727	2025	\$184.00
R38	217404	2025	\$185.00
R31	218105	2025	\$153.00
R33	218134	2022	\$164.90
R46	218350	2025	\$184.00
R41	223804	2024	\$164.90
R61	224982	2025	\$185.00
R22	225194	2025	\$185.00
R15	226325	2025	\$185.00

\$8,440.00



City of Longview

Agenda Summary

July 2025 Medical Bills (Regular) - Total \$21,758.79

Attachments:

1. Reimbursement July 2025 Spreadsheet

July 2025 MEDICAL BILLS (Regular)		
Member	Dental	Regular
R-22		\$3,926.45
R-29	\$64.90	\$656.66
R-38		\$8,512.00
R-42	\$4,266.00	
R-43		\$100.00
R-44		\$415.08
R-46	\$72.00	
R-58	\$2,924.80	
R-61		\$820.90
TOTAL	\$7,327.70	\$14,431.09

completion of approved procedure
received Med. Necessary form for non-formulary meds.

\$21,758.79



City of Longview

Agenda Summary

Information Only - Rate Preview for Delta Dental of Washington Plan for LEOFF-1 Retirees effective September 2025

Attachments:

1. 2025 Rate Preview for Delta Dental
2. Benefit Summary
3. Change Page PPO

From: Corey Balkan <corey_balkan@ajg.com>

Sent: Monday, June 30, 2025 9:46 AM

To: Sabrina Fraidenburg <Sabrina.Fraidenburg@ci.longview.wa.us>; Dana Beck <Dana.Beck@ci.longview.wa.us>

Cc: Jennifer Cheney <Jennifer_Cheney@ajg.com>

Subject: 2025 - Rate Preview for Delta Dental of Washington Plan # 14254 - City of Longview LEOFF-1 Retirees

Hi Sabrina and Dana – I hope your week is starting off smooth. We have received the LEOFF 1 Retiree dental renewal numbers out of Delta Dental. The renewal is coming in at 4.6% for the September effective date. Below are the current and renewal rates for reference. Would you like to schedule time to discuss or if you have direction on the renewal decision, that works too.

I'm attaching the summary of benefits as well and Delta's Summary of Changes and Clarifications.

	Current Rate	Renewal Rate
LEOFF 1	62.90	65.80

Thanks and please let us know if you have any questions or if you have direction for us on the dental renewal. If renewing without change, I'm also attaching the following:

- Group documents file containing:
 - Signature page (simply sign and return if renewing without change)
 - Contract
 - Plan Overview
- Benefit Booklet
- Privacy Notice
- Billing and Invoicing information

Have a great 4th!

Best,

Corey Balkan

Area Vice President, Health & Benefits Consulting

CA License #0L81547



D 360.355.3401 | M 360.957.0623

959 11th Avenue, Suite B | Longview, WA 98632

Gallagher Benefit Services of California Insurance Services CA Corp. License #0D36879

City of Longview LEOFF 1 Retirees
Group # 14254

Delta Dental PPOSM — Enhanced Benefit Summary

Effective Date	September 01, 2025
Benefit Period	January 1 – December 31
Benefit Period Deductible Per Person/Per Family Waived on Class 1 Services	\$50/\$150
Annual Maximum	\$2,500
Diagnostic & Preventative Waiver	Class 1 Services do not Accumulate against the Annual Maximum
TMJ Annual Maximum Lifetime Maximum	50% \$1,000 \$5,000
Orthodontia Adults and Dependent children Coinsurance & Lifetime Maximum (Per Person)	Not Available

	Dental Network			
	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist	Out-of-State (Out-of-Service-Area Dentist
Class I – Diagnostic & Preventive				
Exams, X-rays, & Cleanings	100%	100%	100%	100%
Fluoride & Sealants				
Periodontal Maintenance				
Class II – Restorative				
Fillings & Posterior Composites	90%	80%	80%	90%
Oral Surgery				
Endodontics (Root Canal)				
Periodontics				
Athletic Mouth Guard				
Class III – Major				
Crowns & Bridges	60%	60%	60%	60%
Dentures & Partial Dentures				
Implants				



This is only a brief summary of benefits and does not include all information about this plan. This summary is not a contract for benefits. Once you are enrolled you will receive a benefits booklet that details your Delta Dental of Washington plan benefits. Please call our customer service department if you have any questions or visit us at DeltaDentalWA.com.

Get the most from your benefits!



Create a MySmile® account

It gives you secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates, and more! Our “Find your member ID” lookup tool makes registration easy. Visit DeltaDentalWA.com to create your account.

Choose an in-network dentist

Your plan gives you access to the Delta Dental PPOSM network. Your benefits go farthest when you visit a Delta Dental PPO dentist which gives you the most bang for your buck.

If you see a NON-Delta Dental PPO dentist, you won’t maximize your benefits. Your annual maximum won’t go as far and you’ll likely have greater out-of-pocket costs.

	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental
Your plan’s network	✓		
Benefits go farthest which means least out-of-pocket costs	✓		
Files claims forms for you	✓	✓	
Comes with our quality management and cost protection	✓	✓	
No cost protection which means greatest out-of-pocket costs			✓

Find an in-network dentist near you:

1. Visit DeltaDentalWA.com
2. Click on ‘Online Tools’ and use our ‘Find a Dentist’ tool
3. Select ‘Delta Dental PPO’ to filter your search results



Visit your dentist regularly

Your plan covers preventive care visits each year. Regular cleanings and check-ups are essential to keeping your smile healthy and preventing painful, expensive problems down the road.

Get out-of-pocket cost estimates

Knowing your cost upfront helps you and your dentist plan treatments to maximize your benefits.

MySmile Cost GenieSM gives you instant, cost estimates. It’s great for basic treatments like fillings. Simply sign in to MySmile account to get your personalized estimate.

When you need extensive treatment, like a crown, ask your dentist for a “Predetermination.” You’ll get a **Confirmation of Treatment and Cost** from us. It details your dentist’s treatment plan, what your benefits cover, and how much you may owe your dentist for the treatment.



Have a question?

Give us a call at 800.554.1907, Monday – Friday from 6am to 5pm, Pacific Time. We’re happy to help. Text 833.604.1246 | Visit DeltaDentalWA.com

Summary of Changes

Delta Dental Small Group PPO Plans

For Contracts issued with an effective date between January 1, 2025 and December 31, 2025

The information contained in this summary represents a brief overview of the substantive changes made from your previous plan documents to your 2025 plan documents. The changes noted below represent revisions to your benefits, or have been made to provide additional information, for clarity or to ensure alignment with how your Plan is administered.

Benefit Changes

The following benefit change has been made in the Covered Dental Benefits section of your benefit booklet which enhances coverage for occlusal guards (night guards).

Class III Periodontics – occlusal guards (night guards) are covered for periodontal disease without pocket depth requirements, and for bruxism.

Plan Administration Changes

No changes.

Text Revisions for Clarity and Accuracy – Benefits

No changes.

Text Revisions for Clarity and Accuracy – Plan Administration

Conversion Option: language has been revised for consistency with the intent of this provision, which aims to provide information on converting to an individual plan if group coverage is lost.

Coordination of Benefits: language has been revised throughout to align with Washington State's model COB provision.

Global General Text Revisions

Non-substantive revisions to text have been made to correct typos, grammar and punctuation, or to provide clarity throughout.

From: Corey Balkan <Corey_Balkan@ajg.com>
Sent: Monday, July 21, 2025 8:42 AM
To: Dana Beck <Dana.Beck@ci.longview.wa.us>; Sabrina Fraidenburg <Sabrina.Fraidenburg@ci.longview.wa.us>
Cc: Jennifer Cheney <Jennifer_Cheney@ajg.com>
Subject: City of Longview - Kaiser SeniorAdvantage 2026 Renewal

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

Good morning Sabrina and Dana – I hope you both had great weekends. The underwriter at Kaiser was able to get us the City of Longview Senior Advantage renewals for 2026 (please see attached). The LEOFF-1 Senior Advantage plan is seeing a 5.18% increase. The City's Senior Advantage premiums are not blended with their Active employee plans for reference.

We wanted to get this over to you in the event you wanted to bring it forward during the upcoming LEOFF Board meeting.

As always, please let us know if you have any questions.

Best,

Corey Balkan

Area Vice President, Health & Benefits Consulting
CA License #0L81547



D 360.355.3401 | M 360.957.0623
959 11th Avenue, Suite B | Longview, WA 98632
Gallagher Benefit Services of California Insurance Services CA Corp. License #0D36879


Rate and Benefit Summary – Medicare
Region: Northwest

Group Name: LONGVIEW, CITY OF

Contract Period: 01/01/2026 – 12/31/2026

Group Numbers: 3359

Subgroups: 003,004

Quote Name: Senior Advantage_ 3359-003 KWM 2026

Product Type: Senior Advantage

Current Medicare Primary Rates

Medicare Entitlements	Medical	Single Rates
A & B:	\$ 526.14	\$ 526.14

Proposed Medicare Primary Rates

Medicare Entitlements	Members	Medical	Single Rates	%Change
A & B:	5	\$ 553.39	\$ 553.39	5.18%

Billing Frequency: Monthly

Note: Medicare rates assume that Part D is assigned to Kaiser Permanente.

Proposed Senior Advantage Benefits

- Annual Deductible: Individual / Family per year(s):** NOT APPLICABLE
- Out-of-Pocket Maximum Medicare: Individual:** \$600 MEDICARE SA
- Lifetime Maximum: Individual:** None
- Prescription Drugs:** \$5/\$10-MDCR-1X MO
- Outpatient**
 - Primary Care, Excluding Urgent Care: \$10/OOP
 - Urgent Care Office Visit: \$15/OOP
 - Preventive Care Services: \$0/SENIOR ADVANTAGE
 - Prenatal Care: \$0
 - Specialty Care Office Visit: \$15/OOP
 - Electronic Visits – Offic Visit: \$0
 - Electronic Visits – Speciality: \$0
 - Electronic Visits – Urgent Care: \$0
 - Outpatient Administered Drugs: 15%/OOP
- Other Professional**
 - Outpatient Surgery: \$50/NO BSRG/OOP
 - Referred Alternative Care: \$15/NAT EXCL/SA/OOP
 - Naturopathic-Self Refer: NOT COVERED
 - Chiropractic-Self Refer: \$15/12 VIS/CY/OOP
 - Acupuncture-Self Refer: NOT COVERED
 - Massage-Self Refer: NOT COVERED
 - Routine Eye Exam: \$10/OOP
 - Infertility – Diagnosis – Laboratory: \$0-DIAGNOSIS
 - Infertility – Diagnosis Office Visit: \$10 FOR DIAGNOSIS/OOP
 - Infertility – Treatment: \$50 FOR TREATMENT/OOP
 - Outpatient Therapy – Cardiac & Respiratory: \$15/OOP
 - Outpatient Therapy – Chemotherapy & Radiation: \$15/OOP
 - Outpatient Therapy – Dialysis: \$0
 - Outpatient Therapy PT OT ST & Multidisciplinary: \$15/NO VIS LIM/OOP
 - Home Health Care: \$0
- Ambulance and Emergency Services**
 - Ambulance: \$50/OOP
 - Emergency Room: \$50/WAIVE IF ADMIT/OOP


Rate and Benefit Summary – Medicare
Region: Northwest

Group Name: LONGVIEW, CITY OF

Contract Period: 01/01/2026 – 12/31/2026

Group Numbers: 3359

Subgroups: 009,010

Quote Name: Senior Advantage_ 3359–009 KWHD 2026

Product Type: Senior Advantage

Current Medicare Primary Rates

Medicare Entitlements	Medical	Single Rates
A & B:	\$ 334.33	\$ 334.33

Proposed Medicare Primary Rates

Medicare Entitlements	Members	Medical	Single Rates	%Change
A & B:	0	\$ 351.57	\$ 351.57	5.16%

Billing Frequency: Monthly

Note: Medicare rates assume that Part D is assigned to Kaiser Permanente.

Proposed Senior Advantage Benefits

- Annual Deductible: Individual / Family per year(s):** NOT APPLICABLE
- Out-of-Pocket Maximum Medicare: Individual:** \$1,500 MEDICARE SA
- Lifetime Maximum: Individual:** None
- Prescription Drugs:** \$15G/\$30BR–MDCR
- Outpatient**
 - Primary Care, Excluding Urgent Care: \$20/OOP
 - Urgent Care Office Visit: \$25/OOP
 - Preventive Care Services: \$0/SENIOR ADVANTAGE
 - Prenatal Care: \$0
 - Specialty Care Office Visit: \$25/OOP
 - Electronic Visits – Offic Visit: \$0
 - Electronic Visits – Speciality: \$0
 - Electronic Visits – Urgent Care: \$0
 - Outpatient Administered Drugs: 15%/OOP
- Other Professional**
 - Outpatient Surgery: \$150/NO BSRG/OOP
 - Referred Alternative Care: \$20/NAT EXCL/SA/OOP
 - Naturopathic–Self Refer: NOT COVERED
 - Chiropractic–Self Refer: \$25/12 VIS/CY/OOP
 - Acupuncture–Self Refer: NOT COVERED
 - Massage–Self Refer: NOT COVERED
 - Routine Eye Exam: \$20/OOP
 - Infertility – Diagnosis – Laboratory: \$0–DIAGNOSIS
 - Infertility – Diagnosis Office Visit: \$25 FOR DIAGNOSIS/OOP
 - Infertility – Treatment: \$150 FOR TREATMENT/OOP
 - Outpatient Therapy – Cardiac & Respiratory: \$20/OOP
 - Outpatient Therapy – Chemotherapy & Radiation: \$25/OOP
 - Outpatient Therapy – Dialysis: \$0
 - Outpatient Therapy PT OT ST & Multidisciplinary: \$25/NO VIS LIM/OOP
 - Home Health Care: \$0
- Ambulance and Emergency Services**
 - Ambulance: \$100/OOP
 - Emergency Room: \$50/WAIVE IF ADMIT/OOP


Rate and Benefit Summary – Medicare
Region: Northwest

Group Name: LONGVIEW, CITY OF

Contract Period: 01/01/2026 – 12/31/2026

Group Numbers: 3359

Subgroups: 009,010

Quote Name: Senior Advantage_ 3359–009 KWHH 2026

Product Type: Senior Advantage

Laboratory and Imaging

Laboratory, X-Ray/Imaging/Diagnostic Procedures (non-preventive): \$0 NON-PREV/MDCR, \$0/MDCR

Lab, X-Ray Preventive Procedures: \$0 PREV

Lab, X-Ray Specialty Scans: \$50/MDCR/OOP

Hospital Inpatient

Hospital Inpatient Care: \$250/ADMIT/OOP

Skilled Nursing: \$0–100D/MDCR BEN PER

Mental Health and Substance Use Disorder

Mental Health – Day Treatment, Mental Health – Outpatient: \$20/DAY/OOP, \$20/GRP VIS@1/2/OOP

Mental Health – Inpatient, Mental Health – Residential: \$250/ADMIT/OOP, \$125/ADMIT/OOP

Substance Use Disorder – Day Treatment, Substance Use Disorder – Outpatient: \$20/DAY/OOP, \$20/GRP VIS@1/2/OOP

Substance Use Disorder – Inpatient, Substance Use Disorder – Residential: \$250/ADMIT/OOP, \$125/ADMIT/OOP

Mental Health – ACT: NOT COVERED

Other

Durable Medical Equipment: 20%/\$0/SA/OOP

Vision Hardware: \$100CR;24MOFR/L/CL–CY/LNG

Hearing Aids: NOT COVERED

Hearing Aid – Kids Only: NOT COVERED

Allergy Shots and Other Injections: \$10/OOP

Travel Services: \$0/TRAV SVCS/IMMS COV'D

ACAH01 /ADMDAP/ALBDM2/AMBQ/BSRGAA/CDDXA6/CDINA6/CDOPB1/CDRS21/CLTRB/DMEEBD/DMEN24/DMEAAA/DMEPAA/DMEWAA/ELOV28/ELSP27/ELUC32/EMKPJ/
 GRS21/HAIDX/HAKDX/HDIA11/HFITB/HHA/HPAL07/HSPC37/INFLA/INFO25/INFTPD/INPTA4/INTP20/LXDD/LXDTHV/LXPRJA/LXSSER/MAT18/MDE2Y/MHDXA7/MHINF
 8/MHOPA9/MHRS20/MHTSX/NSTDY/OPM2L2/OREGY/OSRGFL/OTCMY/OVJE/OVIJG/OVPNJA/OVPVJV/OVSPJE/OVVXC/PACAY/PHEY/PVVXLD/PVXDO/RX05JO/SACUX/SC
 HR01/SMASX/SNATX/SNFA9/SOOAX/SPLYX/THCA20/THCR25/THDIAA/THHSX/THMDA9/THPTSE/TMDCE/TRAVG/TRPTY/TRSVB/UCOVD/VXFY