



# City of Longview

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

## LEOFF-1 Disability Board

### Agenda

**Wednesday, September 24, 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**

**25-00789   August 27, 2025 Regular Meeting**

**6     MEDICAL REIMBURSEMENT REQUESTS**

**25-00894   Request Pre-Approval of Hearing Aid Expenses - Total \$6,600.00**

**7     APPROVAL OF BILLS**

**25-00790   September 2025 Medicare B Reimbursement - Total \$8,440.00**

**25-00791   September 2025 Medical Bills (Regular) - Total \$13,315.25**

**8     NEW BUSINESS**

**25-00870   Information Only — Rate Preview for Humana Group Medicare Advantage Plan Renewal Premiums for LEOFF-1 Retirees effective January 2026**

**9     ADJOURNMENT**

**NEXT REGULAR MEETING - Wednesday, October 29, 2025 at 8:30 a.m. in the Longview City Hall.**



# City of Longview

## Agenda Summary

### **August 27, 2025 Regular Meeting**

#### Attachments:

1. August 27, 2025 Regular Meeting Minutes



# City of Longview

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

## LEOFF-1 Disability Board

### Minutes

**Wednesday, August 27, 2025**

**8:30 AM**

**2nd Floor, City Hall,  
Small Conference Room**

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**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 (on-line)  
MaryAlice Wallis, City Council Representative  
Erik Halvorson, City Council Representative*

*Absent: Chet Makinster, Member-at-Large*

*Also Present: Tiffany Ostreim, Board Secretary*

**3      CHANGES TO THE AGENDA**

**4      PUBLIC COMMENT**

**5      APPROVAL OF MINUTES**

**25-00717    July 30, 2025 Regular Meeting**

*A motion was made by Member Halvorson, seconded by Member Barnd to approve the July 30, 2025 Regular Meeting Minutes. The motion carried unanimously.*

**6      MEDICAL REIMBURSEMENT REQUESTS**

7     **APPROVAL OF BILLS**

25-00718   **August 2025 Medicare B Reimbursement - Total \$8,440.00**

25-00719   **August 2025 Medical Bills (Regular) - Total \$11,302.35**

*A motion was made by Member Halvorson, seconded by Member Barnd to approve the August 2025 Medicare B Reimbursement and August 2025 Medical Bills (Regular) as presented, reasonable, and medically necessary. The motion carried unanimously.*

8     **NEW BUSINESS**

*March 27, 2024 the LEOFF Board approved R-22 request for pre-approval of long-term care facility. If R-22 needs to be moved to a different care facility, the Board requests a letter from his doctor following up on his condition and treatment.*

9     **ADJOURNMENT**

*With no further business to discuss, Chair Wallis adjourned the meeting at 8:35 a.m.*

**Next Meeting**

*The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, September 24, 2025 at 8:30 a.m.*

\_\_\_\_\_  
*MaryAlice Wallis, Chair*

\_\_\_\_\_  
*Tiffany Ostreim, Board Secretary*



# City of Longview

## Agenda Summary

### **Request Pre-Approval of Hearing Aid Expenses - Total \$6,600.00**

#### Attachments:

1. R-58 Hearing Aid approval documents

**TO: LEOFF-1 DISABILITY BOARD**

**FROM: DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

**SUBJECT: R-58 REQUEST PRE-APPROVAL OF HEARING AID EXPENSES**

R-58 is requesting approval for hearing aid cost of \$6600.00. An audiogram and hearing assessment from audiology appointment have been submitted.

Action needed on this claim:

1. Make determination as to whether R-58 qualifies for reimbursement of hearing aid in the estimated amount of \$6600.00.

Documents included for review:

1. Audiogram & Hearing Assessment
2. Estimate for Hearing Aids

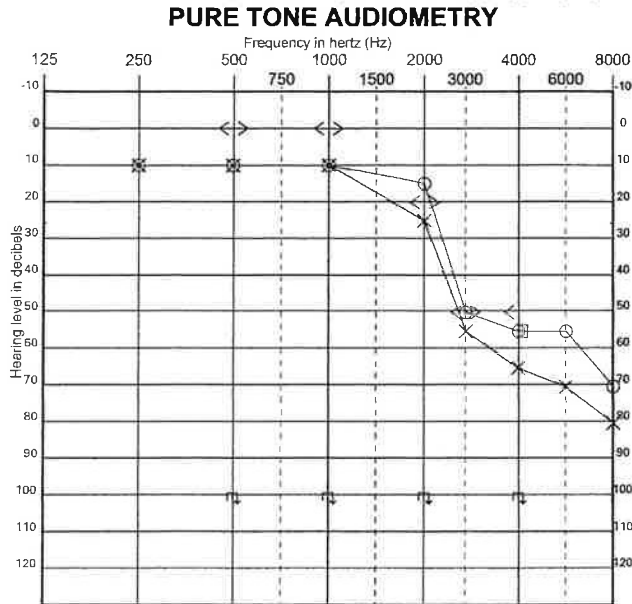
R-58



Longview  
843 12th Ave Ste. A  
Longview, WA 98632  
(360) 577-7702

### Hearing Assessment

Patient's Last Name	First Name	Initial	DOB	Age
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>		<del>8808080808</del>	77
Address Street	City	State	Zip/Postal code	
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	WA	<del>XXXXXX</del>	
Telephone Number Home	Mobile	Work	Date of Service	
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>		09/04/2025	



TEST CONFIGURATION					
Audiometer	AvantA2D+				
Calibration	09/03/2025				
Reliability	Excellent				
Transducer	Inserts				
	Air		Bone		No
	Unmasked	Masked	Unmasked	Masked	Response
Right	○	△	<	□	>
Left	×	□	>	□	<
CNT: Could Not Test NR: No Response Abs: Absent WNL: Within Normal Limits EP: Earphones			DNT: Did Not Test CNS: Could Not Seal Pres: Present WR: Word Recognition SF: Soundfield		

TYMPANOMETRY		
Probe frequency	Right	Left
R: 226 L: 226		
Type	AD	AD
Pressure (daPa)	9	37
Compliance (ml)	1.92	1.73
ECV (ml)	2.30	1.80
Gradient (daPa)		
Width (daPa)		

ACOUSTIC REFLEX / DECAY				
	Cont. R	Cont. L	IPSI R	IPSI L
500 Hz				
1000 Hz				
2000 Hz				
4000 Hz				

Pure Tone Average dBHL: Right: 11 Left: 15

WORD RECOGNITION. Presentation: Recorded / Word List:						
	dBHL	%	Mask	dBHL	%	Mask
Right	65	100				
Left	75	96	45			
Binaural						

SPEECH AUDIOMETRY. Word List:				
	SRT/SAT	Mask	MCL	UCL
Right	15			
Left	20			
Binaural				

**Impressions and Recommendations:** Patient was seen today for a hearing evaluation. Patient reported difficulty hearing his wife. He reported history of loud noise exposure from his occupation as a fireman and truck driver. Patient denied experiencing otalgia, tinnitus, aural fullness, and/or dizziness.

Otосcopy revealed clear canals with visualized tympanic membranes, bilaterally. Tympanometry revealed type AD tympanograms bilaterally, consistent with normal ear canal volume, hypermobile ear drum compliance, and normal middle ear pressure. Pure tone thresholds revealed normal hearing from 250 to 2000 Hz, sloping to a moderate to severe sensorineural hearing loss from 3000 to 8000 Hz, AU. Speech reception thresholds were in agreement with pure tone average bilaterally. Word recognition scores were excellent, AU. They were obtained using recorded word lists. QuickSIN testing revealed a SNR loss of 12.5 dB, indicating a moderate deficit in signal to noise processing abilities.

Patient was counseled regarding the degree, the type of hearing loss and the implications of hearing loss on communication. Recommend and discussed pursuing a trial with amplification for clarity of speech, tinnitus treatment, improved speech in noise processing, and prevention of auditory deprivation. Recommended premium technology due to the patient's high SNR loss for the QuickSIN test, that evaluated the patient's ability to understand speech in the presence of background noise. Total cost of recommended hearing devices are \$6600.

Assessment completed by: Abby Hansen AuD

Signature: *Abby Hansen*



# City of Longview

## Agenda Summary

**September 2025 Medicare B Reimbursement - Total \$8,440.00**

Attachments:

1. Medicare B September 2025 voucher list

# Medicare Premiums Sep-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

**September 2025 Medical Bills (Regular) - Total \$13,315.25**

Attachments:

1. Reimbursement September 2025 Spreadsheet

<b>September 2025 MEDICAL BILLS (Regular)</b>		
<b>Member</b>	<b>Dental</b>	<b>Regular</b>
R-22		\$3,595.77
R-38		\$8,512.00
R-43		\$300.00
R-47		\$48.00
R-55		\$65.00
R-61		\$794.48
<b>TOTAL</b>	\$0.00	\$13,315.25

\$13,315.25

**From:** Corey Balkan <[corey\\_balkan@ajg.com](mailto:corey_balkan@ajg.com)>

**Sent:** Wednesday, July 2, 2025 4:26 PM

**To:** Sabrina Fraidenburg <[sabrina.fraidenburg@ci.longview.wa.us](mailto:sabrina.fraidenburg@ci.longview.wa.us)>; Dana Beck <[dana.beck@ci.longview.wa.us](mailto:dana.beck@ci.longview.wa.us)>

**Cc:** Jennifer Cheney <[Jennifer\\_Cheney@ajg.com](mailto:Jennifer_Cheney@ajg.com)>

**Subject:** City of Longview LEOFF-1 Retiree 2026 Humana Renewal

Me again 😊.....

On behalf of Humana, I am providing the 2026 Group Medicare Advantage Plan renewal for City of Longview for our LEOFF-1 Retirees. As always, we all value the trust that the City has placed allowing us to service our community's first responders.

The 2026 renewal includes the following information (Dana – The attachments are a little different this year and the one PDF actually has the other attachments embedded when you open):

- Rate Sheet
- 2026 Product Design Exhibits
- 2026 Renewal Confirmation Letter (needs signature and returned to me)

I've outlined the current rate and the renewal rate below. The renewal increase for 2026 is 4.18%, a change of \$25.00 PMPM.

Current 2025 Rate	2026 Renewal Rate
\$598.71 PMPM (retiree)	\$623.71 PMPM (retiree)

Please let me know if you have any questions or would like to have additional discussion around this renewal.

Thank you again for your partnership over the years.

Best,

**Corey Balkan**

Area Vice President, Health & Benefits Consulting

CA License #0L81547



D 360.355.3401 | M 360.957.0623

959 11<sup>th</sup> Avenue, Suite B | Longview, WA 98632

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

Dana Beck  
City of Longview  
1525 Broadway  
PO Box 128  
Longview, WA 98632



### Humana Group Medicare Advantage Plan Renewal

In signing this document, you are accepting the renewal, effective January 1, 2026, of the Group Medicare plan(s) submitted by your Humana Account Executive and described in the enclosed renewal package. **The new rate is effective January 1, 2026, as indicated in the Rate Sheet(s). It is important that we receive acceptance of your renewal no later than September 1, 2025. This will ensure we meet CMS requirements and provide on-time delivery of member materials.**

You, the Plan Sponsor, understand, acknowledge, and agree that:

- You have received, and reviewed the enclosed renewal proposal, including rate sheet(s) and Plan Design Exhibit(s). You have reviewed the included Rating Assumptions and Stipulations. Terms of the rate sheet(s) are incorporated herein.
- Only individuals who meet the eligibility requirements of the plan are eligible to maintain coverage.
- Providing incomplete, inaccurate, or untimely information may void, reduce, or increase premium, or terminate an individual's coverage or the plan coverage.
- The Plan Sponsor can subsidize different premium amounts for different classes of enrollees in a plan provided: 1) such classes are reasonable and based on objective business criteria, such as years of service, date of retirement, business location, job category, and nature of compensation (e.g., salaried vs. hourly), 2) the premium cannot vary for individuals within a given class of enrollees, and 3) the Plan Sponsor must pass through any direct subsidy payments received from CMS to reduce the amount that the beneficiary pays (or in those instances where the subscriber to or participant in the plan pays premiums on behalf of a Medicare eligible spouse or dependent, the amount the subscriber or participant pays). With regard to the Part D premium, different classes of enrollees cannot be based on eligibility for the Part D Low-Income Subsidy (LIS).
- If plan enrollees are entitled to a reduction of their premium as Part D LIS enrollees and Humana receives a Low-Income Premium Subsidy for such enrollees, Humana will pass the Low-Income Premium Subsidy (LIPS) amount through to the LIS enrollees to reduce their premiums. When Humana does not directly bill the Part D enrollees, the Plan Sponsor must directly refund the amount of the LIPS to the LIS beneficiary.
- Regarding the Part D premium, the Plan Sponsor cannot charge an enrollee for prescription drug coverage provided under the PDP/MAPD plan more than the sum of his or her monthly beneficiary premium attributable to basic prescription drug coverage and 100% of the monthly beneficiary premium attributable to his or her non-Medicare Part D benefits (if any).

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_



Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### Important reminder:

Please sign and return the enclosed "Humana Group Medicare Advantage Plan Renewal" form no later than **September 1, 2025** to accept the plan's benefits and rates and continue the plan in the coming year.

GHHKSAMEN 042025

