City of Tacoma

FIRE PENSION / DISABILITY BOARD PROCEDURES, GUIDELINES, AND POLICIES

January 2026

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HISTORICAL CONSIDERATION

The history of pensions for firefighters in the state of Washington dates back to 1909. However, a number of subsequent pension acts have repealed and recodified the original legislation, culminating with the current law dealing with fire pension benefits (RCW 41.18 Firefighters' Relief and Pensions in First Class Cities).

On March 1, 1970, the State took over the provision of police and firefighters' pensions through the passage of RCW 41.26, the Washington State Law Enforcement Officers and Firefighters' Retirement Systems Act (LEOFF 1). Through the LEOFF 1 Act, the State undertook to provide the bulk of police and firefighters' pension benefits. However, the City of Tacoma continues to be responsible for the excess coverage of prior pension benefits over LEOFF benefits as well as any mandated medical benefits. The LEOFF Act had three principal effects on benefits paid by the City:

1. Benefits for firefighters leaving service prior to March 1, 1970, continued to be paid entirely under the prior pension law (RCW 41.18).
2. Firefighters in service on March 1, 1970, were entitled to receive the greater of the benefits provided under the prior pension law or the new LEOFF 1 Act.
3. Firefighters hired after March 1, 1970, are covered only under the LEOFF Act.

LOCATION AND BUSINESS HOURS OF FIRE PENSION/DISABILITY OFFICE

The Tacoma Fire Pension/Disability Office is located in the Retirement Department at the Tacoma Public Utility Building, 3628 S 35th Street, Ground Floor, Tacoma, Washington.

The Pension/Disability Office staff is available by phone from 8:00 a.m. to 5:00 p.m., Monday through Friday, except on holidays. Office hours are by appointment only.

OBTAINING OR SUBMITTING INFORMATION TO FIRE PENSION/DISABILITY BOARD

Information may be obtained or submitted to:

City of Tacoma
Fire Pension/Disability Board
PO Box 11001
Tacoma, WA 98411-0001

Phone inquiries:

Cheri Campbell, LEOFF 1 Pension Specialist - (253) 502-8700
Toll free: 1-888-404-3787
Fax: (253) 502-8660
E-mail: PFP@tacoma.gov
Website address: www.tacoma.gov/leoff1

Board Members - (253) 502-8700

FUNCTIONS OF BOARD

The City of Tacoma Fire Pension/Disability Board acts as the local administrative body for the administration of RCW 41.26, the Washington State Law Enforcement Officers and Firefighters' Pension Act, insofar as it applies to City of Tacoma fire personnel, and RCW 41.18 Firefighters' Relief and Pensions in First Class Cities. The Board hears and decides on applications for benefits under RCW 41.26 and prior acts in accordance with those statutes and applicable Washington Administrative Codes (WAC's).

MEETINGS

The regular monthly meetings of the Board are held at 10:00 a.m. on the first Thursday of each month using a hybrid format in the Retirement conference room at Tacoma Public Utilities ABN, or in such other meeting room as shall be advertised and on Zoom. Special meetings may be held at the call of the Chair or by a majority of the Board members. Appropriate written notice shall be published as required by law. No matter may be considered at any special meeting unless included in the notice calling such meeting.

The Board generally conducts its meetings in an informal and non-adversarial atmosphere, insofar as such is allowed by law. Provisions of the Open Public Meetings Act (RCW 42.30) apply to all meetings of the Board. Meetings will be open to the public with the exception of discussions relating to litigation, potential litigation, medical issues, or sensitive personnel matters; such discussions will be held in closed executive sessions pursuant to RCW 42.30.110. The Chairperson will state the purpose and expected timeframe of the executive session. Persons other than Board members may attend the executive session at the invitation of the Board. Final action will not be held in executive session and any motions must occur in open session.

BOARD MEMBERS

The Board consists of five members authorized by statute: the Mayor (or designated representative who shall be an elected official of the City) as Chair, the Finance Director, the City Treasurer, and two elected firefighters (active or retired LEOFF 1 or 2 firefighters). The two elected firefighters serve two-year terms and select a third firefighter who serves as an alternate in the event of an absence of one of the regularly elected firefighters. The City Clerk is Secretary to the Board.

Note: per a 1993 Attorney General Opinion (AGO), the statute provides that either the clerk or comptroller may sit on the Board; it does not limit the availability of the position on the Board to one of these offices, only in the event the other does not exist. The choice of who between the comptroller and the clerk is to sit on the Board, thus, is up to the City. Based on this AGO, it is Board practice to ask the City Clerk to sit in for the comptroller position (City Treasurer) when a quorum is needed to conduct business that would be difficult or problematic to hold over until the next monthly meeting.

BOARD MEMBER ELECTIONS

The firefighter members of the Board shall be nominated in accordance with RCW 41.16.020 and procedures established by the Firefighters' Pension/Disability Board; provided that, the election will be conducted by Pension Office staff and nominations and balloting will be conducted by mail.

Around November 1st of each year, nomination letters and forms will be mailed to all LEOFF 1 active and retired members. Nomination forms will be due in approximately two weeks. LEOFF 2 members may run for office but may not nominate or vote in the election process. Pension Office staff will verify nominees have agreed to run for election. If a nominee declines, the nominators will be notified and the individual will not be listed on the ballot.

If, after the expiration date for filing nominations, there is only one nominee, balloting will not be required and the nominee will be declared elected. If there is more than one nominee, ballots will be mailed to all LEOFF 1 active and retired members approximately December 1st. "Write-in" balloting is not permitted. The ballots will be due in approximately two weeks and will remain unopened in a secure location until the deadline date. After the stated deadline date, ballots will be opened and counted by at least two Pension Board and/or City of Tacoma staff members. The nominees, along with a representative from the Fire Department, will be invited to observe the opening and counting of the ballots. If a ballot is marked with more than one vote, the ballot will be invalid and will not be counted. Ballots will be retained in the Pension Board Office for one year after an election. After the one-year period, ballots will be destroyed.

A memo announcing election results will be distributed to all Pension Board members, the Fire Department, Local 31, the Retirement Association, and to all nominees. Results will be announced at a Board meeting following the election and on the City's website at www.tacoma.gov/leoff1. New Board members will be required to take an Oath prior to attending a Board meeting. The two Fire Board members may retain the current Fire alternate or select a new alternate.

BOARD MEMBER ABSENCES

It is the expectation of the Fire Pension/Disability Board that each Board member will notify the Fire Pension Office prior to a scheduled meeting if that member will not be able to attend the meeting. Such notice will serve to establish an excused absence. Typical examples of excused absences are illness, work, vacation, etc. The positions of Mayor, Finance Director, and Treasurer are mandated by statute; the remaining two positions of the Fire Pension/Disability Board are elected members. The elected Board member positions shall be obligated to attend regularly and not have more than three unexcused absences in a period of one year. More than three unexcused absences of elected Board members shall be cause for review and discussion regarding possible removal from the Board, either by a resignation letter from the member or by a majority vote of the Board. Inability to perform the functions of the elected position due to incapacitation shall be cause for consideration of removal.

In the event that the Mayor is absent, the appointed Council member passed by City Resolution, shall act in the Chairperson's place. In the event the appointed Council member is not present or does not wish to Chair the meeting, the majority of Board members in attendance shall designate a Board member to act in the Chairperson's place.

QUORUM

Three members of the Board constitute a quorum and have power to transact all business. No action of the Board shall be effective unless a "majority of members voting" concur therein. The Chair has the same voting rights as any other member. No business of the Board can be conducted in the absence of a quorum, except to adjourn the meeting.

The quorum refers to the minimum number of members who must be present at the meeting. The quorum has no bearing on the number of members who may vote during the meeting. A majority vote (which means more than half of "those who vote") shall be sufficient to be the act of the body. Abstaining from the vote has no effect on the vote, since what is required is a "majority of the votes cast". While a quorum is competent to transact any business, it is usually not considered appropriate to transact important business unless all Board members are in attendance, or unless previous notice has been given on a published agenda that a vote on such action is scheduled to occur. Important business includes, but is not limited to, votes that establish new policies, votes that change or amend existing policies, votes that could establish new practice or precedent, and votes that could change existing practice or precedent. Listing the item on the agenda does not constitute notice that a vote will be taken unless the agenda specifies a vote is scheduled.

AGENDA AND ORDER OF BUSINESS

An agenda shall be prepared by the Fire Pension Office and distributed to the members prior to each regular monthly meeting. "Roberts Rules of Order" shall guide the Board where the proceedings are not otherwise governed by Board rules or state law. All agenda items and claims should be submitted not later than one week prior to the Board meeting. The agenda should be completed and distributed the Monday before the Board meeting. Additional agenda items will not be accepted nor discussed after this time, except in cases of great importance and as approved by the Board.

MINUTES

The Fire Pension Office shall take and prepare the official minutes of the Board meeting. Minutes should contain a record of the Board members present and absent, a substantive account of the proceedings, the actions of the Board, along with the ayes, nays, and abstentions of each member voting. The minutes shall be distributed to all Board members and approved at the next Board meeting after receipt of the minutes. Board approved minutes and any recordings, redacted of any medical information, are available to the public upon written public disclosure request and at the City of Tacoma copying rate in effect at the time. Minutes and recordings will be retained indefinitely.

REGENCE BLUESHIELD PREFERRED PROVIDER PLAN

(Please refer to the Regence BlueShield Benefits booklet)

The medical insurance for LEOFF 1 members is through the Regence BlueShield Preferred Provider Plan. This policy limits medical coverage to those doctors listed as preferred providers. Services must be provided by a preferred provider to receive the full benefits available under this plan. Exceptions to this provision must be preauthorized in writing by Regence BlueShield. (Even if a preferred provider refers the member to a non-preferred provider, the member must

obtain written preauthorization from Regence BlueShield to receive the full benefits of this plan.) The Preferred Provider Plan allows the use of non-listed doctors in cases of emergency. Members living outside the area must obtain services from a local Blue Cross/Blue Shield preferred provider.

It is the member's responsibility to ensure that their physician refers the member to a preferred provider doctor or facility. Failing to obtain that information does not constitute extenuating circumstances. Extenuating circumstances generally include situations where there are no participating providers in the area able to provide the service. Therefore, bills may be denied completely by the Board if the member receives services from a non-preferred provider; and in the event of extenuating circumstances, the Board may approve only up to the contractual amount Regence BlueShield would have allowed for preferred providers. This policy also refers to prescriptions and durable medical equipment and supplies.

Claims denied by Regence BlueShield must first go through the Regence BlueShield appeals process before the member may petition the Board for reimbursement of such claims. Such claims will be decided on a case-by-case basis.

Medical services payable shall be reduced by any amount received or eligible to be received under Workman's Compensation, Social Security, Medicare, or other insurance provided by another employer, a spouse, or similar source. It shall be the responsibility of the member to arrange for payment by the alternative source and to provide documentation prior to submitting unpaid balances to the Board.

COORDINATION WITH MEDICARE AND OTHER INSURANCE COVERAGE

It is the member's responsibility to ensure that medical bills are processed through their correct primary insurance provider and to follow the requirements of their primary insurance provider.

Retirees on Medicare and no medical coverage through an 'active' employer or spouse's employer: Claims must be processed through Medicare as the primary insurance provider and then Regence BlueShield as the secondary insurance provider.

Retirees with medical coverage through an 'active' employer, spouse's employer, Medicare, or other insurance: Claims must be processed through all other coverage prior to using the City's Regence BlueShield plan. Usual order of processing is as follows: Active employment is primary, Medicare (if applicable) is secondary, and the City's Regence BlueShield plan is third.

The City's Regence BlueShield plan is a Maintenance of Benefit (MOB) plan, not a Coordination of Benefit (COB) plan. This applies when there is medical coverage under more than one plan. Claims are processed so that the total benefit paid under all plans does not exceed the Regence BlueShield allowable amount.

OUT OF COUNTRY MEDICAL CARE POLICY

The Pension Board contracts with an insurance company to provide payment of medically necessary treatment. Currently Regence BlueShield, the chosen provider, provides medical coverage only for emergency out of country care for those members who are traveling or living outside the United States. The Board will consider non-emergency medical care based on the following criteria: 1) the treatment must be reasonable and necessary; 2) the treatment must be provided by a provider substantially equivalent to the types of providers authorized to treat members in the United States; 3) treatment that is approved will be reimbursed only to the extent that the same treatment would be paid if it were received locally; 4) expenses beyond the allowed

amount will be at the member's expense; and 5) coverage will not be provided for non-traditional, non-conventional, or experimental / investigative treatment.

It is the burden of the member to establish that the treatment was reasonable and medically necessary. Additionally, it is the responsibility of the member to provide the Board with the necessary billing and medical records supporting the request for reimbursement. Because the Board has no relationship with the out of country provider, it will be the responsibility of the member to pay the provider and seek reimbursement from the Pension Board. If approved, reimbursement will be made at the rate of exchange on the day of service.

NECESSARY MEDICAL EXPENSES

LEOFF 1 members are entitled to be reimbursed for reasonable and necessary medical expenses. The Board will generally consider that conditions covered by Regence BlueShield medical insurance fall into this category. Other medical expenses to be considered for reimbursement must be prescribed by a physician (MD or DO) and will be considered on a case-by-case basis. Medical coverage is limited to those doctors listed in the Regence BlueShield Preferred Provider Plan, unless the member lives outside the designated service area or in cases of emergency. (*Please refer to the Regence BlueShield section of this booklet.*)

TIMELINESS OF BILLS

Bills should be submitted in a timely manner and not later than one year from the date of service. On a case-by-case basis, the Board may consider bills beyond this date due to extenuating circumstances beyond the member's control. In such circumstances, the member must provide a written explanation for the delay.

MEDICARE PART B POLICY

The Fire Pension/Disability Board requests that all retirees subscribe to Medicare Part B *("Original Plan"*). The Board will reimburse retirees for their premium payments. Enrollment in Medicare Part B is not mandatory. However, if the retiree does not enroll in Medicare Part B, the Board will, pursuant to RCW 41.26.150(2), reduce payment of their medical bills by the amount Medicare would have paid had the retiree enrolled. *(See footnote)*

Shortly before age 65, Social Security Administration provides information on enrolling for Medicare Part B coverage. The retiree must contact Social Security Administration at 1-800-772-1213 to request Medicare Part B *("Original Plan")* enrollment forms if they have not received enrollment information prior to their 65th birthday. If the retiree applies for this coverage after age 65, Medicare will add a lifetime penalty to the premiums charged. The Board will not reimburse retirees for any penalties or surcharges incurred after January 1, 1997, due to failure to enroll at the age of 65. (This does not apply to retirees who enrolled prior to January 1, 1997.)

The retiree must notify the Fire Pension Office (253-502-8700) when they have subscribed to Medicare Part B *("Original Plan")* in order to be added to the Medicare Part B reimbursement list.

Around January 15th of each year, Social Security Administration mails a Social Security 1099 Statement (SSA-1099) showing the amount paid for Medicare Part B premiums for the previous year. For reimbursement of premiums, the retiree will be required to mail a copy of the SSA-1099 form to the Fire Pension Office along with a completed reimbursement form provided by the Pension Office. The Board will then reimburse the retiree for the Medicare Part B premiums paid in the prior year.

Footnote: RCW 41.26.150(2) states, "The medical services payable under this section will be reduced by any amount received or eligible to be received by the member under workers' compensation, social security including the changes incorporated under Public Law 89-97, insurance provided by another employer, other pension plan, or any other similar source. Failure to apply for coverage if otherwise eligible under the provisions of Public Law 89-97 shall not be deemed a refusal of payment of benefits thereby enabling collection of charges under the provisions of this chapter."

ACUPUNCTURE POLICY FOR LEOFF 1 MEMBERS

Services provided by an acupuncturist are not mandated by RCW, nor does the state's alternative medicine mandate apply to the City of Tacoma's self-insured plans. However, effective January 1, 2009, the City has enhanced the Regence BlueShield coverage to include acupuncture. Visits will process under professional office visits limited to 12 visits per calendar year. Additional coverage will not be provided by the Fire Pension/Disability Board other than what is provided through Regence BlueShield.

ALCOHOL AND DRUG TREATMENT PROGRAM POLICY FOR LEOFF 1 MEMBERS

Chemical dependency treatment is covered through the Regence BlueShield Preferred Provider Plan. Additional coverage will not be provided by the Fire Pension/Disability Board other than what is provided through Regence BlueShield.

CHIROPRACTIC COVERAGE FOR LEOFF 1 MEMBERS

Chiropractic coverage is through the Regence BlueShield Preferred Provider Plan.

Any appliance, device, pillow, or support must have a prescription from a physician (MD or DO) recommending the device or appliance before the Board will consider payment.

The Board will not provide coverage for massage, heat, ice, or adjustments unrelated to the spine beyond what is already provided for under the Regence BlueShield Plan.

Regence BlueShield does not cover spinal decompression therapy. On a case-by-case basis, the Board may consider reimbursement up to a maximum of 20 treatments, not to exceed the current Regence BlueShield chiropractic allowance per visit, *in lieu of chiropractic treatment*. Any charges above the current Regence BlueShield rate will be the member's responsibility. If chiropractic services are paid by Regence BlueShield on the date of the decompression treatment, the decompression treatment will be denied by the Board.

DENTAL COVERAGE OPTIONS FOR LEOFF 1 MEMBERS

Accidental dental coverage is mandated by RCW 41.26.030(22)(b)(iii)(H) "Dental charges incurred by a member who sustains an accidental injury to his or her teeth and who commences treatment by a legally licensed dentist within 90 days after the accident." Accidental injury shall be construed as an injury caused by an accident. An accidental injury does not include teeth damaged by the act of normal chewing or biting. Charges for general (not local) anesthesia for medically necessary dental care may be reimbursed through the Pension Board. Accidental injury and general anesthesia dental bills are not subjected to the $2,000 maximum allowance;

however, all bills related to an accidental injury must first be processed through Regence BlueShield before consideration by the Board. In addition to accidental injury coverage, LEOFF 1 retirees have up to $2000 non-accidental dental coverage through Regence BlueShield *(see #1 below)*, or if preferred, retirees may purchase a Willamette Dental plan for themselves and/or their dependents. This plan is administered by the Pension Office *(see #2 below).*

1. **Regence BlueShield Dental (free to retirees) through Regence BlueShield medical card**
   Effective September 1, 2023, dental bills will be processed through Regence BlueShield/USAble (except for retirees using the Willamette Dental self-pay plan *(option #2)* listed below). Regence provides up to $2,000 a calendar year for non-accidental dental care provided by a legally licensed dentist or denturist. If a retiree has other insurance, coordination of benefits will apply which may reduce benefits. This coverage applies to retirees only and not to dependents. If the retiree uses a Regence contracted participating dentist, the provider will bill Regence for the services rendered. The provider must accept the Regence contracted allowances for services rendered and may not bill the retiree for the difference. These write offs are a benefit to the retiree. If a retiree uses a non-participating provider, the provider can still bill Regence directly, but the provider is not mandated to write off the differences. Any out-of-pocket reimbursement requests may be submitted to Regence BlueShield with a detailed copy of the paid bill or they may be sent to the Pension Office and will be processed after the year is over and staff has verified with Regence BlueShield how much of the annual $2,000 dental allowance has been used. Claim forms are not required but the retiree must include their name, current mailing address, and the ID number from their Regence Medical Card.

Mail	Fax	Email
ASO Claims Attn: City of Tacoma LEOFF 1 333 Gilkey Rd. MS BU331 Burlington, WA 98233	Fax to 855-733-4608 Cover letter must say: ASO Claims Attn: City of Tacoma LEOFF 1	FAXASOClaims@regence.com Subject Line must say: "City of Tacoma LEOFF 1"

Treatment plans cannot be used as an acceptable receipt of services performed, even if the member has prepaid. Date of service, not date of payment, will determine the calendar year. Bills should be submitted in a timely manner and not later than one year from the date of service. If Regence BlueShield does not cover items that were covered by the Board's previous policy, please contact the Pension Office. Coverage is not provided for teeth whitening and other cosmetic dental services. Orthodontics are not allowed unless there is a direct relationship to an identifiable physical or medical disorder requiring treatment, as distinguished from a cosmetic disorder. Retirees living outside of the Washington, Oregon, Idaho, or Utah area will use the "Regence National Dental Network". Contact Regence BlueShield or at the Pension Office for a list of out-of-area providers.

- $2,000 per calendar year maximum (January through December).
- Balances do not carry over to the next year.
- Class I, II & III paid at 100% not to exceed $2000 per calendar year for Participating and Non-Participating Dentists.
- Regence dental policy will apply. i.e., crown replacement schedule, etc.
- Retirees may use their Regence BlueShield cards for contracted and non-contracted dentists.
- Contracted dentist must accept Regence allowed amounts. Non-contracted dentists can bill balances above the Regence allowable amount. Out-of-pocket expenses must be mailed to Regence for reimbursement.
- To search for participating dental providers: http://www.regence.com/public/psearch/search.do?stcd=WARBS

- Retirees living outside of the Washington, Oregon, Idaho, or Utah Regence BlueShield coverage area may find it confusing to use the above link; therefore, please feel free to contact Regence BlueShield or the Pension Office for a list of providers in your area.

2. Willamette Dental self-pay insurance for retirees and dependents (requires enrollment)

This is a managed dental plan and dental clinics are located only in Washington, Oregon, and Idaho. The Pension Office handles enrollment and premium payments. LEOFF 1 retirees enrolled in the Willamette Dental self-pay insurance plan will use their Willamette card not their Regence BlueShield card. Once a year, the Pension Office will automatically reimburse Willamette dental premiums for the retiree only, not to exceed the maximum allowance. Willamette Dental is a self-pay managed dental plan and is available to retirees and their dependents. Retirees pay the premiums for this coverage. To avoid adverse selection and maintain lower premiums, the City of Tacoma does not allow re-enrollment if coverage is voluntarily canceled by the member or canceled due to nonpayment. Complete information packets, including an enrollment form, may be obtained by calling the Pension Office at (253) 502-8700.

- This is not a new plan. This plan has been offered for many years to retirees and their families.
- Dental clinics are located in Washington, Oregon, and Idaho. Dental care is provided by dentists employed at the managed care facility.
- Current per visit co-pays are $10 with no deductibles and no yearly limits.
- Once a year, for those retirees enrolled in the City of Tacoma Willamette Dental plan, the Pension Office will automatically reimburse Willamette premium cost not to exceed the maximum allowance.
- If you are a retiree on this plan, you will not use your Regence medical card for dental coverage.
- Dependents may enroll in the plan but they will not be reimbursed for premiums.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

Durable medical equipment and supplies include items such as crutches, diabetic supplies, wheelchairs, walkers, hospital beds, oxygen equipment, CPAP devices, etc. A written prescription and pre-approval are required by Medicare and/or Regence BlueShield. Retirees not on Medicare must purchase or rent durable medical equipment and supplies through a Regence BlueShield preferred medical equipment supplier. Please contact Regence BlueShield or the Pension Office for a list of medical equipment suppliers. Retirees on Medicare must use a "Medicare contracted supplier" and follow Medicare requirements when renting or purchasing durable medical equipment. A list of Medicare contracted suppliers is available on their website at www.Medicare.gov/supplier or by contacting Medicare at 1-800-633-4227.

EYEWEAR COVERAGE POLICY FOR LEOFF 1 MEMBERS

Active LEOFF 1 Members:

Vision coverage for active LEOFF 1 employees is provided by the City of Tacoma through the VSP Vision Plan. Active employees must obtain services from a VSP provider. A list of current providers may be obtained at the VSP website at www.vsp.com. Glasses broken or damaged in the line of duty will be replaced by the Fire Pension/Disability Board upon receipt of an explanation from the employee and confirmation from one or more witnesses. Replacement cost should approximate the original cost of the broken or damaged glasses.

Retired LEOFF 1 Members:

Eye examinations for retired LEOFF 1 members are covered by Regence BlueShield's Vision Service Plan (VSP). The retiree must use a VSP provider to receive full benefits. A list of current providers may be obtained at the VSP website at www.vsp.com. Retirees who do not use a VSP provider will receive $45 from VSP for their eye exam; the provider may not submit balances to the Board.

Lenses, frames, and contacts will be processed by VSP. The maximum benefit allowance is $400 per calendar year, January through December. Eyewear coverage is not available for dependents. Retirees should use their Regence BlueShield medical card when purchasing eyewear from a VSP optical vendor; however, if using a non-VSP optical vendor the retiree must pay first and then submit the receipted bill and VSP Member Reimbursement Form to: VSP, PO Box 495918, Cincinnati, OH 45249-5918.

- $400 per calendar year maximum for lenses, frames, or contacts.
- Tinting, scratch coating, etc., is allowed as part of the $400 maximum allowance
- If a retiree on Medicare has cataract surgery, the first set of lenses and frames after cataract surgery should be billed to Medicare

HEARING AIDS FOR LEOFF 1 MEMBERS

Hearing aids are covered by the Regence BlueShield Preferred Provider Plan. Hearing aids, including hearing aid examination and ancillary services are covered at 100% per ear with hearing loss, every 36 months

MENTAL HEALTH COVERAGE

Mental health coverage is provided through the Regence BlueShield Preferred Provider Plan. Regence BlueShield does not cover marital or family counseling. Additional coverage will not be provided by the Fire Pension/Disability Board other than what is provided through Regence BlueShield.

NATUROPATHY POLICY FOR LEOFF 1 MEMBERS

Services provided by a naturopath are not mandated by RCW, nor does the state's alternative medicine mandate apply to the City of Tacoma's self-insured plans. However, effective January 1, 2009, the City has enhanced the Regence BlueShield coverage to include naturopath visits. Visits will be processed under professional office visits with no calendar year maximum. Additional coverage will not be provided by the Board. Supplies, special diets, herbs, nutritional supplements, or vitamins dispensed as part of the visit will no longer be covered by Regence BlueShield or by the Board.

ORTHOTICS POLICY FOR LEOFF 1 MEMBERS

Custom orthotics are covered by Regence BlueShield. Regence BlueShield provides custom orthotics which are molded or cast specifically for a patient. The coverage allows one pair every 12 consecutive months as necessary, and therefore, supersedes the previous Board policy which limited coverage to once every five years.

The Board will pay for reasonable and medically necessary charges for non-custom orthotics (Spenco, Podo, Prolabs, Everflex, Soft-Step, etc.) provided the member obtains a referral from a physician (MD or DO, not a DPM) prior to purchase. The referral must state the medical necessity for orthotics. Members are advised that a statement from a Doctor of Podiatry Medicine (DPM) will not be accepted by the Board as an explanation of medical necessity without a prior referral by the member's regular physician (MD or DO). Replacement will be limited to one orthotic per foot per year.

PRESCRIPTION COVERAGE

Prescription coverage for LEOFF 1 members is provided by Regence BlueShield. When filling a prescription, the member shall use a Regence BlueShield participating pharmacy and present his or her card at the time the prescription is filled. A directory of Regence BlueShield participating pharmacies is available at www.regencerx.com or from the Pension Board Office.

If a member elects to purchase a brand-name drug for which the physician authorized the generic equivalent, the member will be responsible for paying the difference in price between the brand-name drug and the generic drug.

The Board may consider payment of over-the-counter items prescribed by a physician. The attending physician must provide a written explanation regarding the condition being treated and the medical necessity for the item. Such covered items have a reasonable expectation of reducing sickness, disease, or loss of life.

VISION CORRECTION SURGERY POLICY FOR LEOFF 1 MEMBERS

The Board does not cover Radial Keratotomy (RK), laser eye surgery (LASIK & PRK), or other vision correction surgery unless there are extenuating circumstances prohibiting an active member from performing his or her job with the Tacoma Fire Department with average efficiency. If an active or retired member has not used the Regence BlueShield vision hardware allowance by the end of the year, the Board will reimburse the member the current allowable hardware amount towards the surgery. If there are extenuating circumstances and the member is seeking full reimbursement, the member must obtain prior approval from the Board before having surgery. Requests for extenuating circumstances must be substantiated by medical proof that surgery is the only option for adequate vision or for the safety of the employee.

REHAB MASSAGE THERAPY POLICY FOR LEOFF 1 MEMBERS

Services provided by a licensed massage therapist are not mandated by RCW, nor does the state's alternative medicine mandate apply to the City of Tacoma's self-insured plans. However, effective January 1, 2009, the City has enhanced the Regence BlueShield coverage to include physician prescribed massage therapy as part of the "physical therapy rehab benefit". This benefit is covered under the Regence BlueShield "Outpatient Rehab Benefit" up to 99 visits per calendar year. Treatment must be rehabilitative in nature and medically necessary to restore and improve functions previously normal but lost due to documented injury or illness. Please refer to the Regence BlueShield "Outpatient Rehab Benefit" plan for specific restrictions. Additional coverage will not be provided by the Fire Pension/Disability Board other than what is provided through Regence BlueShield.

HOME HEALTH CARE REIMBURSEMENT POLICY FOR LEOFF 1 MEMBERS

Upon pre-approval and on a case-by-case basis, the Fire Pension/Disability Board for the City of Tacoma may provide reimbursement for reasonable expenses incurred by a LEOFF 1 member confined to the home and requiring home health care. It is the intent of this policy to reduce the amount paid for skilled nursing facility care.

1. The LEOFF 1 member must obtain pre-approval for home health care. The member's attending physician must complete a "Medical Request for Home Health Care" form obtained from the Fire Pension Office. The physician shall provide the medical history, chart notes, prognosis for recovery, and level of care required. The Board reserves the right to have an assessment agency evaluate the member's continued home health care needs. The question of medical necessity for home health care shall be subject to annual or more frequent review by the Board.

2. The total daily cost allowed shall not exceed the current semi-private rate as provided for in the Skilled Nursing Facility Care Policy. Home health care services must be provided and billed by a home health agency that is certified by the Department of Social and Health Services or approved by Medicare. The Board will not reimburse for home health care provided by an individual who ordinarily resides in the member's home or is a member of the family of either the member or the member's spouse. Payments are made to the agency or reimbursed to the member after services are rendered. The Board will not make advance payments. Bills must be submitted to the Fire Pension Office before the 20th of the month to ensure placement on the next month's agenda.

3. Covered services include home care by one or more of the following agency employees: a registered or licensed practical nurse; a licensed physical therapist; a certified respiratory therapist; an American Speech and Hearing Association-certified speech therapist; a certified occupational therapist; or a home health aid who is directly supervised by one of the above providers (performing services prescribed in the plan of treatment to achieve the medically desired results).

4. Limitations: In addition to policy limitations and exclusions found elsewhere, the Board does not provide benefits for the following: services provided to other than the homebound LEOFF 1 member; social services; services performed by family members or volunteer workers; services or supplies that are non-medical or custodial in nature; homemaker and housekeeping services, except by home health aides as ordered in the home health plan of treatment; supportive environmental materials, such as handrails, ramps, air conditioners, and telephones; expenses for the normal necessities of living, such as food, clothing and household supplies; dietary assistance (e.g. Meals on Wheels) or nutritional guidance; transportation; charges for reports or records; services and supplies not included in the home health plan of treatment or not specifically set forth as a covered expense; services and supplies in excess of the specified limitations; or services provided during any period of time in which you are receiving benefits under the "Hospice Care Benefit".

ASSISTED LIVING FACILITY POLICY FOR LEOFF 1 MEMBERS

Assisted living care is <u>not</u> an RCW mandated benefit. However, in the interest of containing skilled nursing facility care costs, the Board will review requests for coverage when a member is confined to an assisted living facility. Upon pre-approval, the Fire Pension/Disability Board for the City of Tacoma may provide reimbursement for reasonable, medically necessary expenses incurred by a LEOFF 1 member requiring confinement in an assisted living facility.

1. The LEOFF 1 member must obtain pre-approval for assisted living care. The member's attending physician must complete a "Medical Request for Assisted Living Care" form obtained from the Fire Pension Office. Assisted living services must be part of a written plan of treatment prescribed and periodically reviewed by a physician (MD or DO). The physician must certify in the plan of treatment that confinement in an assisted living facility is medically necessary and is based on a medical condition other than aging. The physician shall state the estimated length of time during which assisted living care will be required and provide a description of the level of care needed. This description should be as detailed as possible. The Board will also consider activities of daily living, medication assistance, and mental conditions, including Alzheimer's and other forms of dementia. The Board reserves the right to have an assessment agency evaluate the member's assisted living care needs. The question of medical necessity for assisted living care may be subject to annual or more frequent review by the Board.

2. Assisted living care must be provided in a state licensed facility within 100 miles of the member's residence. Adult day care is not covered. The Board does not provide coverage to members who live in assisted living communities, retirement homes, or reside in assisted living with a spouse. If a member is approved for coverage and the spouse resides in the same room, reimbursement will be limited to the studio room rate for single occupancy.

3. The maximum assisted living reimbursement allowance will be determined by using the average from the latest annual Genworth Market Survey of assisted living costs for the area in which the member resides. Assisted living reimbursement shall be for the studio rate. Additional costs for room upgrades are the member's responsibility. Medically necessary level of care costs or Alzheimer fees above the average rate will be reviewed on a case-by-case basis, but total reimbursement may not exceed the amount allowed for skilled nursing facility care as provided for in the Skilled Nursing Facility Care Policy. Payments by other insurance, including Medicare and private nursing facility insurance, are primary to this benefit. Any amount over the current amount allowed by the Board will be the responsibility of the LEOFF 1 member. Charges will be prorated when the member is in a hospital, skilled nursing facility, or upon the death of the member.

4. Payments are made to the facility or reimbursed to the member after services are rendered. The Board will not make advance payments. Billings must be submitted to the Fire Pension Office before the 20th of the month to ensure placement on the next month's agenda.

5. The Board will not cover entrance fees, assessment fees, deposit fees, bed holds, or other such fees.

6. Limitations: In addition to policy limitations and exclusions found elsewhere, benefits are not provided for the following: services provided to other than the LEOFF 1 member; social services; services performed by family members or volunteer workers; supplies that are non-medical or custodial in nature; homemaker and housekeeping services; cooking or laundry services; hair care, personal toiletries and sundries; recreational events organized by the facility; supportive environmental materials, such as handrails, lift chairs, ramps, air conditioners, and telephones; expenses for the normal necessities of living, such as food, clothing and household supplies; dietary assistance (e.g. Meals on Wheels) or nutritional guidance; transportation; charges for reports or records; bed holds; services and supplies not included in the assisted living plan of treatment or not specifically set forth as a covered expense; services and supplies in excess of the specified limitations; or services provided during any period of time in which the member is receiving benefits under the "Hospice Care Benefit".

7. Members not approved for assisted living coverage may still be eligible for reimbursement of medication assistance charges and adult incontinence products such as Depends.

SKILLED NURSING FACILITY CARE POLICY FOR LEOFF 1 MEMBERS

A. The Fire Pension/Disability Board for the City of Tacoma shall provide reimbursement for the reasonable expenses incurred by a LEOFF 1 member needing the services of a skilled nursing facility. Before skilled nursing facility care is approved, the member's attending physician must complete a "Medical Request for Skilled Nursing Facility Care" form obtained from the Fire Pension Office. The member's attending physician must certify that care is medically necessary and provide diagnosis, prognosis, chart notes, and any other supporting documentation. The physician shall state the level of care and estimated duration of skilled nursing facility care. The Board will consider activities of daily living, medication assistance, and mental conditions, including Alzheimer's and other forms of dementia. The question of medical necessity for skilled nursing facility care shall be subject to annual or more frequent review by the Board.

B. Members shall be encouraged to use the services and facilities of Regence BlueShield Preferred Providers; however, use of a Regence BlueShield facility is not mandatory. Skilled Nursing Facility care must be provided in a state licensed facility within 100 miles of the member's residence.

C. The Fire Pension/Disability Board will allow a daily amount not to exceed the average rate for semi-private room and board. This allowance will be determined by using the average from the latest annual Genworth Market Survey of nursing home costs for the area in which the member resides. For members residing out of state, the maximum reimbursement shall be an amount not greater than the current average from the latest annual Genworth Market Survey of skilled nursing facility costs for the area in which the member resides.

D. The Board will allow the semi-private room and board rate plus the level of care charge where charged separately by a skilled nursing facility so long as the total does not exceed the Board allowed rate. Charges will be prorated when the member is in a hospital or upon the death of the member. Private room charges may be reimbursed upon written documentation of medical necessity from the member's attending physician. The Board will consider charges for medically necessary physician prescribed medications, medical services (e.g., x-rays), and other medically necessary physician prescribed supplies. Regence BlueShield participating pharmacies are to be used whenever possible.

E. The Board will not pay for non-medical charges, including but not limited to hair care, personal toiletries and sundries, bed holds, and recreational events organized by the skilled nursing facility.

F. The Board will reduce reimbursement for skilled nursing facility care by the amount received from another source as reimbursement for the services (e.g., Medicare, Medicaid, or other insurance).

G. Payments are made to the facility or reimbursed to the member after services are rendered. The Board will not make advance payments. Billings must be submitted to the Fire Pension Office before the 20th of the month to ensure placement on the next month's agenda.

SMOKING CESSATION POLICY FOR LEOFF 1 MEMBERS

Regence BlueShield provides smoking cessation coverage.

The Board will not pay for the following services: inpatient services; books or tapes; hypnotherapy; vitamins, minerals, and other supplements; acupuncture related to smoking cessation; over-the-counter drugs, or prescription drugs beyond what is already provided for under the Regence BlueShield prescription plan.

REQUESTS FOR BOARD RECONSIDERATION -- MEDICAL CLAIM DENIAL

If the Board denies a member's claim for medical expenses, the member shall be advised of the same, in writing, not later than 15 business days after the regularly scheduled Board meeting at which the claim was denied. Any member feeling aggrieved by a Board decision regarding a claim for medical services shall have the right to request the Board to reconsider its decision. The request for reconsideration must be in writing and received by the Board Secretary by personal service or mail no later than 30 days from the date of the denial notice. The request must include the reasons for asserting that the Board denial was erroneous and must identify evidence that would support the member's position.

Upon receipt of the request for reconsideration, the Acting Secretary will submit the written request at the next regularly scheduled Board meeting. If a Board member from the prevailing side believes there is new evidence which meets the reconsideration criteria, such Board member may at his/her discretion, present a motion to reconsider. If the motion passes, the LEOFF 1 member shall be notified of the date, time, and place of the regular Board meeting when the original decision will be reconsidered. This affords the member the opportunity to attend said meeting to present such evidence deemed relevant to the claim. The Board will then review the additional information, including comments the member may wish to make, and will then take a re-vote on the original motion.

CONTINUOUS TREATMENT/SERVICES POLICY FOR LEOFF 1 MEMBERS

Any charges for consecutive and frequent treatment over and above what is covered by Regence BlueShield may be reviewed by the Board before approval. The Board may request a written evaluation and treatment plan, including an estimate of duration or frequency of treatment.

MEDICAL/PSYCHIATRIC EXAMINATION

The Board has authority to request a medical or psychiatric examination of an applicant to evaluate the reasons for any application of benefits. The doctor-patient privilege does not apply to such examinations, or to any medical or psychiatric report regarding a condition for which benefits are requested.

MEDICAL REPORTS

The Board will not pay for or reimburse members for charges made by health care providers in relation to reports. Reports, when needed, should be provided as part of the examination or office visit paid for by the member's insurance provider.

LEOFF 1 DEPENDENT MEDICAL COVERAGE POLICY

The City of Tacoma Fire Pension/Disability Board provides LEOFF 1 retirees the option of purchasing medical coverage for eligible dependents. This coverage is through the Regence BlueShield group plan at group rate(s) available through the City of Tacoma.

Certain restrictions are placed on dependent enrollments. The open enrollment period is usually in December. Members should direct their open enrollment requests and inquiries to the Fire Pension Office at (253) 502-8700.

Dependent medical coverage may be purchased by retired LEOFF 1 members for their eligible dependents on the conditions set forth below.

If the dependent is under age 65

At the time of the member's retirement, the member may enroll his or her eligible spouse under age 65 and eligible children up to age 26. Thereafter, spouses under age 65 and eligible children may not enroll until the next open enrollment period.

Exceptions - Qualifying Events

- Newly acquired spouse under age 65 and/or eligible stepchildren as a qualifying event within 30 days of marriage.
- Newborn, adopted, or court appointed legal wards as a qualifying event within 60 days.
- Loss of spouse's coverage through another source due to loss of job or loss of C.O.B.R.A. as a qualifying event within 30 days.

If the dependent is over age 65

Spouses may not enroll or remain on the Regence BlueShield City of Tacoma group plan after the age of 65.

MANDATORY DIRECT DEPOSIT POLICY

Direct deposit is mandatory for all LEOFF 1 members as part of the City of Tacoma's Direct Deposit Initiative. This applies only to pension received from the City of Tacoma Fire pension fund.

HIGHLIGHTS OF FIRE PENSION BENEFITS FOR LEOFF 1 MEMBERS
(Hired before October 1, 1977)

SERVICE RETIREMENT

RCW 41.26 (State)

- Must be age 50 and have at least five years service
- Receive 2% per year of salary for position held for 12 months at time of retirement for service of 20 years or more (percentage is less for under 20 years)
- ~~No maximum unless member after February 18, 1974, then 60% max. of salary~~ (State's 60% maximum provision was deleted by SHB 2688 effective 7/1/06 - not retroactive to previous retirees.)

RCW 41.18 (City)

- Eligible if employed on or before March 1, 1970, and;
- Requires attainment of age 50 and 25 full years of service
- Receive 2% per full year of salary hereafter attached to rank at retirement (not to exceed salary of Battalion Chief) with a 60% maximum

DISABILITY RETIREMENT

RCW 41.26 (State)

- Eligible if disabled for six continuous months regardless of age or years of service
- Receive 50% of salary for position held at time of disability plus 5% for each minor child, disabled child, or child in school under the age of 20 years 11 months, subject to a 60% maximum

RCW 41.18 (City)

- Eligible if employed on or before March 1, 1970 and disabled for six continuous months
- Duty connected: 50% of salary hereafter attached to rank at retirement plus 2% for each full year in excess of 25 years with a 60% maximum (not to exceed salary of Battalion Chief)
- Non-duty connected: 50% of salary at time of retirement (not to exceed salary of Battalion Chief)

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- RCW 41.26 (State) receives Cost of Living Adjustments (COLA) April 1st of each year, after retired for one full year.

- RCW 41.18 (City) receives adjustment January 1st of each year in conjunction with the active firefighters' salary adjustments. Exception: non-duty disability receives COLA adjustment July 1st of each year.

- If you were employed on or before March 1, 1970, and therefore entitled to benefits under RCW 41.18 (City), your pension amounts received from 41.18 and 41.26 (State) will be compared each time either amount changes. The amount you receive under 41.18 will be the difference between the 41.18 entitlement minus the 41.26 entitlement. (Example: City minus State = City pension amount received)

- *The above items are pension systems highlights and are by no means complete. Please contact the Pension/Disability Office at (253) 502-8700 if you have additional questions.*