



CITY OF
Vancouver
WASHINGTON

**Fire
Pension Board
Meeting Schedule
January 5, 2026**

**Fire Pension Board
1:30pm
Aspen Conference Room, 1st Floor City Hall
Call In: 1 347-941-5324
Phone Conference ID: 234 617 246#
Teams Meeting ID: 246 844 581 190 50
Passcode: Pf2eo6QX**

Please contact April Stinson at (360) 487-8403 or
April.Stinson@cityofvancouver.us
if you are unable to attend.
Thank you!



Fire Pension Board

Anne McEnerny-Ogle, Chair
Anthony Glenn - Natasha Ramras - Michael
Lyons - Patrick Kelly - Greg Straub (Alternate)

Fire Pension Board Meeting Agenda

January 05, 2026

1:30 PM

Vancouver City Hall

Aspen Conference Room

415 W 6th St

Vancouver, WA 98668-1995

In accordance with the Open Public Meetings Act (OPMA), the Fire Pension Board meeting will be open to in-person attendance. Options for viewing and/or participating in the meeting remotely will also be accommodated (see details below).

MEETING ACCESS INFORMATION

[Click here to join the meeting](#)

To access by phone (audio only), call: 1-347-941-5324

Phone Conference ID: 234 617 246#

- 1. Call to Order and Roll Call – McEnerny-Ogle**
- 2. Approval of Minutes – McEnerny-Ogle**
 - a. October 6, 2025, Minutes
- 3. Communications - Stinson**
 - a. Results of Election for Fire Pension Board Member
- 4. Reports – Glenn**
 - a. Budget Report
 - b. Approval of Expenses for September 2025 – November 2025
- 5. Old Business – Glenn**
 - a. Fiscal Year Revenue Report – Requested at October 6, 2025 Meeting
- 6. New Business – Stinson**
 - a. Request for Hearing Aids – Claimant A
 - b. AWC Healthcare Benefit Plans Discussion Requested by Board Members
- 7. Public Comment* – 3 minutes each**

*The public is invited to speak regarding any agenda item. Members of the public testifying are

asked to limit testimony to three minutes. There are three ways to provide comments:

- In Writing: Public comments can be submitted in writing (name, address, contact information and comments) via email to April.Stinson@cityofvancouver.us by 5pm the day before the meeting.
- Remotely: Pre-register by phone at 360-487-8403 or email April.Stinson@cityofvancouver.us by 5pm the day before the meeting
- In Person: Pre-register by phone at 360-487-8403 or email April.Stinson@cityofvancouver.us by 5pm the day before the meeting or fill out a Public Comment form in person prior to the start of the Communications portion of the meeting.

City Hall is served by C-TRAN. Route information and schedules are available online at www.c-tran.com. You also may reach C-TRAN at (360) 695-0123 for more information on times, fares, and routes.

Anyone needing language interpretation services or accommodations with a disability may contact the Human Resources staff at (360) 487-8403 (RELAY: 711). Assistive listening devices and live Closed Captioning are available for the deaf, hard of hearing and public use. Please notify a staff person if you wish to use one of the devices. Every attempt at reasonable accommodation will be made. To request this agenda in another format, please also contact the phone numbers listed above.

Meeting Minutes

Monday, October 06, 2025

2:00 p.m.

Vancouver City Hall

Aspen Conference Room, 1st Floor

415 W. 6th Street

Vancouver, WA 98660

Board Members Present:

Anne McEnerny-Ogle, Chair; Anthony Glenn, Treasurer; Patrick Kelly, Fire Retiree; Mike Lyons, Fire Retiree.

Board Members Absent:

Natasha Ramras, CFO/Board Secretary

Staff Present:

Tricia Juettemeyer, Assistant City Attorney; Antoinette Gasbarre, Human Resources; April Stinson, Human Resources; Cindy Matchett, Human Resources

Guests:

Greg Straub

Item 1: Call to Order

The October 06, 2025, meeting of the Fire Pension Board was called to order at 2:00 p.m. by Chair McEnerny-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

Item 2: Approval of Minutes

Motion by Lyons, seconded by Kelly, and approved unanimously to adopt the minutes from April 7, 2025, as written.

Item 3: Communications

a) Healthcare Benefit Changes – Effective January 1, 2026

Background

In early 2025, Human Resources began exploring healthcare options that would align with the City's current benefit offerings and provide some enhancements to employees. The best option that was

Members

Anne McEnerny-Ogle, Mayor
Chair

Anthony Glenn, City Treasurer
Natasha Ramras, CFO Board Secretary
Patrick Kelly, Fire Retiree
Mike Lyons, Fire Retiree

Human Resources Department

P.O. Box 1995
Vancouver, WA 98668
360-487-8403
TTY: 711
cityofvancouver.us

To request accommodation or other formats, please contact:

Caylee Trant | 360-487-8403 | TTY: 711 | Caylee.Trant@cityofvancouver.us

identified through this work was to offer PPO medical, dental and vision benefits through the Association of Washington Cities (AWC) benefit pool. Because AWC provides coverage to many public Employers in Washington, they insure over 40,000 lives, which provides them with economies and buying power that the City alone does not have. Additionally, their medical provider is Regence, and they offer Delta Dental, Willamette Dental and Vision Services Plan (VSP), which means that there will not be disruption to the providers LEOFF 1 Retirees currently use.

Kaiser coverage will not transition to AWC, but it will continue to be provided as a medical option.

Changes for LEOFF 1 Retirees

Effective January 1, 2026, all LEOFF 1 Retirees currently enrolled in the Regence MedAdvantage + Rx Enhanced Option 3 plan will be transitioned to the Regence MedAdvantage + Rx Enhanced Option 1 plan. LEOFF 1 Retirees and their dependents affected by this transition will be required to submit new enrollment forms in order to have coverage on 1/1/2026.

Billing and Payment Information for LEOFF 1 Retirees

a) Dental Coverage:

- a. Any dental insurance elected by LEOFF 1 Retirees will be billed directly by AWC to the retiree, effective January 1, 2026.

b) Dependent Coverage:

- a. Dependents of LEOFF 1 retirees, including spouses of LEOFF 1 Retirees, who decide to enroll in Regence medical or dental insurance, will also be billed directly by AWC.

c) Payment Methods:

- a. AWC will offer LEOFF 1 Retirees several payment options, including:
 - i. Personal check
 - ii. ACH
 - iii. DRS pension deduction

Conclusion

An open enrollment packet, including instructions and required enrollment forms, will be provided in October. Additional details and resources will be shared as the implementation date approaches.

Action Requested: Communication only; No official action required by Board

b) Title 41 RCW Discussion Requested by Board Member

Fire Pension Board member Patrick Kelly has requested to discuss items referenced in Title 41 RCW.

1. RCW 41.16.060: Reviewed the statutory duty of the legislative authority to levy an additional tax of \$0.225 per \$1,000 assessed property value for the Firefighters Pension Fund.
 - Current Practice: Anthony Glenn confirmed legal review indicates this levy is included in the general levy since 1974, with quarterly transfers to the Firefighters Pension Fund.
 - Funding Sources of Firefighters Pension Fund
 - Fund receives:
 1. General Fund transfers (quarterly)
 2. Investment earnings
 3. Annual allocation from state-shared revenue from fire insurance premium tax (~\$380,000)
 - Action: Next meeting will include a fiscal year report detailing all three revenue sources for transparency.
2. RCW 41.18.020: Reviewed Powers and duties of board and reinforced board is responsible for fund management, expenses, and administration.
3. RCW 41.16.030: Reviewed Meetings.

- Meetings: Required quarterly; confirmed schedule: January, April, July, October (first Monday).
 - Action: Ensure quarterly meetings occur regardless of new business; Anthony Glenn to provide expenditure and revenue reports.
4. Administrative Matters
 - April's salary: To be allocated under administrative costs of the pension board (~50%).
 5. RCW 41.26.150: Reviewed Sickness or disability benefits—Medical services: Fund sufficient to cover obligations.
 6. RCW 41.26.110: Reviewed Disability boards authorized—Composition—Terms—Reimbursement for travel expenses—Duties.
 - First-Class City Considerations
 - Confirmed retention of existing Firefighters Pension Board. Acknowledged historical legislative amendments; no further action required at this time.

Item 4: Reports

Glenn reported that total expenditures through August 2025 were 57% of budget. Total revenues through August 2025 were 97% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Expenses for March 2025 through August 2025 totaled \$ 305,518.64.

Motion by Kelly, seconded by Lyons, and approved unanimously to accept the expenses as presented.

Item 5: Old Business

None

Item 6: New Business

d) Request for Hearing Aids – Claimant A

Attached for Board review is a request for hearing aid payment for Claimant A and Section III.5 of the Board's Rules and Regulations requires:

"If a member chooses not to use their Medical Insurance benefits, Board preapproval is required."

Claimant A is seeking preapproval to use an out-of-network provider for Hearing Aids. The claimant's current hearing aids are no longer functioning properly and are outside of the three-year warranty.

Section III.5 of the Board's Rules and Regulations states:

"City of Vancouver requires a "Hearing Aid Application Request Form" to be completed in full by the member and provider. Members must submit the following required documents needed for Board review:

- a) Documentation:
 - i. Denial of hearing aid coverage from insurance provider or
 - ii. Explanation of Benefits (EOB) and/or
 - iii. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, and
- b) Quotes from at least two providers, and
- c) Current hearing aid test and hearing aid recommendation from a physician, Audiologists, licensed Hearing Aid Examiner or Hearing Instrument Specialist, and
- d) Hearing aids must have a three-year warranty."

Claimant A has provided two hearing tests, two Hearing Instrument Specialist evaluations, and two quotes for hearing aids that are adequate for his hearing loss. All hearing aids have a three-year warranty.

Claimant A would like to choose Advanced Hearing Aids' recommendation due to his hearing requirements and the relationship he has built with them over the years.

"The Board will only pay up to the out-of-network limits set forth below based on the specific type of hearing loss.

Out-of-network Hearing Aid Limits for 3-year period:

Slight to Mild Hearing Loss (16-40dB): \$1800/ear

Moderate – Moderately Severe Hearing Loss (41-70dB): \$2500/ear

Severe - Profound Hearing Loss (71-90dB): \$3500/ear"

Claimant A's severity of hearing loss for his left ear is in the Severe - Profound range, for which the Board covers \$3,500/ear. His right ear is in the Moderate to Moderately Severe range, for which the Board covers \$2,500/ear.

Advanced Hearing Aids, Inc.:

- Oticon Intent 1 miniRITE: \$6,000.00

Hearing Life:

- Oticon Intent 1 miniRITE: \$6,225.00

Action Requested

Consider the request from Claimant A for hearing aids.

Motion by Kelly to approve of payment of \$6,000.00 for Advanced Hearing Aids, Inc. hearing aids. Seconded by Lyons and approved unanimously.

e) Request for Prescription Reimbursement – Claimant B

Attached for Board review is a request for prescription reimbursement for Claimant B and Section II.1 of the Board's Rules and Regulations states:

"Pursuant to RCW 41.26.150, whenever a member requires medical services as defined by RCW 41.26.030 (20), such services may be paid for by the City, only if those medical services are deemed medically necessary and not payable from another source."

RCW 41.26.030(20)iii.A states:

"The charges for the following medical services and supplies: Drugs and medicines upon a Physician's prescription."

Section III.7 of the Board's Rules and Regulations

"Prescription coverage for members is provided by Medical Insurance. When filling a prescription, the member shall use their Medical Insurance's participating pharmacies and present their card at the time the prescription is filled."

Claimant B is requesting a one-time reimbursement for the GLP-1 medication Ozempic, which he paid for out-of-pocket after Regence denied coverage, stating that he must have a diagnosis of type 2 diabetes mellitus. It was later determined that Zepbound, an alternative medication, is covered by Regence and has been recommended as an appropriate alternative. Claimant B has moderate to severe sleep apnea, abdominal obesity, congestive heart failure, and it has been recommended by his physician and his cardiologist that he use a GLP-1 agonist medication, Zepbound, to lose weight and manage his sleep apnea and congestive heart failure. Claimant B is therefore seeking reimbursement for the cost of Ozempic purchased prior to identifying Zepbound as a covered alternative.

Items for consideration by the Board:

\$1,072.64 Reimbursement for 56-day supply of the prescription medication Ozempic

Action Requested

Consider Claimant B's request for a one-time reimbursement for a 56-day supply of the prescription medication Ozempic.

Motion by Kelly to approve of a one-time reimbursement of \$1,072.64 for a 56-day supply of the prescription medication Ozempic. Seconded by Lyons and approved unanimously.

Item 7: Public Comment

None

Adjourned:

This meeting adjourned at 2:40 p.m.



MEMORANDUM

DATE: January 05, 2026

TO: Fire Pension Board

FROM: April Stinson, Pension Board Coordinator

RE: **Results of Election for Fire Pension Board Member**

In accordance with the election process outline, an election was held to fill the expired term of Patrick Kelly on the Fire Pension Board. After the nomination period, there was only one nominee, Patrick Kelly. Balloting was not required, as such Patrick Kelly will serve as the Fire Pension Board Member until the expiration of his term on December 31, 2027.

ACTION REQUESTED

Accept the results of the election and confirm Patrick Kelly as Fire Board Member to serve until December 31, 2027.

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Nov

Fund 618 Fire
Pension Trust

Ledger Fund
Account Type Expenditures

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
618 Fire Pension Trust Fund	Budget - Human Resources	CC0131 HR-Pension Admin	540000:Services	0	0	0	579	579	(579)	0%	0	0	0	0	0%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,400,000	0	0	1,060,152	1,060,152	339,848	76%	1,400,000	1,228,912	171,088	1,138,327	81%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	33,528	0	0	8,710	8,710	24,818	26%	32,250	8,000	24,250	8,000	25%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	590000:Interfund Services	28,122	0	0	22,272	22,272	5,850	79%	26,460	21,127	5,332	32,025	121%
Total				1,461,650	0	0	1,091,713	1,091,713	369,937	75%	1,458,710	1,258,039	200,670	1,178,352	81%

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COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Nov

Fund 618 Fire
Pension Trust
Fund

Ledger Revenues

Account Type

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	361110:Investment Earnings	0	0	0	0	0	0	0%	0	(447)	447	(447)	0%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(900,000)	(900,000)	900,000	0%	0	(1,500,000)	1,500,000	(1,500,000)	0%
618 Fire Pension Trust Fund		(Blank)	336000:State Shared Revenue, Entitlements & Impact Payments	(273,599)	0	0	(371,488)	(371,488)	97,890	136%	(220,000)	(308,149)	88,149	(308,149)	140%
618 Fire Pension Trust Fund		(Blank)	361110:Investment Earnings	(431,353)	0	0	(694,797)	(694,797)	263,444	161%	0	(627,557)	627,557	(564,981)	0%
618 Fire Pension Trust Fund		(Blank)	361300:Gains (Losses) on Sale of Investments	0	0	0	0	0	0	0%	0	(148,589)	148,589	0	0%
618 Fire Pension Trust Fund		(Blank)	369910:Miscellaneous Other Operating Revenues	(900,000)	0	0	0	0	(900,000)	0%	(1,500,000)	0	(1,500,000)	0	0%
Total				(1,604,952)	0	0	(1,966,286)	(1,966,286)	361,334	123%	(1,720,000)	(2,584,742)	864,742	(2,373,577)	138%

12/26/2025 02:57 PM stinsona / April Stinson

**Fire Pension Board
September 2025 - November 2025**

EXPENSES:

September	2025 Pensions Paid	\$35,875.53
October	2025 Pensions Paid	\$35,875.53
November	2025 Pensions Paid	\$35,875.53
September	2025 Claims paid by HRPro	\$2,098.00
October	2025 Claims paid by HRPro	\$1,372.61
November	2025 Claims paid by HRPro	\$6,000.00
September	2025 Claims paid by CoV	\$5,070.00
October	2025 Claims paid by CoV	\$5,308.00
November	2025 Claims paid by CoV	\$5,308.00
September	2025 HRPro Admin Fees	\$225.50
October	2025 HRPro Admin Fees	\$220.00
November	2025 HRPro Admin Fees	\$220.00
September	2025 Medicare B Reimbursements	\$1,295.00
October	2025 Medicare B Reimbursements	\$1,665.00
November	2025 Medicare B Reimbursements	\$1,110.00
TOTAL EXPENSES FOR APPROVAL:		\$137,518.70

APPROVAL OF EXPENSES

We, the undersigned members of the Fire Pension Board of the City of Vancouver do hereby certify and attest that the above expenses have been approved for payment in the amount of \$137,518.70 this 5th day of January 2026.

Firemen Pension Fund

Revenue	November 2024	November 2025	YoY Increase/(Decrease)
General Fund Transfers	\$1,500,000	\$900,000	-\$600,000
Investment Earnings	\$565,428	\$694,797	\$129,369
Fire Insurance Premium Tax	\$308,149	\$371,488	\$63,339
Total Revenue	\$2,373,577	\$1,966,286	-\$407,292
Total Expenditures	\$1,178,352	\$1,091,713	
Net Surplus/(Deficit)	\$1,195,226	\$874,573	



MEMORANDUM

DATE: January 5, 2026
TO: Fire Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: Request for Hearing Aids – Claimant A

Attached for Board review is a request for hearing aid payment for Claimant A and Section III.5 of the Board's Rules and Regulations requires:

"If a member chooses not to use their Medical Insurance benefits, Board preapproval is required."

Claimant A is seeking preapproval to use an out-of-network provider for Hearing Aids. The claimant's current hearing aids are no longer functioning properly and are outside of the three-year warranty.

Section III.5 of the Board's Rules and Regulations states:

"City of Vancouver requires a "Hearing Aid Application Request Form" to be completed in full by the member and provider. Members must submit the following required documents needed for Board review:

- a) Documentation:
 - i. Denial of hearing aid coverage from insurance provider or
 - ii. Explanation of Benefits (EOB) and/or
 - iii. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, and
- b) Quotes from at least two providers, and
- c) Current hearing aid test and hearing aid recommendation from a physician, Audiologists, licensed Hearing Aid Examiner or Hearing Instrument Specialist, and
- d) Hearing aids must have a three-year warranty."

Claimant A has provided two hearing tests, two Hearing Instrument Specialist evaluations, and two quotes for hearing aids that are adequate for his hearing loss. All hearing aids have a three-year warranty. Claimant A would prefer to proceed with North Alabama ENT's hearing aid recommendation due to his hearing requirements.

"The Board will only pay up to the out-of-network limits set forth below based on the specific type of hearing loss."

Out-of-network Hearing Aid Limits for 3-year period:

Slight to Mild Hearing Loss (16-40dB): \$1800/ear

Moderate – Moderately Severe Hearing Loss (41-70dB): \$2500/ear

Severe - Profound Hearing Loss (71-90dB): \$3500/ear”

According to North Alabama ENT, Claimant A’s severity of hearing loss for both ears are in the Severe to Profound range, for which the Board covers \$3,500/ear.

According to North Alabama Audiology, Claimant A’s severity of hearing loss for both ears are in the Moderate to Moderately Severe range, for which the Board covers \$2,500/ear.

North Alabama ENT:

- Oticon Intent 1: \$6,510.00

North Alabama Audiology:

- Binaural Phonak i90 Sphere: \$6,826.00

Action Requested

Consider the request from Claimant A for hearing aids.



City of Vancouver Human Resources
415 W 6th St – 3rd Floor/P.O. Box 1995
Vancouver, WA 98668-1995
P: 360.487.8403 F: 360.487.8418
Email: Caylee.Trant@cityofvancouver.us

Hearing Aid Application Request

(To Be Completed by Member, Family Member or Legal Rep – please check one)

☐ Member ☐ Family Member ☐ Legal Rep ☐ Other: _____

Name: [REDACTED]	SSN: [REDACTED]	Telephone Number: [REDACTED]
Complete address including zip code: [REDACTED]	Pension Board: <input type="checkbox"/> Police <input type="checkbox"/> Fire	Medical Insurance: <input type="checkbox"/> Kaiser Permanente <input type="checkbox"/> Regence <input type="checkbox"/> Other _____

ADDITIONAL INFORMATION

What recent conditions or events have occurred causing you to consider a change in your circumstance? Please be specific.

I was diagnosed with some hearing loss years ago. Over the last 4 or 5 years I have noticed a noticeable decreased ability to understand words in conversations. I have a constant tinnitus in both ears. When the Fire Department gave the firefighters yearly physical test at Portland Adventist hearing tests showed a loss of hearing. About 25 years ago I got hearing aids and after they quit working and I went without them, but it is much worse now.

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation, and that the information is true and complete to the best of my knowledge and belief.

Signature: [REDACTED] Date: 10/17/2025
Print Name: [REDACTED] Relationship to Member: _____



City of Vancouver Human Resources
415 W 6th St - 3rd Floor/P.O. Box 1995
Vancouver, WA 98668-1995
P: 360.487.8403 F: 360.487.8418
Email: Caylee.Trant@cityofvancouver.us

Physician's Statement

LEOFF I Member Name:

SSN:

Birth Date:

The LEOFF I member, as listed above, has applied to the City of Vancouver Pension Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.

Hearing Test Conducted (please check all that apply):

- ☒ Pure-tone ☒ Bone conduction ☒ Speech ☐ Auditory brainstem response (ABR)
☐ Otoacoustic emissions test (OAE) ☐ Impedance testing (tympanometry and acoustic reflexes)

Severity of Hearing Loss:	Left	Right
Slight Hearing Loss (16 - 25db)	<input type="checkbox"/>	<input type="checkbox"/>
Mild Hearing Loss (26 - 40db)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Hearing Loss (41 - 55db)	<input type="checkbox"/>	<input type="checkbox"/>
Moderately Severe Hearing Loss (56 - 70db)	<input type="checkbox"/>	<input type="checkbox"/>
Severe Hearing Loss (71 - 90db)	<input type="checkbox"/>	<input type="checkbox"/>
Profound Hearing Loss (91+db)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Type of Hearing Loss (please check one):

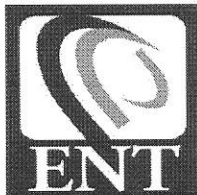
- ☒ Sensorineural ☐ Conductive ☐ Mixed ☐ Other: _____

Additional Information (please circle all that apply):

Bilateral	Unilateral
Symmetrical	Asymmetrical
Progressive	Sudden Onset
Fluctuating	Stable

as reported by patient

North Alabama



Associates, P.C.

CHART NOTES

North Alabama ENT Associates,
P.C.

1963 Memorial Parkway SW Suite #5
Huntsville, AL 35801
Phone: (256) 536-9300
Fax: (256) 536-9301
www.nalent.com

Patient: [REDACTED]

Clinic: North Alabama ENT Associates, P.C.

Audiologist: Chassity Hancock

Visit Date: 07/21/2025

Patient came in for a hearing aid evaluation on July 3, 2025. His audiogram shows a mild sloping to profound sensorineural hearing loss at in both ears. The patient reports increased difficulty hearing conversation clearly in general, but more so if there is any background noise. Based on the patient's audiogram, complaints of increased difficulty hearing and understanding, premium technology hearing devices are deemed medically necessary to treat his hearing loss. Premium technology provide the most clarity and noise reduction. It is recommended that the patient receive bilateral Oticon Intent 1 R hearing aids to address the above mentioned complaints. The cost for these FDA Class II approved devices is \$6510.00. These devices come with a three year warranty and unlimited follow-up hearing aid check appointments. Hearing aids are known to reduce the risk of social isolation, anxiety and depression. Additionally, hearing aids help minimize safety concerns as decreased hearing can inhibit the patient's ability to hear emergency alarms, vehicles, and inhibit critical communication in emergency situation. The use of hearing aids is necessary to minimize the patient's safety risk, improve quality of life, and to achieve functional improvement in their auditory performance.

Chassity Hancock, M.C.D., CCC-A
NPI#1194980649

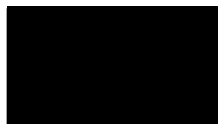
Audiologist:

Chassity Hancock

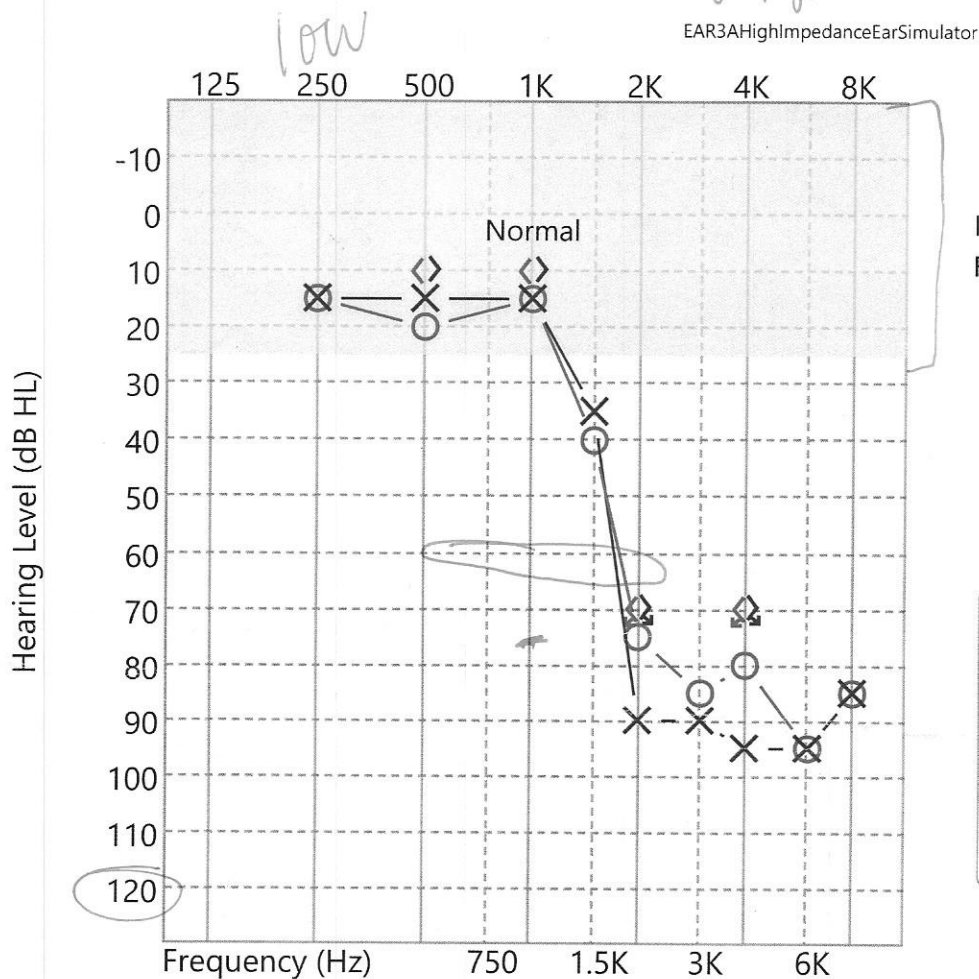
Chassity Hancock

Date: 10/08/2025

Name
Birthdate
Patient ID



Test Date 6/27/2025
Physician Kyra Robinson, PA-C
Examiner Shannon Booth, Au.D.



Instrument AudioStarPro
Reliability Good

Transducer Inserts
Procedure Standard
Stimulus Warble/Pulsed

Symbol Key			
	Right	Combined	Left
AC unmasked	○		×
AC masked	△		□
BC unmasked	<		>
BC masked	[]
Sound Field	S	S	S
NR	⊥	⊥	⊥

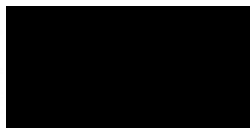
Ear	Test Type	Int Ext Mic	Word List	Aided	%	dB HL	dB EM
R	SRT	Int	Spondee A			35	
R	WRS	Int	CID W-22 LIST 3A		90	75	

Ear	Test Type	Int Ext Mic	Word List	Aided	%	dB HL	dB EM
L	SRT	Int	Spondee A			30	
L	WRS	Int	CID W-22 LIST 3A		90	75	

Comments

Request office visit note.

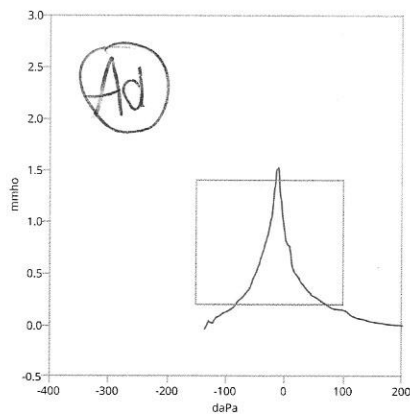
Name
Birthdate
Patient ID



Test Date 6/27/2025
Physician Kyra Robinson, PA-C
Examiner Shannon Booth, Au.D.

Right

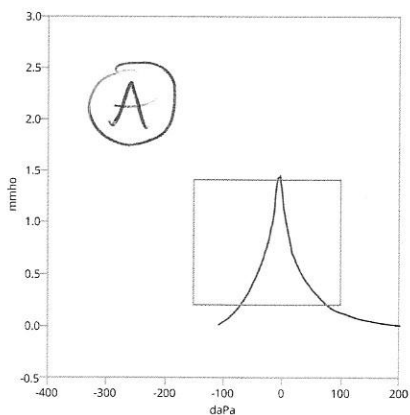
226 Hz



Tymp			Sweep daPa/sec		Vea cm ³	Peak		Width daPa	Type
						daPa	mmho		
1	226 Hz	Y	←	600/200	1.6	-12	1.52	40.0	

Left

226 Hz



Tymp			Sweep daPa/sec		Vea cm ³	Peak		Width daPa	Type
						daPa	mmho		
1	226 Hz	Y	←	600/200	1.3	-5	1.44	45.0	



City of Vancouver Human Resources
415 W 6th St - 3rd Floor/P.O. Box 1995
Vancouver, WA 98668-1995
P: 360.487.8403 F: 360.487.8418
Email: Caylee.Trant@cityofvancouver.us

Physician's Statement

LEOFF I Member Name:

SSN:

Birth Date:

The LEOFF I member, as listed above, has applied to the City of Vancouver Pension Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.

Hearing Test Conducted (please check all that apply):

- ☒ Pure-tone ☒ Bone conduction ☒ Speech ☐ Auditory brainstem response (ABR)
☐ Otoacoustic emissions test (OAE) ☐ Impedance testing (tympanometry and acoustic reflexes)

Severity of Hearing Loss:

Left

Right

Slight Hearing Loss (16 - 25db)

☐

☐

Mild Hearing Loss (26 - 40db)

☐

☐

Moderate Hearing Loss (41 - 55db)

☒

☒

AC Pure Tone Average 500, 1000, 2000, 4000

53dB

48dB

Moderately Severe Hearing Loss (56 - 70db)

☐

☐

Severe Hearing Loss (71 - 90db)

☐

☐

Profound Hearing Loss (91+db)

☐

☐

Type of Hearing Loss (please check one):

- ☒ Sensorineural ☐ Conductive ☐ Mixed ☐ Other: _____

Additional Information (please circle all that apply):

Bilateral

Unilateral

Symmetrical

Asymmetrical

Progressive

Sudden Onset

Fluctuating

Stable

NORTH ALABAMA AUDIOLOGY, INC.

Charles R. Taylor, M.A., FAAA

HUNTSVILLE HEARING AID CENTER

117A Longwood Drive, S.W.
Huntsville, Alabama 35801
(256) 534-2033

DECATUR HEARING AID CENTER

920 6th Avenue, S.E.
Decatur, Alabama 35601
(256) 353-1016

NAME: [REDACTED]

DOB: [REDACTED]

ADDRESS: [REDACTED]

RE: City of Vancouver Human Resources

Mr. [REDACTED] was seen at the Huntsville office of North Alabama Audiology for comprehensive Audiological Assessment on 08/18/2025 and Hearing Aid Evaluation on 09/17/2025.

Primary problem understanding speech in group environments and certain women's voices in all environments. Mr. [REDACTED] reported he was previously diagnosed while employed at the fire department with bilateral hearing loss due to noise exposure. He first noted constant Tinnitus in 1995 which was high pitched and usually ignored. He denies otic pathology, balance or familial history of hearing loss.

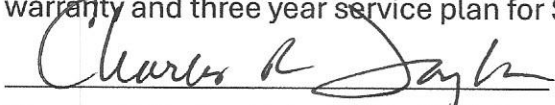
The Audiometric contour reveals hearing sensitivity WNL in the low frequencies decreasing in a ski slope to profound in the high frequencies with more appropriate degree of hearing loss using the four frequency 500, 1000, 2000 and 4000Hz of right ear 48dB and left ear 53dB moderately severe. Although Speech Recognition Threshold was found at 20dB, Word Recognition in quiet was moderate right ear 80% and left ear 76%. The Most Comfortable Listening Level (MCL) is reduced compared to Discomfort Levels (UCL) for speech and pulse tones revealing H93.213 bilateral moderate Auditory Recruitment. Tympanometry mobility is WNL left ear and slightly above normal right ear at a normal middle ear air pressure indicating an air filled middle ear clefts. Tympanometry confirms a sensori neural bilateral hearing loss (H90.3).

At hearing test date the tinnitus level was described as 6 of 10. He scored 25 using the Tinnitus Functional Index (TFI) revealing mild handicap (Grade 2). Tinnitus annoyance and lack of control were rated 70-80%.

Three different hearing aids using different algorithms were evaluated in the sound field of the sound booth, office rooms and outside. The recommended hearing aids were selected for intelligibility (Speech in Noise BKB-SIN) unaided at 50dB, 7.5 SNR Loss improving to 2.5 SNR Loss aided) as well as personal quality and spatial awareness.

RECOMMENDATION:

Binaural Phonak i90 Sphere in P5 darker silver, 3M speakers, open domes Large with three year factory warranty and three year service plan for \$6826.00.



Charles R. Taylor, M.A., FAAA, CCC-A
Audiologist

NORTH ALABAMA AUDIOLOGY, INC.

Charles R. Taylor, M.A., FAAA

HUNTSVILLE HEARING AID CENTER

117A Longwood Drive, S.W.
Huntsville, Alabama 35801
(256) 534-2033

DECATUR HEARING AID CENTER

920 6th Avenue, S.E.
Decatur, Alabama 35601
(256) 353-1016

Name: [REDACTED]

DOB: [REDACTED]

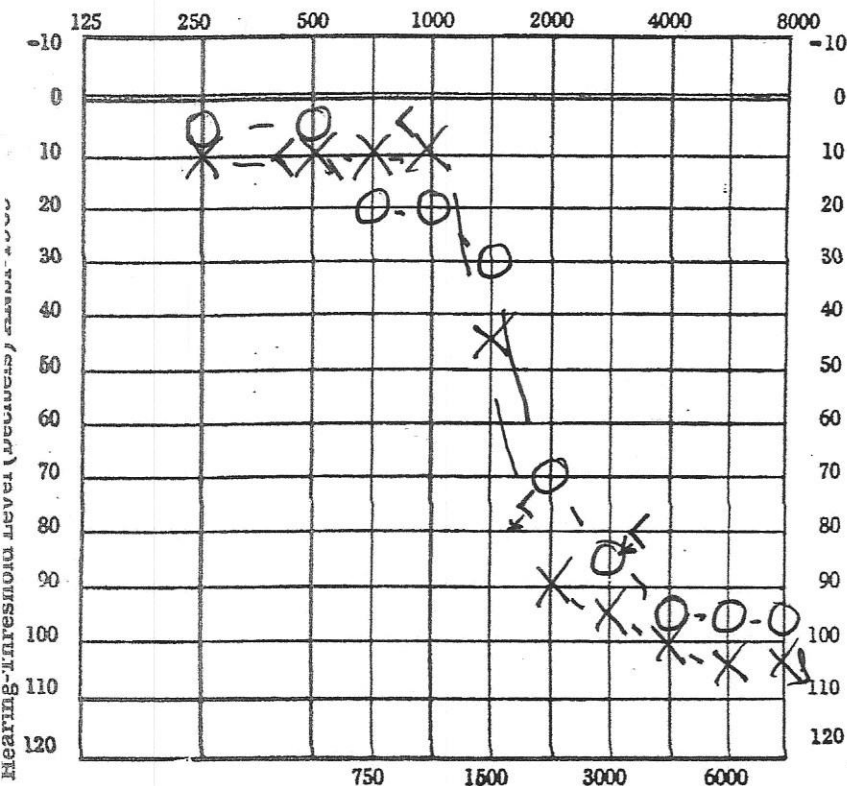
Address: [REDACTED]

Date: [REDACTED]

TEST CONDITIONS

Hearing: Constant X Varies _____
Today: Average _____ Better _____ Poorer _____
Tinnitus: RE Wavy high LE Wavy high
Reliability: Good X Fair _____ Poor _____

Frequency in Hertz (Hz)



KEY FOR PURE-TONE THRESHOLDS

RE
○ Air Conduction (AC) Threshold
△ AC (opposite ear masked)
< Bone Conduction (BC) Threshold
| BC (opposite ear masked)
/ No Response
48dB AC 500, 1000, 2000, 4000 Hz
AUGIOLOGICAL SUMMARY

RE

32 dB

AC Pure-tone Average
500, 1000, 2000 Hz

LE

37 dB

20 dB

Speech Threshold
Spondee X SAT _____
RE-OEM _____ LE-OEM _____

20 dB

* 80 %

Word Recognition
(Discrimination)

* 76 %

W-22 _____ NU6 X LV _____ Rec X
RE 65 dB OEM 55 / _____ dB OEM _____
LE 61 dB OEM 55 / _____ dB OEM _____

65 dB

Most comfortable listening
level

61 dB

88 dB

Discomfort Threshold

88 dB

		.25K	.5K	1K	2K	4K	8K
Air	R						
	L						
Bone	R						
	L						

	5	1	2	3	4
RE	110	110	110	117	117
LE	110	105	115	117	117

(*) Opposite ear masked for speech test

ear Canals open 10K 12500 Hz 14K 16K Prepared Listening Test
Intercomatic AB 629 RE 80 80 NR @ 80 NR @ 60 Sometimes disturbed
HDA Phones LE NR @ 100 NR 90 NR @ 80 NR @ 60 Do not want full range
Fused Intim NR @ 80 NR @ 60 Soft and round
Variable pressure 2x a day
more comfortable confusion



MEMORANDUM

DATE: January 5, 2026

TO: Fire Pension Board

FROM: April Stinson, Pension Board Coordinator

RE: **AWC Healthcare Benefit Plans Discussion Requested by Board Members**

Fire Pension Board members Michael Lyons and Patrick Kelly have requested a general discussion regarding the Association of Washington Cities (AWC) healthcare benefit plans offered to City of Vancouver LEOFF 1 Police and Fire retirees effective January 1, 2026.

Included for reference:

1. AWC Regence MedAdvantage + Rx Enhanced Plus Opt 1 (PPO) – 2026 Summary of Benefits
2. AWC 2026 Retiree Dental Plans – 2026 Benefit Summaries for Delta Dental PPO and Willamette Dental Plans
3. Regence MedAdvantage + Rx Enhanced Opt 3 (PPO) – 2025 Summary of Benefits
4. Delta Dental PPO Plan – 2025 Benefit Summary



Regence MedAdvantage + Rx Enhanced Plus Opt 1 (PPO)

2026 Medicare Retiree Group Summary of Benefits

January 1, 2026 – December 31, 2026

for the Association of Washington Cities (AWC)

For more information

Visit our website at [regence.com/mrg](https://www.regence.com/mrg).

Prospective members call **1-888-279-1346** (TTY: 711) 8 a.m. to 5 p.m., Monday through Friday.

Contact Customer Service at **1-888-319-8904** (TTY: 711). Customer Service hours are 8 a.m. to 8 p.m., Monday through Friday (October 1 through March 31, our telephone hours are from 8 a.m. to 8 p.m., seven days a week).

This document is available electronically and may be available in other formats.

What you need to know about this book

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the Evidence of Coverage (EOC).

Who can join?

To join a Regence Medicare Advantage Retiree Group Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for your employer's retiree plan and live within the United States. As long as you are eligible for your employer's retiree plan, you will have coverage in any state you live in (excluding U.S. territories).

Tips for comparing your Medicare benefits

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Which doctors, hospitals, and pharmacies can I use?

Regence participates in the Blue Medicare Advantage PPO Network Sharing Program. If you use a Regence MedAdvantage PPO network provider, or any other provider who participates in the PPO Network Sharing Program, you will receive in-network benefits for covered services. If you reside in a county or state that does not participate in the Blue Medicare Advantage PPO Network Program, you will still receive in-network benefits for covered services as long as your chosen provider accepts Medicare. If you choose to use an out-of-network provider when an in-network provider is available, you may pay more for your services, except in urgent and emergency situations.

Go to our website at regence.com/mrg to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

When reviewing the following charts, you'll see the cost differences for in-network vs. out-of-network care and services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Regence MedAdvantage + Rx Enhanced Plus Opt 1

Plan costs & limits		
Annual deductible	\$0	
Maximum out-of-pocket responsibility Annual limit on your out-of-pocket costs for your Medicare-covered services. This amount does not include prescription drugs. If you reach the limit on out-of-pocket costs, we will pay the full cost for Medicare-covered services for the rest of the year.	\$0 for services you receive from in- and out-of-network providers combined.	
Medical benefits	In-network	Out-of-network
Inpatient hospital coverage¹ Our plan covers an unlimited number of days per stay	\$0 per day: days 1-999	\$0 per day: days 1-999
Outpatient hospital services		
Wound care services	\$0	\$0
All other services ¹	\$0	\$0
Observation services	\$0	\$0
Ambulatory surgery center services		
Wound care services	\$0	\$0
All other services ¹	\$0	\$0
Doctor visits		
Primary care provider	\$0	\$0
Virtual primary care provider visits	\$0	\$0
Specialist	\$0	\$0
Virtual specialist visits	\$0	\$0
Preventive care		
Medicare-covered services: Abdominal aortic aneurysm screening Alcohol misuse screening and counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease risk reduction visit Cardiovascular disease testing	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screenings Diabetes screenings HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling Vaccines (flu, pneumonia, COVID-19, Hepatitis B) Welcome to Medicare visit (one-time)		
Annual routine physical exam	\$0	\$0
Emergency care Your copay is waived if admitted to the hospital within 48 hours.		
Emergency room visit	\$0	\$0
Worldwide emergency care	\$0	\$0
Urgently needed services		
Urgent care visit	\$0	\$0
Virtual urgent care visits - through your local care center	\$0	\$0
Virtual urgent care visits - through our virtual care provider Doctor On Demand	\$0	Not covered
Worldwide urgent care visit	\$0	\$0
Diagnostic services/labs/imaging		
HbA1C testing	\$0	\$0
Lab services ¹	\$0	\$0
Outpatient x-rays	\$0	\$0
Diagnostic tests and procedures ¹	\$0	\$0
Diagnostic mammography	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Diagnostic radiology (MRI, CT, etc.) ¹	\$0	\$0
Hearing services		
Exam to diagnose and treat hearing and balance issues	\$0	\$0
Routine hearing exam ² - 1 per calendar year, in-network services provided by TruHearing	\$0	\$150
Hearing aids ² - 1 per ear per calendar year, aids must be provided by TruHearing	\$499, \$699, or \$999 per aid	Not covered
Dental services		
Medicare-covered services	\$0	\$0
Vision services		
Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	\$0	\$0
Routine eye exam ² - 1 per calendar year, in-network services provided by VSP	\$0	50%
Routine eyewear ² - in-network services provided by VSP		
Lenses - standard basic single-vision, lined bifocal, lined trifocal or lenticular are covered	\$0	50%
Frames or contacts - allowance for in- or out-of-network every calendar year	\$200	\$200
Mental health services		
Inpatient psychiatric hospital ¹ - 190-day lifetime maximum	\$0 per day: days 1-190	\$0 per day: days 1-190
Outpatient mental health ¹ - individual or group	\$0	\$0
Virtual mental health visits - through your provider	\$0	\$0
Virtual mental health visits - through our virtual care provider Doctor On Demand	\$0	Not covered
Skilled nursing facility¹ Up to 100 days covered per benefit period	\$0 per day: days 1-100	\$0 per day: days 1-100
Outpatient rehabilitation services¹		
Occupational therapy	\$0	\$0
Physical and speech language therapy	\$0	\$0
Virtual outpatient rehabilitation	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Ambulance		
Copay per each one-way Medicare-covered transport		
Ground ambulance	\$0	\$0
Air ambulance ¹	\$0	\$0
Worldwide ground or air ambulance ¹	\$0	\$0
Transportation	Not covered	Not covered
Medicare Part B drugs¹		
Chemotherapy drugs	\$0	\$0
Other Part B drugs	\$0	\$0
Part B insulin	\$0	\$0
Acupuncture		
Medicare-covered services only - limited to treatment of chronic low back pain	\$0	\$0
Additional non-Medicare-covered services ² -	\$0	\$0
Chiropractic		
Medicare-covered services only - limited to manipulation of the spine to correct a subluxation	\$0	\$0
Additional non-Medicare-covered services ² -	\$0	\$0
Massage therapy²	\$0	\$0
6 visits per calendar year, up to 60 minutes per visit		
Naturopathy²	\$0	\$0
Diabetic services		
Diabetic monitoring supplies - in-network supplies limited to Ascensia Contour or Abbott FreeStyle at a retail pharmacy	\$0	\$0
Continuous glucose monitor (CGM) and supplies - in-network limited to Dexcom or Abbott FreeStyle Libre	\$0	\$0
Diabetes self-management training	\$0	\$0
Lancets, lancet devices, therapeutic shoes, and inserts	\$0	\$0
Diabetic routine footcare ² - 6 visits per calendar year	\$0	\$0
Medicare diabetes prevention program (MDPP)	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Fitness program² Fitness membership through the Silver&Fit program	\$0	Not covered
Home health agency care¹	\$0	\$0
Medical equipment and supplies¹ Durable medical equipment	\$0	\$0
Prosthetics and medical supplies	\$0	\$0
Outpatient substance use disorder services¹ Individual or group	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Prescription drugs

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you.

You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a 31-day supply.

Annual prescription (Part D) deductible stage \$0

Initial coverage stage (the amount you pay until you have paid \$2,100 for covered drugs)

	30-day	up to 100-day
Tier 1: Preferred generic		
Standard retail / Standard mail order	\$0	\$0
Tier 2: Generic		
Standard retail / Standard mail order	\$0	\$0
Tier 3: Preferred brand		
Standard retail / Standard mail order	\$0	\$0
Tier 4: Non-preferred drug		
Standard retail / Standard mail order	\$0	\$0
Tier 5: Specialty		
Standard retail / Standard mail order	\$0	N/A

Catastrophic coverage stage

After your yearly out-of-pocket drug costs reach \$2,100, you pay nothing.

Part D vaccine

Our plan covers most adult Part D vaccines at no cost to you.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-319-8904**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Call **1-888-319-8904** to request a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- ☐ Benefits, premiums and/or copayments/ coinsurance may change on January 1, 2027.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Disclaimers

Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association.

Regence is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal.

Out-of-network/noncontracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You can submit a marketing complaint to us by calling the phone number on the back of your member ID card or by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day/ 7 days a week. Please reference your agent's name if applicable.

Utilization Management (UM) is the way we review the type and amount of care you're getting. This involves looking at the setting for your care and its medical necessity. Clinical professionals make decisions based on our clinical review criteria, guidelines, and medical policies. Examples of UM procedures include pre-service review (prior authorization), concurrent review (including urgent concurrent review) and post-service review. Find more information in our Member FAQ on **[regence.com/medicare/resources/faq](https://www.regence.com/medicare/resources/faq)**.

The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. Other names may be trademarks of their respective owners.

Doctor On Demand is a separate company that provides telehealth services. Silver&Fit is a separate company that provides wellness and health information services. TruHearing is a separate company that provides discounted hearing products. VSP is a separate company that provides vision services.

NONDISCRIMINATION NOTICE

Regence complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. Regence does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

Regence:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Civil Rights Coordinator.

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Customer Service

Civil Rights Coordinator
PO Box 1106
Lewiston, ID 83501-1106
Phone: 1-888-344-6347, (TTY: 711)
Fax: 1-888-309-8784
Email: CS@regence.com

Medicare Customer Service

Phone: 1-800-541-8981 (TTY: 711)
Email: medicareappeals@regence.com

VSP Customer Service

Phone: 1-844-299-3041
TTY: 1-800-428-4833

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD).

Complaint forms are available at
<https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፤ የሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिटिवाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)

Delta Dental of Washington

Dental Retiree PPO Plan

Benefit Summary

	PPO Dentist	Non-PPO Dentists	Out-of-State Dentist
Class I Benefits	90%	80%	90%
Class II Benefits	70%	60%	70%
Class III Benefits	50%	40%	50%
Annual Plan Maximum	\$1,000	\$1,000	\$1,000
Annual Deductible	\$50 individual	\$50 individual	\$50 individual
<i>Waived for Class I benefits</i>	\$150 family	\$150 family	\$150 family

Plan Year January 1 – December 31

In-Network Dentists must be used to receive benefits listed above.

Find in-network dentists at www.deltadentalwa.com/awc.
Refer to your dental booklet for limitations and exclusions.

Your dental plan covers Class I, Class II, and Class III benefits at the percentage listed above.

Class I Benefits:

*Covers diagnostic & preventative care:

- Routine Examination & Cleaning (up to 2 times annually)
- Comprehensive Oral Exam (covered 1 time in a 3-year period, instead of 1 routine exam)
- X-rays (limitations apply)
- Emergency Examinations
- Topical Application of Fluoride (up to 2 times annually)

Class II Benefits:

*Covers restorative, oral surgery, periodontics & endodontics care:

- Amalgam/composite fillings
- Crowns
- Removal of teeth
- Preparation of the mouth for insertion of dentures
- Procedures for pulpal and root canal treatment
- *In certain conditions of oral health, general anesthesia or intravenous sedations may be covered*

Class III Benefits:

*Covers periodontics & prostodontics care:

- Dentures
- Fixed partial dentures (fixed bridges)
- Inlays (only when used as a retainer for a fixed bridge)
- Removable partial dentures

* Please see dental booklet for limitations, and exclusions of this dental plan.

This benefit summary is intended only as a plan overview. It does not include all parameters, limitations and exclusions of the plan.



Delta Dental of Washington



Summary of Benefits



Association of Washington Cities – Retiree Plan – SW12 – 1/1/2026

COVERED BENEFITS	COPAYS
Annual maximum	No annual maximum*
Deductible	No deductible
General & ortho office visit	You pay \$15 per visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & emergency exams	Covered with the office visit copay
X-rays	Covered with the office visit copay
Teeth cleaning	Covered with the office visit copay
Fluoride treatment	Covered with the office visit copay
Sealants (per tooth)	Covered with the office visit copay
Head and neck cancer screening	Covered with the office visit copay
Oral hygiene instruction	Covered with the office visit copay
Periodontal charting	Covered with the office visit copay
Periodontal evaluation	Covered with the office visit copay
RESTORATIVE DENTISTRY	
Fillings	Covered with the office visit copay
Porcelain-metal crown	You pay a \$200 copay**
PROSTHODONTICS	
Complete upper or lower denture	You pay a \$300 copay**
Bridge (per tooth)	You pay a \$200 copay**
ENDODONTICS & PERIODONTICS	
Root canal therapy - anterior	You pay a \$75 copay
Root canal therapy - bicuspid	You pay a \$100 copay
Root canal therapy - molar	You pay a \$125 copay
Osseous surgery (per quadrant)	You pay a \$150 copay
Root planing (per quadrant)	You pay a \$60 copay
ORAL SURGERY	
Routine extraction (single tooth)	Covered with the office visit copay
Surgical extraction	You pay a \$80 copay
ORTHODONTIA TREATMENT	
Pre-orthodontia treatment	You pay a \$150 copay***
Comprehensive orthodontia treatment	You pay a \$2,000 copay
DENTAL IMPLANTS	
Dental implant surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS	
Local anesthesia	Covered with the office visit copay
Dental lab fees	Covered with the office visit copay
Nitrous Oxide	You pay a \$20 copay
Specialty office visit	You pay \$30 per visit
Out of area emergency care reimbursement	You pay charges in excess of \$100

*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum, if covered. **Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Underwritten by Willamette Dental of Washington, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

Exclusions and Limitations



This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

EXCLUSIONS

- Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services performed or initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Epistomal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed by a non-participating provider without a referral from a Willamette Dental Group, P.C. provider.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed prior to the member's effective date of coverage.
- Maxillofacial prosthetic services.
- Nightguards.

- Orthognathic surgery, unless listed as covered in the contract.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group, P.C. dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders, unless listed as covered in the contract.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are the employer's responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

LIMITATIONS

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group, P.C. dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established.
- The retreatment of root canal therapy performed by a Willamette Dental Group dentist will be covered as part of the initial treatment for the first 24 months. The retreatment of root canal therapy performed by a non-participating provider will be subject to the applicable copays.
- General anesthesia is covered with the copays specified in the contract, if: performed in a dental office, provided in conjunction with a covered service, and dentally necessary because the enrollee is under the age of 7, developmentally disabled, or physically handicapped.
- The services provided by a dentist in a hospital setting must meet the requirements in the contract to be covered.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group, P.C. dentist.



Regence MedAdvantage + Rx Enhanced Opt 3 (PPO) 2025 Summary of Benefits

January 1, 2025 – December 31, 2025

for the City of Vancouver

For more information

Visit our website at regence.com/mrg.

Contact Customer Service at **1-888-319-8904** (TTY: 711). Customer Service hours are 8 a.m. to 8 p.m., Monday through Friday (October 1 through March 31, our telephone hours are from 8 a.m. to 8 p.m., seven days a week).

This document is available electronically and may be available in other formats.

What you need to know about this book

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the Evidence of Coverage (EOC).

Who can join?

To join a Regence Medicare Advantage Retiree Group Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for your employer's retiree plan and live within the United States. As long as you are eligible for your employer's retiree plan, you will have coverage in any state you live in (excluding U.S. territories).

Tips for comparing your Medicare benefits

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Which doctors, hospitals, and pharmacies can I use?

Regence participates in the Blue Medicare Advantage PPO Network Sharing Program. If you use a Regence MedAdvantage PPO network provider, or any other provider who participates in the PPO Network Sharing Program, you will receive in-network benefits for covered services. If you reside in a county or state that does not participate in the Blue Medicare Advantage PPO Network Program, you will still receive in-network benefits for covered services as long as your chosen provider accepts Medicare. If you choose to use an out-of-network provider when an in-network provider is available, you may pay more for your services, except in urgent and emergency situations.

Go to our website at [**regence.com/mrg**](http://regence.com/mrg) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

When reviewing the following charts, you'll see the cost differences for in-network vs. out-of-network care and services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Regence MedAdvantage + Rx Enhanced Opt 3

Plan costs & limits		
Annual deductible	\$0	
Maximum out-of-pocket responsibility Annual limit on your out-of-pocket costs for your Medicare-covered services. This amount does not include prescription drugs. If you reach the limit on out-of-pocket costs, we will pay the full cost for Medicare-covered services for the rest of the year.	\$0 for services you receive from in- and out-of-network providers combined.	
Medical benefits	In-network	Out-of-network
Inpatient hospital coverage¹ Our plan covers an unlimited number of days per stay	\$0 per day: days 1-999	\$0 per day: days 1-999
Outpatient hospital services¹ Wound care services	\$0	\$0
All other services	\$0	\$0
Observation services	\$0	\$0
Ambulatory surgery center services¹ Wound care services	\$0	\$0
All other services	\$0	\$0
Doctor visits Primary care provider	\$0	\$0
Specialist	\$0	\$0
Preventive care Medicare-covered services: Abdominal aortic aneurysm screening Alcohol misuse screening and counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram)	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Cardiovascular disease risk reduction visit Cardiovascular disease testing Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screenings Diabetes screenings HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling Vaccines (flu, pneumonia, COVID-19, Hepatitis B) Welcome to Medicare visit (one-time)		
Annual routine physical exam	\$0	\$0
Emergency care Your copay is waived if admitted to the hospital within 48 hours.		
Emergency room visit	\$0	\$0
Worldwide emergency care	\$0	\$0
Urgently needed services Urgent care visit	\$0	\$0
Virtual urgent care visits - through our virtual care provider Doctor On Demand	\$0	Not covered
Worldwide urgent care visit	\$0	\$0
Diagnostic services/labs/imaging HbA1C testing	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Lab services ¹	\$0	\$0
Outpatient x-rays	\$0	\$0
Diagnostic tests and procedures ¹	\$0	\$0
Diagnostic mammography	\$0	\$0
Diagnostic radiology (MRI, CT, etc.) ¹	\$0	\$0
Hearing services		
Exam to diagnose and treat hearing and balance issues	\$0	\$0
Routine hearing exam ² - 1 per calendar year, in-network services provided by TruHearing	\$0	\$150
Hearing aids ² - 1 per ear per calendar year, aids must be provided by TruHearing	\$499, \$699, or \$999 per aid	Not covered
Dental services		
Medicare-covered services	\$0	\$0
Preventive services ² (Class I) Oral evaluations, 2 per calendar year Prophylaxis (routine cleaning or periodontal maintenance), 2 per calendar year, any combination Bitewing x-rays, 1 set per calendar year Full mouth (FMX) or panoramic x-ray, 1 every 36 months Fluoride, 1 per calendar year	\$0	\$0
Vision services		
Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	\$0	\$0
Routine exam ² - 1 per calendar year, in-network services provided by VSP	\$0	30%

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Routine eyewear ² - in-network services provided by VSP		
Lenses - standard basic single-vision, lined bifocal, lined trifocal or lenticular are covered	\$0	50%
Frames or contacts - allowance for in- or out-of-network every calendar year	\$150	\$150
Mental health services		
Inpatient psychiatric hospital ¹ - 190-day lifetime maximum	\$0 per day: days 1-190	\$0 per day: days 1-190
Outpatient mental health ¹ - individual or group	\$0	\$0
Virtual mental health visits - through our virtual care provider Doctor On Demand	\$0	Not covered
Skilled nursing facility¹ Up to 100 days covered per benefit period	\$0 per day: days 1-100	\$0 per day: days 1-100
Outpatient rehabilitation services¹		
Occupational therapy	\$0	\$0
Physical and speech language therapy	\$0	\$0
Ambulance¹		
Copay per each one-way Medicare-covered transport		
Ground ambulance	\$0	\$0
Air ambulance	\$0	\$0
Worldwide ground or air ambulance	\$0	\$0
Transportation	Not covered	Not covered
Medicare Part B drugs¹	\$0	\$0
Chemotherapy drugs		
Other Part B drugs	\$0	\$0
Part B insulin	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Acupuncture		
Medicare-covered services - limited to treatment of chronic low back pain	\$0	\$0
Additional covered services ²	\$0	\$0
Chiropractic		
Medicare-covered services - limited to manipulation of the spine to correct a subluxation	\$0	\$0
Additional covered services ²	\$0	\$0
Massage therapy²		
6 visits per calendar year, up to 60 minutes per visit	\$0	\$0
Naturopathy²	\$0	\$0
Diabetic services		
Diabetic monitoring supplies - in-network supplies limited to Ascensia Contour or LifeScan OneTouch	\$0	\$0
Continuous glucose monitor (CGM) and supplies ¹ - in-network limited to Dexcom and Abbott FreeStyle Libre	\$0	\$0
Diabetes self-management training	\$0	\$0
Lancets, lancet devices, therapeutic shoes, and inserts	\$0	\$0
Diabetic routine footcare ² - 6 visits per calendar year	\$0	\$0
Medicare diabetes prevention program (MDPP)	\$0	\$0
Durable medical equipment (DME)¹	\$0	\$0
Fitness program²	\$0	Not covered
Fitness membership through the Silver&Fit program		

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Medical benefits	In-network	Out-of-network
Home delivered meals² Post discharge - 2 meals per day, up to 14 days, 28-meal limit per eligible episode	\$0	Not covered
Outpatient substance use disorder services¹ Individual or group	\$0	\$0

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

Prescription drugs

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you.

You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a 31-day supply.

Annual prescription (Part D) deductible stage \$0

Initial coverage stage (the amount you pay until you have paid \$2,000 for covered drugs)	30-day	up to 100-day
Tier 1: Preferred generic		
Standard retail / Standard mail order	\$0	\$0
Tier 2: Generic		
Standard retail / Standard mail order	\$0	\$0
Tier 3: Preferred brand		
Standard retail / Standard mail order	\$0	\$0
Tier 4: Non-preferred drug		
Standard retail / Standard mail order	\$0	\$0
Tier 5: Specialty		
Standard retail / Standard mail order	\$0	N/A

Catastrophic coverage stage

After your yearly out-of-pocket drug costs reach \$2,000, you pay nothing.

Part D vaccine

Our plan covers most adult Part D vaccines at no cost to you.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-319-8904**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Call **1-888-319-8904** to request a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- ☐ Benefits, premiums and/or copayments/ coinsurance may change on January 1, 2026.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Disclaimers

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association.

Regence is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal.

Out-of-network/noncontracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You can submit a marketing complaint to us by calling the phone number on the back of your member ID card or by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day/ 7 days a week. Please reference your agent's name if applicable.

Utilization Management (UM) is the way we review the type and amount of care you're getting. This involves looking at the setting for your care and its medical necessity. Clinical professionals make decisions based on our clinical review criteria, guidelines, and medical policies. Examples of UM procedures include pre-service review (prior authorization), concurrent review (including urgent concurrent review) and post-service review. Find more information in our Member FAQ on **regence.com/medicare/resources/faq**.

The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. Other names may be trademarks of their respective owners.

Doctor On Demand is a separate company that provides telehealth services. Silver&Fit is a separate company that provides wellness and health information services. TruHearing is a separate company that provides discounted hearing products. VSP is a separate company that provides vision services.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-541-8981. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-541-8981. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-541-8981。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-541-8981。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-541-8981. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-541-8981. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-541-8981 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-541-8981. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-541-8981 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-541-8981. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-541-8981. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी पश्च के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपलब्ध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-800-541-8981 पर फोन करें. कोई व्यक्ति जो कहन्दी बोता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-541-8981. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-541-8981. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-541-8981. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-541-8981. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-541-8981 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

City of Vancouver Police/Fire Pensioner Group Group #00996

Delta Dental PPOSM Plan Benefit Summary

Effective Date	January 1, 2025		
Benefit Period	January 1 – December 31		
Benefit Period Maximum (Per Person)	\$1,500		
	Dental Network		
	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Benefit Period Deductible			
Does Not Apply to Class I (Per Person/Per Family)	\$75/\$225	\$75/\$225	\$75/\$225
Class I – Diagnostic & Preventive			
Exams	100%	100%	100%
Cleaning			
Fluoride			
X-Rays			
Sealants			
Class II – Restorative			
Fillings	70%	50%	50%
Endodontics (Root Canal)			
Periodontics			
Oral Surgery			
General Anesthesia/IV Sedation			
Class III – Major			
Dentures	50%	50%	50%
Partial Dentures			
Implants			
Bridges			
Crowns			



This is a summary of benefits for comparison and isn't a contract. Once you're enrolled, you can get a benefits booklet that will provide all the details of your dental plan. Please feel free to call our customer service department or visit our website at [DeltaDentalWA.com](https://www.DeltaDentalWA.com) if you have any questions.

Keep in mind, you will likely experience the greatest savings when you see a Delta Dental PPO dentist.

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” 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 7am to 5pm, Pacific Time. We’re happy to help.