

POLICY & PROCEDURE 2014

LEOFF 1 FIREFIGHTERS

DATE: January 1, 2014
TO: Seattle Fire Fighters
FROM: Seattle Fire Fighters Pension Board

POLICIES AND PROCEDURES OF THE SEATTLE FIREFIGHTERS PENSION BOARD

The primary purpose of adopting the enclosed Policies and Procedures is to provide updated, clear, written rules by which Seattle Fire Fighters can obtain the disability benefits and necessary medical services they are entitled to receive under Washington State Pension Laws. If you have any comments or questions about the enclosed Policies and Procedures, please do not hesitate to contact the Secretary of the Board at (206) 625-4355 or 1-800-993-3473.

1.0 REFERENCE:

- 1.1 Washington Law Enforcement Officers' and Fire Fighters' Retirement System Act, Chapter 41.26, Revised Code of Washington (RCW), as amended hereinafter as the "LEOFF ACT."
- 1.2 RCW 41.16, Fire Fighter's Pension Law of 1947, as amended, cited hereinafter as the "1947 Act."

- 1.3 RCW 41.18, Fire Fighter's Pension Law of 1955, as amended, cited hereinafter as the "1955 Act."
- 1.4 WAC Chapter 415-105 "Local Disability Board Procedures."
- 1.5 S.S.B. 6212 Retired members under Boards jurisdiction can elect Board members.
- 1.6 By-laws of the Seattle Fire Fighters Pension Board.
- 1.7 Policies, Procedures and Operating Instructions issued by the Seattle Fire Department.

2.0 POLICY:

- 2.1 All members shall be subject to all by-laws, policies and procedures of the Board, as well as the provisions of the Pension Laws.
- 2.2 In case of illness or injury of a member, all payments for disability benefits (salaries) and necessary medical services shall be made in accordance with the provisions of the Pension Laws and the by-laws, policies, and procedures of the Board.
- 2.3 State Law RCW 41.26.150 (2) requires members that have other insurance, or are eligible for other insurance through another employer, their spouse or any other source submit all medical bills to the appropriate insurance as primary. This includes Medicare. Notify the medical provider that Blue Cross should be billed as secondary coverage.
- 2.4 The Board shall be responsible for the administration and enforcement of these Policies and Procedures.

- 2.5 To receive disability benefits and/or necessary medical services paid for from the Fund, all members shall follow the procedures set forth in these Policies and Procedures. A member's failure to follow these procedures, may subject the member to the loss of payment for benefits and/or services otherwise due under the Pension Laws.
- 2.6 Illegal acts, directly attributable to the member, resulting in court ordered treatment as part of a sentence may subject the member to the loss of payment for benefits and/or services otherwise due under the Pension Laws.
- 2.7 Members must provide all information related to the member's illness or injury required by a Pension Fund Physician, the Board, and/or the Secretary. Members are not required to give confidential information about their illness or injury to parties other than the Board, Staff and Pension Physicians.
- 2.8 A Pension Fund Physician shall communicate confidential information about a member's illness or injury only to the Board and/or Secretary. Confidential information may be released to other parties only with the member's written permission.
- 2.9 Medical Evaluation - It shall be incumbent upon each member obtaining a medical evaluations, at the board's direction, to advise each and every examining physician: That such evaluation is being conducted at the direction of the Board; that any reports relating thereto are for the benefit of the Board; that the doctor-patient privilege may not be invoked with respect thereto; and that the

physician may be called upon by the Board to testify as to his findings. [WAC 415-105-040 (6)].

- 2.10 Hearing - In sections where the Board has determined statutes do not permit payment, the member has the right to request a Board hearing, should they believe circumstances warrant individual consideration. In such cases, the burden of proof lies with the member. The Board will make a final decision based on relevant evidence submitted by the member.

3.0 DEFINITIONS

- 3.1 **BOARD** - The Seattle Fire Fighters Pension Board, established by the 1947 Act to administer the Seattle Fire Fighter's Pension Fund. The Board consists of the Mayor of Seattle or his designee (who must be an elected City of Seattle official), the Director of Finance, the Chairman of the Seattle City Council's Finance Committee, and two elected Fire Fighters regularly employed by the Seattle Fire Department, or retired members subject to the jurisdiction of the Board. The Mayor or his designee is Chairman of the Board. An alternate Fire Fighter/Retired member is appointed by the two elected Fire Fighters to serve in either's absence. [RCW 41.26.110] [RCW 41.16.020].
- 3.2 **DISABILITY** - An illness or injury which causes a member to become incapable of performing his/her regularly assigned Seattle Fire Department duties. Whether or not a member is disabled shall be determined by a Pension Fund Physician, subject to review and approval by the Board.

- 3.3 **DUTY PHYSICIAN** - A Pension Fund Physician assigned the duty, on a 24-hour basis, to be available to members for consultation and treatment of medical emergencies.
- 3.4 **FUND** - The Seattle Fire Fighters Pension Fund established by the 1947 Act.
- 3.5 **MEDICAL EMERGENCY** - An illness or injury requiring medical treatment beyond basic first aid and normally requiring the services of the Medic I system.
- 3.6 **MEMBER** – A retired or active uniformed employee of the Seattle Fire Department.
- 3.7 **NECESSARY MEDICAL SERVICES** - The medical services which members are entitled to receive under the LEOFF I Act. This policy excludes payment for medical treatment performed outside the United States. Emergency medical treatment performed outside the United States will be reviewed by the Board on a case by case basis.
- 3.8 **PENSION FUND OFFICE** - Office of the Secretary of the Board is located at 2200 6th Avenue, Suite 820, Seattle, Washington 98121-1822, (206) 625-4355 or 1-800-993-3473, FAX (206) 625-4521, Email Address Davess@seattle.gov. All forms can be emailed if you choose.
- 3.9 **PENSION FUND PHYSICIAN** – Your primary care physician employed by the Board to advise the Board on medical matters and to provide necessary medical services.

3.10 **PENSION LAWS** - The Washington State laws RCW 41.16, 41.18 & 41.26. WAC 415-105

3.11 **SECRETARY** - The Secretary and/or the Benefits Administrators appointed by the Board to provide staff support to the Board.

3.12 **SUBROGATION** - Subrogation is the substitution of one person in the place of another with reference to a lawful claim. When the Pension Fund pays medical bills for a member injured by a third-party, the Fund is by statute entitled to recover the amount paid. See Section 3.13.

3.13 **THIRD-PARTY CLAIMS**

A. When a member is injured by the act of another person who is legally responsible for the damage incurred, the member has a right of action which is usually pursued by the member who retains a private attorney to either negotiate a settlement or litigate a recovery. In either case, to the extent that the Pension Fund pays medical expenses on behalf of its member for such an injury accident, it is the Pension Fund which is entitled to recovery of that amount.

B. RCW 41.26.150(3) creates the subrogation interest referred to above which is for recovery of the costs for medical services in connection with the member's sickness or disability, to the extent those funds have been paid by the fund. The claim for damage to your person is your responsibility to pursue. The fund will obtain the information from you as a result of your "Claim/Referral" form

and will contact your attorney to keep him/her informed of the amount of the lien claimed against your recovery.

- C. To the extent that the member enters into a "contingency" agreement with an attorney, the Fund will honor that agreement and pay a percentage of the subrogated interest recovery (the lien) up to a maximum of 33-1/2%.

3.14 **FORMS** - The required forms listed below must include all information requested by the form. All required forms shall be submitted to the Pension Fund Office as soon as practicable for claim payment.

- A. "CLAIM FORM" - Submittal of the "Claim" Form is the member's responsibility and shall be completed for each incident of injury or illness. The form must be filled out before a member can be paid for disability time loss and/or any medical services or expenses paid. Depending on the circumstances statements for medical expenses that are over a year old might not be paid. Claim forms do not require a physician's signature.

- B. "REFERRAL FORM"- Submittal of the "Referral" Form is the member's responsibility and shall be completed for each referral to a specialist or to a primary care physician other than the Pension Fund Physicians. The form must be filled out before a member can be paid for disability time loss and/or any medical services or expenses paid. Depending on the circumstances statements for

medical expenses that are over a year old might not be paid. Depending on the situation the pension staff may authorize the use of a claim form in lieu of a referral form. If you already have a referral for a specialist on file a claim form is all that is needed. Please state on the claim form that a referral has been submitted in the past. Contact the pension office if you have any questions.

1. The "Referral" form shall be completed by the member when:

- a) The members initial visit for any illness or injury.
- b) Referred to a specialist.

C. "OTHER HEALTH/BENEFITS FORM" - Annually, members are required to submit an "Other Health/Benefits Form" to the Pension Office. The Pension Office will mail the form to members.

3.15 **REIMBURSEMENT:** For reimbursements for an authorized prescription or for any other medically necessary services that have been authorized by a physician and is not covered by Blue Cross the following is required:

A. Reimbursement for prescriptions will require two items being submitted together:

- 1. An itemized receipt for the prescribed item
- 2. The prescription from the physician.

3. For co-pays or any other electronically prescribed prescriptions the receipt from the pharmacist that has the physicians name and the item prescribed will suffice.

B. Reimbursement for medical services will require the following items being submitted with the receipt of payment for service(s).

1. An itemized bill for service(s).
2. An EOB is required if the member has other coverage.
3. Prior approval from the Pension office and a letter from the attending physician authorizing service.
4. Reimbursements for medical expenses received by the Pension Board Office in excess of one year from the date of service may be denied.

4.0 BOARD AUTHORITY/RESPONSIBILITY

A. The granting of disability leave, retirement and other benefits; and the cancellation of disability leave/retirement and subsequent return of members to duty, is the statutory duty of the Board.

B. All actions by Pension Physicians are subject to review and approval of the Board.

C. Previously granted disability benefits may be denied by the Board with just cause, by a motion to rescind.

5.0 RETIREMENT FOR DISABILITY

- A. Applications for disability retirement are subject to review and approval of the board as provided by applicable pension laws.

6.0 MEDICAL COVERAGE

A. FIRE FIGHTERS UNDER LEOFF ACT - PLAN I - RCW 41.26, AS AMENDED

1. Are covered for all “necessary medical expenses” (as determined by a licensed physician or surgeon) and approved by the board.
2. Must use the designated medical services or referral system.

B. FIRE FIGHTERS UNDER PRIOR ACT, RCW 41.18, AS AMENDED.

1. Members are covered for medical expenses attributable to service connected medical conditions, or service connected medical conditions that surface after retirement. The proof of service connection needs to be conclusive and requires the written concurrence of a Pension Fund Physician that job causation was probable.

- C. The Board’s Policy and Procedures, as well as applicable State laws, must be followed by all fire fighters entitled to medical coverage in order to obtain proper medical treatment and/or payment of medical bills.

D. A member entitled to receive pension, disability and/or medical benefits from the fund, must maintain a current address on file in the Seattle Fire Fighter's Pension Office.

E. A Firefighter who becomes sick or injured may contact a Pension Board Physician of his choice, during business hours by calling (206) 329-1760 or 1-800-648-8837. It is very important when calling the Polyclinic Centralized Appointment Number to identify yourself as a retired fire fighter.

1. The Polyclinic – 904 7th Ave - 8:30 AM to 5:00 PM, Monday thru Friday.

2. DR. JEFFREY MEEHAN & DR. JOHN STIMSON are located at 904 7th Ave. Phone # 206-329-1760

3. DR. THOMAS KING is located at the Polyclinic at 11011 Meridian Ave. North. Phone # 206-860-2348

F. This system is not intended to limit, in any way, your telephone access to your physician's nurse. If you want to describe your condition to the nurse to determine whether you should come in or how quickly you should come in, you should do so, just as you have in the past.]

G. SPECIALIST

1. For the services of a specialist the member shall be referred by a Pension Fund Physician or Primary Physician.

2. Claims for payment for referred services will not be paid until approved by the Board. The necessary medical

expenses of a medical specialist will be paid only if a referral is obtained from a Pension Fund Physician or authorization is obtained from the pension office.

3. If the Firefighter is dissatisfied with the specialist, the Pension Fund Physician may refer the member to another specialist.

H. PRIMARY CARE PHYSICIAN

1. Retired members may choose a physician of their choice as their Primary Physician. The following procedures must be followed in order to obtain proper medical treatment and/or payment of medical bills.
 - a) Retired members must request a Referral form to be completed by a Pension Fund Physician. After the Pension Fund Physician completes their portion of the form the member must complete the member's portion of the form. Upon completion of the form by the Pension Fund Physician and the member, the form shall be sent to the Pension Board Office for placement in the member's medical file.
 - b) The physician of the retired member's choice becomes your Primary Physician. This physician now has the authority to refer a member for testing or to see a specialist.
 - c) All members must use their Blue Cross Card for all medical services. If you have other coverage

including Medicare your Blue Cross coverage becomes your secondary insurance.

7.0 TRANSPORTATION

7.1 The cost for transportation from a medical facility to a residence is not covered unless determined to be medically necessary.

7.2 Transportation from a private residence to a medical facility for non-emergency services is not covered.

8.0 PROCEDURE UPON THE DEATH OF A RETIRED FIRE FIGHTER

A. Notify the Pension Office as soon as possible.

B. Send a copy of the Death Certificate.

C. If married, send a copy of the Marriage Certificate.

D. Address: 2200 6th Avenue, Suite 820 Seattle, Washington 98121

Phone: (206) 625-4355 OR 1-800-993-3473

9.0 MEDICARE - COVERAGE FROM OTHER SOURCE - STATUTORY PROVISION - REIMBURSEMENT - BOARD POLICY

9.1 LEOFF - PLAN I

A. RCW 41.26.150 provides payment for medical services not payable from some other source.

B. RCW 41.26.150(2) provides that amounts payable will be reduced by any amount received or eligible to be received from other sources such as Medicare or coverage provided by another

employer. This means the Board will only pay the amount over and above what the member is eligible to receive from these other sources.

C. Recognizing the savings to the Pension Fund, it is the policy of the Board to reimburse (on an annual basis) for Medicare premiums, paid by the member.

9.2 **PRIOR ACT RETIREES - RCW 41.18**

A. Medical coverage under the prior act is limited to treatment of service connected disabilities only. Prior Act retirees are not required by law to apply for Medicare. Savings to the fund only occurs when members do have Medicare coverage.

Reimbursement will be limited to Medicare premiums only, paid by the member.

10.0 BENEFITS

10.1 ACUPUNCTURE

A. POLICIES

1. The acupuncturist must have a valid State License.

Treatment requires a referral from your primary care physician. The coverage is limited to one treatment per day with a dollar maximum of \$125.00 per day. This is limited to an actual acupuncture treatment and doesn't cover additional procedures without prior Board approval.

B. PROCEDURES

1. The member is to first obtain a "Referral" from their Primary care Physician and submit it to the pension office..
2. A "Claim" form is to be submitted by the member to the Pension Office.
3. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

10.2 **CHIROPRACTORS**

A. POLICIES

1. A member may go to a licensed Chiropractor of the member's choice only by first obtaining permission from their Primary Care Physician, the Secretary, or Assistant Secretary.
2. The Board will pay an amount toward each treatment from a fee schedule adopted by the Board (\$75.00 per adjustment).
3. A member is entitled to a maximum of 25 (twenty-five) adjustments per calendar year and a maximum of one adjustments per day without Pension Board review.
4. X-rays will continue to be a covered expense with a maximum of two sets of x-rays per year. The Board's intent is to pay for adjustments only and any additional cost from seeing a chiropractor will be the member's responsibility.

B. PROCEDURE

1. A "Claim or Referral Form" is to be submitted by the member to the Pension Office.

2. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

10.3 **COSMETIC SURGERY**

A. POLICIES

1. Surgery intended primarily to improve the appearance, looks or image of a person, or to correct pre-existing or congenital conditions, usually and normally referred to as cosmetic surgery will not be considered a necessary medical expense with the following exception:
 - a) Reconstructive surgery required as the result of accidental injury/illness suffered by a member to correct a disfiguring condition will be provided.
2. Any condition not clearly within the above definitions will require prior approval of the Board.

B. PROCEDURES

1. The member is to first obtain a letter from their primary Care Physician explaining the need for the procedure.
2. A Claim Form is to be submitted by the member.
3. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

10.4 COUNSELING

A. PURPOSE

1. To establish uniform methods of procedure, responsibility and review of counseling.

B. POLICIES

1. The policy will be to provide counseling to assist members in addressing their situations.
2. Counseling will be limited to and under direction of a State licensed psychologist, psychiatrists and counselors upon referral by a Pension Physician.
3. A diagnosis and prognosis report is required to be submitted to the Pension Office after the original examination.
4. The Specialist will submit a monthly progress report to the Pension Office.
5. Outpatient treatment for counseling will be subject to a maximum calendar year limit of 26 visits. After 26 visits the member's progress will be reviewed by a pension board physician to determine if continuing care is merited.
6. Inpatient treatment in a state licensed facility is a covered benefit.
7. Marriage counseling is not considered a necessary medical expense and is the responsibility of the member.
8. If disability leave is incurred, it will be considered non-duty until medical and/or other relevant evidence substantiates a duty-caused disability.

C. PROCEDURES

1. If payment for treatment is to be made by the Board, the member must first submit a Claim form.
2. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

DENTAL BENEFITS ARE LISTED ON PAGES 34-35

10.5 EYEGLASSES AND EYE CARE

A. POLICIES - The policy of the Seattle Fire Fighter's Pension Board is to provide as necessary, medical expenses for the following:

1. Examinations and treatment by State licensed physicians and/or optometrists.
2. Eyeglass lenses, frames and / or prescription sunglasses every 24 consecutive months as long as total cost falls within the limits. Lenses can be replaced every 12 months if there is a change in the prescription.
3. There has been some confusion with the policy for glasses when it comes to things such as progressive lenses, tinting, antiglare, second pair free, etc. To simplify the process the Board has placed a maximum dollar amount of coverage which includes any cost for the above mentioned items and if available you can acquire more than one pair. You are still only allowed this benefit once every 24 months. You may not use a portion of your benefit and then a few months later

use the unused balance for additional services. The only limitation is the total dollar amount which is listed below. The dollar amounts listed below are the maximum amounts covered regardless of what you might choose for your glasses.

- a) Single Vision \$425.00
- b) Bifocals \$450.00
- c) Trifocals \$510.00

4. Eyeglass lenses and Contacts, every 12 consecutive months, if a change in prescription is indicated.

- a) Single Vision \$260.00
- b) Bifocals \$290.00
- c) Trifocals \$360.00
- d) Contacts \$225.00 (annual)

5. Replacement of eyeglass lenses and/or frames is only covered when damaged or lost as a result of performance of duty.

6. Corrective eye surgery: Lasik / Ocular implants.

- a) The procedure must be performed by a licensed physician (Ophthalmologist).
- b) Appliances and equipment utilized for the procedure must be FDA approved.
- c) The procedure must be performed in the United States.
- d) This is a one-time benefit.
- e) Coverage is limited to \$1400.00 per eye.

B. PROCEDURES

1. Members are to first obtain a referral form from their Primary Care Physician.
2. Members may obtain prescribed eyeglasses from any source of their choice.
3. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

10.6 HEARING AIDS

A. POLICIES - The policy of the Seattle Fire Fighters Pension Board is to allow, as a necessary medical expense, \$3600.00 per ear once every 36 months for hearing aids. In addition, payment will be made for batteries, maintenance and training as needed.

B. PROCEDURES

1. Members are to first obtain a Referral from their Primary Care Physician for audiology tests.
2. A Claim form is to be submitted by the member.
3. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

10.7 LONG TERM MEDICAL CARE

A. POLICIES

- a) The policy of the Seattle Firefighters Pension Board is to provide Nursing/Assisted Living (**Basic room and**

board cost is not covered for assisted living facilities)/Adult Family Home/In Home and Hospice Care, when this care is deemed “Medically Necessary” by a Pension Board Physician. An assessment of the individual is required by State law to determine the level of care that the member requires. The assessment will need to be from an independent agency or the attending physician and not from the Long Term Care facility. The assessment requires prior approval from the pension office. The intent is to provide care for members when they are unable to care for themselves in an independent living situation and their only other option would be a skilled nursing facility. Facilities must provide Medical care on a twenty four hour seven day a week basis. The daily published cost for the facility are intended to include most medical items the member may need and should be provided by the facility. These would be items such as lifts, special commodes, beds etc. Items that would be paid for in addition to the daily facility amounts would be items such as depends, specialized wheelchairs etc.

- b) Assisted Living Facilities: Coverage is limited to medical menu items and does not include the basic room and board cost. The medical menu items are limited to a maximum coverage of \$150.00 per day.

- c) For members who are confined to a Long Term Care Facility as defined above the following non-emergency medical transportation coverage will apply.
- d) The Pension Board has authorized two transports per month at a maximum cost of \$150.00 per transport. These will be for medically necessary situations such as doctor's appointments, transportation to hospitals for test and other situations deemed medically necessary. Prior approval must be obtained from the pension office.
- e) The Board has authorized payment to long term care facilities to hold a bed for members that have been temporarily transferred to another facility for a period of not more than 30 days.

B. PROCEDURES

1. The member or their legal representative are to obtain a "REQUEST for COVERAGE" questionnaire from the pension office. This will provide guidance and request pertinent information from the physician and the prospective care providers, either in-home care or a residential facility. Upon completion of the request form it shall be submitted with required documentation to the pension office for review. The pension office will go over the request with the member or their representative to assist them with any questions they may have. The goal of the Board is to help

the member through the process during this difficult time. The pension staff will review the request and under guidelines set forth by the Board notify the member or their legal representative of what coverage will be provided by the Board.

2. The member or their legal representative are to first obtain a letter from their primary physician stating the need for care.
3. Care will be provided only by State licensed providers under applicable State guidelines approved by the Board.
4. A "Claim/Referral Form" will be submitted to the Pension Office.
5. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

10.8 MASSAGE THERAPY

A. POLICIES

1. Therapist must meet all State licensing requirements.
2. Member must be referred by a Pension Board Physician.
3. Massage Therapy is provided when a letter from a Pension Board Physician is received by the pension office that states massage therapy it is part of an overall “medically necessary” treatment plan for a specific injury. The Pension Board Physician will re-evaluate the progress of the patient to determine the effectiveness of the treatment.

4. The maximum number of massage therapy treatments allowed per year is twenty. The maximum dollar amount is \$60.00 per treatment. Coverage is limited to one treatment per day. A member is allowed five treatments when prescribed by their attending physician as part of an overall treatment plan. After the initial five treatments the member must be examined by their attending physician who shall determine if the treatments are beneficial and if the physician so determines, they may prescribe an additional five treatments between examinations. This requires a letter from the attending physician.

10.9 NATUROPATHIC MEDICINE

A. POLICIES

1. Must meet all State licensing requirements.
2. Member must be referred by a Pension Board Physician.
3. Naturopathic Physician care is provided when a letter from a Pension Board Physician is received by the pension office that states that medical care from a Naturopathic Physician is part of an overall “medically necessary” treatment plan for a specific illness. The Pension Board Physician will re-evaluate the progress of the patient to determine the effectiveness of the treatment.

4. Payments for lab work will be reimbursed only for labs that have a business license, a license from the Department of Health and have been assigned a Medicare number. We have had some problems with members using labs that don't meet these criteria. These labs are the ones that are typically utilized by Naturopathic Clinics. Medically necessary lab work that is requested by a Naturopath is covered and will be paid by the pension fund but must be performed by labs that meet the standards listed above.
5. The maximum allowable payment for a visit to a Naturopath is \$150.00. Coverage is limited to one visit per day.

10.10 ORGAN TRANSPLANTS

A. POLICIES

1. The policy of the Seattle Fire Fighters Pension Board is to provide payment for reasonable medical expenses associated with member organ/tissue transplants.
2. The transplant must be deemed medically necessary by a Pension Physician and approved by the Board.
3. Reasonable donor medical expenses, as a result of the procedure, are considered necessary medical expenses of the member.
4. Procedures are limited to federally licensed facilities.

B. PROCEDURES

1. Member must first obtain a "Claim/Referral" from a Pension Fund Physician.
2. A "Claim/Referral Form" will be submitted to the Pension Office.
3. For members with other insurance or benefits, bills must first be submitted to the other insurance or benefit program for payment. [RCW 41.26.150(2)]

10.11 ORTHODICS

A. POLICY

1. The maximum allowed per year for orthotics is \$350.00 regardless of how many pair you receive.

10.12 PHYSICIAN EXAMINATIONS

A. POLICIES

1. The Board has approved annual physical examinations for all LEOFF I and Prior Act Fire Fighters.
2. The purpose of these examinations is to detect latent medical problems before they become serious and treatment more difficult.

B. PROCEDURES

1. Members will schedule physical examinations with the Pension Fund Physician.

2. A "Claim/Referral" form will be submitted to the Pension Office.

10.13 PHYSICAL FITNESS

- A. The Board encourages and supports physical fitness for Fire Fighters and is aware of its importance in the prevention of injuries and disease.
- B. Physical fitness is the individual member's responsibility.
- C. The Pension Board cannot provide payment for weight reduction or fitness programs as a necessary medical expense. This includes, but is not limited to, club memberships, fitness equipment, home spas, and dietary aids.
- D. Physical therapy and rehabilitation following illness, injury, and/or surgery continue to be approved medical treatment, including approved orthopedic appliances.

10.14 PRESCRIPTIONS / APPLIANCES, AND NON-DURABLE MEDICAL GOODS

A. POLICIES

1. The Board has contracted with Blue Cross to provide prescriptions to our members. These prescriptions are available through participating pharmacies or a mail order program. (Mail order forms are available through the Pension Office).

2. Prescriptions purchased under emergency conditions are covered on a reimbursement basis.
3. Over the counter drugs, when authorized by prescription prior to purchase and deemed medically necessary will be covered on a reimbursement basis. Reimbursement for over the counter items will only be for items that are designated for specific treatment for a specific medical condition. This includes such items as pain medication, acid reflux etc. General supplements will not be covered unless identified by the prescribing physician for a certain medical condition.

B. PROCEDURES FOR OBTAINING PRESCRIPTION MEDICATIONS

1. Present the authorized prescription and your Blue Cross Group Card to the participating pharmacy (OR) utilize the mail order program, Mail order forms are available through the Pension Office.
2. Reimbursement of prescribed medications purchased under emergency conditions requires the prescription and the receipt of purchase submitted to the pension office.
3. Reimbursement for prescription copays only require the receipt from the pharmacist, which has the physicians name and the item prescribed.

C. PROCEDURES FOR REIMBURSEMENT OF PRESCRIBED OVER-THE-COUNTER MEDICATIONS

1. Submit together to the Pension Office: the prescription and the receipt of purchase for the prescription.

D. PROCEDURES FOR REIMBURSEMENT OF APPLIANCES, AND NON-DURABLE MEDICAL GOODS

1. For all appliances or non-durable medical goods which cost less than \$250.00, present the authorized prescription to the appropriate vendor for billing to Premera Blue Cross.
2. If purchased, submit together the receipt for the item and the authorized prescription to the Pension Office for reimbursement.
3. Appliances and non-durable goods which exceed \$250.00 will require prior authorization from the pension office for you to receive reimbursement. The Secretary may authorize appliances up to \$2500.00. A letter from the prescribing Physician stating the medical necessity will need to accompany the request for approval. The Board has entered into an agreement with a medical equipment vendor who will be used when possible. The vendor will also be used for out of area needs.

10.15 SMOKING CESSATION TREATMENT

A. POLICIES

1. The Board's policy is to provide treatment for smoking cessation through structured, medically supervised program.
2. This program is subject to a \$350.00 annual limit (12 months).

B. PROCEDURES

1. The member must first obtain a "Claim/Referral" from a Pension Board Physician.
2. "Claim/Referral" form must be submitted by the member.
3. For members with other insurance, bills must first be submitted to the other insurance for payment. [RCW 41.26.150(2)].

10.16 STERILIZATION AND SEXUAL DYSFUNCTION

A. POLICIES

1. The Boards policy is that sterilization (which is not the result of injury or organic disorder) is not considered a necessary medical expense.
2. The treatment of sexual dysfunction is covered when considered medically necessary by the member's attending physician.

B. PROCEDURES

1. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

10.17 SUBSTANCE ABUSE TREATMENT

A. POLICIES

1. The Board's policy is to provide for the treatment of Substance Abuse at a facility licensed by the State to provide that service. The Primary Care Physician is to determine the suitability of the treatment process..
2. Treatment may consist of inpatient or outpatient treatment with the approval of their Primary Care Physician.
3. Payment for Substance Abuse treatment will be subject to a maximum lifetime limit of \$18,000.00.

B. PROCEDURES

1. The member is to first obtain a letter from their Primary Care Physician for the selected facility or organization stating the need for the prescribed treatment.
2. A "Claim" form is to be submitted by the member.
3. For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

11.0 OTHER INSURANCE

A. POLICY

1. RCW 41.26.150 provides payment for medical services not payable from other sources.
2. RCW 41.26.159(2) provides that amounts payable will be reduced by any amount received or eligible to be received from other sources such as Medicare or coverage provided

by another employer or spouse's employer. The board will only pay the amount over and above what the member is eligible to receive from other sources.

3. When other insurance is available (Medicare, coverage from spouse or other employment) the member is required to sign up for coverage and will be reimbursed by the Pension Fund.

B. PROCEDURE

1. Members must submit a statement of other insurance premiums for the previous year to the Pension Office for reimbursement.

12.0 RECOMMENDED PROTOCOL FOR BASIC ANNUAL PHYSICAL EXAMINATIONS

A. ANNUALLY

1. Medical History and exam
2. Complete blood count
3. Urinalysis
4. Chemistry Profile
5. PSA (males)
6. Hem occult
7. Complete Cholesterol profile
8. Chest X-ray

B. EVERY 5 YEARS

1. Colonoscopy
2. Exercise treadmill test

3. Spirometry
4. Audiogram

C. FEMALE FIRE FIGHTERS

1. Pap Smear – yearly
2. Mammography – yearly

D. IMMUNIZATIONS- Immunizations are a covered benefit.

Immunizations for out of country travel are the member’s responsibility. Certain immunizations given outside of a medical clinic (pharmacy) may be covered using your Blue Cross card. If payment is required submit an itemized receipt to Blue Cross for reimbursement.

13.0 CONTACTS

PENSION WEBSITE	www.cityofseattle.net/firepension
PENSION OFFICE	(206) 625-4355 or 1-800-993-3473
PENSION FAX	(206) 625-4521
PENSION E-mail	davess@seattle.gov
PENSION INFO LINE	1-855-558-7565
Blue Cross	1-800-722-1471
B.S.I. Trust	1-800-203-0544
City Credit Union	(206) 398-5500
IAFF Local 27	(206) 285-1271

Medicare	1-800-633-4227
PENSION DOCTORS	
Dr. Jeffery Meehan	(206) 329-1760
Dr. John Stimson	(206) 329-1760
Dr. Thomas King	(206) 860-2348
POISON CONTROL	1-800-222-1222
SFD Alarm Center	(206) 386-1494
SFD Business Office	(206) 386-1400
SFD Relief Association	(206) 285-7651
Social Security	1-800-772-1213

14.0 DENTAL

14.1 POLICY

- A. Dental Coverage is \$2500.00 per year effective January 1, 2013.
- B. A new BlueCross card will be issued to you by January 1, 2013 which will be used for medical services, prescriptions and dental services.
- C. If your dentist is a BlueCross provider they will bill BlueCross directly and no paperwork or payment would be required of you. If your dentist is not a BlueCross provider you or your dentist will submit the invoice directly to BlueCross and BlueCross will pay

the dentist directly. If your dentist requires you to pay upfront for services then when you submit the bill to BlueCross for reimbursement include a note that you have already paid for the services and the reimbursement will be paid directly to you. Some dentists will bill BlueCross directly even if they are not a provider. BlueCross stated that BlueCross providers will receive payment within ten working days and for non-providers it will take approximately 15 days.

- D. The Board will no longer reimburse for premiums for other coverage. You may still carry other coverage but the cost for the premiums will be your responsibility.
- E. To determine how much coverage you have remaining for the year contact BlueCross using the number on the back of your card.
- F. Charges incurred by a member who sustains an accidental injury to their teeth must commence treatment by a licensed dentist within 90 days of the injury. Contact the Pension Office to insure coverage.
- G. Treatment for an injury to teeth incurred in the line of duty, to include bridgework is covered and not subject to the \$2500.00 annual limit.
- H. Oral surgery, including implants may be covered if determined to be medically necessary by a licensed physician. Prior approval is required. Contact the Pension Office regarding prior approval. The limit for implants is \$2000.00 per tooth.
- I. No benefit is provided for Bruxism or similar conditions, unless the result of a medical procedures such as defibrillation.

- J. For dental work performed outside the country contact the pension office prior to having the work done for information on the proper procedures to insure reimbursement.

14.2 PROCEDURES

- A. For an injury the Dentist is to provide the Pension Board Office a letter detailing services provided and stating they are the result of an injury.
- B. For implants or oral surgery the physician is to provide the Pension Board Office a letter detailing the medically necessity for the procedure. This will be reviewed by the pension fund physician.
- C. Members having other dental coverage must first submit the bill to that dental plan for payment [RCW 41.26.150(2)].
- D. Pension Office contact information is on page 33.

ACTIVE FIREFIGHTER PROCEDURES

1. No member shall be laid off from duty due to illness or injury or returned to duty from layoff for an illness or injury, except when authorized by these Policies and Procedures.
2. The primary responsibility of a member on disability leave is to get well for return to duty as soon as possible, pursuant to the instructions of a Pension Fund Physician.

3. Members shall be returned to duty from disability leave as soon as they are able to perform their regularly assigned Fire Department duties with average efficiency. This determination shall be made by a Pension Fund Physician, subject to review and approval by the Board.

4. **FAILURE-TO-COMPLY-PRESUMPTION OF RECOVERY** - A member's failure to comply with Board authorized reporting requirements will constitute a discontinuance of required physician care. The member may have disability leave canceled.

5. **TRIAL SERVICE PERIOD** - A member on disability leave, in the event medical and/or other relevant evidence is inconclusive concerning the members fitness for regularly assigned duty may be returned to regular assigned duty in the same position held at the time of discontinuance of service for a Trial Service Period to determine the members fitness for duty. Such a Trial Service Period does not entitle the member to a second six-month period of disability leave for the same disability, if, based on the Trial Service Period, the member is found to be disabled. [WAC 415-105-050 RCW 41.26.150(1)].

6. **LIMITED DUTY** - A member on disability leave or retirement, who is unable to perform the duties of his/her rank may, at his/her request, be returned to duty in such other like or lesser rank as may become open and available, the duties of which he/she is then able to perform. A member of LEOFF I on disability leave may be assigned to a Limited Duty position only by mutual agreement of the member, the Pension Board

Physician, the Pension Board and the Chief of the Department. [RCW 41.26.140(2) SFD I 120].

7. **GRANTING DISABILITY RETIREMENT - LIMITED DUTY** - No member shall be entitled to a disability retirement allowance if the appropriate authority advised that there is an available position for which the member is qualified and to which one of such grade or rank is normally assigned and the Board determines that the member is capable of discharging, with average efficiency, the duties of the position. [WAC 415-105-060)].
8. **PROCEDURE** – The following procedures must be followed by all active members to obtain proper medical treatment and to receive payments for disability benefits and/or necessary medical services.
9. **DISABILITY AT WORK** - A member who becomes ill or injured while on shift with the Seattle Fire Department shall immediately notify his/her supervisor of the illness or injury. When the illness or injury is not a medical emergency, but requires the services of a physician, the supervisor or the member (after notifying his/her immediate supervisor), shall contact a Pension Fund Physician directly during regular business hours, otherwise through the Dispatcher.
10. **DISABILITY AT WORK - MEDICAL EMERGENCY** In the event a member needs treatment for medical emergency assistance from the Medic I system it shall be requested through the Dispatcher. After dispatching a Medic I unit, the Dispatcher will immediately contact a

Pension Fund Physician. (If the illness or injury occurs during regular business hours, the member may request a Pension Fund Physician of his/her choice. If the illness or injury occurs after regular business hours, on weekends, or during holidays, the Dispatcher shall notify the Duty Physician immediately). The Medic I unit shall contact the Medic I Physician or the most readily available medical assistance. In treating the member, the normal Medic I guidelines shall be followed. When the member's condition has been stabilized and the member is no longer in immediate danger, the member shall be released by the Medic I Physician to the Pension Fund Physician who will take charge of the member's medical treatment. If the Pension Fund Physician concludes the member's medical treatment should be handled by the attending physician, the Pension Fund Physician may make such arrangements.

11. DISABILITY NOT AT WORK

- A. As soon as practicable, a member who becomes ill or injured off shift shall contact a Pension Fund Physician directly during regular business hours, otherwise through the Seattle Fire Department Dispatcher at (206) 386-1494.

- B. In the event a member needs treatment for a life-threatening medical emergency, the Medic I system or the most readily available medical assistance shall be required. As soon as practicable, the member or

his/her representative shall contact a Pension Fund Physician to be laid off duty. When the member's condition has been stabilized and the member is no longer in immediate danger, the member shall be released to the Pension Fund Physician who will take charge of the member's medical treatment. If the member is being treated outside of the Puget Sound area or for some other reason the Pension Fund Physician concludes the member's medical treatment should be handled by the attending physician, the Pension Fund Physician may make such arrangements.

12. LAYOFF

- A. Only Pension Fund Physicians and Pension Staff are authorized to layoff members for an illness or injury and only Pension Fund Physicians can return members to duty when in the Physician's judgment they are mentally and physically fit for duty - by immediately notifying the Dispatcher and the member of the time of such layoff or return to duty.

- B. The Pension Fund Physician shall not layoff a member without personally examining him/her, unless in the Physician's judgment, extenuating circumstances exist. If a member is laid off without being examined by a Pension Fund Physician, the Physician must set a definite time to examine the member, as soon as practicable, not to exceed eight (8) business hours from time of layoff. Business hours are defined as: 8:30 AM to 5:00 PM seven (7) days per week,

including holidays. Weekend and holiday examinations may be conducted by the on-call Pension Fund Physician.

- C. The member shall comply with all reporting requirements of the Board.
- D. A Pension Fund Physician shall confine a member on disability to a medical facility or to a residence approved by the Physician unless, in the Physician's judgment, such confinement is not necessary treatment for the member's recovery from his/her illness or injury.
- E. If a member's recovery will be at a location other than his/her primary residence or an approved medical facility, the member shall inform the Pension Fund Physician and the Pension Office of the location and a means to contact the member.
- F. A member on disability leave shall not engage in any activity, which in the Pension Physician's judgment, would hinder and/or delay the member's recovery.
- G. If a member cannot be contacted at his/her place of recovery, after reasonable attempts by a Pension Board representative, the member may be subject to a personal visit by a representative of the Board.
- H. If the Pension Fund Physician exempts a member from such confinement during his/her period of recovery, he will so inform the member and the Pension Office, as soon as practicable. In turn, the

member shall verify such exemption from confinement, in person or by telephone with the Pension Office, as soon as practicable.

- I. A member on disability leave must obtain permission from a Pension Fund Physician to travel for personal reasons or to engage in any activity which would hinder or delay his/her recovery. Personal travel shall not be permitted during the first two (2) weeks of any disability, to ensure adequate physician monitoring of the members medical condition. As soon as practicable, the Pension Fund Physician shall notify the Pension Office of permission to travel for personal reasons (this is after the initial two week restriction) or engage in any permitted activity. In turn, the member shall verify such permission, in person or by telephone, with the Pension Office, as soon as practical.

- J. The member shall verify his/her layoff by the Pension Board Physician with his/her assigned company. When practicable, verification shall be made at least one and one-half (1½) hours prior to the time the member is required to report for duty.

13. RETURN TO DUTY

- A. A member laid off by a Pension Fund Physician shall normally be returned to duty by the same Physician (unless the member is transferred to another Pension Fund Physician pursuant to Section 11.10). If the same Physician is unavailable, another Pension Fund Physician may return the member to duty.

B. A member shall verify his/her return to duty by the Pension Fund Physician with his/her assigned company as soon as possible and at least one and one-half (1½) hours prior to his/her next scheduled duty shift.

C. A member returned to duty that is regularly scheduled to work that day shall immediately verify his/her return to duty and report to his/her assigned company, or to a company designated by the supervising Chief.

14. EMERGENCY MEDICAL TREATMENT - Members in need of treatment for a life-threatening medical emergency shall comply with the following procedures:

A. If the need for life-threatening emergency medical treatment occurs within the Seattle metropolitan fire response area, as designated by the Fire Chief, the member may utilize Medic I or the most appropriate medical assistance.

B. If the need for life-threatening emergency medical treatment occurs outside of the Seattle metropolitan fire response area, as designated by the Fire Chief, members shall utilize the most appropriate medical assistance.

15. PHYSICIAN REVIEW OF DISABILITIES

- A. At least once every calendar week, it shall be the responsibility of any member on disability to be examined by the Pension Fund Physician who laid off the member, unless the Physician has exempted the member from this procedure. The Physician shall notify the Pension Office of all such exemptions. In turn, the member shall verify such exemption, in person or by telephone, with the Pension Office, as soon as practicable.
- B. In the case where a member has been referred to a specialist, it shall be the responsibility of the member on disability to be examined by the specialist at least once every calendar week. Exemption from this procedure shall be authorized only by the Pension Fund Physician who lay off the member, after consultation with the specialist. The Pension Fund Physician shall notify the Pension Office of any such exemption. In turn, the member shall verify such exemption, in person or by telephone, with the Pension Office, as soon as practicable.
- C. Any member, on disability leave, shall contact the Pension Office in person or by telephone, weekly, to advise the Board of his/her status. Exemption from this procedure shall be authorized only by the Pension Fund Physician, the Board or the pension staff.
16. **PHYSICIAN CONSULTATION** - Members who are not ill or injured, but who want to consult a Pension Fund Physician, may contact the Physician directly during regular business hours, for an appointment.

17. Only Pension fund physicians are authorized to return members to duty.

18. Medical Services outside of regular business hours for active members.
 - A. At least one Pension Fund Physician (the Duty Doctor) or the pension staff is available 24 hours a day. The Duty Doctor shall carry a Page or similar alerting device.

 - B. As soon as practicable, a member who becomes ill or injured outside of regular business hours shall contact the Duty Physician through the Seattle Fire Department Dispatcher at (206) 386-1494.

 - C. If the Duty Physician is not the member's regular Pension Fund Physician, the member may be transferred to his/her regular Physician during regular business hours. It is the responsibility both of the Duty Physician and the member to notify the member's regular Physician of the transfer.