

# Agenda

## Police Pension Board Regular Meeting No. 730

Note: Governor Inslee's Proclamation 20-28 prohibits meetings from being conducted in person. For this meeting, the City of Richland Police Pension Board will meet remotely and only take action on necessary and routine matters, or matters specific to the City's COVID-19 response, until such time as regular public participation is possible. The public may attend this meeting remotely by calling the phone number provided.

\*\*REMOTE ATTENDANCE ONLY\*\*

Call-In Number: 509-942-7699

Thursday May 21, 2020

8:15 a.m.

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### Call to Order

### Attendance

### Public Comments

**Minutes:** Draft minutes from the April 16, 2020 Police Pension Board Meeting minutes are presented for the Board's consideration and approval.

1. Approval of the April 16, 2020 Police Pension Board Meeting Minutes
  - Jennifer Rogers, Police Pension Board Secretary

**Medical/Dental/Vision/Medicare/Other Claims:** May 2020

Medical/Dental/Vision/Medicare/Other Claims report in the amount of \$15, 968.16 is presented for the Board's review and approval.

2. May 2020 Medical/Dental/Vision/Medicare/Other Claims - \$15,968.16
  - Jennifer Rogers, City Clerk

**Business Items:** (Approve by Motion)

3. P8-Special Reimbursement Request \$263.97
  - Jennifer Rogers, Police Pension Board Secretary
4. Closed Session
  - Closed session to discuss reimbursement claims submitted by P8
  - Jennifer Rogers, Police Pension Board Secretary
5. Board Member Comments:

**Adjournment:** (Motion to Adjourn)

*Richland City Hall is ADA accessible. Requests for sign interpreters, audio equipment, and/or other special services must be received 48 hours prior to the meeting by calling the City Clerk's Office at 942-7389.*



# POLICE PENSION BOARD AGENDA ITEM COVERSHEET

Meeting Date: 5/21/2020

Agenda Category: Minutes

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**Subject:**

Approval of the April 16, 2020 Police Pension Board Meeting Minutes

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**Department:**

Police Pension Board

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**Document Type:**

Police Pension Board Item

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**Recommended Motion:**

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**Summary:**

Draft minutes from the April 16, 2020 Police Pension Board meeting are presented for the Board's consideration and approval.

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**Attachments:**

- I. DRAFT 2020.04.16 Police Pension Board Meeting Minutes

## **Minutes**

Police Pension Board Regular Meeting  
Thursday, April 16, 2020 - 8:15 AM  
Public Telephone Access: (509) 942-7699

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### **Police Pension Board Regular Meeting No. 729**

**Call to Order:** Mayor Lukson called the remote meeting to order at 8:18 a.m.

**Attendance:** Mayor Lukson, Mayor Pro Tem Kent, Administrative Services Director Koch, Police Representatives Thomas and Moore and Police Pension Board Secretary Rogers

#### **Minutes:**

1. Approval of the March 19, 2020 Police Pension Board Meeting Minutes

Mr. Moore moved and Mr. Thomas seconded the motion to approve the March 19, 2020 meeting minutes as presented. The Motion carried 6-0.

#### **Financial Reports and Investments:**

2. 2020 LEOFF COLA Adjustments Effective April 1, 2020

Administrative Services Director Koch stated that the financial reports are not complete at this time. The 2020 LEOFF COLA adjustments were presented to the board.

#### **Medical/Dental/Vision/Medicare/Other Claims:**

3. April 2020 Medical/Dental/Vision/Medicare/Other Claims - \$16,011.60

Mr. Moore moved and Mr. Thomas seconded the motion to approve the claims for payment as amended on the claims report. The motion carried 6-0.

After a brief discussion regarding the previous claims submitted by P8, Mayor Lukson directed Pension Board Secretary Rogers to place the non-emergent transportation expense reimbursement claims submitted by P8 on the next agenda and to extend an invitation to P8 to join the meeting. Members Moore and Thomas agreed with this decision.

#### **Business Items:**

4. Approve the proposed 2020 Election Nomination Dates and Election Dates

Police Pension Board Secretary Rogers presented the proposed nomination and election dates for the 2020 election for approval.

Mayor Lukson moved and Mr. Moore seconded the motion to approve the proposed nomination and election dates. The motion carried 6-0.

Board Member Comments:

None.

Adjournment: Mayor Lukson adjourned the meeting at 8:33 a.m.

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# POLICE PENSION BOARD AGENDA ITEM COVERSHEET

Meeting  
Date: 5/21/2020

Agenda Category: Medical/Dental/Vision/Medicare/Other  
Claims

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Subject:  
May 2020 Medical/Dental/Vision/Medicare/Other Claims - \$15,968.16

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Department:  
Police Pension Board

Document Type:  
Police Pension Board Item

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Recommended Motion:  
Approve the Claims in the amount of \$15,968.16

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Summary:  
May 2020 Medical/Dental/Vision/Medicare/Other Claims for \$15,968.16 is submitted for the Board's review and approval.

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Attachments:  
I. 2020 May Police Claims Log

|       |                 |           | MEDICARE            | MEDICAL/RX/ADULT CARE | PHYSICAL EXAMS | DENTAL                            |                                               | VISION (non-medical)                                        |                                             |                                               |                           | HEARING AID                                   | MASSAGE                                                          | DEATH BENEFIT                              | TRAVEL/TUITION                                    | OPERATING EXP    | GRAND TOTAL                                                    | ACUPUNCTURE |                                       |
|-------|-----------------|-----------|---------------------|-----------------------|----------------|-----------------------------------|-----------------------------------------------|-------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------|-----------------------------------------------|------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|------------------|----------------------------------------------------------------|-------------|---------------------------------------|
| P NO. | DATE OF SERVICE | CLAIMANT  | SERVICE RENDERED    | BOARD PAYMENT         | BOARD PAYMENT  | \$400 YR MAX:<br>BOARD<br>PAYMENT | \$1,200 YR MAX<br>DENTAL:<br>BOARD<br>PAYMENT | \$1,500 YR MAX<br>BRIDGES/<br>DENTURES:<br>BOARD<br>PAYMENT | \$150 YR MAX<br>FRAMES:<br>BOARD<br>PAYMENT | \$200 YR MAX<br>CONTACTS:<br>BOARD<br>PAYMENT | LENS:<br>BOARD<br>PAYMENT | ONE EYE EXAM<br>PER YEAR:<br>BOARD<br>PAYMENT | \$1,800 PER<br>HEARING AID<br>EVERY 5 YEARS:<br>BOARD<br>PAYMENT | \$50 MAX PER<br>MONTH:<br>BOARD<br>PAYMENT | \$1,000 ONE-<br>TIME PAYMENT:<br>BOARD<br>PAYMENT | BOARD<br>PAYMENT | \$450<br>Budgeted<br>Operating<br>Expenses<br>BOARD<br>PAYMENT | GRAND TOTAL | 12 Visit Yr<br>Max<br>ACUPUNC<br>TURE |
| P2    | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P2    | 1/1-4/30/20     | Reimburse | Medicare adust      | \$36.40               |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$36.40     |                                       |
| P3    | 5/1/20          | Reimburse | Medicare            | \$135.50              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$135.50    |                                       |
| P4    | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P7    | 5/1/20          | Reimburse | Medicare            | \$124.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$124.60    |                                       |
| P7    | 2/13/20         | Reimburse | Follow-up visit     |                       | \$28.31        |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$28.31     |                                       |
| P8    | 5/1/20          | Reimburse | Medicare            | \$139.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$139.60    |                                       |
| P8    | 03/14-04/10     | Reimburse | Caregiving Payroll  |                       | \$7,679.78     |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$7,679.78  |                                       |
| P8    | 01/01-03/31     | Reimburse | Payroll Taxes       |                       | \$343.45       |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$343.45    |                                       |
| P8    | 01/01-03/31     | Reimburse | Caregiving Svc Fees |                       | \$350.00       |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$350.00    |                                       |
| P8    | 1/6/20          | Reimburse | Wound Treatment     |                       | \$114.65       |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$114.65    |                                       |
| P8    | 1/27/20         | Reimburse | Wound Treatment     |                       | \$64.51        |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$64.51     |                                       |
| P8    | 2/17/20         | Reimburse | Wound Treatment     |                       | \$28.39        |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$28.39     |                                       |
| P9    | 5/1/20          | Reimburse | Medicare            | \$602.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$602.60    |                                       |
| P10   | 5/1/20          | Reimburse | Medicare            | \$135.50              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$135.50    |                                       |
| P10   | 4/29/30         | Reimburse | Bion Tears          |                       | \$53.99        |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$53.99     |                                       |
| P10   | 4/29/30         | Reimburse | Ocusoft Solution    |                       | \$33.49        |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$33.49     |                                       |
| P10   | 4/30/20         | Reimburse | Testosterone        |                       | \$160.69       |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$160.69    |                                       |
| P11   | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P12   | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P14   | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P15   | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P17   | 5/1/20          | Reimburse | Medicare            | \$135.50              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$135.50    |                                       |
| P17   | 3/30/20         | Reimburse | Crown replacement   |                       |                |                                   | \$51.20                                       |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$51.20     |                                       |
| P18   | 5/1/20          | Reimburse | Medicare            | \$135.50              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$135.50    |                                       |
| P19   | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P20   | 5/1/20          | Reimburse | Medicare            | \$142.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$142.60    |                                       |
| P20   | 1/1-4/30/20     | Reimburse | Medicare adust      | \$28.40               |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$28.40     |                                       |
| P21   | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P22   | 5/1/20          | Reimburse | Medicare            | \$121.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$121.60    |                                       |
| P23   | 5/1/20          | Reimburse | Medicare            | \$144.60              |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                | \$144.60    |                                       |
| P24   | 5/1/20          |           |                     |                       |                |                                   |                                               |                                                             |                                             |                                               |                           |                                               |                                                                  |                                            |                                                   |                  |                                                                |             |                                       |

|      |                |           |                 |            |            |        |          |        |        |        |        |        |        |        |        |        |        |                       |   |
|------|----------------|-----------|-----------------|------------|------------|--------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------------|---|
| P36  | 5/1/20         | Reimburse | Medicare        | \$144.60   |            |        |          |        |        |        |        |        |        |        |        |        |        | \$144.60              |   |
| P39  | 5/1/20         | Reimburse | Medicare        | \$135.50   |            |        |          |        |        |        |        |        |        |        |        |        |        | \$135.50              |   |
| P39  | 02/12-02/29/20 | Reimburse | Assisted Living | \$2,129.00 |            |        |          |        |        |        |        |        |        |        |        |        |        | \$2,129.00            |   |
| P39  | 05/1-05/31     | Reimburse | Assisted Living | \$540.00   |            |        |          |        |        |        |        |        |        |        |        |        |        | \$540.00              |   |
| P40  | 5/1/20         | Reimburse | Medicare        | \$118.00   |            |        |          |        |        |        |        |        |        |        |        |        |        | \$118.00              |   |
| PSEC |                |           |                 |            |            |        |          |        |        |        |        |        |        |        |        |        |        | \$0.00                |   |
| PEXP |                |           |                 |            |            |        |          |        |        |        |        |        |        |        |        |        |        | \$0.00                |   |
|      |                |           | GRAND TOTAL     | \$6,930.70 | \$8,857.26 | \$0.00 | \$180.20 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$15,968.16           | 0 |
|      |                |           |                 |            |            |        |          |        |        |        |        |        |        |        |        |        |        |                       |   |
|      |                |           |                 |            |            |        |          |        |        |        |        |        |        |        |        |        |        | Cell Above Must = \$0 |   |

The above-listed claims were approved by the LEOFF I Police Pension Board at its regular meeting held on May 21, 2020.

We, the LEOFF I Police Pension Board Chairperson and Board Secretary, each swear under the penalty of perjury under the laws of the State of Washington of Washington that the above-listed claims are a true and correct listing of claims approved by the LEOFF I Police Pension Board on the date identified above.

LEOFF I Police Pension Board Chair: \_\_\_\_\_ Date: \_\_\_\_\_

LEOFF I Police Pension Board Secretary: \_\_\_\_\_ Date: \_\_\_\_\_



# POLICE PENSION BOARD AGENDA ITEM COVERSHEET

Meeting Date: 5/21/2020

Agenda Category: Business Items

Subject:

P8-Special Reimbursement Request \$263.97

Department:

Police Pension Board

Document Type:

Police Pension Board Item

Recommended Motion:

Summary:

P8 has submitted a reimbursement claim for \$263.97 to cover the costs of incontinence supplies. The request is accompanied by a doctor's note stating the need of such supplies, but no prescription.

Attachments: