



AGENDA – Monday, October 2, 2017

6:30 p.m. City Council Workshop

7:00 p.m. City Council Meeting

Long Beach City Hall
115 Bolstad Avenue West

6:30 p.m. COUNCIL WORKSHOP

- **WS 17-18- Insurance Policy Changes – TAB A**

7:00 p.m. CALL TO ORDER; PLEDGE OF ALLEGIANCE; AND ROLL CALL

Call to order	Mayor Phillips, Council Member Linhart, Council Member McGuire,
And roll call	Council Member Murry, Council Member Hanson & Council Member Kemmer.

PUBLIC COMMENT

At this time, the Mayor will call for any comments from the public on any subject whether or not it is on the agenda for any item(s) the public may wish to bring forward and discuss. Preference will be given to those who must travel. **Please limit your comments to three minutes. The City Council does not take any action or make any decisions during public comment.** To request Council action during the Business portion of a Council meeting, contact the City Administrator at least one week in advance of a meeting.

CONSENT AGENDA – TAB B

All matters, which are listed within the consent section of the agenda, have been distributed to each member of the Long Beach City Council for reading and study. Items listed are considered routine by the Council and will be enacted with one motion unless a Council Member specifically requests it to be removed from the Consent Agenda to be considered separately. Staff recommends approval of the following items:

- Minutes, September 18, 2017 City Council Meeting
- Payment Approval List for Warrant Registers 57339-57357 & 82310-82390 for \$145,291.52

BUSINESS

- **None**

DEPARTMENT HEAD ORAL REPORTS CORRESPONDENCE AND WRITTEN REPORTS – TAB C

- **Water Department Report for August**
- **Port of Peninsula Letter Regarding the new Long Beach sign**
- **Budget Workshop Schedule for November and December**
- **Sales Tax Collections**
- **Lodging Tax Collections**

FUTURE CITY COUNCIL MEETING SCHEDULE

The Regular City Council meetings are held the 1st and 3rd Monday of each month at 7:00 PM and may be preceded by a workshop.
October 16, 2017, November 6, 2017 & November 20, 2017

ADJOURNMENT

American with Disabilities Act Notice: The City Council Meeting room is accessible to persons with disabilities. If you need assistance, contact the City Clerk at (360) 642-4421 or advise City Administrator at the meeting.

TAB - A



**CITY COUNCIL
WORKSHOP BILL
WS 17-18**

Meeting Date: October 2, 2017

AGENDA ITEM INFORMATION

SUBJECT: Insurance Policy Changes	<i>Originator:</i>	
	Mayor	
	City Council	
	City Administrator	DG
	City Attorney	
	City Clerk	
	City Engineer	
	Community Development Director	
	Events Coordinator	
	Finance Director	
	Police Chief	
	Streets/Parks/Drainage Supervisor	
	Water/Wastewater Supervisor	
COST: Unknown		

SUMMARY STATEMENT: The City provides Health insurance through a pool with the Association of Washington Cities. AWC is dropping the health plan the city has used for the last few years. This means the city must choose an alternate health plan. The rates are just coming out this Friday, and that should have an impact on which plan the council chooses. This is also the only open item that we need to decide in relation to our sole employees' union. AWC needs to know what plan we intend to choose prior to November 1, 2017 or they will place us in the next best plan. I have attached some information and the letter from the Union on their preferred option.

David Glasson

From: JOHN <johnfbmsilva2@comcast.net>
Sent: Friday, September 22, 2017 1:01 PM
To: David Glasson
Cc: Jeff Cutting
Subject: RE: AWC Proposal

Dave,

Due to the fact that AWC is no longer offering the current medical plan after December 31, 2017, the City and the Union agreed to open the Labor Agreement to address this issue during the last contract negotiations with the goal of meeting during the months of August or September to discuss and bargain the effect.

This email is to confirm the Union's proposal as discussed during our meeting on September 21, 2017. The Union proposes to switch plans to the Health First 250 plan and to have the City contribute \$100 per month for each employee into a HRA account on behalf of those employees effective January 1, 2018.

Thank you for your time spent on this issue, if you have any questions please feel free to contact me.

John Silva
Teamster Local 58

2017 Wellcity Rate

Examples

	AWC HealthFirst	AWC Healthfirst 250	AWC Healthfirst 500
Employee	\$ 738	\$ 671	\$ 631
Spouse	\$ 743	\$ 677	\$ 637
Monthly	\$ 1,481	\$ 1,348	\$ 1,267
Annual	\$ 17,770	\$ 16,173	\$ 15,207
		\$ 1,597	\$ 966
Employee	\$ 738	\$ 671	\$ 631
Spouse	\$ 743	\$ 677	\$ 637
Dependent 1	\$ 357	\$ 333	\$ 313
Monthly	\$ 1,838	\$ 1,681	\$ 1,580
Annual	\$ 22,054	\$ 20,173	\$ 18,962
		\$ 1,881	\$ 1,211
Employee	\$ 738	\$ 671	\$ 631
Spouse	\$ 743	\$ 677	\$ 637
Dependent 1	\$ 357	\$ 333	\$ 313
Dependent 2	\$ 296	\$ 276	\$ 260
Monthly	\$ 2,134	\$ 1,957	\$ 1,840
Annual	\$ 25,605	\$ 23,480	\$ 22,082
		\$ 2,125	\$ 1,398
Employee only	7	\$ 5,592	\$ 3,360
ES Only	12	\$ 19,164	\$ 11,592
ES2	11	\$ 23,373	\$ 15,381
E1c	1	\$ 1,881	\$ 286
estimated savings moving to 250		\$ 50,010	\$ 30,618

Association of Washington Cities HealthFirst® 500 Medical Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Eligible Family | Plan Type: PPO

Coverage Period: 01/01/2017 – 12/31/2017



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at regence.com or by calling 1 (866) 240-9580.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$500 claimant / \$1,500 family per calendar year. Doesn't apply to certain preventive care. <u>Copayments</u> or amounts in excess of the allowed amount do not count toward the <u>deductible</u> .	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$3,500 claimant / \$7,000 family per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u> ?	Yes. See regence.com /PreferredWashington or call 1 (866) 240-9580 for lists of <u>preferred</u> or participating <u>providers</u> .	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a <u>specialist</u> .	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1 (866) 240-9580 or visit us at regence.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at www.cchio.cms.gov or call 1 (866) 240-9580 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **preferred** and participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	50% coinsurance	50% coinsurance	Deductible waived for the first 4 office visits for preferred and participating providers. All other services are covered at the coinsurance specified, after deductible. Coverage is limited to 12 acupuncture visits / year. Coverage is limited to 15 spinal manipulations / year. No charge for childhood immunizations from non-participating providers .
	Specialist visit	20% coinsurance	50% coinsurance	50% coinsurance	
	Other practitioner office visit	20% coinsurance for acupuncture and spinal manipulations	50% coinsurance for acupuncture and spinal manipulations	50% coinsurance for acupuncture and spinal manipulations	
	Preventive care/screening/immunization	No charge	No charge	50% coinsurance	
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	50% coinsurance	_____none_____
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	50% coinsurance	

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition	Generic drugs	\$10 copay / retail prescription \$20 copay / mail order prescription			Coverage is limited to a 30-day supply retail or 90-day supply mail order. No charge for FDA-approved women's contraceptives prescribed by a health care provider. No charge for tobacco use cessation drug coverage when obtained with a prescription order at a participating pharmacy.
	Preferred brand drugs	No charge for self-administrable cancer chemotherapy drugs \$40 copay / mail order prescription			
	Non-preferred brand drugs	No charge for self-administrable cancer chemotherapy drugs 50% coinsurance / retail prescription 50% coinsurance / mail order prescription			
More information about prescription drug coverage is available at regence.com/formulary/2017/3tierPML .	Specialty drugs	No charge for self-administrable cancer chemotherapy drugs Refer to generic, preferred brand and non-preferred brand drugs above.			
	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	50% coinsurance	_____none_____
If you have outpatient surgery	Physician/surgeon fees	20% coinsurance	50% coinsurance	50% coinsurance	_____none_____
	Emergency room services	20% coinsurance after \$75 copay	20% coinsurance after \$75 copay	20% coinsurance after \$75 copay	Copayment applies to the facility charge for each visit (waived if admitted), whether or not the deductible has been met.
	Emergency medical transportation	20% coinsurance	20% coinsurance	20% coinsurance	_____none_____
If you need immediate medical attention	Urgent care	Covered the same as the If you visit a health care provider's office or clinic or If you have a test Common Medical Events.			_____none_____
	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	50% coinsurance	_____none_____
If you have a hospital stay	Physician/surgeon fee	20% coinsurance	50% coinsurance	50% coinsurance	_____none_____

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% coinsurance	20% coinsurance	50% coinsurance	_____none_____
	Mental/Behavioral health inpatient services	20% coinsurance	20% coinsurance	50% coinsurance	
	Substance use disorder outpatient services	20% coinsurance	20% coinsurance	50% coinsurance	
	Substance use disorder inpatient services	20% coinsurance	20% coinsurance	50% coinsurance	
	Prenatal and postnatal care	20% coinsurance	50% coinsurance	50% coinsurance	
	Delivery and all inpatient services	20% coinsurance	50% coinsurance	50% coinsurance	
If you are pregnant	Home health care	20% coinsurance	20% coinsurance	20% coinsurance	Coverage is limited to 130 visits / year.
	Rehabilitation services	20% coinsurance	50% coinsurance	50% coinsurance	Coverage is limited to 30 inpatient days / year. Coverage is limited to 25 outpatient visits / year.
If you need help recovering or have other special health needs	Habilitation services	20% coinsurance	50% coinsurance	50% coinsurance	Coverage for outpatient neurodevelopmental therapy is limited to 30 outpatient visits / year.
	Skilled nursing care	20% coinsurance	50% coinsurance	50% coinsurance	Coverage is limited to 90 inpatient days / year.
	Durable medical equipment	20% coinsurance	50% coinsurance	50% coinsurance	_____none_____
	Hospice service	20% coinsurance	20% coinsurance	20% coinsurance	Coverage is limited to 14 respite days / lifetime.

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	Not covered	Not covered	Not covered	none
	Glasses	Not covered	Not covered	Not covered	none
	Dental check-up	Not covered	Not covered	Not covered	none

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)	
<ul style="list-style-type: none"> Bariatric surgery Cosmetic surgery, except congenital anomalies Dental care (Adult) 	<ul style="list-style-type: none"> Hearing aids Fertility treatment Long-term care Private-duty nursing
	<ul style="list-style-type: none"> Routine eye care (Adult) Routine foot care Vision hardware Weight loss programs, except as covered under preventive care

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)	
<ul style="list-style-type: none"> Acupuncture 	<ul style="list-style-type: none"> Chiropractic care Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1 (866) 240-9580. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1 (877) 267-2323 x61565 or www.ccoio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the plan at 1 (866) 240-9580 or visit www.Regence.com. You may also contact your state insurance department at 1 (800) 562-6900 or www.insurance.wa.gov or the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the “minimum value standard.” **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1 (866) 240-9580.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.*_____

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$5,520
- Patient pays: \$2,020

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$500
Copays	\$20
Coinsurance	\$1,350
Limits or exclusions	\$150
Total	\$2,020

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$3,750
- Patient pays: \$1,650

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$500
Copays	\$980
Coinsurance	\$130
Limits or exclusions	\$40
Total	\$1,650

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

*** No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

*** No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1 (866) 240-9580 or visit us at regence.com.

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Association of Washington Cities HealthFirst® 250 Medical Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Eligible Family | Plan Type: PPO

Coverage Period: 01/01/2017 – 12/31/2017



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at regence.com or by calling 1 (866) 240-9580.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$250 claimant / \$750 family per calendar year. Doesn't apply to certain preventive care. Copayments or amounts in excess of the allowed amount do not count toward the deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$3,000 claimant / \$6,000 family per calendar year.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Does this plan use a network of providers?	Yes. See regence.com/PreferredWashington or call 1 (866) 240-9580 for lists of preferred or participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services.

Questions: Call 1 (866) 240-9580 or visit us at regence.com.

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **preferred** and participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care <u>provider's office or clinic</u>	Primary care visit to treat an injury or illness	10% coinsurance	30% coinsurance	30% coinsurance	Deductible waived for the first 4 office visits for preferred and participating providers. All other services are covered at the coinsurance specified, after deductible. Coverage is limited to 12 acupuncture visits / year. Coverage is limited to 15 spinal manipulations / year. No charge for childhood immunizations from non-participating providers .
	Specialist visit	10% coinsurance	30% coinsurance	30% coinsurance	
	Other practitioner office visit	10% coinsurance for acupuncture and spinal manipulations	30% coinsurance for acupuncture and spinal manipulations	30% coinsurance for acupuncture and spinal manipulations	
If you have a test	Preventive care/ screening/immunization	No charge	No charge	30% coinsurance	none
	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	30% coinsurance	
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	30% coinsurance	

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at regence.com/formulary/2017/3tierPML .	Generic drugs	\$5 copay / retail prescription \$10 copay / mail order prescription	No charge for self-administrable cancer chemotherapy drugs	No charge for self-administrable cancer chemotherapy drugs	Coverage is limited to a 30-day supply retail or 90-day supply mail order. No charge for FDA-approved women's contraceptives prescribed by a health care provider . No charge for tobacco use cessation drug coverage when obtained with a prescription order at a participating pharmacy.
	Preferred brand drugs	\$25 copay / retail prescription \$50 copay / mail order prescription	No charge for self-administrable cancer chemotherapy drugs	No charge for self-administrable cancer chemotherapy drugs	
	Non-preferred brand drugs	\$50 copay / retail prescription \$100 copay / mail order prescription	No charge for self-administrable cancer chemotherapy drugs	No charge for self-administrable cancer chemotherapy drugs	
If you have outpatient surgery	Specialty drugs	\$100 copay / retail specialty prescription \$200 copay / mail order specialty prescription	No charge for self-administrable cancer chemotherapy drugs	No charge for self-administrable cancer chemotherapy drugs	
	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	30% coinsurance	_____ none _____
	Physician/surgeon fees	10% coinsurance	30% coinsurance	30% coinsurance	_____ none _____
If you need immediate medical attention	Emergency room services	10% coinsurance after \$75 copay	10% coinsurance after \$75 copay	10% coinsurance after \$75 copay	Copayment applies to the facility charge for each visit (waived if admitted), whether or not the deductible has been met.
	Emergency medical transportation	20% coinsurance	20% coinsurance	20% coinsurance	_____ none _____
	Urgent care	Covered the same as the If you visit a health care provider's office or clinic or If you have a test Common Medical Events.			_____ none _____
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	30% coinsurance	_____ none _____
	Physician/surgeon fee	10% coinsurance	30% coinsurance	30% coinsurance	_____ none _____

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	10% coinsurance	10% coinsurance	30% coinsurance	_____none_____
	Mental/Behavioral health inpatient services	10% coinsurance	10% coinsurance	30% coinsurance	
	Substance use disorder outpatient services	10% coinsurance	10% coinsurance	30% coinsurance	
	Substance use disorder inpatient services	10% coinsurance	10% coinsurance	30% coinsurance	
	Prenatal and postnatal care	10% coinsurance	30% coinsurance	30% coinsurance	
	Delivery and all inpatient services	10% coinsurance	30% coinsurance	30% coinsurance	
If you are pregnant	Home health care	10% coinsurance	10% coinsurance	10% coinsurance	Coverage is limited to 130 visits / year.
	Rehabilitation services	10% coinsurance	30% coinsurance	30% coinsurance	Coverage is limited to 15 inpatient days / year. Coverage is limited to 99 outpatient visits / year.
	Habilitation services	10% coinsurance	30% coinsurance	30% coinsurance	Coverage for outpatient neurodevelopmental therapy is limited to 60 outpatient visits / year.
	Skilled nursing care	10% coinsurance	30% coinsurance	30% coinsurance	Coverage is limited to 90 inpatient days / year.
	Durable medical equipment	10% coinsurance	30% coinsurance	30% coinsurance	_____none_____
If you need help recovering or have other special health needs	Hospice service	10% coinsurance	10% coinsurance	10% coinsurance	Coverage is limited to 14 respite days / lifetime.

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions															
If your child needs dental or eye care	<table border="1"> <tr> <td>Eye exam</td> <td>No charge</td> <td>No charge</td> <td>No charge</td> <td>Coverage is limited to 1 routine eye exam per claimant per calendar year.</td> </tr> <tr> <td>Glasses</td> <td>Not covered</td> <td>Not covered</td> <td>Not covered</td> <td>_____none_____</td> </tr> <tr> <td>Dental check-up</td> <td>Not covered</td> <td>Not covered</td> <td>Not covered</td> <td>_____none_____</td> </tr> </table>	Eye exam	No charge	No charge	No charge	Coverage is limited to 1 routine eye exam per claimant per calendar year.	Glasses	Not covered	Not covered	Not covered	_____none_____	Dental check-up	Not covered	Not covered	Not covered	_____none_____				
Eye exam	No charge	No charge	No charge	Coverage is limited to 1 routine eye exam per claimant per calendar year.																
Glasses	Not covered	Not covered	Not covered	_____none_____																
Dental check-up	Not covered	Not covered	Not covered	_____none_____																

Excluded Services & Other Covered Services:

<p>Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u>.)</p> <ul style="list-style-type: none"> • Bariatric surgery • Cosmetic surgery, except congenital anomalies • Dental care (Adult) <ul style="list-style-type: none"> • Hearing aids • Infertility treatment • Long-term care • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care • Vision hardware • Weight loss programs, except as covered under preventive care
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<p>Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)</p> <ul style="list-style-type: none"> • Acupuncture • Chiropractic care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Routine eye care (Adult)
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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1 (866) 240-9580. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1 (877) 267-2323 x61565 or www.cchio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact the plan at 1 (866) 240-9580 or visit www.Regence.com. You may also contact your state insurance department at 1 (800) 562-6900 or www.insurance.wa.gov or the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the “minimum value standard.” This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1 (866) 240-9580.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* _____

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1 (866) 240-9580 or visit us at regence.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at www.cchio.cms.gov or call 1 (866) 240-9580 to request a copy.

TAB - B

LONG BEACH CITY COUNCIL MEETING

September 18, 2017

6:30 COUNCIL WORKSHOP

WS 17-16- Low-Income Parking Regulations

WS 17-17- Street Vacation Valuation

7:00 CALL TO ORDER; PLEDGE OF ALLEGIANCE; ROLL CALL

Mayor Phillips called the meeting to order; asked for the Pledge of Allegiance and roll call.

ROLL CALL

David Glasson, City Administrator, called roll with C. Linhart, C. McGuire, C. Hanson, and C. Kemmer present. C. Murry was absent.

PUBLIC COMMENT

No comments.

CONSENT AGENDA

Minutes, September 5, 2017 City Council Meeting

Payment Approval List for Warrant Registers 57306-57338 & 82206-82309 for \$397,761.59

C. Linhart made the motion to approve the Consent Agenda. C. Hanson seconded the motion. 4 Ayes, 1 Absent, motion passed.

BUSINESS

AB 17-57- Special Use Permit 2017-09 – Chautauqua Lodge Holiday Bazaar

Ariel Smith, Community Development Director, presented the Agenda Bill. Andrea Sons has applied to hold a Holiday Bazaar at the Chautauqua Lodge on December 16, 2017. She is reasonable for obtaining business licenses for those not selling homemade crafts, clean-up and any other duties associated with the event. She has submitted an example of the application required to participate in the bazaar and her marketing piece.

C. Linhart made the motion to approve SUP 2017-09 allowing the Holiday Bazaar to take place at Chautauqua Lodge on December 16, 2017. C. Hanson seconded the motion, 4 Ayes, 1 Absent motion passed.

DEPARTMENT HEAD ORAL REPORTS

CORRESPONDENCE AND WRITTEN REPORTS

- Wastewater Department Report for August
- Police Chief's Report for August
- Not a Ban a Better Plan Town Meeting September 20th - Information

ADJOURNMENT

The Mayor adjourned the meeting at 7:09 p.m.

Mayor

ATTEST:

City Clerk



Warrant Register

Check Periods 2017 - September - Second

I, THE UNDERSIGNED DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED OR THE LABOR PERFORMED AS DESCRIBED HEREIN AND THAT THE CLAIM IS A JUST, DUE AND UNPAID OBLIGATION AGAINST THE CITY OF LONG BEACH, AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY TO SAID CLAIM.

Council Member	Council Member	Council Member	Clerk/Treasurer	
57339	Bell, Helen S	9/20/2017	9/28/2017	\$295.92
57340	Binion, Jacob	9/20/2017	9/20/2017	\$1,860.77
57341	Payroll Vendor	9/20/2017		Void
57342	Cox, Mallory E	9/20/2017	9/22/2017	\$483.64
57343	Gilbertson, Bradley K	9/20/2017	9/21/2017	\$1,678.20
57344	Goulter, John R.	9/20/2017	9/21/2017	\$2,071.16
57345	Huff, Timothy M.	9/20/2017	9/22/2017	\$1,509.73
57346	Kemmer, Larry L	9/20/2017	9/25/2017	\$1,230.64
57347	Luethe, Paul J	9/20/2017	9/20/2017	\$2,397.76
57348	Miller, Matt W	9/20/2017	9/21/2017	\$1,391.77
57349	Payroll Vendor	9/20/2017		Void
57350	Padgett, Timothy J	9/20/2017	9/25/2017	\$1,434.08
57351	Wood, Matthew T	9/20/2017	9/21/2017	\$1,684.52
57352	Wright, Flint R	9/20/2017	9/22/2017	\$2,526.61
57353	Zuern, Donald D.	9/20/2017	9/25/2017	\$2,070.31
57354	Booi, Kristopher A	9/20/2017	9/22/2017	\$1,902.46
57355	Williams, David L	9/20/2017	9/22/2017	\$716.12
57356	Kirby, Gary E	9/20/2017	9/20/2017	\$178.03
57357	Mortenson, Tim	9/20/2017	9/21/2017	\$2,405.55
82310	Tangly Cottage Garden	9/19/2017	9/21/2017	\$599.40
82311	Aiken, James	9/20/2017	9/21/2017	\$83.33
82312	Caldwell, Tye	9/20/2017	9/27/2017	\$11.67
82313	Campbell, Matt	9/20/2017	9/21/2017	\$11.67
82314	Cline, Kevin	9/20/2017	9/22/2017	\$76.67
82315	Custer, Kimberlee	9/20/2017		\$60.00
82316	Nagy, Brandon	9/20/2017	9/22/2017	\$400.00
82317	Persell, Whitney	9/20/2017	9/25/2017	\$11.67
82318	Pacific County Auditor	9/20/2017	9/27/2017	\$374.00
82319	At&t Mobility	9/20/2017	9/27/2017	\$83.83

<u>82320</u>	Bank of The Pacific	9/20/2017	\$9,738.67
<u>82321</u>	Boggs, Arlie H.	9/20/2017	\$695.00
<u>82322</u>	CenturyLink	9/20/2017	\$1,781.18
<u>82323</u>	Chico's	9/20/2017	\$198.58
<u>82324</u>	Dijulio Displays	9/20/2017	\$2,125.39
<u>82325</u>	EverBank	9/20/2017	\$227.38
<u>82326</u>	Glasson, David	9/20/2017	\$118.24
<u>82327</u>	Long Beach Inn	9/20/2017	\$1,567.80
<u>82328</u>	Neofunds By Neopost	9/20/2017	\$500.00
<u>82329</u>	Public Utility District 2	9/27/2017	\$646.50
<u>82330</u>	Rodeway Inn & Suites	9/20/2017	\$4,502.40
<u>82331</u>	STAPLES ADVANTAGE	9/20/2017	\$229.95
<u>82332</u>	Coleman, George	9/25/2017	\$100.00
<u>82333</u>	Aiken, James	9/22/2017	\$36.10
<u>82334</u>	Neopost USA Inc	9/26/2017	\$231.11
<u>82335</u>	WSU - Conference Management	9/26/2017	\$1,395.00
<u>82336</u>	Gray, Karen	9/26/2017	\$151.64
<u>82337</u>	A-1 Redi Mix	9/29/2017	\$3,763.80
<u>82338</u>	ALS Group USA, Corp.	9/29/2017	\$25.00
<u>82339</u>	AlSCO-American Linen Div.	9/29/2017	\$136.56
<u>82340</u>	Association of Washington Cities	9/29/2017	\$748.00
<u>82341</u>	Astoria Janitor & Paper Supply	9/29/2017	\$469.54
<u>82342</u>	Beachler Enterprises, Inc.	9/29/2017	\$365.00
<u>82343</u>	Board For Volunteer Firefighters & Reserve Officers	9/29/2017	\$90.00
<u>82344</u>	Bonney, Matt	9/29/2017	\$149.27
<u>82345</u>	Brighter Side Marketing	9/29/2017	\$1,125.00
<u>82346</u>	Cascade Columbia Distribution CO	9/29/2017	\$2,491.45
<u>82347</u>	Cascade Recreation, Inc	9/29/2017	\$1,090.80
<u>82348</u>	Coastal Community Action Program	9/29/2017	\$232.00
<u>82349</u>	D & S Sales, Inc	9/29/2017	\$775.26
<u>82350</u>	Day Wireless Systems	9/29/2017	\$518.88
<u>82351</u>	Department of Health	9/29/2017	\$510.00
<u>82352</u>	Ellyson, Sue	9/29/2017	\$15.99
<u>82353</u>	Erik J Fagerland & Assoc, Inc.	9/29/2017	\$9,212.50
<u>82354</u>	Evergreen Septic Pumping LLC	9/29/2017	\$567.00
<u>82355</u>	Glasson, David	9/29/2017	\$48.15
<u>82356</u>	Goodyear Tire & Rubber Co.	9/29/2017	\$1,428.42
<u>82357</u>	Hach Company	9/29/2017	\$856.99
<u>82358</u>	Hill Auto Body & Towing	9/29/2017	\$223.60
<u>82359</u>	KEYBANK	9/29/2017	\$10,254.25
<u>82360</u>	L.N. Curtis & Sons	9/29/2017	\$467.90
<u>82361</u>	Lakeside Industries, Inc.	9/29/2017	\$458.86
<u>82362</u>	Lawson Products, Inc.	9/29/2017	\$345.90
<u>82363</u>	Pacific County Health & Human Services	9/29/2017	\$222.00
<u>82364</u>	Pacific County Sheriffs	9/29/2017	\$122.50

<u>82365</u>	PAPE MACHINERY	9/29/2017	\$4,438.80
<u>82366</u>	Penoyar, William	9/29/2017	\$1,000.00
<u>82367</u>	Petek, Thomas C. Ph.D.	9/29/2017	\$300.00
<u>82368</u>	Porter Foster Rorick LLP	9/29/2017	\$80.00
<u>82369</u>	Postmaster	9/29/2017	\$528.54
<u>82370</u>	Powell, Seiler & Co., P.S	9/29/2017	\$60.00
<u>82371</u>	Public Utility District 2	9/29/2017	\$7,883.24
<u>82372</u>	Russell, Deirdre	9/29/2017	\$273.96
<u>82373</u>	Sand Castle Carpet Cleaning	9/29/2017	\$540.35
<u>82374</u>	Sea Western Fire	9/29/2017	\$1,393.46
<u>82375</u>	Solutions Yes	9/29/2017	\$281.03
<u>82376</u>	Standard Insurance Co.	9/29/2017	\$2,606.30
<u>82377</u>	Team Gourmet Wholesale	9/29/2017	\$288.00
<u>82378</u>	THE SPECIALTY MFG CO	9/29/2017	\$270.15
<u>82379</u>	U.S. Cellular	9/29/2017	\$10.94
<u>82380</u>	Unum Life Insurance	9/29/2017	\$71.70
<u>82381</u>	Usa Blue Book	9/29/2017	\$286.36
<u>82382</u>	Verizon Wireless	9/29/2017	\$674.24
<u>82383</u>	Wadsworth Electric	9/29/2017	\$1,823.03
<u>82384</u>	Washington State Intl Kite Festival	9/29/2017	\$20,000.00
<u>82385</u>	Western Equipment Distr.	9/29/2017	Void
<u>82386</u>	Whitney Equipment Co. Inc	9/29/2017	\$8,871.74
<u>82387</u>	Wilcox & Flegel Oil Co.	9/29/2017	\$2,775.23
<u>82388</u>	Dennis Company	9/29/2017	\$725.38
<u>82389</u>	Western Display Fireworks	9/29/2017	\$1,500.00
<u>82390</u>	Prestegard, Ray	9/29/2017	\$100.00
		Total	\$145,291.52
		Grand Total	\$145,291.52

TAB - C

City of Long Beach Activities Report

August 2017

Water Dept.

Call Outs - 1 (Shut Off)

Meetings - 5 Staff / Home owners (New Construction) / Contractors (New Home Construction) / PUD (Washington Project) / Evergreen Rural Board meeting,

Safety Meetings - 1 (Slips , Trips, Falls).

Plant Management - Paperwork / ordered parts / time cards / Monthly DOH Report / Monthly DMR's. / Monthly Report / Bills / Log Book / Billing new services / Review timber plan.

Customer Service - 8

Locates - 36

Emergency Locates – 1 (PUD)

Re-reads - 12

Install New Meters - 3 Meter Reinstall - 1

New Service Investigations – 3

New Service Prep - 3

Meter Removal – 1

Meter Repairs - 7

Hydrant Maint. - 1 (Weedeating)

Shut Off's - 4

Turn On's - 4

Res. Checking - 2

Res. Maint. – 0

Leak Repairs - 4 (45th & K / Doc Hill Rd / 41st & K / 8th st, N & Blvd)

Leak Investigations - 4

Equipment Cleanup - 7

System Samples - Weekly entire system.

Samples to Lab - 1

Training -

Don Z attended evergreen rural training conference.

Other Activities –

Reading Meters. (Seaxiew)

Festival set up & tear down (Jakes Birthday / Jazz & oysters / Kite Fest,)

Weedeating Hydrants.

Burying Beach Shelters.

Moving Logs on Beach.

Sweeping Town.

Wellness Poker Walk,

Town Cleanup.

Don Z Hearing Test.

Don Z Attended Evergreen Rural Board Meeting.



September 20, 2017

Port of Peninsula
3311 275th Street
Ocean Park, WA 98640

David Glasson, City Administrator
City of Long Beach
115 Bolstad Avenue West
Long Beach, WA 98631


Mr. Glasson,

Fantastic job on the carved Long beach sign installation! We sincerely appreciate the level of detail you, and your team, demonstrate on each project where the Port of Peninsula have had the good fortune have partnered with the City of Long Beach.

We continue to be honored to team up with the City of Long Beach and your excellent staff. We look forward to continuing our work together with future projects.

All the best,


Jay Personius

Port of Peninsula

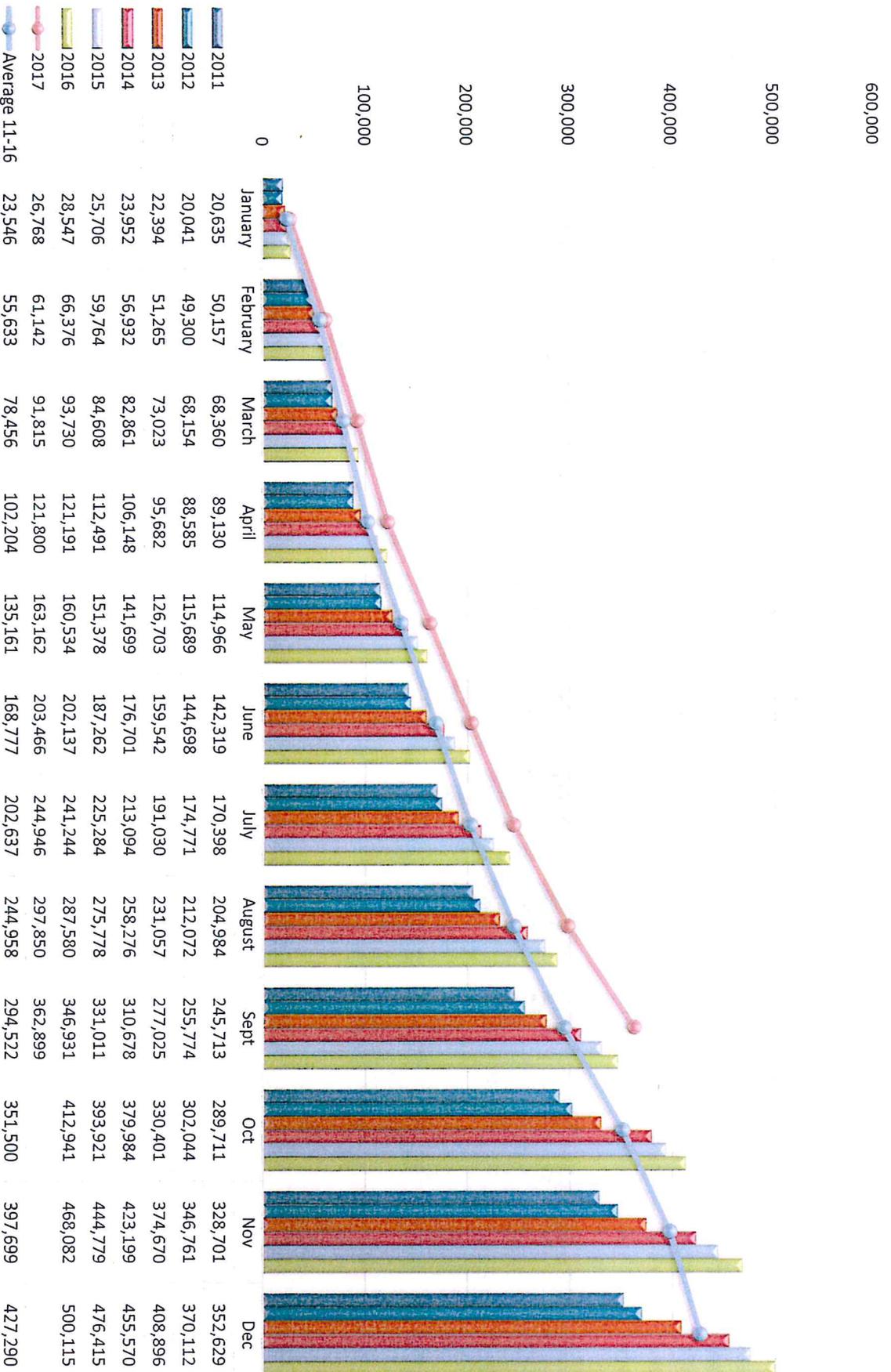
November 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6—City Council	7	8	9	10	11 Veterans Day
12	13—Budget Workshop Water & Sewer	14—Budget Workshop Storm & Streets	15—Budget Workshop B & O and Lodging <i>Publish Budget Notice</i>	16	17—Budget available to the public	18
19	20—City Council Set Property Tax Rate Preliminary Budget Hearing	21—Budget Workshop Current Expense, PD	22 <i>Publish Budget Notice</i>	23—Thanksgiving	24—Day after Thanksgiving	25
26	27	28	29	30	<i>Property tax notice filed with County</i>	

December 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4— <i>Final Public Hearing.</i>	5 <i>Budget must be adopted or meeting continued every day until adoption by 12/29</i>	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Sales Tax Collections



Lodging Tax Collections

