

WAC 415-104-4801 Medical reimbursement for LEOFF 2 catastrophically disabled members. (1) What type of medical premiums are available for reimbursement for a LEOFF Plan 2 member who is catastrophically disabled in the line of duty?

(a) LEOFF Plan 2 members who are catastrophically disabled in the line of duty are eligible for reimbursement of medical premiums of:

(i) Employer-provided medical insurance.

(ii) Medical insurance offered under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

(iii) Other medical premiums, not to exceed the COBRA amount.

(iv) Medicare Part B.

(b) LEOFF Plan 2 members who are catastrophically disabled are eligible for reimbursement for medical insurance premiums paid after June 30, 2013. DRS will not reimburse for any supplemental health plans.

(2) What if I am eligible for medicare coverage? If you or your spouse become eligible for medicare coverage, you must notify DRS when you become eligible. To remain eligible for the reimbursement payment, you must enroll in and maintain enrollment in medicare Part B. At that point, DRS will only reimburse for medicare Part B and vision and dental coverage for that individual. DRS will not reimburse for any medicare supplemental or prescription plans.

(3) How do I apply for medical premium reimbursements? To receive medical premium reimbursements, you must first complete a request for medical reimbursement form and provide proof of medical insurance coverage and premium payment to DRS.

(4) What is acceptable as proof of insurance coverage? DRS will accept these documents as proof of insurance coverage:

(a) Invoice from insurance provider.

(b) Certificate from insurance provider.

(c) Invoice from medicare.

(d) Social Security Form SSA-1099.

(5) What is acceptable as proof of premium payment? DRS will accept these documents as proof of payment:

(a) Letter from the Social Security Administration showing your medicare deduction from your monthly benefit;

(b) Bank or credit card statement showing insurance payment that is supported by other documentation showing this is for medical insurance;

(c) Receipt from insurance provider;

(d) Copies of both sides of cashed checks; or

(e) Letter from the Social Security Administration showing deduction amount.

(6) What if my premiums are deducted from my DRS benefit or my spouse's payroll checks? DRS will accept these documents as proof of both insurance coverage and premium payment:

(a) Premium deduction authorization from your insurance provider, if premium payments are being paid directly from DRS.

(b) Copy of spouse's or partner's pay stub showing insurance deduction amount.

(7) When is documentation required?

(a) You must provide proof of insurance coverage and premium payments at the time you apply for reimbursement. After you are enrolled in the reimbursement program, you must submit this form each June and December along with requested documentation.

(b) DRS will reach out to each retiree receiving medical reimbursement payments, and retirees will have 90 days from the date of

the letter to provide proof of premium payment. DRS will provide notifications of the 90-day window to ensure that retirees are aware of the requirement to reapply and supply proof.

(c) After 90 days, DRS will suspend reimbursement until receiving proof of insurance coverage and premium payments. After DRS receives this information, DRS will reinstate reimbursement payments.

[Statutory Authority: RCW 41.50.050. WSR 23-17-019, § 415-104-4801, filed 8/7/23, effective 9/7/23.]