# Staff Report

**SUMMARY:**

A summary of all reimbursement requests processed from July 1, 2026 – September 30, 2026, are included for review in the attached spreadsheet. The total amount of reimbursements is $50,919.30.

These reimbursement requests were authorized by the Administrative Services Director, as outlined in the delegation of authority given by the Board.

The documentation submitted will be available at this meeting for review or in the event of questions from the Board.

**ACTION REQUESTED:**

Motion to approve the City of Camas LEOFF Disability Board reimbursements as presented.

## 2026

| Expense Type | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | 12/1/20266 | YTD Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medicare Premiums | | | $ 8,206.50 | | | $ 8,206.50 | | | $ 8,206.50 | | | | $ 24,619.50 |
| Rx/Office Visits/Co-pays | $ 342.11 | $ 129.34 | $ 873.55 | $ 582.08 | | $ 53.35 | $ 558.02 | $ 3,136.53 | $ 141.00 | | | | $ 5,815.98 |
| Dental Care (Verde) | | $ 902.00 | $ 193.00 | $ 1,874.00 | $ 997.00 | $ 1,500.00 | $ 627.00 | $ 728.00 | $ 272.00 | | | | $ 7,093.00 |
| Eye Care | | | | | | | | | | | | | $ - |
| Hearing Aids | | | | | | | | | | | | | $ - |
| Medical Equipment | | | | | | | | | | | | | $ - |
| Assisted Living (pre-approved) | | | | | | | | | | | | | $ - |
| Home Health Services (pre-approved) | | $ 4,875.00 | $ 4,602.00 | $ 13,750.10 | $ 8,706.75 | $ 3,237.00 | $ 17,745.00 | $ 8,312.25 | $ 11,193.00 | | | | $ 72,421.10 |
| Miscellaneous | | | | | | | | | | | | | $ - |
| **Total** | $ 342.11 | $ 5,906.34 | $ 13,875.05 | $ 16,206.18 | $ 9,703.75 | $ 12,996.85 | $ 18,930.02 | $ 12,176.78 | $ 19,812.50 | $ - | $ - | $ - | $ 109,949.58 |
| | | | **$ 20,123.50** | | | **$ 38,906.78** | | | **$ 50,919.30** | **$** | | **-** | |

**Descriptions**

Medicare Part B
Rx/Office Visits/Co-pays
Dental (FI. Last name)
Eye Care
Hearing Aid
Med. Equip.
Assisted Living (FI. Last name, Month Year)
Home Health Services (FI. Last name)
Misc. Medical Expenses

**Police** **6030.00.0000.000.5212000.51000 (7 participants)**

**Fire** **6030.00.0000.000.5221000.521000 (2 participants)**

1st Quarter = 03/16/2026
2nd Quarter = 06/15/2026
3rd Quarter = 09/21/2026
4th Quarter = 12/21/2026