

**2026 LEOFF I Retiree Reimbursement Requests**

<b>CLAIM CATEGORIES</b>	<b>Pending Approval</b>	
AMBULANCE SERVICES		
CO-PAY		
DENTAL WORK (NEEDS AUTH)		
EMERGENCY ROOM VISIT		
FITNESS SUBSCRIPTION		
GLASSES		
HEARING AID (NEEDS AUTH)	2	\$ 6,499.99
HOSPITALIZATION		
IMMUNIZATIONS		
LABORATORY		
LONG TERM CARE		
MEDICAL EQUIPMENT	1	\$ 1,500.00
NURSING SERVICES		
PHYSICAL THERAPY		
PRESCRIPTIONS	1	\$ 2,989.02
SURGERY		
VISION CARE		
<b>TOTALS</b>	<b>4</b>	<b>\$ 10,989.01</b>

# of Claims      Payment Amount

<b>Board Approval Needed</b>	<b>4</b>	<b>\$ 10,989.01</b>
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