Everett Police Pension Board Meeting Agenda

December 17, 2025, 9:00 a.m. via Microsoft Teams

1.) Approval of minutes for November 19, 2025

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$515,000.00	
October 2025	$39,702.66	
Remaining budget	**$103,078.19**	**20.02%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
October 2025	$86,760.09	
October 2025 HMA fees	$11,001.90	
Remaining budget	**$426,595.00**	**30.25%**

3.) Action Item:

Member #140	Request for reimbursement of $153.15 for suppositories for hemorrhoids.
Member #80	Request for reimbursement for $81.49 for compound medication.

Police Pension Board Minutes
City Of Everett
November 19, 2025

DRAFT

The regular meeting of the Police Pension Board was called to order at 9:00 a.m. on November 19, 2025. Board Members Neighbors, Poon, Sebald, Thiessen and Jorve were in attendance. Board Members Franklin and Schwab were excused. Ana Mechler; Human Resources; and David Hall, Board Attorney were also in attendance.

APPROVAL OF MINUTES

The minutes of the meeting of May 21, 2025, were approved.

BILLS AND PENSION ROLLS

PENSION ROLL		
Budgeted Amount	$515,000.00	
April 2025	$39,688.98	
Remaining budget	**$341,266.79**	**66.27%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
April 2025	$71,168.64	
April 2025 HMA fees	$11,001.90	
Remaining budget	**$979,714.87**	**69.48%**
PENSION ROLL		
Budgeted Amount	$515,000.00	
May 2025	$39,688.98	
Remaining budget	**$301,577.81**	**58.56%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
May 2025	$93,614.66	
May 2025 HMA fees	$11,001.90	
Remaining budget	**$875,098.31**	**62.06%**
PENSION ROLL		
Budgeted Amount	$515,000.00	
June 2025	$39,688.98	
Remaining budget	**$261,888.83**	**50.85%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	

DRAFT

June 2025	$41,968.89	
June 2025 HMA fees	$11,001.90	
Remaining budget	**$822,127.52**	**58.31%**
PENSION ROLL		
Budgeted Amount	$515,000.00	
July 2025	$39,702.66	
Remaining budget	**$222,186.17**	**43.14%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
July 2025	$93,152.78	
July 2025 HMA fees	$11,001.90	
Remaining budget	**$717,972.84**	**50.92%**
PENSION ROLL		
Budgeted Amount	$515,000.00	
August 2025	$39,702.66	
Remaining budget	**$182,483.51**	**35.43%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
August 2025	$65,119.23	
August 2025 HMA fees	$11,001.90	
Remaining budget	**$641,851.71**	**45.52%**
PENSION ROLL		
Budgeted Amount	$515,000.00	
September 2025	$39,702.66	
Remaining budget	**$142,780.85**	**27.72%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
September 2025	$106,492.82	
September 2025 HMA fees	$11,001.90	
Remaining budget	**$524,356.99**	**37.19%**

Moved by Thiesen, seconded by Neighbors, to approve the pension rolls as presented.

DRAFT

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

Moved by Thiesen, seconded by Neighbors, to approve the medical claims as presented.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

ACTION ITEM

Member #37 Request for increase in long-term care costs from $2500 to $3700 per month (still below Genworth cost of care).

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

OTHER:

Discussion ensued regarding long term care cost increases and a follow up from a tabled agenda item from the May 2025 meeting, which was paid to the member.

The Board meeting adjourned at 9:07 a.m.

_____
Marista Jorve, Board Secretary

EVERETT
WASHINGTON

City of Everett
Police and Fire Pension Boards

Request to the Board

To be completed by LEOFF 1 member (or family) for submittal to the board.

Member Name [redacted]
(please print)

1. Diagnosis: Hemorhoids

2. Prognosis: 2 weeks

3. Type of Treatment(s) or Procedure: _____

4. Cost of treatments/service: $ 153.15

5. Request to the board for this specific treatment or procedure:

Police Member #140 is requesting reimbursement. This is a one time prescription and it was not covered because it is not approved by the FDA.

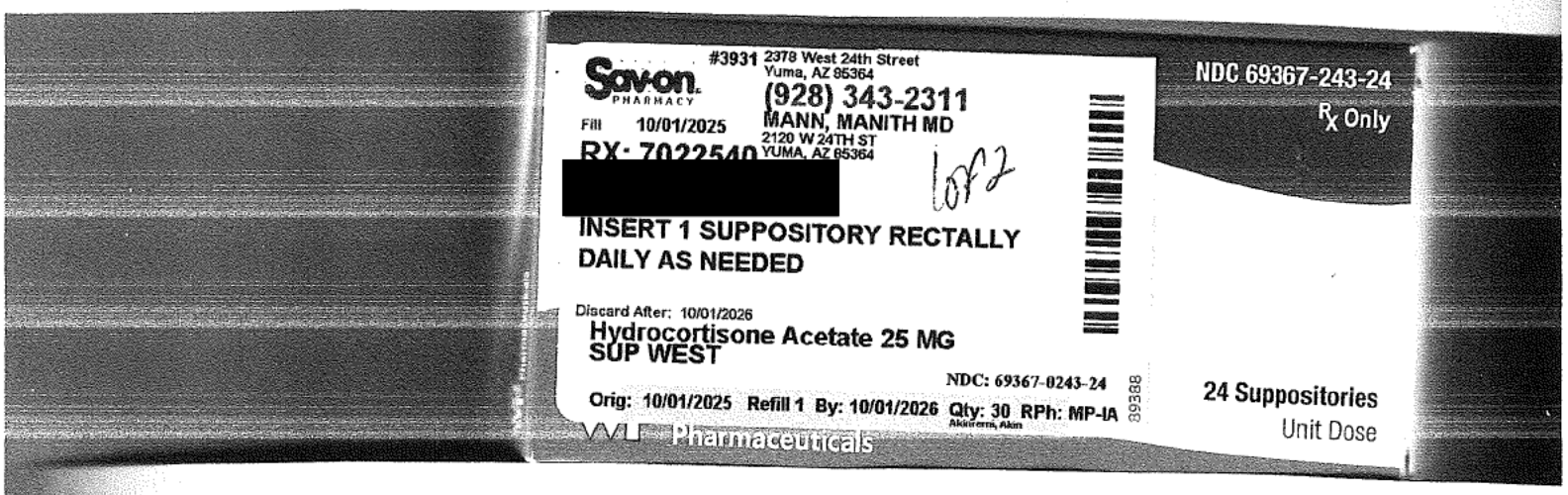
(Examples can be found at everettwa.gov/pensionboards)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
Leoff1@everettwa.gov

10-18-25

Ricks, Here is the item discussed, Thanking you so Much.

[redacted]



Albertsons

Store 3931 Dir Christian Rodriguez
Main:(928) 343-2330 Rx:(928) 343-2311
2378 West 24th Street
Yuma AZ 85364

00393103100102510021056

YOUR CASHIER TODAY WAS Socorro

		Price	You Pay
PHARMACY			
68710	#RX NON-TAX ITEM	153.15	153.15 Q
	TAX		0.00
	**** BALANCE		153.15

Credit Purchase 10/02/25 10:56
CARD # ************1801
REF: 855608418010 AUTH: 00212065

PAYMENT AMOUNT 153.15

AL VISA CREDIT
AID A0000000031010
TVR 0000000000

Visa	153.15
CHANGE	0.00

YOUR POINTS
Points Earned Today 153
Points Available 153

TOTAL NUMBER OF ITEMS SOLD = 1
10/02/25 10:56 3931 31 10 7053

Thank you for shopping Albertsons!
For ALBERTSONS FOR U questions call
877-276-9637 or Albertsons.com/foru
** **

Diversion of Controlled Substances Hotline for Patients: If you have concerns involving suspected inappropriate or illegitimate dispensing, prescribing, or diversion of controlled substances, please call 855-767-2544.

HOW WAS YOUR PHARMACY EXPERIENCE?
WE VALUE YOUR FEEDBACK!
SCAN THE QR CODE BELOW FOR A 2 MINUTE SURVEY

EVERETT
WASHINGTON

City of Everett
Police and Fire Pension Boards

Request to the Board

To be completed by LEOFF 1 member (or family) for submittal to the board.

Member Name [redacted]
(please print)

1. Diagnosis: _____

2. Prognosis: _____

3. Type of Treatment(s) or Procedure: _____

4. Cost of treatments/service: $ 81.49

5. Request to the board for this specific treatment or procedure:

Police LEOFF 1 member #80 is requesting reimbursement. This prescription is not covered it is a compound medication.

(Examples can be found at everettwa.gov/pensionboards)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
Leoff1@everettwa.gov

Universal Claim Form for a Compounded Medication

Recognized by the International Academy of Compounding Pharmacists

Pharmacist

Pharmacy Information	Pharmacist's Name	Date
Kusler's Compounding Pharmacy 700 Avenue D, Suite 102 Snohomish, WA 98290 Phone 360-568-1297	MCCOY, KRISTIN	11/18/2025
	Pharmacist's License #	NCPDP # 4935764 / NPI 1366872798
	Pharmacist's Signature X KNM	State ID # PHAR.CF.604346

Patient

Name	Telephone
[redacted]	[redacted]
Address [redacted]	
City [redacted] State Zip	
Birthdate [redacted]	Sex M
Social Security/Subscriber I.D. No.	
Patient's Relationship to Cardholder	

Cardholder

Name	Telephone
Address	
City	State / Zip
Birthdate / Sex	Social Security/Subscriber I.D. No.
Employer	Employer ID
Group No.	Plan No.

Patient Authorization

I hereby authorize release of information to health care providers, institutions, and/or payers that may pertain to my illness and/or treatment received. I certify that the information I have reported with regard to my insurance coverage is correct, and I have received the pharmacist care/services rendered.

X _____ X _____
Patient Signature Date

I hereby authorize my Pharmacy (in either case, "Pharmacy") to execute on my behalf any assignment of benefits documents required to permit to my insurer to make payment directly to Pharmacy or its assigns. I understand that any amounts not paid by insurer because of deductible clauses, lack of coverage or refusal to accept assignment of benefits shall be my responsibility.

X _____ X _____
Patient Signature Date

Prescription

Medication Name	Price	Compounding fee
NIFEDIPINE (PB)* 0.4% OINTMENT	$81.49	$0.00

Prescription Number	Days Supply	Level of effort	Date Filled	Quantity Dispensed
Rx #352266	30		11/18/2025	30 GM

Dosage Form	Strength
OINTMENT	0.4%

Ingredients	NDC	Qty.	Ingredient Cost
NIFEDIPINE USP	38779-0280-04	0.120 GM	$3.87
MINERAL OIL, NF (LIGHT)	62991-3052-01	0.455 ML	$0.08
TUBE COLLAPSIBLE PLASTIC 1 OZ		0.909 EA	$2.51
BASE, PCCA PLASTICIZED (TM)	51927-3211-00	30.000 GM	$90.00
RECTAL/VAGINAL TIP (W/O SIDE PERFORATIONS)		0.909 EA	$2.86
GAKO UNGUATOR - 50 GRAM JAR		0.600 EA	$0.36
		Total	$99.68

Doctor

Prescriber's Name	Prescriber's DEA	Prescriber's NPI
JAMES KIM	BK9545142	1376645994
	DAW: 0 - No DAW	

Pharmacist Authorization

I hereby certify that the above compounded medication was ordered by the stated prescriber specifically for the stated patient. This medication is not commercially available in this formulation or dosage form. The compounding was done using the highest possible standards, pure chemicals or drugs and contemporary technology.

Because this prescription is compounded and not manufactured, an NDC number is not required for reimbursement.

X KNM X 11/18/2025
Pharmacist Signature Date:

If you have difficulty in submitting this form or receiving payment from your insurance company, please contact us, your employer benefits manager, or the State Insurance Commissioner:

This medicine was compounded specifically for you in a pharmacy to fill the prescription your doctor wrote for you. It was specially made to meet your individual needs. If you have not done so, please discuss this medicine with your doctor to ensure that you understand (1) why you have been prescribed a compounded medicine, (2) how to properly take this medicine, and (3) the interactions, if any this medicine may have with any other medicines you are taking.
Compounding is a long standing pharmacy practice that allows doctors to treat their patients' individual needs without being restricted only to off-the-shelf medicines or devices. This medicine was prepared in a compounding pharmacy to meet the specifications ordered by your doctor.

1. Call your doctor if:
·You experience any side effects.
·You are taking additional medicines that may interact with this compounded medicine
·You have allergies or other medical conditions that should be noted.
2. Call our pharmacists if:
·Information on the label is not clear to you.
·You have any concerns regarding precautions, ingredients or proper storage.
Our pharmacists will be happy to help with any additional questions or concerns.

usler's
OUNDING PHARMACY
700 AVENUE D SNOHOMISH, WA 98290
360-568-1297
Receipt

[redacted]

Birth date 4/13/1945
11/18/2025
P 575-524-113

352266-8149-

Rx 00352266
30 GM
30day supply
NIFEDIPINE (PB)* 0.4% OINTMENT
New/Refill N
CASH CUSTOMER

JAMES KIM MD
1818 121ST ST SE EVERETT, WA 98208
425-357-3304 BK9545142

$81.49
Sales tax $0.00

T

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COMPOUNDING PHARMACY
700 AVENUE D SNOHOMISH, WA 98290
360-568-1297
Receip

N

[redacted]

11/18/2025
C 575-524-1131

TK533128

Rx 00352266
30 GM
30 day supply
NIFEDIPINE (PB)* 0.4% OINTMENT
CASH CUSTOMER

JAMES KIM MD
1818 121ST ST SE EVERETT, WA 98208
425-357-3304 BK9545142

$81.49
Sales tax $0.00

Kuslers Compounding Pharmacy
700 Avenue D, Suite 102
Snohomish, WA 98290
360-568-1297

----------Sales Receipt----------

Trans#: 71608196
Date: 11/18/2025 11:20:44 AM
Cashier: Cashier Register #: 1

Item	Description		Amount
352266-8149-	Rx# 352266	F	$81.49

Sub Total	$81.49
Sales Tax	$0.00
Total	$81.49
Cash Tendered	$81.49
Change Due	$0.00

*****
Review us on Google
Thank you!
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