Everett Police Pension Board Meeting Agenda

January 21, 2026, 9:00 a.m. via Microsoft Teams

1.) Approval of minutes for December 17, 2025

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$515,000.00	
Nov 2025	$39,702.66	
Remaining budget	**$63,375.53**	**12.31%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
November 2025	$114,408.15	
November 2025 HMA fees	$11,001.90	
Remaining budget	**$301,184.95**	**21.36%**

3.) Action Items:

Member #152	Request for reimbursement of $312.28 for physical therapy in excess of yearly cap.
Member #111	Request for long term care cost increase from $421 per day (Genworth) to $447 per day (facility increase).

4.) Other Items:

Benchmarking for benefit allowances on dental, vision hardware and hearing aids

Presented by Chelsi Bardwell, HR

Police Pension Board Minutes
City Of Everett
December 17, 2025

DRAFT

The regular meeting of the Police Pension Board was called to order at 9:00 a.m. on December 17, 2025. Board Members Schwab, Poon, Thiessen and Jorve were in attendance. Board Members Franklin, Neighbors, and Sebald were excused. Ana Mechler, Human Resources; Rick Gray, Finance; and David Hall, Board Attorney were also in attendance.

APPROVAL OF MINUTES

The minutes of the meeting of November 19, 2025, were approved.

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%**

Moved by Jorve, seconded by Thiessen, to approve the pension rolls as presented.

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

Motion carried.

Moved by Thiessen, seconded by Jorve, to approve the medical claims as presented.

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

Motion carried.

DRAFT

ACTION ITEMS

Member #140 Request for reimbursement of $153.15 for suppositories for hemorrhoids.

Moved by Thiessen, seconded by Schwab, to approve the request for reimbursement of $153.15 for suppositories for hemorrhoids.

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

Motion carried.

Member #80 Request for reimbursement for $81.49 for compound medication.

Moved by Jorve, Seconded by Schwab, to require proper doctor documentation as required per policy prior to paying the reimbursement request. If member can provide doctor prescription, the request will be paid.

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

Motion carried.

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

_____
Marista Jorve, Board Secretary

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: head and neck damage after radiation

2. Prognosis: _____

3. Type of Treatment(s) or Procedure: Physical Therapy

4. Cost of treatments/service: $ 312.28

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

Police member #152 is requesting reimbursement for physical therapy. Member exceeded yearly cap.

(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

EVERETT
WASHINGTON

City of Everett
Fire & Police Pension
2930 Wetmore EVERETT,
WA 98201
(425) 257-7024

CLAIM FORM

PENSION BOARD APPROVAL:
I certify that the named patient is authorized to receive the described medical care at the expense of the City of Everett Uniformed Personnel Pension Fund. Payment is approved by board action this date. I am authorized to authenticate and certify said claim.

City Clerk or Secretary of Board _____ Date _____

TO BE COMPLETED BY EMPLOYEE

[redacted]

TELEPHONE NO. [redacted]

SOCIAL SECURITY NO.

☒ POLICE ☐ FIRE

☒ MALE ☐ FEMALE

THIS SPACE FOR OFFICE USE ONLY

ACCOUNT NUMBER	VOUCHER NO.	VENDOR NO.	DESCRIPTION	AMOUNT
☐ 6375380000250 ☐ 6385380000250			☐ MED SERV ☐ RX ☐ CHIRO SERV ☒ REIMB ☐ OTHER	

I certify that the information and charges here shown are true and correct, and that these services and/or medications were received by me and that I am liable for these charges. I hereby authorize all doctors, pharmacists, hospitals or other instiutions rendering care and treatment to furnish the Fire/Police Pension Board with full information regarding treatment rendered (including copies of their records). I also authorize any Union, Trust Fund, Employer or Insurance Carrier to furnish the Fire/Police Pension Board with information regarding benefits to which I may be entitled. A photostatic copy of this authorization shall be considered as effective and valid as the original. I hereby assign benefit to the supplier/vendor below.

DATE Dec. 5, 2025

EMP [redacted]

STATEMENT OF ATTENDING PHYSICIAN OR OTHER SUPPLIER/VENDOR CHARGES

DIAGNOSIS AND CONCURRENT CONDITIONS
(IF DIAGNOSIS CODE OTHER THAN ICDA USED, GIVE NAME)

REPORT OF SERVICES (IF PREVIOUS FORM SUBMITTED TO THIS CARRIER, YOU NEED SHOW ONLY DATES AND SERVICES SINCE LAST REPORT)

DATE OF SERVICES	PLACE OF SERVICES	DESCRIPTION OF SURGICAL OR MEDICAL SERVICES RENDERED	PROCEDURE CODE IF USED (IF CODE OTHER THAN CPT ★★ USED, GIVE NAME	CHARGES

DO NOT WRITE IN THIS SPACE

DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION

TOTAL CHARGES $ _____

TOTAL PAYMENTS $ _____

DATE SUPPLIER/VENDOR NAME (PRINT) SIGNATURE TELEPHONE

STREET ADDRESS CITY OR TOWN STATE OR PROVIDENCE ZIP CODE

514-409 (REV. 6/06)

PENSION BOARD

CK. 7992 11/12/25

MAKE CHECKS PAYABLE TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

IF PAYING BY CREDIT CARD, FILL OUT BELOW:		
CIRCLE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS		
CARD NUMBER	EXP DATE	AMOUNT
SIGNATURE	3 OR 4 DIGIT SECURITY CODE	

STATEMENT DATE	PAY THIS AMOUNT	PATIENT NO.
11/03/25	$296.88	1669

For all billing questions, please call: (406) 375-9034
Office Hours: 8:00 AM to 5:00 PM Mon-Fri

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT PAID HERE $ 296.88

SEND TO:

[redacted]

REMIT TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT

PLEASE RETURN TOP PORTION OF STATEMENT WITH YOUR PAYMENT TO ENSURE PROPER PAYMENT POSTING.

SVC	DESCRIPTION	CHARGES	MDCR RCPTS	INS RCPTS	PAT RCPTS	ADJUST	BALANCE	INS PENDING
05/14/25	TX SWALLOWING DYSFUNCTION&/ORAL FUN	$153.59	$64.91	$0.00	$0.00	$72.12	$16.56	
05/30/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$206.97	$65.67	$0.00	$0.00	$124.55	$16.75	
05/30/25	THERAPEUTIC PX 1/> AREAS EACH 15 MI	$53.21	$17.11	$0.00	$0.00	$31.73	$4.37	
07/14/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$206.97	$65.67	$0.00	$0.00	$124.55	$16.75	
07/14/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
07/24/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$68.99	$27.13	$0.00	$0.00	$34.94	$6.92	
07/24/25	THER PX 1/> AREAS EACH 15 MIN NEURO	$61.66	$19.01	$0.00	$0.00	$37.80	$4.85	
07/24/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
07/28/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
07/28/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
07/31/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
07/31/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
08/04/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
08/04/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
08/07/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
08/07/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
08/11/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
08/11/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
08/14/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
08/14/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
08/18/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
08/18/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$48.98	$16.22	$0.00	$0.00	$28.62	$4.14	
08/29/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$206.97	$65.67	$0.00	$0.00	$124.55	$16.75	
08/29/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
09/04/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
09/04/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
09/08/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
09/08/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
09/11/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$206.97	$65.67	$0.00	$0.00	$124.55	$16.75	
09/11/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
09/19/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$206.97	$65.67	$0.00	$0.00	$124.55	$16.75	

** Payment Due Upon Receipt * Thank You **

Current	30 Days	60 Days	90 Days	120 Days	NOW DUE
$207.00	$89.88	$0.00	$0.00	$0.00	$296.88

Pay online using code: EhDe-EAH9-RjfC-4m4q at https://portal.kareo.com/code
A consistent monthly payment is expected and appreciated.

Patient Number: 1669
Billing Questions Phone: (406) 375-9034

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

Pd. in full.

Hamilton Physical Therapy
Hamilton Neurorehab & Balance Center
Hamilton PT at The Canyons
Darby Physical Therapy
Corvallis Physical Therapy
Stevensville Physical Therapy
PT Specialists of Florence
Frenchtown Physical Therapy

STATEMENT

MAKE CHECKS PAYABLE TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

IF PAYING BY CREDIT CARD, FILL OUT BELOW:		
CIRCLE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS		
CARD NUMBER	EXP DATE	AMOUNT
SIGNATURE	3 OR 4 DIGIT SECURITY CODE	

STATEMENT DATE	PAY THIS AMOUNT	PATIENT NO.
11/03/25	$296.88	1669

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT PAID HERE $

For all billing questions, please call: (406) 375-9034
Office Hours: 8:00 AM to 5:00 PM Mon-Fri

SEN[redacted]

REMIT TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

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STATEMENT

PLEASE RETURN TOP PORTION OF STATEMENT WITH YOUR PAYMENT TO ENSURE PROPER PAYMENT POSTING.

SVC	DESCRIPTION	CHARGES	MDCR RCPTS	INS RCPTS	PAT RCPTS	ADJUST	BALANCE	INS PENDING
09/19/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
09/26/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$68.99	$27.13	$0.00	$0.00	$34.94	$6.92	
09/26/25	THER PX 1/> AREAS EACH 15 MIN NEURO	$61.66	$19.01	$0.00	$0.00	$37.80	$4.85	
09/26/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	

** Payment Due Upon Receipt * Thank You **

Current	30 Days	60 Days	90 Days	120 Days	NOW DUE
$207.00	$89.88	$0.00	$0.00	$0.00	$296.88

Pay online using code: EhDe-EAH9-RjfC-4m4q at https://portal.kareo.com/code

A consistent monthly payment is expected and appreciated.

Patient Number: 1669
Billing Questions Phone: (406) 375-9034

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

Hamilton Physical Therapy
Hamilton Neurorehab & Balance Center
Hamilton PT at The Canyons
Darby Physical Therapy
Corvallis Physical Therapy
Stevensville Physical Therapy
PT Specialists of Florence
Frenchtown Physical Therapy

STATEMENT

MAKE CHECKS PAYABLE TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

IF PAYING BY CREDIT CARD, FILL OUT BELOW:		
CIRCLE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS		
CARD NUMBER	EXP DATE	AMOUNT
SIGNATURE	3 OR 4 DIGIT SECURITY CODE	

STATEMENT DATE	PAY THIS AMOUNT	PATIENT NO.
12/03/25	$15.40	1669

For all billing questions, please call: (406) 375-9034
Office Hours: 8:00 AM to 5:00 PM Mon-Fri

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT PAID HERE $

SEND TO:

[redacted]

REMIT TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT

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SVC	DESCRIPTION	CHARGES	MDCR RCPTS	INS RCPTS	PAT RCPTS	ADJUST	BALANCE	INS PENDING
10/13/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
10/13/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.58	$30.96	$3.56	

** Payment Due Upon Receipt * Thank You **

Current	30 Days	60 Days	90 Days	120 Days	NOW DUE
$15.40	$0.00	$0.00	$0.00	$0.00	$15.40

Pay online using code: kPA7-7MUa-NFCf-UfbK at https://portal.kareo.com/code

A consistent monthly payment is expected and appreciated.

Patient Number: 1669
Billing Questions Phone: (406) 375-9034

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

Hamilton Physical Therapy
Hamilton Neurorehab & Balance Center
Hamilton PT at The Canyons
Darby Physical Therapy
Corvallis Physical Therapy
Stevensville Physical Therapy
PT Specialists of Florence
Frenchtown Physical Therapy

STATEMENT

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: LTC - Hospice Care

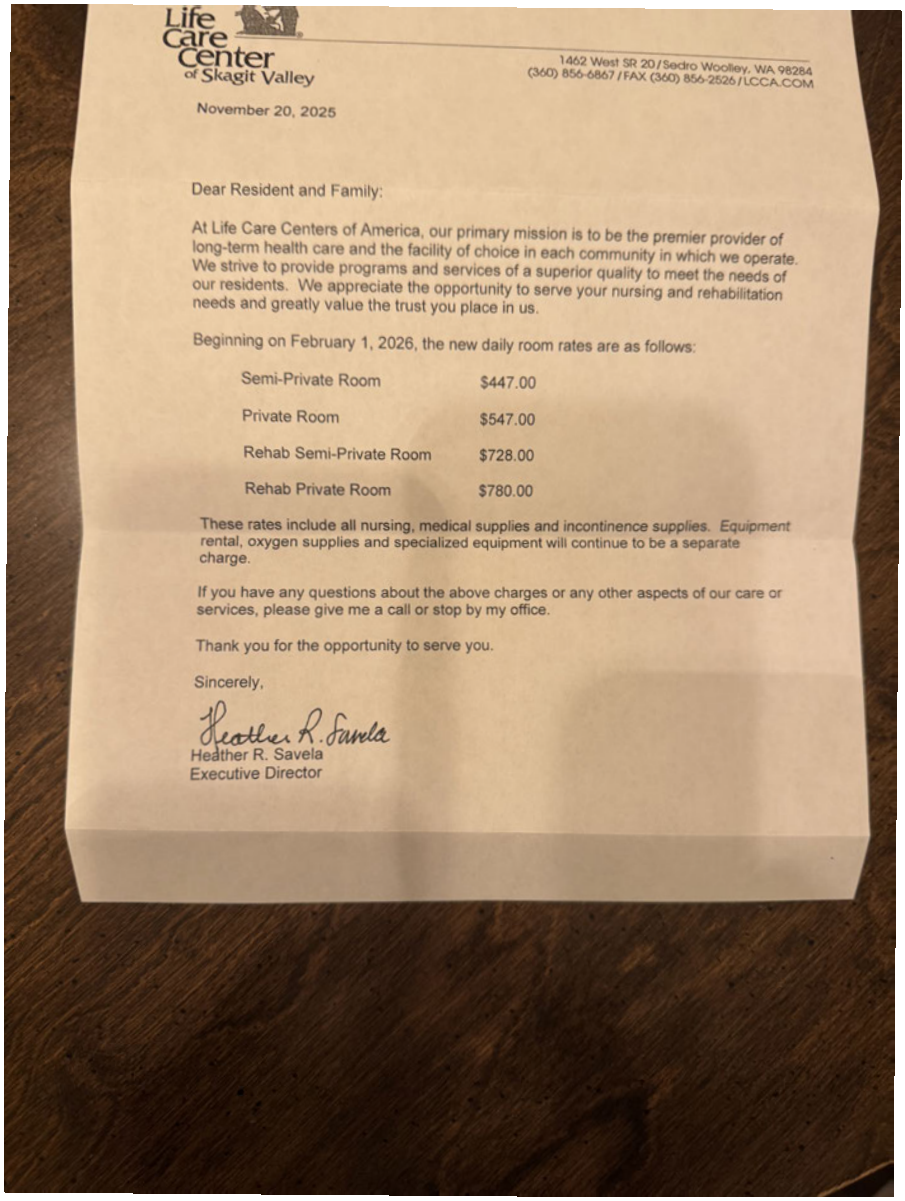
4. Cost of treatments/service: $ 447 / day - Genworth is $421 / day

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

   Member is requesting $421 per day which is the 2026 Genworth amount. Actual cost has increase to $447 per day

(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



Life Care Center of Skagit Valley

1462 West SR 20 / Sedro Woolley, WA 98284
(360) 856-6867 / FAX (360) 856-2526 / LCCA.COM

November 20, 2025

Dear Resident and Family:

At Life Care Centers of America, our primary mission is to be the premier provider of long-term health care and the facility of choice in each community in which we operate. We strive to provide programs and services of a superior quality to meet the needs of our residents. We appreciate the opportunity to serve your nursing and rehabilitation needs and greatly value the trust you place in us.

Beginning on February 1, 2026, the new daily room rates are as follows:

Semi-Private Room	$447.00
Private Room	$547.00
Rehab Semi-Private Room	$728.00
Rehab Private Room	$780.00

These rates include all nursing, medical supplies and incontinence supplies. Equipment rental, oxygen supplies and specialized equipment will continue to be a separate charge.

If you have any questions about the above charges or any other aspects of our care or services, please give me a call or stop by my office.

Thank you for the opportunity to serve you.

Sincerely,

Heather R. Savela

Heather R. Savela
Executive Director