**Fire Pension Board Meeting Agenda**

**March 18, 2026, 9:30 a.m. via Microsoft Teams**

## 1.) Approval of minutes for December 17, 2025

## 2.) Bills and Pension Rolls:

| | | |
|---|---|---|
| **PENSION ROLL** | | |
| Budgeted Amount | $709,000.00 | |
| September 2025 | $55,351.05 | |
| **Remaining budget** | **$173,339.49** | **24.45%** |
| | | |
| **MEDICAL CLAIMS** | | |
| Budgeted amount | $1,946,000.00 | |
| September 2025 | $71,122.04 | |
| September 2025 HMA fees | $13,308.30 | |
| **Remaining budget** | **$580,867.00** | **29.85%** |
| | | |
| **PENSION ROLL** | | |
| Budgeted Amount | $709,000.00 | |
| November 2025 | $54,977.65 | |
| **Remaining budget** | **$63,384.19** | **8.94%** |
| | | |
| **MEDICAL CLAIMS** | | |
| Budgeted amount | $1,946,000.00 | |
| November 2025 | $103,792.03 | |
| November 2025 HMA fees | $12,953.40 | |
| **Remaining budget** | **$309,772.13** | **15.92%** |
| | | |
| **PENSION ROLL** | | |
| Budgeted Amount | $709,000.00 | |
| December 2025 | $53,594.33 | |
| **Remaining budget** | **$9,789.86** | **1.38%** |
| | | |
| **MEDICAL CLAIMS** | | |
| Budgeted amount | $1,946,000.00 | |
| December 2025 | $106,028.71 | |
| December 2025 HMA fees | $13,130.85 | |
| **Remaining budget** | **$190,612.57** | **9.80%** |
| | | |
| **PENSION ROLL** | | |
| Budgeted Amount | $704,000.00 | |
| January 2026 | $53,488.67 | |
| **Remaining budget** | **$650,511.33** | **92.40%** |

| | | |
|---|---|---|
| **MEDICAL CLAIMS** | | |
| Budgeted amount | $2,240,000.00 | |
| January 2026 | $178,462.64 | |
| January 2026 HMA fees | $13,829.34 | |
| **Remaining budget** | **$2,047,708.02** | **91.42%** |

**3.) Action Item:**

Member #137 Reimbursement request in the amount of $3400 for stem cell injections not covered by insurance.

**4.) Other Items**

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

Presented by Chelsi Bardwell, HR

Process for reimbursement reminders

Presented by Ana Mechler, HR

Fire Pension Board Minutes
City Of Everett
December 17, 2025

DRAFT

The regular meeting of the Fire Pension Board was called to order at 9:30 a.m. on December 17, 2025. Board Members Franklin, Vitalich, Schwab, Jorve, and alternate Oas were present. Board Member Neyens was excused. Ana Mechler, Human Resources; David Hall, Board Attorney; and Rick Gray, Finance were also present.

## APPROVAL OF MINUTES

The minutes of the meeting of October 15, 2025, were approved.

## BILLS AND PENSION ROLLS

| | | |
|---|---|---|
| **PENSION ROLL** | | |
| Budgeted Amount | $709,000.00 | |
| October 2025 | $54,977.65 | |
| **Remaining budget** | **$118,361.84** | **16.69%** |
| | | |
| **MEDICAL CLAIMS** | | |
| Budgeted amount | $1,946,000.00 | |
| October 2025 | $141,041.14 | |
| October 2025 HMA fees | $13,308.30 | |
| **Remaining budget** | **$426,517.56** | **21.92%** |

**Moved by Vitalich, seconded by Oas, to approve the pension roll claims as presented.**

Roll was called with all members voting yes, except Board Member Neyens who was excused.

**Motion carried.**

**Moved by Vitalich, seconded by Oas, to approve the medical claims as presented.**

Roll was called with all members voting yes, except Board Member Neyens who was excused.

**Motion carried.**

DRAFT

**ACTION ITEM**

Member #158 Request for reimbursement of $25.16 for cream to treat cutaneous T-cell lymphoma

**Moved by Jorve, seconded by Franklin, to approve the request for reimbursement of $25.16 for cream to treat cutaneous T-cell lymphoma.**

Roll was called with all members voting yes, except Board Members Neyens who was excused.

**Motion carried.**

**Other:**

Discussion ensued regarding COLA benefits and HMA billing.

The Board meeting adjourned at 9:43 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: osteoarthritis

2. Prognosis: 1 to 4 times per month for 12 visits. Treatment can range from 3 to 12 months.

3. Type of Treatment(s) or Procedure: Stem Cell Injections

4. Cost of treatments/service: $ $7,268.00

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

Fire #137 member is requesting board approval for Stem Cell Injections. This is not covered by Medicare nor HMA. He is going through another round but on his right hip this time.

(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] ☐ ACTIVE ☒ RETIRED [redacted] ☐ POLICE ☒ FIRE ☒ MALE ☐ FEMALE

THIS SPACE FOR OFFICE USE ONLY

| ACCOUNT NUMBER | VOUCHER NO. | VENDOR NO. | DESCRIPTION | AMOUNT |
|---|---|---|---|---|
| ☐ 6375380000250<br>☐ 6385380000250 | | | ☐ MED SERV ☐ RX<br>☐ CHIRO SERV ☐ REIMB<br>☐ 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 institutions 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 [redacted]

DATE 2-11-26 EM[redacted]

STATEMENT OF ATTENDING PHYSICIAN OR OTHER SUPPLIER/VENDOR

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 |
|---|---|---|---|---|
| | | REQUEST BOARD APPROVAL FOR A SECOND STEM CELL INJECTION. | | |
| | | DR. DON AT Olympic SPINE & SPORTS THERAPY 425-774-2411 THINKS IT WILL IMPROVE MY RIGHT HIP REPAIR. IT SHOULD REPAIR THE CARTILAGE AND IMPROVE HIP MOBILITY. (MEDICARE & HMA DOES NOT COVER) THANKS FOR YOUR CONSIDERATION. | | |

DO NOT WRITE IN THIS SPACE

DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION

TOTAL CHARGES $ 3400.00

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

## Physical Med. Treatment Plan Estimate for: [redacted] Date: 2/23/2026

| Treatment Recommendation | Therapy | Estimated Charge Per Session or Service | (No Print) Insurance Allowed Amount | (No Print) Expanded | Estimated Total Charges | Patient Co-pay | Patient Co-insurance | Estimated Patient Responsibility |
|---|---|---|---|---|---|---|---|---|
| 12 | Chiropractic Manipulative Treatment **3-4 Region - Medicare** | $65.00 | $41.91 | $502.92 | $502.92 | [redacted] | 0% | $0.00 |
| 12 | Chiropractic Extremity Adjustment | $57.00 | $28.89 | $346.68 | $346.68 | | 0% | $0.00 |
| 5 | Physical Rehabilitation **1 unit** | $55.00 | $31.05 | $155.25 | $155.25 | | 0% | $0.00 |
| 1 | Established Patient Progress Examination **212** | $80.00 | $76.03 | $76.03 | $76.03 | | 0% | $0.00 |
| 12 | Non-Surgical Spinal Decompression | $69.00 | | | $828.00 | | | $828.00 |
| 12 | Trigenics (Myoneural Manual Medicine) - **Intermediate** | $100.00 | | | $1,200.00 | | | $1,200.00 |
| | Expected from Insurance | **$1,080.88** | | | **Estimated Pat Portion (W/Ded)** | | | $2,028.00 |
| | Total Insurance Payable after CoPays | **$0.00** | | | | | | |
| | Total Expected from Insurance | **$1,080.88** | | | | | | |

**Regenerative Injection and Pressure Wave Treatment Plan Estimate for:** [redacted] **Date:** 2/23/2026

| Treatment Recommendation | Therapy | Estimated Charge Per Session or Service | (No Print) Insurance Allowed Amount | (No Print) Expanded | Estimated Total Charges | Patient Co-pay | Patient Co-insurance | Estimated Patient Responsibility |
|---|---|---|---|---|---|---|---|---|
| 1 | **99213** - Office/Outpatient (Established) | $132.00 | $87.55 | $87.55 | $87.55 | [redacted] | 0% | $0.00 |
| 12 | **1010T** Pressure Wave Therapy | $120.00 | | | $1,440.00 | [redacted] | | $1,440.00 |
| 1 | **Wharton's Jelly** - Stem Cell Injection | $3,800.00 | | | $3,800.00 | [redacted] | | $3,800.00 |
| | Expected from Insurance | **$87.55** | | | **Estimated Pat Portion (W/Ded)** | | | $5,240.00 |
| | Total Insurance Payable after CoPays | **$0.00** | | | | | | |
| | Total Expected from Insurance | **$87.55** | | | | | | |