Everett Police Pension Board Meeting Agenda

June 17, 2026, 9:00 a.m. via Microsoft Teams

1.) Approval of minutes for April 15, 2026

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$450,000.00	
March 2026	$38,529.03	
Remaining budget	**$335,586.54**	**74.57%**
MEDICAL CLAIMS		
Budgeted amount	$1,565,000.00	
March 2026	$83,719.67	
March 2026 HMA fees	$11,896.56	
Remaining budget	**$1,165,576.26**	**74.48%**
PENSION ROLL		
Budgeted Amount	$450,000.00	
April 2026	$58,921.95	
Remaining budget	**$276,664.59**	**61.48%**
MEDICAL CLAIMS		
Budgeted amount	$1,565,000.00	
April 2026	$105,491.00	
April 2026 HMA fees	$10,361.52	
Remaining budget	**$1,049,723.74**	**67.07%**

3.) Action Item:

Member #65 Reimbursement request in the amount of $672 for eye glasses

Police Pension Board Minutes
City Of Everett
April 15, 2026

DRAFT

The regular meeting of the Police Pension Board was called to order at 9:00 a.m. on April 15, 2026. Board Members Schwab, Poon, Sebald, Neighbors, Thiessen, and Jorve were in attendance. Board Member Franklin was excused. Rick Gray, Finance; Ana Mechler, Human Resources, and David Hall, Board Attorney, were also in attendance.

APPROVAL OF MINUTES

The minutes of the meeting of March 18, 2026, were approved.

BILLS AND PENSION ROLLS

PENSION ROLL		
Budgeted Amount	$450,000.00	
February 2026	$38,529.03	
Remaining budget	**$374,115.57**	**83.14%**
MEDICAL CLAIMS		
Budgeted amount	$1,565,000.00	
February 2026	$115,099.74	
February 2026 HMA fees	$11,896.56	
Remaining budget	**$1,261,192.49**	**80.59%**

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

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

Motion carried.

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

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

Motion carried.

DRAFT

ACTION ITEMS

Member #108 Reimbursement request for seat lift in the amount of $2087.

Moved by Neighbors, seconded by Sebald, to deny the request for Member #108 unless further medical necessity can be provided.

Discussion ensued regarding medical necessity and durable medical equipment.

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

Motion carried.

The Board meeting adjourned at 9:12 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: _____

2. Prognosis: _____

3. Type of Treatment(s) or Procedure: Eye Glasses

4. Cost of treatments/service: $ 672.00

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

Police member #65 is requesting reimbursement for his glasses in the amount of $672.00
HMA denied the claim due to member exceeding the vision benefit for the year.

(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

Invoice

Marysville Vision Clinic
1098 Alder Ave
Marysville, WA 98270-4318
(360) 659-6255

Marysville Vision

Office # : 1458
Service Date: 12/23/2025
Payment #: 20871807
Employee :

Patient Name: [redacted]
Responsible Party:

Item/ Service Description	Proc Code	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
Order # 20516755	**Insurance: Health Management Admin. - Routine Vision**					
92014-Comprehensive Exam - Est Pt - 92014	92014	$165.00		$165.00		**$0.00**
92015-Refraction - 92015	92015	$80.00		$80.00		**$0.00**
S9986.4 - Screening Retinal Photos - S9986.4	S9986	$50.00				**$50.00**
Total		$295.00	$0.00	$245.00	$0.00	**$50.00**

Tax/Fee $0.00

Item/ Service Description	Proc Code	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
Order # 20516930	**Insurance: Health Management Admin. - Routine Vision**					
Acuity HD Plus Progressive Trivex Adaptive Grey w/ Ultra AR & Backside UV	V2203,V2782, V2781,V2744, V2750	$1040.00		$550.00		**$490.00**
Backside Uv	V2755	$87.00				**$87.00**
Warranty	V2799	$45.00		$45.00	$45.00	**$45.00**
Total		$1172.00	$0.00	$595.00	$45.00	**$622.00**

Tax/Fee $0.00

[*]

Payment	Amount	
Visa	$672.00	Autho(08480D): **********7597

Total Due	$672.00
Payment	$672.00
Balance	$0.00

This receipt may reflect charges billed to your insurance. These charges are an estimation of coverage. Final amounts due will be determined upon claim payment. Not applicable to Retail Promotions.

[*]