

**CITY OF VANCOUVER**

**POLICE AND FIRE PENSION BOARDS**

**PENSION BOARD RULES**

**AND**

**REGULATIONS**

**November 2007**

### **Preamble**

The purpose of these rules and regulations is to establish the general operating procedures and to reduce to writing the administrative policies of the disability boards. The boards recognize that conditions may exist or come into existence that are not properly encompassed by these rules and regulations. In such cases, the board reserves the right to take whatever action is necessary to properly deal with the situation.

### **Scope**

These rules and regulations shall be applicable to all employees and retirees covered by Chapters 41.16, 41.18, 41.20, and 41.26 RCW, and as hereinafter amended whether firefighter or police officer, unless specifically provided herein. All employees and retirees covered under the above statutes shall hereinafter be referred to as "members."

### **Effect of Rules and Regulations**

Members are required to follow these rules and regulations at all times. A member's failure to follow these procedures may subject such member to the loss of benefits otherwise due under the acts.

### **Section I**

#### **1. Membership - Police Pension**

The board shall consist of seven members as follows:

- A. The mayor or his designee who shall be chairperson.
- B. Mayor pro tempore.
- C. City Clerk who shall be secretary.
- D. City Treasurer.
- E. Pursuant to RCW 41.20.010, three regularly employed or retired members of the police department elected by police members by secret ballot. Police department members shall serve for staggered terms, with one elected each year for a three-year term.
- F. A majority of the membership including at least one police department member or retiree shall constitute a quorum.

## 2. Vacancy - Police Member

In the event a vacancy occurs in the membership of the police members, the board shall, in the same manner as the original election, elect a successor to serve the remaining unexpired term.

## 3. Membership - Fire Pension

The board shall consist of five members as follows:

- A. The mayor or his designee who shall be chairperson.
- B. City Clerk who shall be secretary.
- C. City Treasurer.
- D. Pursuant to RCW 41.16.020 two regularly employed or retired firefighters selected by a secret ballot of the fire members. Firefighter members shall serve for staggered terms, with one elected annually for a two-year term. The two firefighters elected shall select a third firefighter who shall serve as an alternate in the event of an absence of one of the regularly elected firefighters. The name of the alternate shall be filed with the pension board program coordinator.
- E. A majority of the membership including at least one active or retired firefighter shall constitute a quorum.

## 4. Vacancy - Firefighter Member

In the event a vacancy occurs in the membership of the firefighter members, the board shall, in the same manner as the original election, elect a successor to serve the remaining unexpired term.

## 5. Meetings - Agenda

The board shall meet regularly on the third Thursday of each month; provided that when the third Thursday falls on a municipal holiday, the board shall meet the following day. If necessary, special meetings may be called by the chairperson or a majority of the board. Copies of material relevant to the agenda items shall be prepared and distributed prior to each meeting. Claims must be submitted directly to the city's third party administrator. All information to be submitted to the board must be received by the pension board program coordinator one week prior to the meeting date. Notice of meetings shall be given to the press pursuant to

RCW 42.30.060; provided, hearings and decisions on quasi-judicial matters, including consideration of applications for disability retirements shall be closed meetings unless the applicant, in writing, requests an open hearing.

#### 6. Absence of Chairperson

In the case of absence or inability of the chairperson to act, the secretary shall serve as chairperson pro tempore and shall perform the duties and exercise the powers of the chairperson.

#### 7. Voting

Each member shall have one (1) vote which must be cast in person; provided in the absence of one of the firefighter members the alternate representative whose name is on file with the board's secretary may vote.

### **Section II**

#### **Power of the Boards**

The boards shall have the powers granted by the state legislature or necessarily implied from such grant of power in Chapters 41.16, 41.18, 41.20, and 41.26, Revised Code of Washington, as those chapters now exist or may hereafter be amended.

### **Section III**

#### **Disability Leave Allowance**

##### 1. Application

Disability leave is a pension allowance and must be approved by the pension boards. Eligibility for disability leave is determined and authorized by the pension boards based on a member's completed disability leave request form. A member who wishes to be paid a disability leave allowance must ensure that disability leave time is accurately documented on his or her timesheet and that a disability leave request form has been completed and sent to the pension board program coordinator. Due to the payroll processing cycle, disability leave requests may be paid prior to approval by the pension boards. If documentation is not received to justify the disability leave request, the request for disability leave may be denied and hours adjusted on the next timesheet making those hours leave without pay.

Any member who requests disability leave because of a duty-related disability shall submit -- along with his or her leave request -- an accident report showing cause of disability. If there is no accident report, the member will be responsible for submitting evidence to the pension board immediately following his disability request to show that the injury or illness was duty related.

## 2. Disability Leave Allowance

Disability leave allowance is not granted for any specific amount of time. Such leave may encompass a period of from one hour to a maximum of six months. During this time, the member is to receive an allowance equal to his full monthly salary on the first day of such leave, or the applicable portion thereof, from the city. Disability leave requests must be submitted to cover each payroll period. The applicant is required to telephone the pension board program coordinator at least every two weeks during a disability leave period to keep the board advised of his or her status.

## 3. Physician's Report

The department is responsible for securing a physician's report at the time the member makes application for disability leave. Physician's reports shall be required for incidents that may lead to a disability retirement (e.g., heart or respiratory problem, back or serious injury to joints, bone, muscles, etc.), or for any disability leave extending beyond 40 hours (for 8-hour shift employees) or two shifts (for 24-hour shift employees) or for any other reasonably necessary matter coming before the board consistent with these rules.

## 4. Recuperation and Place of Recuperation

Members shall make every reasonable effort to expedite recovery and shall avoid action and inaction that might prolong their leave or inhibit recovery from such disability.

It is assumed members on disability leave will recuperate either at their homes or in a hospital. Members shall be responsible for notifying the pension board's program coordinator of his or her whereabouts of any other locations of recuperation extending longer than 24 hours. The board may, as a condition to authorizing a place of recuperation outside the City of Vancouver, require the member be responsible for any travel expenses necessary to comply with an order of the board. The board shall not make unreasonable requirements of a member to travel.

## 5. Travel Reimbursement While on Disability Leave

The board shall reimburse necessary travel expenses incurred by the member when traveling to any place in excess of 50 miles from the authorized place of recuperation in order to comply with an order of the board.

## 6. Obligation of the Member While on Disability Leave

- A. Treatments: During a period of disability leave, the applicant is required to provide reports from his treating physician to the board at least monthly. In addition, the board shall have the authority to inquire of any examining physician as to what medical or therapeutic treatments might be employed to rehabilitate the applicant; and, based upon such evaluation, to direct the applicant to participate in rehabilitation. If the applicant fails or refuses to submit to such treatments, the board may terminate the applicant's disability benefits.
- B. Member to Seek Authorization to Return to Duty: It shall be the responsibility of each member granted disability leave pursuant to RCW 41.26 to seek authorization to return to active service as soon as is reasonably possible (See Section III, #7, "Return to Duty.") Employee's returning to work shall contact the pension board program coordinator immediately upon receipt of a return to work from the treating medical practitioner. It is expected that an employee will return to duty on the first shift following release by the doctor which would otherwise have been worked by the employee if they had not been on disability leave. Failure to actively seek authorization to return to active service upon cessation of a disability may result in discontinued disability leave allowance.
- C. Jurisdiction of Members on Disability Leave or on Disability Retirement: Members on disability leave are under the jurisdiction of the pension board for all matters pertaining to their disability, and shall not engage in any activity which is contrary to the directives of the member's or the pension board's physician or which might be detrimental to a return to active service. The board has authority to, and it may at any time in any case, investigate the activities of any member to determine whether the member's disability continues to exist. For all matters pertaining member's employment as a uniformed officer, a member on disability leave is under the jurisdiction of the chief of the department and/or the Civil Service Commission as applicable.

## 7. Return to Duty

Members returning to duty must first present a Return to Duty form signed by a treating medical practitioner to the member's immediate supervisor.

Members returning from a disability leave of longer than 15 calendar days, must secure pension board approval – either verbal or by special meeting – prior to a return to active duty. The board evaluates a member's ability to return to duty on the ability to perform a majority of the essential functions of the position held by the member prior to the disability. A return to duty from a leave of 15 calendar days or less may be authorized by the member's department chief or their designee, subject to ratification by the board at its next meeting.

## 8. Trial Work Period

If, during consideration of an application for disability retirement, the Board, after examination and review of all relevant medical and other evidence, cannot determine with reasonable certainty whether the applicant should or should not be granted a disability retirement, the board may set a reasonable period of trial service to determine the applicant's fitness for duty. The period of trial service shall be for a reasonable period and supported by medical evidence. The applicant shall be returned to duty during this trial work period to the same duties in the same position held at the time of discontinuance of service. The board shall specify the trial period in a written order to the applicant. The board shall also notify the applicant that if the applicant is found to be disabled during the trial work period, the applicant shall return to disability status for the remainder of the initial six-month period pursuant to WAC 415-105-050(2), and shall not be entitled to a second six-month period of disability leave for the same disability.

## **Section IV**

### **Disability Retirement**

#### 1. Disability Retirement Application

All applications for disability retirement submitted to the board shall bear the date the application was executed and the date the application was received by the board. Applications for retirement should, whenever possible, be filed when the member has been on disability leave for four months to allow time for gathering necessary information. Application shall be accompanied by the member's doctor's report and any evidence the member wishes the board to consider concerning the duty/non-duty aspect of the member's retirement. The pension board program

coordinator is authorized to: 1) schedule the member for an evaluation on behalf of the board; 2) request a report from the department chief; and 3) obtain any other information that the board may request.

## 2. Retirement

If the board, after reviewing all evidence, finds that the member is unfit for duty, such member shall be placed on disability retirement and separated from active service. The board will issue its written decision and Order, accompanied by Findings of Fact and Conclusions of Law and Order to the State LEOFF Retirement Director for review. (A similar written decision and order shall be entered if the board finds the member not to be disabled.)

## 3. Post-Retirement Re-Examination

The board is required by statute to call for re-examination semi-annually, for all disability retirees under 49.5 years of age whose condition has not been determined to be permanent. If the board finds at the date of retirement or thereafter that a member is permanently disabled, further periodic re-examinations are not required.

## 4. Re-Entry from Retirement

In the event physical evaluation discloses fitness to perform duties of the rank held by the member at the time of disability retirement, the member shall be brought before the board for hearing and further consideration of the matter. Cancellation of a disability retirement allowance is improper absent a showing that the circumstances under which the disability allowance was originally granted have changed. In addition to change in the mental or physical condition of the member, changed circumstances may also include:

- The retiree's adaptation to the disability or ability to compensate for the impairment;
- Changes in equipment used in the retiree's former job or in other requirements of the position;
- The retiree's ability to perform his or her current job or other non-work activities.

The retirement allowance for any member who fails to submit to medical examination as provided shall be discontinued, and in the event such refusal continues for one year, the retirement allowance shall be revoked.



Failure of the member to affirmatively respond to the request for re-examination shall be deemed a continued refusal.

## 5. Travel, Post-Retirement Examinations

Any member retired for disability may be requested to appear before the board or a board appointed physician for examination and such retired member must bear the cost of such travel to Vancouver. The board shall choose the physician for post-retirement examinations and will attempt to make arrangements for an examination by a physician in the local area in which the retiree resides.

## **Section V**

### **Claims**

#### **Sick or Disability Benefits - Medical Services**

Whenever any member who is covered under the provisions of RCW 41.26 is sick or disabled, not caused by dissipation or abuse, in the board's sole discretion, requires medical services, the board or employer shall pay reasonable charges for such member's necessary medical services listed below, which are not payable from some other source as provided for in Subsection G. Claims must be presented for payment within one year of the date of service or they may be rejected. Effective November 1, 2002, all claims for medical services must be submitted directly to the city's third party administrator. Plan document and procedures are attached to these rules and made a part hereof by reference. In case of a conflict between the plan document and these rules, these rules shall control. Nothing in this section shall preclude the board from considering payment of any claim not specifically covered by these policies.

#### **1. Services, Fire/Police, Active/Retired, Covered by RCW 41.26**

All health care providers listed below must obtain and maintain in good standing certifications consistent with the requirements set forth by the State of Washington.

- A. Hospital board and room not to exceed semiprivate room rate unless a private room is required by attending physician. Necessary hospital services other than board and room furnished by the hospital.
- B. Fees of a physician or surgeon.
- C. Fees of an osteopath except that manipulative treatment fees will be the same as those listed under chiropractors, Item D.

- D. Chiropractors will be paid according to the limits set forth on Exhibit "A." Chiropractic services are available through Kaiser and Kaiser members shall access chiropractic services through Kaiser. The physical well-being of the member and the need for continuing services are of major concern to the board. The board may at its discretion schedule and require evaluations by a medical doctor or other appropriate specialist. Kaiser members in case of emergency may receive one treatment per event without board approval from a chiropractor not in the Kaiser system. Additional treatments and/or justification for continuing outside of Kaiser shall come to the board for pre-approval.
- E. The charges of a registered graduate nurse, when required by a physician and pre-approved by the board.
- F. Prescription Drugs and medicines upon a physician's prescription. Over the counter remedies are not covered, even if accompanied by a physician's prescription.

By board discretion, the pension boards may authorize payment for medically necessary equipment and supplies for home care and after outpatient surgery/hospitalization related to on-going medical conditions.

- G. Anesthesia and oxygen.
- H. Diagnostic x-ray and laboratory examination.
- I. X-ray, radium and radioactive isotope therapy.
- J. Rental of iron lung, and other prescribed medical and surgical equipment; wheelchairs, braces, elastic stockings, prescribed by physician.
- K. Professional ambulance service to or from hospital for accidental injuries or when stricken by disease.
- L. Artificial limbs and eyes and casts, splints and trusses, prescribed by physician.
- M. Dental charges only in cases of accidental injury to teeth (natural or denture). The board will consider payment of dental expenses that are the result of a medical condition and/or treatment on a case-by-case basis. The board may approve the one-time purchase of dentures, requiring a dental report from the treating dentist documenting medical necessity and a statement of cost. Reline of dentures is considered routine dental and is not a covered benefit.

- N. Optical charges only if prescribed by a licensed physician or optometrist up to the limits set forth on Exhibit "A." Optical payments are limited to one examination and one pair of glasses or contact lenses each 12-month period, except for replacement of glasses broken in the line of duty or additional examinations or glasses needed for specific medical condition with substantiating doctor's report submitted to the city's third party administrator. Kaiser members may use their optical allowance at outside vendors after receiving their exams at Kaiser. Charges for sunglasses, photogray lenses or contact lenses in excess of the allowance indicated, will be paid if pre-approved by the board and prescribed by a licensed optometrist as a medical necessity.

The pension boards do not provide laser surgery as a benefit; however, members may request and receive the optical equipment allowance for the year they receive surgery. In situations and upon documentation where vision cannot be corrected by glasses and/or contacts, the board may, at its discretion, consider laser surgery.

- O. Long Term Care: Payment for reasonable expenses incurred by a member needing Long Term Care shall be available for coverage for 1) Home Health Care; 2) Long Term Custodial Care, 3) Nursing Home Care; and/or 4) Hospice Care (cumulatively referred to as "Long Term Care") as set forth below. It is the intent of this policy to reduce the amount paid for skilled nursing facility care, as well as to afford members a greater choice of Long Term Care services. Therefore, members may seek payment for Long Term Care services, including but not limited to nursing home care, when appropriate as set forth below. Any request for coverage of Long Term Care shall be subject to the following conditions:
- a. The request for coverage for Long Term Care must be prescribed by a physician and be required due to medical necessity;
  - b. Any payment for Long Term Care services requires the member to provide evidence of medical necessity for at least the level of care provided by nursing home care services;
  - c. Coverage for Long Term Care must receive Board pre-approval, unless at the Board's sole discretion, circumstances reasonably prevented prior Board approval;
  - d. Payment for Long Term Care services will not exceed the average annually calculated semi-private room rate amount for Nursing Home Care services in Clark County, Washington, unless a private room is medically necessary;

- e. When seeking approval for payment, members must submit:
  - i. City of Vancouver request for Long Term Care Application Request Form completed in full by member and health care provider;
  - ii. Medical documentation evidencing medical necessity for at least the level of care provided by nursing home care services, the estimated length of time that care is needed and the recommended level of care needed;
  - iii. Quotes from at least two (2) comparable facilities/providers in the county for which the member is requesting services, outside of Clark County, Washington; and
  - iv. All explanations of benefits insurance documentation forms showing amounts paid and/or rejected, including submissions to Medicare and any existing Long Term Care insurance.
- f. The Board shall not provide payment for miscellaneous personal expenses such as toiletries, laundry, hair products, etc.
- g. The Board reserves the right to direct that an independent assessor evaluate the member's need for Long Term Care and/or may require periodic reports from the facility and/or attending physician to continue the benefit.
- h. The Board reserves the right, at its sole discretion based on the record before it, to approve or disapprove reimbursement for Long Term Care expenses incurred by a member.
  - 1. Home Health Care: In addition to the conditions set forth above in O (a – h), the Board will only provide coverage for Home Health Care provided by a licensed, bonded Home Health Care provider. Requests for services for Home Health Care must include a written treatment plan from the member's physician which may be reviewed by the Board. The Board will not provide coverage for a caretaker who ordinarily resides in the member's home, or is a member of the family of either the member or the member's spouse, unless such individual is also a licensed and bonded Home Health Care provider.
  - 2. Long Term Custodial Care/Assisted Living: In addition to the conditions set forth above in O (a – h), the Board may provide coverage for Long Term Custodial Care/Assisted Living services by a state licensed and bonded provider on a case by case basis.

These services shall include assistance in the areas of daily living: walking, bathing, dressing, eating, etc.

3. Nursing Home Care/Skilled Nursing Care: In addition to the conditions set forth above in O (a – h), the Board will only provide coverage for Nursing Home Care to a member evidencing the medical need of a skilled nursing facility. The treating facility must be State licensed in the State or country where the facility is located.
  4. Hospice Care: In addition to the conditions set forth above in O (a-h), the Board will only provide coverage for Hospice Care for a terminally ill member. In addition the member must be admitted to a DSHS-certified or Medicare-approved program.
- P. Birth control procedures/medications - if attending physician files a statement that it is a necessity in connection with a medical reason; pre-approval of the board is required.
- Q. Physical therapy by a registered physical therapist, when prescribed by a physician and if pre-approved by the board.
- R. Blood transfusions, including the cost of blood and blood plasma not replaced by voluntary donors.
- S. Hearing aids - if prescribed by physician and pre-approved by board. Charges are limited to those necessary to achieve functional correction. When seeking pre-approval, members must submit to the third party administrator quotes from at least two providers. The member must also have a current hearing test, exam and referral from a physician. Hearing aids must have a three-year warranty. The board will not pay for repair or replacement due to carelessness on the part of the member or for hearing aid batteries.
- T. Acupuncture - only if administered by or under the direction of a physician, pre-approval of the board required.
- U. Substance abuse therapy - pre-approved by the board only in case of medical need.
- V. Annual physical exams - no more than once each twelve-month period.
- W. Psychological counseling – by a psychologist licensed under state law previous board approval, if prescribed by a physician with regular reports to the board; will be approved for a set number of sessions in advance based on evaluation and information presented to the board.

- X. Preventative treatment – flu shots, pneumonia inoculations, routine shots suggested or required for travel outside the United States and/or other inoculations related to specific medical conditions or exposures.
1. **Prior Approval Required.** As listed above, prior approval must be obtained for the following types of claims:
1. Registered nurse
  2. Oral surgery
  3. Dentures
  4. Optical in excess of allowances under paragraph (N)
  5. Nursing home confinement
  6. Birth control procedures/medications
  7. Physical therapy
  8. Hearing aids
  9. Acupuncture
  10. Substance abuse therapy
  11. Psychological counseling
  12. Use of non-Kaiser facilities by Kaiser members with the exception of optical and chiropractic as set forth above.
- If need is urgent, prior approval may be obtained before regular pension board meetings by contacting the program coordinator for special meeting or emergency telephoned approval.
2. **Minimum medical services - Police retirees 6/61-3/70, covered by RCW 41.20.120.** The board may authorize payment for such retired member's hospital care and nursing expenses as are reasonable in the board's discretion.
3. **Minimum medical services - Police retirees before 6/61, covered by RCW 41.20.** No medical coverage.
4. **Minimum medical services, Fire - duty retirees only, covered by RCW 41.18.** Board shall pay any of the services in Item A, connected with the disability for which the member retired; excluding dental, optical, counseling.

5. **Minimum medical services, Fire - non-duty disability or service retirees covered by RCW 41.18 and fire retirees under prior acts.** No medical coverage.
6. **Medical service payments reduced by other sources.** As provided in RCW 41.26.150, the cost of medical services payable under this section will be reduced by any amount received or eligible to be received under insurance provided by, but not limited to the following: worker's compensation; social security; insurance provided by another employer; other pension plan; or any other similar source including amounts received or eligible to be received under City's or board's employee insurance plans as provided in RCW 41.26.150(4).
7. **Charges from non-Kaiser Health Plan facilities for members covered by Kaiser Health Plan.** The board will pay no claims incurred by Kaiser members at non-Kaiser facilities except for the following:
  - A. Board will pay for prescriptions at non-Kaiser pharmacies when the board has approved treatment by an outside provider and in cases of emergency. Members are required to use Kaiser pharmacies for routine prescriptions.
  - B. Board will pay for examinations requested by board for which prior board approval is obtained.
  - C. Board will pay for emergency treatment only when member is on duty and transportation to a Kaiser facility is not available. If member is hospitalized for such emergency treatment, he is responsible for immediately notifying Kaiser who may wish to transfer the member to a Kaiser hospital. For any other emergency treatment at non-Kaiser facilities, the member is responsible for payment, or for requesting payment from the Kaiser plan and completing necessary Kaiser reports to obtain such payment.
  - D. In order to provide for emergency chiropractic treatment, the first visit only will be allowed without prior authorization.

The physical well-being of the member and the need for continuing services are of major concern to the board. Based on information provided, the board may, at its discretion, schedule and require evaluation by a medical doctor or other appropriate specialist. If circumstances warrant, the board may decline payment of future claims.
  - E. The board will pay for optical frames and lenses up to the board limits, but will not pay for the exam for Kaiser members.

8. **Board may require examination by board physician.** The board may, in all cases, have the member examined at any time by the board physician. Refusal to submit to such an examination may mean a forfeiture of rights to benefits.
9. **Subrogation.** Upon making payments to any member, the board shall be subrogated to all rights of the member against any third party who may be held liable for the member's injuries to the extent necessary to recover the amount of payments made or to be made by the board.
10. **Claims Procedure.** All claims for payment arising under the provisions of RCW 41.18, 41.20, and 41.26 shall be processed in the following manner:
  - A. Claims shall be filed with the third party administrator on forms provided by the board and will be accompanied by the following supporting documents:

Supplier's bill - itemized list of charges with amounts and dates incurred.

For Blue Cross or Medicare members -Blue Cross payment report or Medicare EOB – itemized list of payments made showing application of payments and the balance which you are requesting payment and/or reimbursement.
  - B. The claimant shall certify the claim as being true and correct and that the claimant has paid and/or is liable for payment of any claims and that the claim is not collectible from any other source.
  - C. Upon receipt of a copy of the completed claim form, the third party administrator shall determine, where possible, any amounts which the applicant has received or may be eligible to receive from such other sources and those amounts shall be deducted to determine the net amount of the claim. The claim will then be processed for payment by the third party administrator. Claims requiring pension board approval shall be forwarded by the city's third party administrator to the pension board program coordinator for presentation to the board. After approval, the member and the third party administrator will be notified and the claim will be processed for payment.
  - D. The Third Party Administrator shall act upon all claims promptly, advising the claimant and the pension board program coordinator in writing of any claim that is rejected, together with a reason for the rejection. Claims rejected will be scheduled for review at the next regularly scheduled pension board meeting.



## **Section VI**

### **Appeals**

1. **Filing Appeal in Cases Involving Disability Leave or Retirement Claims.**

Any person feeling aggrieved by any order or determination of the local pension board denying disability leave or disability retirement, or canceling a previously granted disability retirement allowance shall have the right to appeal the order or determination to the Director of Retirement Systems as provided for in RCW 41.26. The director shall have no jurisdiction to entertain the appeal unless a notice of appeal is filed with the director within thirty days following the rendition of the order by the pension board.

2. **Filing Appeal in Cases Involving (1) Duty/Non-Duty Finding Upon Disability Retirement or (2) Claims for Medical Services.**

Any person feeling aggrieved by any denial of payment of a claim for medical services by the local pension board or the finding of the disability board as to whether his disability retirement is duty or non-duty shall have the right to request the pension board to reconsider its decision and the board may grant or deny such request for reconsideration at its discretion. Requests for reconsideration must be filed with the pension board program coordinator to the board within thirty days following the denial of claim by the board. The board will set a date and time for hearing at which time the member may present such evidence deemed relevant. If the denial of claim is sustained by the board, the member has the right of judicial review which must be sought within 30 days of the board's decision.

## **Section VII**

### **Review**

These rules and regulations shall be reviewed (with revisions effective on date of pension board meeting when revisions are adopted) annually in January of each year to assure that:

1. Provisions herein remain in conformance with Washington statute and administrative codes.
2. Dollar amounts specified in schedules of benefits reflect current average charges in the local area.
3. Provisions herein reflect current philosophy and intent of the boards.

Adopted at the board meeting held on:

Fire Pension Board - October 1, 1979, rules effective January 1, 1980.

Police Pension Board - October 1, 1979, rules effective January 1, 1980.

- A. Specified dollar amounts reviewed and revised August 4, 1980, Fire and Police Boards.
- B. Deleted effective February 2, 1981.
- C. Revised and amended effective February 2, 1981.
- D. Revised and amended effective February 1, 1982.
- E. Revised and amended effective February 7, 1983.
- F. Revised and amended effective March 12, 1984.
- G. Revised and amended effective May 6, 1985.
- H. Revised and amended effective February 1, 1988.
- I. Revised and amended effective September 1, 1994.
- J. Revised and amended October 15, 1998.
- K. Revised and amended October 25, 2002; effective November 1, 2002.
- L. Revised and amended October 18, 2007; effective November 1, 2007.

## **EXHIBIT 'A'**

### **Chiropractic Charges Covered to the following limits:**

First call, \$129; subsequent calls (adjustments) \$40; x-rays, \$100.

### **Optical limits:**

Examinations, \$80 (including visual fields);

\$250 year for optical equipment (lens, frames, coatings, contacts, etc.) plus up to \$20 allowance for UV protection.

For members electing laser eye surgery, a one year optical equipment allowance may be requested as an offset to the cost of the surgery.