



CITY OF
Vancouver
WASHINGTON

**Fire
Pension Board
Meeting Schedule
October 6, 2025**

**Fire Pension Board
2:00pm**

Aspen Conference Room, 1st Floor City Hall

Call In: 1 347-941-5324

Phone Conference ID: 244 463 38#

Teams Meeting ID: 294 387 958 932

Passcode: f4Cy6gb6

Please contact April Stinson at (360) 487-8403 or

April.Stinson@cityofvancouver.us

if you are unable to attend.

Thank you!



Fire Pension Board

Anne McEnerny-Ogle, Chair
Anthony Glenn - Natasha Ramras - Michael
Lyons - Patrick Kelly - Greg Straub (Alternate)

Fire Pension Board Meeting Agenda

October 06, 2025

2:00 PM

Vancouver City Hall

Aspen Conference Room

415 W 6th St

Vancouver, WA 98668-1995

In accordance with the Open Public Meetings Act (OPMA), the Police Pension Board meeting will be open to in-person attendance. Options for viewing and/or participating in the meeting remotely will also be accommodated (see details below).

MEETING ACCESS INFORMATION

[Click here to join the meeting](#)

To access by phone (audio only), call: 1-347-941-5324

Phone Conference ID: 244 463 38#

- 1. Call to Order and Roll Call – McEnerny-Ogle**
- 2. Approval of Minutes – McEnerny-Ogle**
 - a. April 7, 2025, Minutes
- 3. Communications - Stinson**
 - a. Healthcare Benefit Changes – Effective January 1, 2026
 - b. Title 41 RCW Discussion Requested by Board Member
- 4. Reports – Glenn**
 - a. Budget Report
 - b. Approval of Expenses for March 2025 – August 2025
- 5. Old Business – Stinson**
 - a. None
- 6. New Business – Stinson**
 - a. Request for Hearing Aids – Claimant A
 - b. Request for Prescription Reimbursement – Claimant B
- 7. Public Comment* – 3 minutes each**

*The public is invited to speak regarding any agenda item. Members of the public testifying are asked to limit testimony to three minutes. There are three ways to provide comments:

- In Writing: Public comments can be submitted in writing (name, address, contact information and comments) via email to April.Stinson@cityofvancouver.us by 5pm the day before the meeting.
- Remotely: Pre-register by phone at 360-487-8403 or email April.Stinson@cityofvancouver.us by 5pm the day before the meeting
- In Person: Pre-register by phone at 360-487-8403 or email April.Stinson@cityofvancouver.us by 5pm the day before the meeting or fill out a Public Comment form in person prior to the start of the Communications portion of the meeting.

City Hall is served by C-TRAN. Route information and schedules are available online at www.c-tran.com. You also may reach C-TRAN at (360) 695-0123 for more information on times, fares, and routes.

Anyone needing language interpretation services or accommodations with a disability may contact the Human Resources staff at (360) 487-8403 (RELAY: 711). Assistive listening devices and live Closed Captioning are available for the deaf, hard of hearing and public use. Please notify a staff person if you wish to use one of the devices. Every attempt at reasonable accommodation will be made. To request this agenda in another format, please also contact the phone numbers listed above.

Meeting Minutes

Monday, April. 07, 2025

1:00 p.m.

Vancouver City Hall

Aspen Conference Room, 1st Floor

415 W. 6th Street

Vancouver, WA 98660

Board Members Present:

Anne McEnerny-Ogle, Chair; Natasha Ramras, CFO/Board Secretary; Anthony Glenn, Treasurer; Patrick Kelly, Fire Retiree; Mike Lyons, Fire Retiree.

Board Members Absent:

None

Staff Present: Sara Baynard-Cooke, Assistant City Attorney; Iasmina Giurgiev, Human Resources; April Stinson, Human Resources

Guests:

Greg Straub

Item 1: Call to Order

The April 7, 2025, meeting of the Fire Pension Board was called to order at 1:00 p.m. by Chair McEnerny-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

Item 2: Approval of Minutes

Motion by Lyons, seconded by Ramras, and approved unanimously to adopt the minutes from October 7, 2024, as written.

Item 3: Communications

a) Results of Election for Fire Pension Board Member:

In accordance with the election process outline, an election was held to fill the expired term of Michael Lyons on the Fire Pension Board. After the nomination period, there was only one

Members

Anne McEnerny-Ogle, Mayor
Chair

Anthony Glenn, City Treasurer
Natasha Ramras, CFO Board Secretary
Patrick Kelly, Fire Retiree
Mike Lyons, Fire Retiree

Human Resources Department

P.O. Box 1995
Vancouver, WA 98668
360-487-8403
TTY: 711
cityofvancouver.us

nominee, Michael Lyons. Balloting was not required, as such Michael Lyons will serve as the Fire Pension Board Member until the expiration of his term on December 31, 2026.

Action Requested

Accept the results of the election and confirm Michael Lyons as Fire Board Member to serve until December 31, 2026.

b) **Pensioner Death:**

Fire Retiree, Thomas Jones, passed away on January 14, 2025, at 98 years of age.

“41.18.140 Funeral expenses. The board shall pay from the firemen’s pension fund upon the death of any active or retired fireman the sum of one thousand dollars, to assist in defraying the funeral expenses of such fireman.”

A check will be prepared for the funeral benefit and delivered to the estate of Thomas Jones.

Action Requested

Communications only; No official action required by the Board.

Item 4: Reports

Glenn reported that total expenditures through February 2025 were 16% of budget. Total revenues through February 2025 were 8% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Expenses for September 2024 through February 2025 totaled \$360,849.55.

Motion by Ramras, seconded by Lyons, and approved unanimously to accept the expenses as presented.

Item 5: Old Business

None

Item 6: New Business

a) **Request for Hearing Aid Repair – Claimant A**

Attached for Board review is a reimbursement request for a hearing aid repair for Claimant A and Section III.5 of the Board’s Rules and Regulations requires:

“No prior approval is needed for hearing aid repairs under \$300. The Board will not pay for repair or replacement due to carelessness on the part of the member or for hearing aid batteries. Reimbursement is limited to those charges necessary to achieve functional correction.”

Claimant A is seeking reimbursement for his hearing aid repair. The Fire Pension Board originally approved of Claimant A’s current hearing aids in August 2020. The hearing aids were repaired on October 18, 2024. Claimant A stated that one of his hearing aids were no longer working and needed to be sent to the factory service center. His hearing aids warranty period expired as of July 23, 2023.

Evergreen Hearing Aid Repair:

- Left Audeo M90-R - \$462.00

Action Requested:

Consider the request from Claimant A for reimbursement of hearing aid repair costs

Motion by Lyons to approve of the reimbursement for hearing aid repair costs. Seconded by Kelly and approved unanimously.

b) Request for Prescription Coverage – Claimant B

Attached for Board review is a request for prescription coverage for Claimant B and Section II.1 of the Board's Rules and Regulations states:

"Pursuant to RCW 41.26.150, whenever a member requires medical services as defined by RCW 41.26.030 (20), such services may be paid for by the City, only if those medical services are deemed medically necessary and not payable from another source."

RCW 41.26.030(20)iii.A states:

"The charges for the following medical services and supplies: Drugs and medicines upon a Physician's prescription."

Section III.7 of the Board's Rules and Regulations

"Prescription coverage for members is provided by Medical Insurance. When filling a prescription, the member shall use their Medical Insurance's participating pharmacies and present their card at the time the prescription is filled."

Claimant B is requesting ongoing payment for a Glucagon-like peptide 1 (GLP-1) prescription to be filled by Kaiser. Currently, Claimant B is taking Metformin and Glipizide for diabetes management. Despite being on both medications, his A1c remains elevated, and his physician has recommended adding a GLP-1 medication to his treatment regimen. However, Kaiser has denied coverage for the GLP-1 medication, stating that Claimant B must first attempt treatments with Actos, insulin, and Jardiance, and show insufficient response to these preferred therapies before approval for GLP-1 can be considered. As a result, Claimant B will need to pay out-of-pocket for the medication.

Items for consideration by the Board:

Glucagon-like peptide 1 (GLP-1) – 28-day supply:

- Ozempic (semaglutide) - \$738
- Saxenda (liraglutide) - \$1426
- Zepbound (tirzepatide) - \$1091

Action Requested:

Consider Claimant B's request for ongoing payment for GLP-1 medication

Motion by Lyons to approve of ongoing payment for Ozempic, seconded by Kelly. Motion opposed by McEnery-Ogle, Ramras, and Glenn. Motion does not pass.

Motion by Lyons to approve of ongoing payment for Ozempic following documentation from Physician that the prescription is medically necessary for his diabetes. Seconded by Kelly, motion passed. Opposed by Ramras.

Item 7: Public Comment

None

Adjourned:

This meeting adjourned at 1:32 p.m.



MEMORANDUM

DATE: October 6, 2025
TO: Fire Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: **Healthcare Benefit Changes – Effective January 1, 2026**

Background

In early 2025, Human Resources began exploring healthcare options that would align with the City's current benefit offerings and provide some enhancements to employees. The best option that was identified through this work was to offer PPO medical, dental and vision benefits through the Association of Washington Cities (AWC) benefit pool. Because AWC provides coverage to many public Employers in Washington, they insure over 40,000 lives, which provides them with economies and buying power that the City alone does not have. Additionally, their medical provider is Regence, and they offer Delta Dental, Willamette Dental and Vision Services Plan (VSP), which means that there will not be disruption to the providers LEOFF 1 Retirees currently use.

Kaiser coverage will not transition to AWC, but it will continue to be provided as a medical option.

Changes for LEOFF 1 Retirees

Effective January 1, 2026, all LEOFF 1 Retirees currently enrolled in the Regence MedAdvantage + Rx Enhanced Option 3 plan will be transitioned to the Regence MedAdvantage + Rx Enhanced Option 1 plan. LEOFF 1 Retirees and their dependents affected by this transition will be required to submit new enrollment forms in order to have coverage on 1/1/2026.

Billing and Payment Information for LEOFF 1 Retirees

- Dental Coverage:
 - Any dental insurance elected by LEOFF 1 Retirees will be billed directly by AWC to the retiree, effective January 1, 2026.
- Dependent Coverage:
 - Dependents of LEOFF 1 retirees, including spouses of LEOFF 1 Retirees, who decide to enroll in Regence medical or dental insurance, will also be billed directly by AWC.

- Payment Methods:
 - AWC will offer LEOFF 1 Retirees several payment options, including:
 - Personal check
 - ACH
 - DRS pension deduction

Conclusion

An open enrollment packet, including instructions and required enrollment forms, will be provided in October. Additional details and resources will be shared as the implementation date approaches.

Action Requested:

Communication only; No official action required by Board



MEMORANDUM

DATE: October 6, 2025
TO: Fire Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: **Title 41 RCW Discussion Requested by Board Member**

Fire Pension Board member Patrick Kelly has requested to discuss items referenced in Title 41 RCW.

Action Requested:

Communication only; No official action required by Board

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Aug

Fund 618 Fire
Pension Trust

Ledger Fund
Account Type Expenditures

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
618 Fire Pension Trust Fund	Budget - Human Resources	CC0131 HR-Pension Admin	540000:Services	0	0	0	579	579	(579)	0%	0	0	0	0	0%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,400,000	0	0	801,593	801,593	598,407	57%	1,400,000	1,228,912	171,088	887,300	63%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	33,528	0	0	8,045	8,045	25,483	24%	32,250	8,000	24,250	4,304	13%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	590000:Interfund Services	28,122	0	0	16,377	16,377	11,745	58%	26,460	21,127	5,332	24,045	91%
Total				1,461,650	0	0	826,593	826,593	635,057	57%	1,458,710	1,258,039	200,670	915,649	63%

09/24/2025 03:07 PM stinsona / April Stinson

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Aug

Fund 618 Fire
Pension Trust
Fund

Ledger Revenues

Account Type

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	361110:Investment Earnings	0	0	0	0	0	0	0%	0	(447)	447	(447)	0%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(675,000)	(675,000)	675,000	0%	0	(1,500,000)	1,500,000	(1,125,000)	0%
618 Fire Pension Trust Fund		(Blank)	336000:State Shared Revenue, Entitlements & Impact Payments	(273,599)	0	0	(371,488)	(371,488)	97,890	136%	(220,000)	(308,149)	88,149	(308,149)	140%
618 Fire Pension Trust Fund		(Blank)	361110:Investment Earnings	(431,353)	0	0	(503,011)	(503,011)	71,658	117%	0	(627,557)	627,557	(385,495)	0%
618 Fire Pension Trust Fund		(Blank)	361300:Gains (Losses) on Sale of Investments	0	0	0	0	0	0	0%	0	(148,589)	148,589	0	0%
618 Fire Pension Trust Fund		(Blank)	369910:Miscellaneous Other Operating Revenues	(900,000)	0	0	0	0	(900,000)	0%	(1,500,000)	0	(1,500,000)	0	0%
Total				(1,604,952)	0	0	(1,549,499)	(1,549,499)	(55,452)	97%	(1,720,000)	(2,584,742)	864,742	(1,819,091)	106%

09/24/2025 03:28 PM stinsona / April Stinson

Fire Pension Board

March 2025 - August 2025

EXPENSES:

March	2025 Pensions Paid	\$40,066.36
April	2025 Pensions Paid	\$35,875.53
May	2025 Pensions Paid	\$35,875.53
June	2025 Pensions Paid	\$35,875.53
July	2025 Pensions Paid	\$35,875.53
August	2025 Pensions Paid	\$35,875.53

March	2025 Claims paid by Allegiance	\$0.00
April	2025 Claims paid by Allegiance	\$223.99
May	2025 Claims paid by Allegiance	\$0.00
June	2025 Claims paid by Allegiance	\$50.00
July	2025 Claims paid by Allegiance	\$250.00
July	2025 Claims paid by HRPro	\$462.00
August	2025 Claims paid by HRPro	\$189.99

March	2025 Claims paid by CoV	\$5,070.00
April	2025 Claims paid by CoV	\$5,070.00
May	2025 Claims paid by CoV	\$5,070.00
June	2025 Claims paid by CoV	\$5,070.00
July	2025 Claims paid by CoV	\$5,070.00
August	2025 Claims paid by CoV	\$5,070.00

March	2025 Allegiance Admin Fees	\$60.75
April	2025 Allegiance Admin Fees	\$0.00
May	2025 Allegiance Admin Fees	\$40.50
June	2025 Allegiance Admin Fees	\$0.00
July	2025 Allegiance Admin Fees	\$770.25
July	2025 HRPro Admin Fees	\$403.25
August	2025 HRPro Admin Fees	\$225.50

March	2025 Medicare B Reimbursements	\$2,672.00
April	2025 Medicare B Reimbursements	\$555.00
May	2025 Medicare B Reimbursements	\$2,651.40
June	2025 Medicare B Reimbursements	\$0.00
July	2025 Medicare B Reimbursements	\$45,435.00
August	2025 Medicare B Reimbursements	\$1,665.00

TOTAL EXPENSES FOR APPROVAL:	\$305,518.64
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APPROVAL OF EXPENSES

We, the undersigned members of the Fire Pension Board of the City of Vancouver do hereby certify and attest that the above expenses have been approved for payment in the amount of \$305,518.64 this 6th day of October 2025.



MEMORANDUM

DATE: October 6, 2025
TO: Fire Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: Request for Hearing Aids – Claimant A

Attached for Board review is a request for hearing aid payment for Claimant A and Section III.5 of the Board's Rules and Regulations requires:

"If a member chooses not to use their Medical Insurance benefits, Board preapproval is required."

Claimant A is seeking preapproval to use an out-of-network provider for Hearing Aids. The claimant's current hearing aids are no longer functioning properly and are outside of the three-year warranty.

Section III.5 of the Board's Rules and Regulations states:

"City of Vancouver requires a "Hearing Aid Application Request Form" to be completed in full by the member and provider. Members must submit the following required documents needed for Board review:

- a) Documentation:
 - i. Denial of hearing aid coverage from insurance provider or
 - ii. Explanation of Benefits (EOB) and/or
 - iii. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, and
- b) Quotes from at least two providers, and
- c) Current hearing aid test and hearing aid recommendation from a physician, Audiologists, licensed Hearing Aid Examiner or Hearing Instrument Specialist, and
- d) Hearing aids must have a three-year warranty."

Claimant A has provided two hearing tests, two Hearing Instrument Specialist evaluations, and two quotes for hearing aids that are adequate for his hearing loss. All hearing aids have a three-year warranty. Claimant A would like to choose Advanced Hearing Aids' recommendation due to his hearing requirements and the relationship he has built with them over the years.

"The Board will only pay up to the out-of-network limits set forth below based on the specific type of hearing loss."

Out-of-network Hearing Aid Limits for 3-year period:

Slight to Mild Hearing Loss (16-40dB): \$1800/ear

Moderate – Moderately Severe Hearing Loss (41-70dB): \$2500/ear

Severe - Profound Hearing Loss (71-90dB): \$3500/ear”

Claimant A’s severity of hearing loss for his left ear is in the Severe - Profound range, for which the Board covers \$3,500/ear. His right ear is in the Moderate to Moderately Severe range, for which the Board covers \$2,500/ear.

Advanced Hearing Aids, Inc.:

- Oticon Intent 1 miniRITE: \$6,000.00

Hearing Life:

- Oticon Intent 1 miniRITE: \$6,225.00

Action Requested

Consider the request from Claimant A for hearing aids.



City of Vancouver Human Resources
415 W 6th St – 3rd Floor/P.O. Box 1995
Vancouver, WA 98668-1995
P: 360.487.8403 F: 360.487.8418
Email: Caylee.Trant@cityofvancouver.us

Physician's Statement

LEOFF I Member Name:

SSN:

Birth Date:

The LEOFF I member, as listed above, has applied to the City of Vancouver Pension Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.

Hearing Test Conducted (please check all that apply):

- ☒ Pure-tone ☒ Bone conduction ☒ Speech ☐ Auditory brainstem response (ABR)
☐ Otoacoustic emissions test (OAE) ☐ Impedance testing (tympanometry and acoustic reflexes)

Severity of Hearing Loss:

Left

Right

Slight Hearing Loss (16 - 25db)

☐☐

Mild Hearing Loss (26 - 40db)

☐☐

Moderate Hearing Loss (41 - 55db)

☐☐

Moderately Severe Hearing Loss (56 - 70db)

☐☒

Severe Hearing Loss (71 - 90db)

☒☐

Profound Hearing Loss (91+db)

☒☐

Type of Hearing Loss (please check one):

- ☒ Sensorineural ☐ Conductive ☐ Mixed ☐ Other: _____

Additional Information (please circle all that apply):

Bilateral

Unilateral

Symmetrical

Asymmetrical

Progressive

Sudden Onset

Fluctuating

Stable

Diagnosis: Right side: Moderate-to-severe sloping sensorineural hearing loss. Left side: Severe-to-profound sloping sensorineural hearing loss. (Please see attached audiogram for review)	Prognosis: People with noise-induced hearing loss like [REDACTED]'s tend to struggle hearing speech clearly, especially in the presence of background noise. The severity of their hearing loss increases with age, and it becomes more and more difficult to separate noise from the speech they want to hear. Modern hearing aid technology helps support the wearer's brain by cleaning up the intended speech signal through DNS (Digital Signal Processing), allowing the hearing aid to accurately pinpoint not only where sounds are coming from in relationship to the wearer, but also classify what the sounds in that environment are thanks to the processing chip being trained to recognize over 15 million real world sounds. Due to the severe nature of [REDACTED]'s hearing loss, I believe that premium level technology will provide him the greatest benefit.
Based on the needs of the patient, I would recommend the following (please be specific): I propose to fit [REDACTED] with bilateral (2) new Oticon Intent 1 miniRITE (Receiver-in-the-Ear) rechargeable hearing instruments. They would be Silver Grey in color with #2, 85 gain receivers for both left and right sides coupled with bilateral (2) Custom RIC Earmolds and a SmartCharger charging unit. These devices would come with a standard 3-Year Manufacturer Warranty for Repair as well as 3-Year Loss and Damage Coverage including a one-time replacement per device. Pursuant to the updated City of Vancouver Pension Board Hearing Aid Guidelines and the moderate-to-severe/severe-to-profound nature of [REDACTED]'s hearing loss, the total cost for the hearing instruments and all accessories would be \$6,000.00 and would include the hearing instruments, custom earmolds, charging unit, cleaning supplies, initial hearing instrument fitting, and continued follow-up care for the life of the hearing instruments.	
PROVIDER INFORMATION	
Type of Provider (please check one): <input type="checkbox"/> Audiologist <input checked="" type="checkbox"/> Hearing Instrument Specialist <input type="checkbox"/> Other: _____	
Physician's Signature: <u>Kyle R. Koch</u> Date: <u>09/19/2025</u> Typed or Printed Name <u>Kyle R. Koch, BC-HIS</u> Phone: <u>(360) 695-8742</u>	
Physical Address, including zip code: 6612 E. Mill Plain Blvd. Vancouver, WA 98661	Mailing Address, including zip code: 6612 E. Mill Plain Blvd. Vancouver, WA 98661

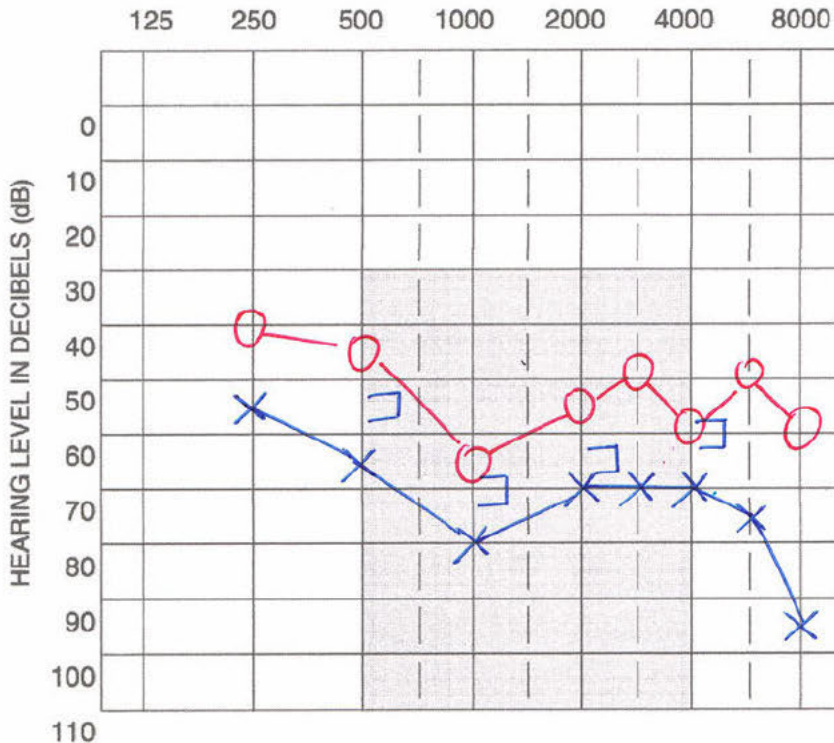
ADVANCED HEARING AIDS, INC.

6612 E. MILL PLAIN BLVD. VANCOUVER, WA 98661 Ph. (360) 695-8742

www.advancedhearinc.com

NAME [REDACTED] AGE [REDACTED] DATE 9/04/2025
 ADDRESS [REDACTED] PHONE [REDACTED]
 CITY, STATE & ZIP [REDACTED]
 EXAMINER Kyle R. Koch, BC-HIS AUD. SERIAL NO. 00161 (Calibrated 3/12/25)
 COMMENTS D.O.B.: [REDACTED]

AUDIOGRAM



AUDIOGRAM KEY

		RIGHT	LEFT
AIR	UNMASKED	○	×
	MASKED	△	□
BONE MASTOID	UNMASKED	<	>
	MASKED	[]
EXAMPLES OF NO RESPONSE SYMBOLS			

	SRT	Speech Discrimination	MCL	UCL
R	DNT	92 % @ 80 dB	75/6	110+
L	DNT	76 % @ 90 dB	85/6	110+

HEARING AID SIMULATOR RESULTS

	dB/Octv.	MCL/GAIN	UCL/SPL (MPO)
R		dB	dB
L		dB	dB

PTA (dB HL)

	500 Hz	1000 Hz	2000 Hz
R	dB	dB	dB
L	dB	dB	dB

TARGET 2cc - FOG

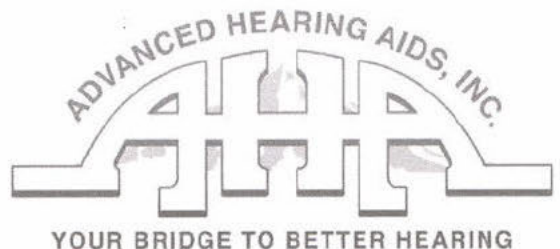
	250	500	1K	2K	3K	4K
R						
L						

COMMENTS Test Reliability: Good. Otoscopic examination: Pinnae and EACs clear; both TMs visible and normal in appearance. Pure tone audiometric evaluation results:

R: Moderate-to-severe Sloping SNHL

L: Severe-to-profound Sloping SNHL

Binaural Word Discrimination Score: 88.0% using the standard C.I.D. W-22 Word List 2A.





6612 E. MILL PLAIN BLVD. VANCOUVER, WA 98661 PH: (360) 695-8742 FAX: (360) 696-6721 EMAIL: kyle@advancedhearinc.com

April Stinson, Pension Board Coordinator

9/19/2025

City of Vancouver – Human Resources

P.O. Box 1995

Vancouver, WA 98668

Ph: (360) 487-8403

Re: [REDACTED]

DOB: [REDACTED]

Employer: City of Vancouver Fire Department

Greetings,

On September 4th, 2025, [REDACTED], an [REDACTED]-year-old retired City of Vancouver Firefighter, came to our office seeking a recommendation for replacement hearing instruments. I performed a hearing evaluation for [REDACTED] at that time and have attached it to this bid for your review. His existing Signia Pure Charge&Go 7AX RICs (Serial Nos. FBQ0274 and SBL0006) were fit over 3 years ago on 8/18/2025. Visual inspection of his existing devices revealed considerable wear-and-tear resulting in overall weak output, deterioration of the outer housing, general disintegration of the custom earmolds, etc. His existing devices are now outside the manufacturer's warranty period. It is my recommendation that he receive new, replacement hearing instruments at this time.


During our consultation, I showed him one of Oticon's newest developments: the Oticon Intent. It offers the same convenient rechargeability as his existing devices. However, it offers superior DSNP (Digital Signal Noise Processing) capabilities, resulting in improved speech understanding in some of the most challenging environments for [REDACTED]: noisy restaurants, cars, family get-togethers, etc. With its onboard Deep Neural Network (DNN) built into the processing chip, the Oticon Intent can accurately pinpoint not only where sounds are coming from in relationship to the wearer but can also classify what those sounds are thanks to the DNN being trained with over 15 million real-world sounds! This allows the hearing aid to better separate noise from the speech the wearer is intending to hear. Due to the

moderately severe/severe-to-profound nature of [REDACTED]'s hearing loss coupled with his poor word discrimination results (see audiogram), I believe he would benefit most from Oticon's premium level technology because it will offer the greatest assistance in reducing noise from all sources while preserving speech signals for more effortless speech intelligibility.

Therefore, I propose to fit [REDACTED] with bilateral (2) new Oticon Intent 1 miniRITE-R (Receiver-in-the-Ear) lithium-ion rechargeable hearing instruments. They would be Silver Grey in color with a #2, 85 gain receivers for both left and right sides coupled with two (2) Custom RIC Earmolds and a SmartCharger Charging Unit. These products would come with a standard 3-Year Manufacturer's Warranty for Repair as well as 3-Year Loss and Damage Coverage. **Pursuant to the updated City of Vancouver Pension Board Hearing Aid Guidelines and the moderate-to-severe/severe-to-profound nature of [REDACTED]'s hearing loss, the total cost for the hearing instruments and all accessories would be \$6,000.00 and would include the hearing instruments, custom earmolds, charging unit, cleaning supplies, the initial hearing instrument fitting, and continued follow-up care for the life of the hearing instruments.**

I've enjoyed serving [REDACTED]'s hearing healthcare needs and look forward to continuing those efforts should our bid be chosen. If you have any questions or concerns regarding my hearing instrument recommendation, please don't hesitate to reach out. Thank you for your kind consideration in this matter!

Respectfully,



Kyle R. Koch, A.A., BC-HIS



HearingLife
222 NE Park Plaza Dr, Ste 105
Vancouver, WA 98684
360-892-9367

9/16/2025

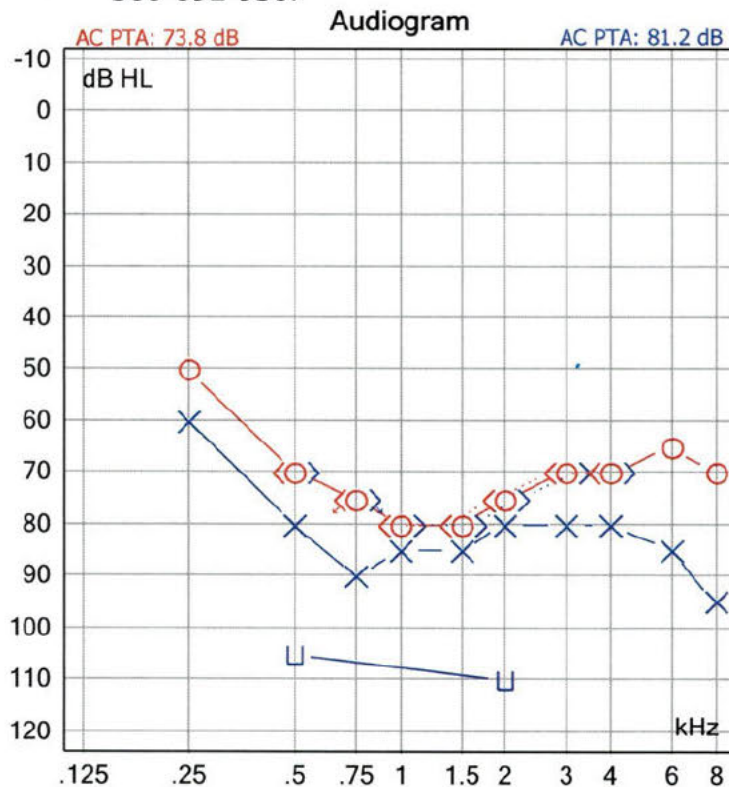
First name

Last name

Birth date

Test date

AUD 9/16/2025



Test Conditions

☒ Inserts ☐ Headphone

Otoscopy Results

	Right	Left
No Blockage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Partial Blockage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Canal Blockage	<input type="checkbox"/>	<input type="checkbox"/>

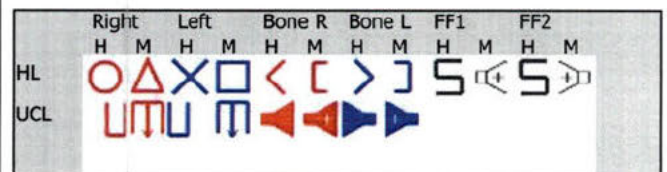
AUD report - no data

Signature

SRT AC PTA Right: 73.8 AC PTA Left: 81.2						
Trans	type	dB	Mask	Aided Bina	List	
IP-R	HL	75	--		Spondee A	
IP-R	MCL	90	--		Rainbow Passage	
IP-L	HL	85	--		Spondee B	
IP-L	MCL	95	--		Rainbow Passage	

WR AC PTA Right: 73.8 AC PTA Left: 81.2						
Trans	WR	dB	Mask	%	Aided Bina	List
IP-R	WR1	90		96		NU-6 LIST 1A
IP-L	WR1	95		88		NU-6 LIST 2A

QuickSIN Results			
Session	Ear	SNR	SNR (Aided)





9/17/2025

RE: [REDACTED]

DOB: [REDACTED]

To whom it may concern,

[REDACTED] was in our office for an updated evaluation of his hearing on 9/16/2025. He is currently wearing a set of Signia hearing aids with custom earmolds which are no longer meeting his needs. His chief complaint being poor speech understanding, especially in the presence of noise, and overall poor sound quality.

Audiogram: Updated audiogram revealed a moderate to severe SNHL, AD. Moderate to profound SNHL, AS. Unable to establish BC @ 750Hz, AU. WRS: 96%, AD, and 88%, AS.

Recommendation: I am recommending new technology to better meet his needs. My recommendation is a set of Oticon Intent 1 miniRITEs, rechargeable hearing aids with custom earmolds. The cost of the new devices is \$6225 which will include the hearing aids, earmolds, charger, 3-year warranty and lifetime care through Hearing Life. Please reach out with any further questions or concerns.

Attached: Audiogram and invoice

Sincerely,

A handwritten signature in cursive script, appearing to read "Brianne Holley".

Brianne Holley
BC-HIS, A.A.S
Bihiy@hearinglife.com



945 Washington Way, Suite 111 - Longview, WA 98632
Tel: (360) 425 7960

Purchase Agreement - WA

Purchase Date 9/17/2025

Buyer Name [REDACTED]

Date of Birth [REDACTED] Phone # [REDACTED]

Address [REDACTED]

City/State/Zip [REDACTED]

The undersigned Hearing Care Professional (hereinafter called "Seller") hereby sells, the undersigned buyer (hereinafter called "Buyer") hereby purchases and acknowledges receipt or forthcoming receipt of the hearing system and goods described below at the price written, subject to the terms and conditions outlined in this document.

Instruments Sold			
Item Condition	<input type="checkbox"/> Right Ear Hearing Aid <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned	<input type="checkbox"/> Left Ear Hearing Aid <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned	
Make	Oticon	Oticon	
Model	OTICON INTENT 1 MINIRIT	OTICON INTENT 1 MINIRIT	
Serial #			

Warranty Coverage: ☐ 1 yr ☐ 2 yr ☐ Other ☐ N/A

Purchase includes warranty directly from the manufacturer for the period of year(s) shown above. (See manufacturer literature for complete details.) Warranty does NOT apply to cords and batteries, plastic tubes or ear molds. Warranty is limited to original buyer and is non-transferable. If you require warranty coverage, contact the office that sold you the device for assistance.

Replacement: ☐ 1 yr ☐ 2 yr ☐ Other ☐ N/A

Deductible per aid \$ _____
Purchase includes manufacturer guarantee to replace or repair the hearing aid(s) for the period of year(s) shown above in the event of loss or accidental damage minus the deductible. Deductible does not include the cost of impression (\$ _____) or handling (\$ _____). Replacement provided one-time only per hearing instrument. Please note: does NOT cover normal wear and tear repairs.

30-Day Trial/Recision Period and Return Policy

Upon delivery of the hearing aid(s) the Buyer is given a 30-day trial period as described in the Washington Notice to Buyer (see page 2). During this trial period, the Buyer is entitled to free adjustment of his or her hearing aid(s). If a hearing aid is returned, the Seller reserves the right to deduct a cancellation fee to cover the manufacturer's return fee and related material costs incurred by the Seller. The non-refundable portion of this purchase is noted above the Buyer's signature.

The Buyer has read and understands his/her recision rights as described in the Washington Notice to Buyer (see page 2).

Buyer's Initials _____

Purchase Price			
Item			Total
Hearing Aid For RIGHT Ear			4,150.00
Hearing Aid For LEFT Ear			4,150.00
Items	Cost Each	Qty.	
Rechargeable Battery	0.00	1	0.00
Rechargeable Battery	0.00	1	0.00
OTICON, SMARTCHARGER MI	315.00	1	315.00
Oticon Earmold/Insert Absolute	325.00	2	650.00
Discount			3,040.00
Sub-Total			6,225.00
Sales Tax			0.00
Total Purchase Price			6,225.00
Credits			
Estimated Insurance Benefit			
Deposit			0.00
Financing			
Total Credit			
Balance Remaining			6,225.00
Please note: balance remaining will be adjusted if actual amount of insurance benefit differs from estimate listed above.			

Follow-Up Services

Follow-up services for this hearing aid or related device are available through the Seller.

Office Location for Follow-up Services:

Date and Time of Post-Delivery

Follow-up Session (If applicable) _____

Buyer Signature _____ Date _____

Printed Name of Dispenser _____

License Number _____
License Type ☐ Audiologist ☐ Dispenser

Dispenser Signature _____ Date _____

Supervisor Name (if applicable) _____

License Number _____
License Type ☐ Audiologist ☐ Dispenser



MEMORANDUM

DATE: October 06, 2025

TO: Fire Pension Board

FROM: April Stinson, Pension Board Coordinator

RE: Request for Prescription Reimbursement – Claimant B

Attached for Board review is a request for prescription reimbursement for Claimant B and Section II.1 of the Board's Rules and Regulations states:

"Pursuant to RCW 41.26.150, whenever a member requires medical services as defined by RCW 41.26.030 (20), such services may be paid for by the City, only if those medical services are deemed medically necessary and not payable from another source."

RCW 41.26.030(20)iii.A states:

"The charges for the following medical services and supplies: Drugs and medicines upon a Physician's prescription."

Section III.7 of the Board's Rules and Regulations

"Prescription coverage for members is provided by Medical Insurance. When filling a prescription, the member shall use their Medical Insurance's participating pharmacies and present their card at the time the prescription is filled."

Claimant B is requesting a one-time reimbursement for the GLP-1 medication Ozempic, which he paid for out-of-pocket after Regence denied coverage, stating that he must have a diagnosis of type 2 diabetes mellitus. It was later determined that Zepbound, an alternative medication, is covered by Regence and has been recommended as an appropriate alternative. Claimant B has moderate to severe sleep apnea, abdominal obesity, congestive heart failure, and it has been recommended by his physician and his cardiologist that he use a GLP-1 agonist medication, Zepbound, to lose weight and manage his sleep apnea and congestive heart failure. Claimant B is therefore seeking reimbursement for the cost of Ozempic purchased prior to identifying Zepbound as a covered alternative.

Items for consideration by the Board:

\$1,072.64 Reimbursement for 56-day supply of the prescription medication Ozempic

Action Requested

Consider Claimant B's request for a one-time reimbursement for a 56-day supply of the prescription medication Ozempic.

HI-SCHOOL PHARMACY
291 E. JEWETT BLVD.
WHITE SALMON, WA
98672
PHONE # 509-493-4842

DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
PRESCRIPTIONS	1	\$0.00	\$0.00 S
01			
PRESCRIPTIONS	1	1072.64	\$1,072.64 S
01			
6266929			
SUBTOTAL			\$1,072.64
TOTAL			\$1,072.64
VISA			\$1,072.64

SIGNATURE
CHANGE DUE \$0.00

Items = 2

Patient Counseling Declined

Receipt #: 99502
Clerk: 3504 - RITA
Register #: 11
Drawer #: 4
Date/Time: 07/03/2025 16:31:28

HI-SCHOOL PHARMACY
291 E. Jewett Blvd.
White Salmon, WA 98672
Phone # 509-493-2323

Transaction Receipt

CLERK ID: 3504

CREDIT CARD
SALE

New Rx-OH
Waiting

-EOT-
X

DOB:

Hi-School #3500 (509) 493-4842
291 East Jewett Blvd. WHITE SALMON, WA 98672

Waiting

Rx# 07/03/2025

Prescriber:
SAMUELS, CHRISTOPHER
65371 HIGHWAY 14
WHITE SALMON, WA 98672
(509) 493-2133

Scan For
Drug Info:



DOB:

3 MI OZEMPIC INJ 2MG/3ML (0.25MG/0.

NDC:00169-4181-13

Cash Claim

Auth:

\$1072.64

May Refill Until 06/22/2026



Call your doctor for medical advice about side effects. You may report
side effects to FDA at 1-800-FDA-1088

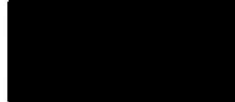
Hi-School #3500

291 East Jewett Blvd.
WHITE SALMON, WA 98672
(509) 493-4842 Fax:(509) 493-2211

Patient:
Address:
Phone:
DOB:
SEX:
Person Code:



Cardholder:
ID:
Group Number:
Store ID:



1558321687

Drug: OZEMPIC INJ 2MG/3ML (0.25MG/0.5MG)[RED]
NDC: 00169-4181-13
Disp Qty: 3 Metric Decimal Qty: 3.000
Day Supply: 56
Retail: 1215.05
Insurance: MEDICARE D 610623
BIN: 610623
Proc. Control: 02100001 Help Phone: (844) 765-6826

Doctor: SAMUELS, CHRISTOPHER
Address: 65371 HIGHWAY 14
City: WHITE SALMON, WA 98672
Phone: (509) 493-2133
Fax: (509) 493-9538
DEA: FS0236972
Alt ID:
State Lic.: MD00047504
NPI: 1780660175

Rx:
Date: 07/03/2025
Status: REJECTED Claim
Auth. Number: 251846488328030999
Ref. Cost: 0.00
Cost Paid: 0.00
Fee Paid: 0.00
Tax: 0.00
Due From Ins: 0.00
Copoly: 0.00 Benefit Remaining:\$0.00
Total Paid: 0.00
Message: 56 75U

Extra Messages

COVERAGE DETERMINATION REQUIRED FOR VERIFICATION OF A75 Prior Authorization Required 462-EV() 489-TE()
MEDICARE PART D MEDICALLY ACCEPTED INDICATIO

Error Messages

569 Provide Beneficiary with CMS Notice of Appeal
Rights ()

CoverMyMeds:

This prescription has a recently created Prior Authorization.
If important information has changed (patient, payer or
drug), click through to inform

CONFIDENTIAL AND PRIVILEGED COMMUNICATION:
THIS REPORT CONTAINS PATIENT INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION
IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, DO NOT DISTRIBUTE THE INFORMATION ANY FURTHER
IMMEDIATELY NOTIFY US AND DESTROY THE ORIGINAL MESSAGE



P.O. Box 64813 St. Paul, MN 55164
Toll Free: 1 (844) 765-6824 TTY: 711

NOTICE OF DENIAL OF MEDICARE PART D DRUG COVERAGE

Date: 06/26/2025

Enrollee Name: [REDACTED]

Member Number: [REDACTED]

Coverage of your drug was denied

We denied coverage under Medicare Part D for the following drug(s) you or your prescribing provider asked for: OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SOLUTION PEN-INJECTOR

Why was coverage for this drug denied?

We denied coverage for this drug because:

This request for coverage was based on our Glucagon-Like Peptide-1 (GLP-1) Agonists Prior Authorization criteria. It cannot be approved at this time. You must meet our criteria for this drug to be covered by your plan.

Drug-Dosage-Strength	Request Type	Outcome
Ozempic (0.25 or 0.5 MG/DOSE) Subcutaneous Solution Pen-injector 2 MG/3ML	Part D Eligibility	Denied

Medicare Part D rules limit coverage of drugs. They limit it to those that are being used for a Part D eligible medically accepted condition. These rules are found in the Medicare Prescription Drug Benefit Manual, Chapter 6 Section 10.6. Medically accepted conditions are based on Food and Drug Administration (FDA) labeling and/or Medicare-approved drug references.

Drug-Dosage-Strength	Request Type	Outcome
Ozempic (0.25 or 0.5 MG/DOSE) Subcutaneous Solution Pen-injector 2 MG/3ML	Prior Authorization	Denied

- You must have a diagnosis of type 2 diabetes mellitus. This is a condition that affects the blood sugar.



65371 Highway 14
White Salmon, WA 98672
(509) 493-2133

875 Rock Creek Drive SW
Stevenson, WA 98648
(509) 427-4212

07/08/25

Patient: [REDACTED]
Date of Birth: [REDACTED]
Date of Visit: 07/08/25

To Whom It May Concern:

[REDACTED] was seen in our office on 07/08/25. [REDACTED] is [REDACTED] years old with moderate to severe sleep apnea, abdominal obesity, CHF, and it has been recommended by me and his cardiologist that he use a GLP-1 agonist medication, Zepbound, to lose weight and manage his sleep apnea and congestive heart failure.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher Samuels".

Christopher Samuels, MD