

AMENDMENT NO. 1
to the
LABOR AGREEMENT
between
THE CITY OF ASHLAND,
an Oregon municipal corporation,
("City")
and
THE ASHLAND POLICE ASSOCIATION,
("APA")

RECITALS

- A. The City and the APA previously entered into a Labor Agreement effective July 1, 2018 (the "Agreement"); and
- B. The City and the APA wish to amend the Agreement to extend its term by two years, to make changes to its health and welfare benefits, and to increase wages by mutually agreed upon cost of living allowances (COLAs) and an additional one percent (1%) contribution to APA members' HRA-VEBA accounts.

AGREEMENT

NOW THEREFORE, in consideration of the mutual benefits and obligations set forth herein, the City and the APA hereby agree as follows:

1. Amend the first paragraph of Article XX, Termination and Reopening, of the Agreement as follows, with strikeout wording deleted and underscored wording added:

ARTICLE XX - TERMINATION AND REOPENING

This Agreement concludes all collective bargaining between the parties during the term of this Agreement. This Agreement shall be effective July 1, 2018, and shall remain in full force and effect until June 30, 2023 ~~June 30, 2021~~.

2. Amend Subsection 10.1, Pay Schedule, of the Agreement by including the following cost of living allowances and HRA/VEBA contribution amounts:

- C. Effective July 1, 2021, all bargaining unit base wages will be increased by two percent (2%).
- D. Effective July 1, 2022, all bargaining unit base wages will be increased by three percent (3%).

E. Beginning July 1, 2021, the City shall deposit an amount equal to three percent (3%) of a bargaining unit member's regular rate of pay into the HRA-VEBA account for that bargaining unit member at the beginning of each pay period.

3. Amend "Appendix C," Health and Welfare Benefits, of the Agreement as follows:

Health Insurance:

Effective January 1, 2022, the APA will transition to the CIS Regence Copay Plan F with a \$500 Individual/\$1500 Family deductible, as set forth on "Exhibit A," which is attached hereto and incorporated herein by this reference.

The APA will increase its contribution for City-provided health, dental, and vision insurance premiums in a phased approach as follows:

- a. Effective July 1, 2021, the employee cost-share increases from five percent (5%) pre-tax to seven and one-half percent (7.5%).
- b. Effective January 1, 2022, the employee cost-share increases from seven and one-half percent (7.5%) pre-tax to ten percent (10%).

4. This Amendment No. 1 is effective July 1, 2021.


5. Except as specifically modified by this Amendment No. 1, the terms and conditions of the Agreement, including any appendices and Memoranda of Understanding, remain in full force and effect.

IN WITNESS WHEREOF the parties have caused this Amendment No. 1 to be signed in their respective names by their duly authorized representatives as of the dates set forth below:

CITY OF ASHLAND, OREGON

ASHLAND POLICE ASSOCIATION

By: 

By: 

Printed Name: Adam Hanks

Printed Name: Steve Mackinn

Title: City Manager Pro Tem

Title: President

Date: 6/29/21

Date: 062321

Regence Copay Plan F Alternative Care

Benefits Summary
Effective January 1, 2021

EXHIBIT "A" Page 1 of 2



cis benefits
www.cisbenefits.org

These medical plans are insured by CIS but administered by Regence BlueCross BlueShield (BCBS) of Oregon. This means that CIS, not Regence BCBS, pays for your covered medical services and supplies.

Coplay Plan F		
Deductible Per Calendar Year	\$500 Individual \$1,500 Family	
Out-of-Pocket Maximum Per Calendar Year	\$2,500 individual \$5,500 family	
Category 1 & 2 - Preferred and Participating Provider (includes deductible and medical copays but does not include prescription copays)		
Category 3 - Non-Preferred Provider (includes deductible and medical copays but does not include prescription copays)		
	\$4,500 individual \$9,500 family	
Medical Services	Member Pays Category 1 - Preferred	Member Pays Category 2 - Participating Category 3 - Non-Preferred
Preventive Care Services		
Routine well-baby care, physical examinations, health screenings, and immunizations (for a list of covered services, visit our website regence.com , hover over "Member dashboard" at the top, select Preventive Care from the drop down)	0% for Category 1 & 2 (deductible waived) 40% for Category 3 (after deductible)	
Professional Services		
After Deductible – Member Pays		
Office visits for illness or injury, mental/behavioral health or substance use disorder (primary care, specialist, naturopath or urgent/immediate care center)	\$20 copay (deductible waived)	40%
Outpatient laboratory, radiology, and diagnostic procedures	\$0 up to first \$400 then 20% (deductible waived)	40%
Maternity care	20%	40%
Therapeutic injections including allergy shots	20%	40%
Hospital/Facility Services		
After Deductible - Member Pays		
Ambulatory Surgical Center	10% (20% for all other facilities)	40%
Emergency room care (including professional charges)	20% after \$100 copay (copay waived if admitted)	
Inpatient/outpatient surgery and surgeon fees	20%	40%
Inpatient mental/behavioral health & substance use disorder	20%	20% - Category 2 40% - Category 3
Skilled Nursing Facility – 120 inpatient days per year	20%	40%
Other Services		
After Deductible - Member Pays		
Ambulance	20%	
Rehabilitation Services: Inpatient: Unlimited / Outpatient: 77 visits per year	20%	40%
Hearing Aids- applies to children 18 years or younger or children 19 to 25 enrolled in an accredited education institution	20%	40%
Home health care - 180 visits per year	20%	40%
Hospice – 14 respite days/lifetime	0% (deductible waived)	
Durable Medical Equipment	20%	40%
Weight Management/Nutritional Counseling and Bariatric Surgery:	0% (deductible waived)	
- Weight management and nutritional counseling visits Four visits per plan year per member		
- Bariatric surgery may be covered to treat morbid obesity (participant must meet participation requirements) Limited to one surgery per claimant lifetime	\$1,000 copay then 20% after deductible (does not accumulate towards the out-of-pocket maximum)	\$1,000 copay then 40% after deductible (does not accumulate towards the out-of-pocket maximum)

<p>Prescription Medication Benefit <i>If you need drugs to treat your illness or condition, your prescription drug coverage is administered through Express Scripts (ES). Please visit Express Scripts' web site at www.express-scripts.com or contact their customer service at 1 (800) 496-4182. Regence BlueCross BlueShield of Oregon assumes no liability for the accuracy of your prescription drug benefits information.</i></p>	<p>At the Pharmacy (30-day supply) Member Pays</p>	<p>Mail Order Program (90-day supply) Member Pays</p>
<p>Individual deductible per calendar year</p>	<p>No deductible</p>	
<p>Out-of-pocket maximum each calendar year</p>	<p>\$2,500 per person/\$7,500 per family</p>	
<p>Generic drugs</p>	<p>\$10 copay</p>	<p>\$20 copay</p>
<p>Preferred brand drugs</p>	<p>\$40 copay</p>	<p>\$80 copay</p>
<p>Non-Preferred brand drugs</p>	<p>\$100 copay</p>	<p>\$200 copay</p>
<p>Specialty Generic</p>	<p>\$50 copay</p>	<p>N/A</p>
<p>Specialty Preferred brand drugs</p>	<p>\$100 copay</p>	<p>N/A</p>
<p>Specialty Non-Preferred brand drugs</p>	<p>\$200 copay</p>	<p>N/A</p>
<p>Limitations and Exceptions</p>	<p>Out-of-pocket limit \$2,500 / claimant / year. Coverage is limited to 30-day supply retail or 90-day supply mail order. Long-term medication fills at participating retail pharmacies may be filled for up to a 90-day supply. Visit Express Scripts' website for details. Specialty drug coverage is limited to a 30-day supply. <i>Specialty medication filled at a retail pharmacy is subject to 100% copay/coinsurance, and this amount does not accumulate towards the out-of-pocket maximum.</i> <i>Certain preventive items and services as defined by the Affordable Care Act are covered at zero-dollar cost share. You are responsible for the difference in cost between a dispensed brand-name drug and the equivalent generic drug, in addition to the copayment and/or coinsurance, unless your provider specifies "dispense as written."</i></p>	

Additional Medical Services

Alternative Care Services	
<p>Acupuncture and Chiropractic Spinal Manipulations</p>	<p>No deductible, any provider - \$20 Copay – Maximum allowance of \$1,000 per member per calendar year. Does not accumulate toward the out-of-pocket maximum.</p>

Other services provided by Regence BlueCross BlueShield	Contact Information
<p>MDLIVE (Telehealth) - With MDLIVE's telehealth service, you can see a doctor or therapist from home, work or on the go, 24/7/365. Board-certified doctors visit with you by phone or secure video to treat non-emergency medical conditions. They can diagnose symptoms, prescribe medication, and send prescriptions to your pharmacy.</p>	<p>To learn more call 1 (888) 725-3097 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs & Resources", then click on Telehealth.</p>
<p>Chronic Condition Coaching supports and educates members with chronic conditions including hypertension, diabetes, COPD, CAD, CHF, asthma and obesity.</p>	<p>To learn more, please call 1 (866) 865-6725.</p>
<p>BeyondWell - A comprehensive well-being solution for members that integrates wellness activities, goals, rewards and challenges into a single location for a holistic wellness offering.</p>	<p>To learn more, please call 1 (866) 865-6725 or sign on to the CIS Health Manager at www.regence.com and click on BeyondWell.</p>
<p>Case Management - Supports and educates members with serious illnesses or injuries.</p>	<p>To learn more, please call 1 (866) 543-5765 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs & Resources", then click on Case Management.</p>
<p>BabyWise (Childbirth to Newborn resources).</p>	<p>To learn more, call 1 (888) 569-2229 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs & Resources", then click on Maternity.</p>
<p>BlueCard Program (Out of Area Services) – access hospital and physicians when outside the four-state area Regence services (Oregon, Idaho, Utah and Washington) as well as receive care in 200 countries around the world.</p>	<p>Find a provider near you at www.regence.com or call 1 (800) 810-BLUE (2583).</p>



Please note: This benefit summary provides a brief description of your health care plan benefits and is not a guarantee of payment. For a detailed description of your plan benefits, visit www.regence.com on or after January 1, 2021. You must set up an account to review your specific plan booklet.