

**Lowell City Council
Regular Meeting
Tuesday, July 16 2024 at 7:00 pm**

**Lowell Rural Fire Protection District Fire Station 1
389 N. Pioneer Street, Lowell, OR 97452**

Members of the public may provide comment or testimony through the following:

- Joining in person or by phone, tablet, or personal computer. For details, click on the event at <www.ci.lowell.or.us>.
- Mailing written comments to PO Box 490, Lowell, OR 97452 or delivering in person at Lowell City Hall located at 70 N. Pioneer St.
- By email to admin@ci.lowell.or.us.
- Comments received by 4:00 pm on the meeting date will be included in the record.

Regular Meeting Agenda

Call to Order/Roll Call/Pledge of Allegiance

Councilors: Mayor Bennett ___ Harris ___ Stratis ___ Weathers ___ Murray ___

Approval of Agenda

Consent Agenda

Council members may request an item be removed from the Consent Agenda to be discussed as the first business item of the meeting.

1. May 21, 2024 regular meeting minutes
2. June 4, 2024 regular meeting minutes
3. June 18, 2024 regular meeting minutes
4. July 2, 2024 regular meeting minutes
5. June 2024 check register

Public Comments

Speakers will be limited to three (3) minutes. The Council may ask questions but will not engage in discussion or make decisions based on public comment at this time. The Mayor may direct the City Administrator to follow up on comments received. When called, please state your name and address for the record.

Direct all comments to the Council through the Mayor. All speakers are expected to be polite, courteous, and respectful when making their comments. Personal attacks, insults, profanity, and inflammatory comments will not be permitted.

Council Comments (three minutes per speaker)

Staff Reports

1. City Administrator
2. Public Works
3. Library

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or other accommodations for persons with disabilities must be made at least 48 hours before the meeting to City Clerk Sam Dragt at 541-937-2157.

City Council Meeting Agenda

Old Business

1. Correction to the “Financial and accounting consultation services” agreement with Layli A. Nichols approved on July 2, 2024. –Discussion/ Possible action

Recommended motion: "I move to rescind the July 2, 2024 approval of the ‘Financial and accounting consultation services’ agreement with Layli A. Nichols, and to approve the corrected contract as presented."

New Business

1. Consideration of Amendment 1 to the City Administrator Employment Agreement. – Discussion/ Possible action
2. Review “Request for coverage” for annual benefits contract renewal with CIS. – Discussion/ Possible action

Recommended motion: "I move to authorize the City Administrator to submit a ‘Request for coverage’ with CIS for the 2025 plan year for the employee benefits as presented."

3. Review resignations from city committees. – Discussion/ Possible action
 - a. Sherry Carter – Library Committee
 - b. Brenda Sirois – Library Committee
 - c. Shannon Fassbender – Parks and Recreation Committee

Recommended motion: "I move to accept the committee resignations as presented."

Other Business

Mayor Comments

Community Comments: Limited to two (2) minutes if prior to 9:30 P.M.

Adjourn the Regular Meeting.

Report Criteria:

Report type: GL detail
 Check.Type = {<-} "Adjustment"
 Bank.Name = "General"

Check Number	Payee	Invoice Number	Inv Seq	Description	Invoice GL Account	Disc Taken	Invoice Amount	Check Amount
18047								
18047	Banner Bank	JEREMY MA	1	LOC - Spring Conference Reg - R	110-410-6240	.00	12.13-	12.13-
18047	Banner Bank	JEREMY MA	2	Calendly Avondale ESTA - subscri	110-410-6220	.00	96.00	96.00
18047	Banner Bank	JEREMY MA	3	GAN-OR Localiq 1st budget Com	110-410-6220	.00	159.56	159.56
18047	Banner Bank	JEREMY MA	4	GAN-OR 2nd Budget Committee	110-410-6220	.00	172.38	172.38
18047	Banner Bank	JEREMY MA	5	Zoom - Remote Meeting - Regular	110-410-6225	.00	15.99	15.99
18047	Banner Bank	JEREMY MA	6	Zoom - Remote Meeting - BBJ	314-490-6225	.00	15.99	15.99
18047	Banner Bank	JEREMY MA	7	Zoom - Remote Meeting - Parks	110-420-6225	.00	15.99	15.99
18047	Banner Bank	JEREMY MA	8	Zoom - Remote Meeting - Library	110-450-6225	.00	15.99	15.99
18047	Banner Bank	JEREMY MA	9	Drop Box	110-410-6225	.00	22.00	22.00
18047	Banner Bank	JEREMY MA	10	U-Store Self Storage	110-410-6705	.00	94.00	94.00
18047	Banner Bank	JEREMY MA	11	Microsoft Cloud Storage	110-410-6230	.00	8.71	8.71
18047	Banner Bank	JEREMY MA	12	Microsoft Cloud Storage	110-420-6234	.00	1.02	1.02
18047	Banner Bank	JEREMY MA	13	Microsoft Cloud Storage	110-440-6230	.00	1.54	1.54
18047	Banner Bank	JEREMY MA	14	Microsoft Cloud Storage	110-450-6230	.00	6.15	6.15
18047	Banner Bank	JEREMY MA	15	Microsoft Cloud Storage	110-460-6234	.00	1.54	1.54
18047	Banner Bank	JEREMY MA	16	Microsoft Cloud Storage	110-480-6230	.00	1.54	1.54
18047	Banner Bank	JEREMY MA	17	Microsoft Cloud Storage	220-490-6230	.00	1.54	1.54
18047	Banner Bank	JEREMY MA	18	Microsoft Cloud Storage	230-490-6230	.00	13.31	13.31
18047	Banner Bank	JEREMY MA	19	Microsoft Cloud Storage	240-490-6230	.00	13.31	13.31
18047	Banner Bank	JEREMY MA	20	Microsoft Cloud Storage	312-490-6225	.00	2.55	2.55
18047	Banner Bank	MAX MAY 24	1	Pumps, Hoses, Earplugs, PVC Pi	230-490-6712	.00	1,424.35	1,424.35
18047	Banner Bank	MAX MAY 24	2	Pry Bar, Drain Bladder & Ear Plug	240-490-6712	.00	24.97	24.97
18047	Banner Bank	SAM MAY 24	1	AMazon - Parts for Lawn mower r	110-420-6324	.00	259.29	259.29
18047	Banner Bank	SAM MAY 24	2	CheckR inc. - E. Harris backgroun	110-420-6128	.00	53.48	53.48
18047	Banner Bank	SAM MAY 24	3	Staples - Paper	110-410-6230	.00	8.84	8.84
18047	Banner Bank	SAM MAY 24	4	Staples - Paper	110-420-6234	.00	1.04	1.04
18047	Banner Bank	SAM MAY 24	5	Staples - Paper	110-440-6230	.00	1.56	1.56
18047	Banner Bank	SAM MAY 24	6	Staples - Paper	110-450-6230	.00	6.24	6.24
18047	Banner Bank	SAM MAY 24	7	Staples - Paper	110-460-6234	.00	1.56	1.56
18047	Banner Bank	SAM MAY 24	8	Staples - Paper	220-490-6230	.00	1.56	1.56
18047	Banner Bank	SAM MAY 24	9	Staples - Paper	230-490-6230	.00	13.51	13.51
18047	Banner Bank	SAM MAY 24	10	Staples - Paper	240-490-6230	.00	13.51	13.51
18047	Banner Bank	SAM MAY 24	11	Staples - Paper	312-490-6230	.00	2.60	2.60
18047	Banner Bank	SAM MAY 24	12	Staples - Paper	110-480-6230	.00	1.56	1.56
Total 18047:						.00		2,461.05
18048								
18048	Century Link	WT LINE MA	1	line for water tower	230-490-6440	.00	79.50	79.50
Total 18048:						.00		79.50
18049								
18049	City of Lowell	MAY 2024 W/	1	Water Service	110-410-6420	.00	66.96	66.96
18049	City of Lowell	MAY 2024 W/	2	Water Service	110-420-6420	.00	617.23	617.23
18049	City of Lowell	MAY 2024 W/	3	Water Service	110-450-6420	.00	71.51	71.51
18049	City of Lowell	MAY 2024 W/	4	Water Service	220-490-6420	.00	15.39	15.39
18049	City of Lowell	MAY 2024 W/	5	Water Service	230-490-6420	.00	74.66	74.66
18049	City of Lowell	MAY 2024 W/	6	Water Service	240-490-6420	.00	703.30	703.30
18049	City of Lowell	MAY 2024 W/	7	Sewer Service	110-410-6425	.00	104.48	104.48

Check Number	Payee	Invoice Number	Inv Seq	Description	Invoice GL Account	Disc Taken	Invoice Amount	Check Amount
18049	City of Lowell	MAY 2024 W/	8	SSewer Service	110-420-6425	.00	411.06	411.06
18049	City of Lowell	MAY 2024 W/	9	Sewer Service	110-450-6425	.00	111.33	111.33
18049	City of Lowell	MAY 2024 W/	10	Sewer Service	220-490-6425	.00	23.98	23.98
18049	City of Lowell	MAY 2024 W/	11	Sewer Service	230-490-6425	.00	68.50	68.50
18049	City of Lowell	MAY 2024 W/	12	Sewer Service	240-490-6425	.00	616.59	616.59
Total 18049:						.00		2,884.99
18050								
18050	Grainger	9128634897	1	Brooms, Dust pan, Bleach, & Trim	110-420-6234	.00	245.43	245.43
18050	Grainger	9128634897	2	Oil Blend	110-420-6710	.00	32.72	32.72
Total 18050:						.00		278.15
18051								
18051	Lane Electric Cooperative	MAY 2024	1	Electricity	110-410-6430	.00	118.26	118.26
18051	Lane Electric Cooperative	MAY 2024	2	Electricity	110-420-6430	.00	249.81	249.81
18051	Lane Electric Cooperative	MAY 2024	3	Electricity	110-450-6430	.00	168.25	168.25
18051	Lane Electric Cooperative	MAY 2024	4	Electricity	110-470-6326	.00	65.81	65.81
18051	Lane Electric Cooperative	MAY 2024	5	Electricity	220-490-6430	.00	9.14	9.14
18051	Lane Electric Cooperative	MAY 2024	6	Electricity	230-490-6430	.00	1,327.83	1,327.83
18051	Lane Electric Cooperative	MAY 2024	7	Electricity	240-490-6430	.00	2,168.56	2,168.56
18051	Lane Electric Cooperative	MAY 2024	8	Electricity	312-490-6430	.00	984.92	984.92
Total 18051:						.00		5,092.58
18052								
18052	Lane Forest Products	S741352	1	Yard Debris	110-420-6328	.00	27.50	27.50
Total 18052:						.00		27.50
18053								
18053	Northwest Code Profession	5096	1	Building Permit Cost - May 24	220-490-6150	.00	4,032.94	4,032.94
18053	Northwest Code Profession	5096	2	Electrical Permit - May 2024	220-490-6152	.00	674.06	674.06
Total 18053:						.00		4,707.00
18054								
18054	Oregon Dept of Revenue	APR/MAY 24	1	April 2024 CFA	110-480-6560	.00	200.00	200.00
18054	Oregon Dept of Revenue	APR/MAY 24	2	May 2024 CFA	110-480-6560	.00	50.00	50.00
Total 18054:						.00		250.00
18055								
18055	Pacific Office Automation In	5030009422	1	Postage machine	110-410-6128	.00	44.19	44.19
18055	Pacific Office Automation In	5030009422	2	Postage Machine	230-490-6128	.00	88.37	88.37
18055	Pacific Office Automation In	5030009422	3	Postage Machine	240-490-6128	.00	88.37	88.37
Total 18055:						.00		220.93
18056								
18056	Renewable Resource Grou	166728,1667	1	Invoice 166794 E-Coli	240-490-6755	.00	68.40	68.40
18056	Renewable Resource Grou	166728,1667	2	Invoice 166883 BOD, TSS	240-490-6755	.00	216.00	216.00
18056	Renewable Resource Grou	166728,1667	3	Invoice 166945 E-Coli	240-490-6755	.00	68.40	68.40
18056	Renewable Resource Grou	166728,1667	4	Invoice 167055 BOD TSS	240-490-6755	.00	216.00	216.00
18056	Renewable Resource Grou	166728,1667	5	Invoice 167215 E-Coli	240-490-6755	.00	68.40	68.40

Check Number	Payee	Invoice Number	Inv Seq	Description	Invoice GL Account	Disc Taken	Invoice Amount	Check Amount
18056	Renewable Resource Grou	166728,1667	6	Invoice 167339 BOD, TSS E-Coli	240-490-6755	.00	284.40	284.40
18056	Renewable Resource Grou	166728,1667	7	Invoice 167429 BOD TSS	240-490-6755	.00	216.00	216.00
18056	Renewable Resource Grou	166728,1667	8	Invoice 167481 E-Coli	240-490-6755	.00	68.40	68.40
18056	Renewable Resource Grou	166728,1667	9	Invoice 166728 Bac-T	230-490-6755	.00	50.40	50.40
18056	Renewable Resource Grou	166728,1667	10	Invoice 167214 Bac-T	230-490-6755	.00	50.40	50.40
Total 18056:						.00		1,306.80
18057								
18057	Springfield Tire Factory	1068171	1	Tubes for Mower tires	240-490-6330	.00	54.00	54.00
Total 18057:						.00		54.00
18058								
18058	USA Blue Book	00375612	1	Pen for Flow Chart	240-490-6712	.00	82.95	82.95
Total 18058:						.00		82.95
18059								
18059	Verizon Wireless	9964834108	1	Cell Phone, tablet	110-410-6440	.00	91.70	91.70
18059	Verizon Wireless	9964834108	2	Cell Phone, tablet	230-490-6440	.00	110.14	110.14
18059	Verizon Wireless	9964834108	3	Cell Phone	240-490-6440	.00	69.32	69.32
Total 18059:						.00		271.16
18060								
18060	Vicars, Jordan	24SRP	1	2024 Summer Reading Program k	110-450-6530	.00	350.00	350.00
Total 18060:						.00		350.00
18061								
18061	Caselle	133616	1	Caselle Software and Support	110-410-6225	.00	227.36	227.36
18061	Caselle	133616	2	Caselle Software and Support	110-420-6225	.00	89.31	89.31
18061	Caselle	133616	3	Caselle Software and Support	110-440-6225	.00	17.52	17.52
18061	Caselle	133616	4	Caselle Software and Support	110-450-6225	.00	47.80	47.80
18061	Caselle	133616	5	Caselle Software and Support	220-490-6225	.00	22.93	22.93
18061	Caselle	133616	6	Caselle Software and Support	230-490-6225	.00	452.22	452.22
18061	Caselle	133616	7	Caselle Software and Support	240-490-6225	.00	452.22	452.22
18061	Caselle	133616	8	Caselle Software and Support	312-490-6225	.00	85.58	85.58
18061	Caselle	133616	9	Caselle Software and Support	314-490-6225	.00	12.06	12.06
Total 18061:						.00		1,407.00
18062								
18062	City of Oakridge	JUNE/0056/2	1	Police Service	110-430-6118	.00	3,029.67	3,029.67
Total 18062:						.00		3,029.67
18063								
18063	Civil West Engineering Ser	2101.001C.0	1	Retrofit/ECWAG	230-700-8540	.00	4,156.50	4,156.50
18063	Civil West Engineering Ser	2101.001C.1.	1	Dev Review - Tech Charge	110-440-6116	.00	125.42	125.42
18063	Civil West Engineering Ser	2101.001C.1.	1	Dev Review- 515 Wetleau	110-440-6116	.00	177.00	177.00
18063	Civil West Engineering Ser	2101.001C.1.	1	Dev Review - Sunset Hills	110-440-6116	.00	177.00	177.00
18063	Civil West Engineering Ser	2101.001C.1.	2	LSD Weight Room	110-440-6116	.00	177.00	177.00
18063	Civil West Engineering Ser	2101.022.00	1	Tracer Study	230-490-6116	.00	2,015.00	2,015.00

Check Number	Payee	Invoice Number	Inv Seq	Description	Invoice GL Account	Disc Taken	Invoice Amount	Check Amount
Total 18063:						.00		6,827.92
18064								
18064	Douglas Fast Net	DFN 0624	1	Internet Service	110-410-6435	.00	7.50	7.50
18064	Douglas Fast Net	DFN 0624	2	Wastewater internet	240-490-6435	.00	101.69	101.69
18064	Douglas Fast Net	DFN 0624	3	Waterplant Internet	230-490-6435	.00	117.88	117.88
Total 18064:						.00		227.07
18065								
18065	Gannett Oregon LocaliQ	0006425486	1	Notice of Budget HEaring	110-410-6220	.00	414.23	414.23
Total 18065:						.00		414.23
18066								
18066	Lane Council of Governme	93313	1	Legal Services- Ledbetter-Pre Ap	110-440-6128	.00	180.00	180.00
18066	Lane Council of Governme	93313	2	Legal Services - LSD School Gym	110-440-6128	.00	48.00	48.00
18066	Lane Council of Governme	93313	3	Legal Services - Hillside Dev	110-440-6128	.00	60.00	60.00
18066	Lane Council of Governme	93313	4	Legal Services - Charter Lawsuit	110-410-6122	.00	210.00	210.00
18066	Lane Council of Governme	93313	5	Legal Services - Camping Ord	110-410-6112	.00	90.00	90.00
18066	Lane Council of Governme	93313	6	Legal Services- General Services	110-410-6112	.00	326.00	326.00
18066	Lane Council of Governme	93313	7	Legal Services - SCADA Project	230-700-8540	.00	771.40	771.40
18066	Lane Council of Governme	93313	8	Legal Services - Retrofit Project E	230-700-8540	.00	60.00	60.00
18066	Lane Council of Governme	93313	9	Legal Services - Use of Road Fun	312-490-6128	.00	66.50	66.50
18066	Lane Council of Governme	93332	1	Managed Services - IT Allocations	110-410-6122	.00	419.35	419.35
18066	Lane Council of Governme	93332	2	Managed Services - IT Allocations	110-440-6122	.00	209.68	209.68
18066	Lane Council of Governme	93332	3	Managed Services - IT Allocations	110-450-6122	.00	419.35	419.35
18066	Lane Council of Governme	93332	4	Managed Services - IT Allocations	220-490-6122	.00	209.67	209.67
18066	Lane Council of Governme	93332	5	Managed Services - IT Allocations	230-490-6122	.00	419.35	419.35
18066	Lane Council of Governme	93332	6	Managed Services - IT Allocations	240-490-6122	.00	419.35	419.35
Total 18066:						.00		3,908.65
18067								
18067	Lowell Mini Storage	JULY 2024	1	Storage Rental Unit #L020	110-410-6705	.00	90.00	90.00
18067	Lowell Mini Storage	JULY 2024	2	Storage Rental Unit #L029	314-490-6705	.00	80.00	80.00
Total 18067:						.00		170.00
18068								
18068	Nichols, Layli	MAY 2024	1	Consulting Services	110-410-6114	.00	1,019.20	1,019.20
18068	Nichols, Layli	MAY 2024	2	Consulting Services	220-490-6114	.00	127.40	127.40
18068	Nichols, Layli	MAY 2024	3	Consulting Services	230-490-6114	.00	637.00	637.00
18068	Nichols, Layli	MAY 2024	4	Consulting Services	240-490-6114	.00	637.00	637.00
18068	Nichols, Layli	MAY 2024	5	Consulting Services	312-490-6114	.00	127.40	127.40
Total 18068:						.00		2,548.00
18069								
18069	The Automation Group Inc	W14630	1	Lump Sum Payment of Bonds for	230-700-8540	.00	9,916.20	9,916.20
Total 18069:						.00		9,916.20
18070								
18070	Wells Fargo Financial Leas	5030127730	1	Monthly Lease	110-410-6124	.00	95.96	95.96

Check Number	Payee	Invoice Number	Inv Seq	Description	Invoice GL Account	Disc Taken	Invoice Amount	Check Amount
Total 18070:						.00		95.96
18071								
18071	The Automation Group Inc	J001290	1	ECWAG Pay REquest # 2	230-700-8540	.00	28,443.87	28,443.87
Total 18071:						.00		28,443.87
18072								
18072	Bridge Town Market	MAY-JUNE 2	1	Fuel for 2017 Ram and Mower	110-420-6710	.00	341.67	341.67
18072	Bridge Town Market	MAY-JUNE 2	2	Water & Gatorade for crew	230-490-6712	.00	58.63	58.63
Total 18072:						.00		400.30
18073								
18073	Brothers Plumbing Inc	12978	1	Toilet install for Rolling Rock Park	110-420-6320	.00	150.00	150.00
Total 18073:						.00		150.00
18074								
18074	Cascade Columbia	898466, 896	1	Invoice 898466 - 2 Drums Thio, 2	240-490-6750	.00	1,386.70	1,386.70
18074	Cascade Columbia	898466, 896	2	Invoice 896800 - Drum Return Cr	240-490-6750	.00	653.00-	653.00-
Total 18074:						.00		733.70
18075								
18075	Century Link	JUNE 24	1	Phone and Auto Dialer for Water	230-490-6440	.00	278.85	278.85
18075	Century Link	JUNE 24	2	Auto Dialer for Lift Station	240-490-6440	.00	105.32	105.32
Total 18075:						.00		384.17
18076								
18076	Charter Communications	0003329060	1	Internet	240-490-6435	.00	144.99	144.99
Total 18076:						.00		144.99
18077								
18077	Consolidated Supply	11958014.00	1	Parts for Toilet and sinks for both	110-420-6320	.00	337.63	337.63
Total 18077:						.00		337.63
18078								
18078	H.D. Fowler Co.	16735089	1	Kamstrup 3/4" Water Meters	230-700-8540	.00	3,663.30	3,663.30
Total 18078:						.00		3,663.30
18079								
18079	J & K Electrical LLC	24-0178-1	1	Float Probe for Lift Station	230-490-6324	.00	412.50	412.50
Total 18079:						.00		412.50
18080								
18080	Lane Council of Governme	93684	1	Planning Services- Ledbetter PUD	110-440-6117	.00	517.50	517.50
18080	Lane Council of Governme	93684	2	Planning Services - TYJB site pla	110-440-6117	.00	697.50	697.50
18080	Lane Council of Governme	93684	3	Planning Services - Dollar Genera	110-440-6117	.00	3,105.00	3,105.00
18080	Lane Council of Governme	93684	4	Planning Services - Dollar Genera	110-440-6117	.00	204.78	204.78

Check Number	Payee	Invoice Number	Inv Seq	Description	Invoice GL Account	Disc Taken	Invoice Amount	Check Amount
18080	Lane Council of Governme	93684	5	Planning Services - TYJB Facade	110-440-6117	.00	1,102.50	1,102.50
18080	Lane Council of Governme	93684	6	Planning Services - TYJB Alley LU	110-440-6117	.00	1,305.00	1,305.00
Total 18080:						.00		6,932.28
18081								
18081	Lane County Public Works	PWF000005	1	Animal Service - 121 N Cannon 5-	110-440-6128	.00	96.11	96.11
18081	Lane County Public Works	PWF000005	2	Animal Services - 120 N Cannon	110-440-6128	.00	96.11	96.11
18081	Lane County Public Works	PWF000005	3	Animal Services - 120 N Cannon	110-440-6128	.00	48.06	48.06
Total 18081:						.00		240.28
18082								
18082	League of Oregon Cities	12939	1	Job Posting - Operator Trainee	110-420-6128	.00	5.00	5.00
18082	League of Oregon Cities	12939	2	Job Posting - Operator Trainee	230-490-6128	.00	6.00	6.00
18082	League of Oregon Cities	12939	3	Job Posting - Operator Trainee	240-490-6128	.00	6.00	6.00
18082	League of Oregon Cities	12939	4	Job Posting - Operator Trainee	312-490-6128	.00	3.00	3.00
Total 18082:						.00		20.00
18083								
18083	Lowell School District	FUEL MAY 2	1	Fuel for Quad Cab	240-490-6710	.00	147.85	147.85
Total 18083:						.00		147.85
18084								
18084	Renewable Resource Grou	167614,1676	1	Invoice 167614 BOD, TSS	240-490-6755	.00	216.00	216.00
18084	Renewable Resource Grou	167614,1676	2	Invoice 167649 E.Coli	240-490-6755	.00	68.40	68.40
18084	Renewable Resource Grou	167614,1676	3	Invoice 167794 - BOD TSS	240-490-6755	.00	216.00	216.00
18084	Renewable Resource Grou	167614,1676	4	Invoice 167918 E.Coli	240-490-6750	.00	68.40	68.40
18084	Renewable Resource Grou	167614,1676	5	Invoice 167959 BOD,TSS	240-490-6755	.00	216.00	216.00
18084	Renewable Resource Grou	167614,1676	6	Invoice 167648 Bac-T	230-490-6750	.00	50.40	50.40
Total 18084:						.00		835.20
18085								
18085	Springfield Tire Factory	1068171, 10	1	Tire Disposal - parks clean-up Da	110-420-6445	.00	360.00	360.00
18085	Springfield Tire Factory	1068171, 10	2	Mower Tire Repair	110-420-6324	.00	54.00	54.00
Total 18085:						.00		414.00
18086								
18086	St. Cousair Oregon Orchar	S11514 BBJ2	1	Jam - marionberry Spread -	314-490-6814	.00	168.00	168.00
18086	St. Cousair Oregon Orchar	S11514 BBJ2	2	Jam- Seedless Marionberry sprea	314-490-6814	.00	294.00	294.00
Total 18086:						.00		462.00
18087								
18087	USA Blue Book	00379112	1	Magnet Mixers	230-490-6750	.00	64.30	64.30
18087	USA Blue Book	00379112	2	Magnet Mixers	240-490-6750	.00	64.30	64.30
18087	USA Blue Book	00379112	3	Hose & Hose Assembly for Sampl	240-490-6324	.00	417.94	417.94
18087	USA Blue Book	00385535, 0	1	Magnet Mixers	230-490-6750	.00	52.90	52.90
18087	USA Blue Book	00385535, 0	2	Magnet Mixers	240-490-6750	.00	52.90	52.90
18087	USA Blue Book	00385535, 0	3	Level sensor for Lift Station	240-490-6712	.00	1,102.73	1,102.73
18087	USA Blue Book	00393423	1	Tank of Thio	240-490-6712	.00	554.95	554.95

Check Number	Payee	Invoice Number	Inv Seq	Description	Invoice GL Account	Disc Taken	Invoice Amount	Check Amount
Total 18087:						.00		2,310.02
18096								
18096	AJ Lock & Key	24175 A	1	Key card access - City Hall	110-410-6122	.00	150.00	150.00
18096	AJ Lock & Key	24175 A	2	Key Card Access Library	110-450-6122	.00	150.00	150.00
Total 18096:						.00		300.00
18097								
18097	Civil West Engineering Ser	2101.001C.0	1	Dev Review-515 Wetleau	110-440-6116	.00	208.25	208.25
18097	Civil West Engineering Ser	2101.001C.1	1	Dev Review- Tech Charge	110-440-6116	.00	34.79	34.79
18097	Civil West Engineering Ser	2101.001C.1	1	Dev Review- 1st street Repair	110-410-6128	.00	265.50	265.50
18097	Civil West Engineering Ser	2101.001C.1	1	Hillside Developement review	110-440-6116	.00	1,265.50	1,265.50
18097	Civil West Engineering Ser	2101.015.02	1	Waste Water Facilities Master Pla	240-490-6116	.00	900.00	900.00
18097	Civil West Engineering Ser	2101.022.00	1	Dev Review - Tracer Study	230-490-6116	.00	930.00	930.00
Total 18097:						.00		3,604.04
18098								
18098	DCBS-Fiscal Services	APRIL,MAY,J	1	Surcharge on Building Permits Ju	220-490-6524	.00	18.60	18.60
18098	DCBS-Fiscal Services	APRIL,MAY,J	2	Surcharge on Building Permits Ap	220-490-6524	.00	51.96	51.96
18098	DCBS-Fiscal Services	APRIL,MAY,J	3	Surcharge on Building Permits MA	220-490-6524	.00	437.40	437.40
18098	DCBS-Fiscal Services	APRIL,MAY,J	4	Surcharge on Electrical Permits A	220-490-6525	.00	29.76	29.76
18098	DCBS-Fiscal Services	APRIL,MAY,J	5	Surcharge on Electrical Permits M	220-490-6525	.00	90.60	90.60
Total 18098:						.00		628.32
18099								
18099	Federal Security	067029 A	1	Service Call Annual Testing and In	110-410-6128	.00	95.00	95.00
18099	Federal Security	067029 A	2	Service Call Annual Testing and In	110-450-6128	.00	95.00	95.00
Total 18099:						.00		190.00
18100								
18100	Lowell School District	CET 6/2024	1	CET Tax Collected	110-2515	.00	4,503.28	4,503.28
Total 18100:						.00		4,503.28
18101								
18101	Northwest Code Profession	5130 A	1	Building Permit Cost - June 2024	220-490-6150	.00	116.25	116.25
Total 18101:						.00		116.25
18102								
18102	Oregon Dept of Revenue	JUNE 24 CF	1	Criminal Fine Account - 928 June	110-480-6560	.00	100.00	100.00
Total 18102:						.00		100.00
18103								
18103	Renewable Resource Grou	168090, 168	1	Invoice 168090 E-Coli	240-490-6755	.00	68.40	68.40
18103	Renewable Resource Grou	168090, 168	2	Invoice 168090 BOD TSS	240-490-6755	.00	216.00	216.00
18103	Renewable Resource Grou	168090, 168	3	Invoice 168090 E-Coli	240-490-6755	.00	68.40	68.40
18103	Renewable Resource Grou	168090, 168	4	Invoice 168089 Bac-T	230-490-6755	.00	50.40	50.40
18103	Renewable Resource Grou	168090, 168	5	Invoice 168089 TOC ALK	230-490-6755	.00	200.70	200.70

Check Number	Payee	Invoice Number	Inv Seq	Description	Invoice GL Account	Disc Taken	Invoice Amount	Check Amount
Total 18103:						.00		603.90
18104								
18104	Stone Goat LLC	24 122	1	Mowing of Sunridge Park and Fire	110-420-6328	.00	1,400.00	1,400.00
Total 18104:						.00		1,400.00
18105								
18105	Bridge Town Market	6/15-6/24-24	1	Fuel for 2017 Ram and Mower an	110-420-6710	.00	208.53	208.53
Total 18105:						.00		208.53
18106								
18106	Cascade Columbia	899704	1	Invoice 899704 Tote of Pass-C	230-490-6750	.00	2,757.49	2,757.49
Total 18106:						.00		2,757.49
18107								
18107	J & K Electrical LLC	24-0202-1	1	Mixed Motor Disconnect	230-490-6324	.00	225.00	225.00
Total 18107:						.00		225.00
Grand Totals:						.00		107,280.21

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
110-2125	12.13	28,526.28-	28,514.15-
110-2515	4,503.28	.00	4,503.28
110-410-6112	416.00	.00	416.00
110-410-6114	1,019.20	.00	1,019.20
110-410-6122	779.35	.00	779.35
110-410-6124	95.96	.00	95.96
110-410-6128	404.69	.00	404.69
110-410-6220	842.17	.00	842.17
110-410-6225	265.35	.00	265.35
110-410-6230	17.55	.00	17.55
110-410-6240	.00	12.13-	12.13-
110-410-6420	66.96	.00	66.96
110-410-6425	104.48	.00	104.48
110-410-6430	118.26	.00	118.26
110-410-6435	7.50	.00	7.50
110-410-6440	91.70	.00	91.70
110-410-6705	184.00	.00	184.00
110-420-6128	58.48	.00	58.48
110-420-6225	105.30	.00	105.30
110-420-6234	247.49	.00	247.49
110-420-6320	487.63	.00	487.63
110-420-6324	313.29	.00	313.29
110-420-6328	1,427.50	.00	1,427.50
110-420-6420	617.23	.00	617.23
110-420-6425	411.06	.00	411.06

GL Account	Debit	Credit	Proof
110-420-6430	249.81	.00	249.81
110-420-6445	360.00	.00	360.00
110-420-6710	582.92	.00	582.92
110-430-6118	3,029.67	.00	3,029.67
110-440-6116	2,164.96	.00	2,164.96
110-440-6117	6,932.28	.00	6,932.28
110-440-6122	209.68	.00	209.68
110-440-6128	528.28	.00	528.28
110-440-6225	17.52	.00	17.52
110-440-6230	3.10	.00	3.10
110-450-6122	569.35	.00	569.35
110-450-6128	95.00	.00	95.00
110-450-6225	63.79	.00	63.79
110-450-6230	12.39	.00	12.39
110-450-6420	71.51	.00	71.51
110-450-6425	111.33	.00	111.33
110-450-6430	168.25	.00	168.25
110-450-6530	350.00	.00	350.00
110-460-6234	3.10	.00	3.10
110-470-6326	65.81	.00	65.81
110-480-6230	3.10	.00	3.10
110-480-6560	350.00	.00	350.00
220-2125	.00	5,863.18-	5,863.18-
220-490-6114	127.40	.00	127.40
220-490-6122	209.67	.00	209.67
220-490-6150	4,149.19	.00	4,149.19
220-490-6152	674.06	.00	674.06
220-490-6225	22.93	.00	22.93
220-490-6230	3.10	.00	3.10
220-490-6420	15.39	.00	15.39
220-490-6425	23.98	.00	23.98
220-490-6430	9.14	.00	9.14
220-490-6524	507.96	.00	507.96
220-490-6525	120.36	.00	120.36
230-2125	.00	59,040.86-	59,040.86-
230-490-6114	637.00	.00	637.00
230-490-6116	2,945.00	.00	2,945.00
230-490-6122	419.35	.00	419.35
230-490-6128	94.37	.00	94.37
230-490-6225	452.22	.00	452.22
230-490-6230	26.82	.00	26.82
230-490-6324	637.50	.00	637.50
230-490-6420	74.66	.00	74.66
230-490-6425	68.50	.00	68.50
230-490-6430	1,327.83	.00	1,327.83
230-490-6435	117.88	.00	117.88
230-490-6440	468.49	.00	468.49
230-490-6712	1,482.98	.00	1,482.98
230-490-6750	2,925.09	.00	2,925.09
230-490-6755	351.90	.00	351.90
230-700-8540	47,011.27	.00	47,011.27
240-2125	653.00	12,672.42-	12,019.42-
240-490-6114	637.00	.00	637.00
240-490-6116	900.00	.00	900.00
240-490-6122	419.35	.00	419.35
240-490-6128	94.37	.00	94.37
240-490-6225	452.22	.00	452.22

GL Account	Debit	Credit	Proof
240-490-6230	26.82	.00	26.82
240-490-6324	417.94	.00	417.94
240-490-6330	54.00	.00	54.00
240-490-6420	703.30	.00	703.30
240-490-6425	616.59	.00	616.59
240-490-6430	2,168.56	.00	2,168.56
240-490-6435	246.68	.00	246.68
240-490-6440	174.64	.00	174.64
240-490-6710	147.85	.00	147.85
240-490-6712	1,765.60	.00	1,765.60
240-490-6750	1,572.30	653.00-	919.30
240-490-6755	2,275.20	.00	2,275.20
312-2125	.00	1,272.55-	1,272.55-
312-490-6114	127.40	.00	127.40
312-490-6128	69.50	.00	69.50
312-490-6225	88.13	.00	88.13
312-490-6230	2.60	.00	2.60
312-490-6430	984.92	.00	984.92
314-2125	.00	570.05-	570.05-
314-490-6225	28.05	.00	28.05
314-490-6705	80.00	.00	80.00
314-490-6814	462.00	.00	462.00
Grand Totals:	<u>108,610.47</u>	<u>108,610.47-</u>	<u>.00</u>

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Report type: GL detail
Check.Type = {<->} "Adjustment"
Bank.Name = "General"



City Administrator's Office
P.O. Box 490 Lowell, OR 97452
Phone: 541-937-2157
Email: admin@ci.lowell.or.us

To: Mayor Bennett and City Council
From: Jeremy Caudle, City Administrator
Date: Friday, July 12, 2024
Re: Administrator's report for July

MEMO

This report covers activities since the June 18 regular meeting.

E-permitting project

- LCOG's GIS staff submitted detailed property information to the Building Code Division for uploading into their system.

Library shelving

- The library intends to sell the bookshelves at the old City Hall as part of their summer book sale. They intend to ask \$25 for each bookshelf. Since the total estimated value of the shelves is less than \$500 (see L.R.C. Sec. 2.108[f][1]), I intend to authorize their disposal during the book sale event.

Public works

- Applications for the Utility Works Trainee position are due July 15. Staff and I will start reviewing those applications next week.
- DEQ has completed its review of the wastewater master plan. They've responded with numerous comments, which Civil West is working to address.

Cybersecurity project

- I received notification from the Oregon Department of Emergency Management that our cybersecurity grant application was not recommended for funding.

Development activities

- I held an informal land use application meeting with an engineer who's working with the school district. The discussion is about a proposed new restroom facility construction.
- The city engineer, attorney, planner, public works, and I met with the Hyland Lane developers. The purpose of the meeting was to discuss the parking lot proposal. This included a discussion of the financial responsibility of both parties for certain aspect of the project.

The developers stated that they do not expect an immediate resolution to these questions—they can wait a few months. They also stated that a decision on the parking lot details will not delay their multi-family home project.

- I met with a citizen who is interested in starting a food truck business here in town.
- The city engineer, public works, and I met with the Sunset Hills development team. We reviewed the list of outstanding items for them to fulfill their obligations under the development agreement.
- Received a hillside development permit application approval, as well as a final inspection request for a hillside development.

Other items

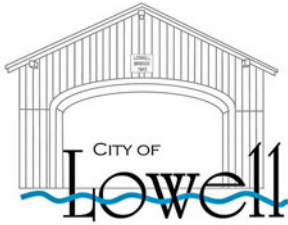
- I contacted a vendor that provides minutes taking services. I want to explore contracting this service out to save staff time. This depends, of course, on the pricing involved. I will keep you posted on what I find out.
- I prepared the city’s property tax certification and submitted it to the Lane County Assessor. I also turned in the shared revenues election to the Department of Administrative Services. The last steps that I need to take to wrap up the budget adoption process is to prepare the finalized budget document, submit a copy to the Lane County Clerk, file copies at City Hall, and post it online.

Code enforcement activities and complaint responses.

Complaints received since last council meeting:

#	Issue	Description	City response
1	Disturbance	Menacing/threatening neighbor.	Citizens reports contacting Lane County Sheriff’s Office. Complaint closed.
2	Noxious vegetation	Overgrown blackberries/grass in right-of-way.	Not yet investigated.
3	Vicious dog	2 complaints of vicious dog/biting dog at same property.	Referred to Lane County Animal Control. LCAC conducted a site visit and issued a warning. Since the dog bite did not break the skin, LCAC did not recommend quarantine procedures. Staff provided complainant’s information to

			Lane County Health Department for any follow up. Pending further action from the city on enforcing dog licensing requirements.
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Public Works Department
P.O. Box 490 Lowell, OR 97452
Phone: 541-937-2157
Fax: 541-937-2936
Email: mbaker@ci.lowell.or.us

TO: Mayor Bennett and Council
FROM: Max Baker, Public Works Director
DATE: July 16, 2024
SUBJECT: Public Works Report

Streets and Parks

Staff has been working on maintaining mowing and vegetation removal until new Position is filled.

Park restrooms remain closed.

Water Treatment Plant/Distribution

There currently is still a small active bloom of algae in Dexter Reservoir. All test results so far have been non-detects.

With the hot weather the water treatment plant has been running no stop to keep up with demand.

On Tuesday July 9th, Staff meet with Regulators from OHA to discuss the upcoming Lookout Point Drawdown. We discussed the possibility of using the wells to blend with the treatment plant to meet demands if needed.

Wastewater Treatment/Collections

Annual maintenance is currently being performed on all major equipment.

Other

The job announcement for the new Utility Worker Trainee position has resulted in 20 applicants in just the first week.

Agenda Item Sheet
City of Lowell City Council



Type of item:	Procurement
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Item title/recommended action:

Correction to the "Financial and accounting consultation services" agreement with Layli A. Nichols approved on July 2, 2024. –Discussion/ Possible action

Recommended motion: "I move to rescind the July 2, 2024 approval of the 'Financial and accounting consultation services" agreement with Layli A. Nichols, and to approve the corrected contract as presented "

Justification or background:

At the July 2 meeting, City Council approved a contract for financial and accounting services. After the meeting, however, staff discovered an error in the compensation section. The monthly services cost in the original contract was \$27,106, and the audit services cost was listed as \$5,000. However, these amounts are incorrect. The correct amount for monthly services is \$32,104, and the correct amount for audit services is \$5,250. These are the amounts that are entered in the FY 2025/2025 budget.

The reason for the error is as follows. In preparing the contract, staff entered the maximum contract amount of \$37,106 based on the total amount budgeted for FY 24/25 in the "Financial services" accounts (object code 6114). \$37,106 minus \$5,000 for audit services and \$5,000 for other services equals \$27,106. The original contract listed \$27,106, the remainder, for monthly services.

However, the "Auditing" accounts (object code 6110) include the contract accountant's costs for preparing the financial statement audits, along with what the city pays the external auditor. In the "Auditing" accounts, the FY 24/25 budget has \$5,250 budgeted for the contract accountant to provide auditing services.

Thus, the following amounts are budgeted in the FY 24/25 budget: \$5,250 for auditing services (in accounts with object code 6110); \$5,000 for special projects (in accounts with object code 6114); and \$32,104 for monthly accounting services (in accounts with object code 6114). The total amount budgeted in the FY 24/25 budget for financial and accounting services is \$42,354. This is the not to exceed amount for the financial and accounting consultation services agreement.

Agenda Item Sheet
City of Lowell City Council



Type of item:	Procurement
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To ensure that a contract is in place with the correct amount, staff present a recommended motion that rescinds the previous contract approval while approving the corrected contract as presented.

Budget impact:
Expenditure not to exceed \$42,354.

Department or Council sponsor:
Administration

Attachments:
Financial and accounting consultation services agreement - as corrected

Meeting date:	07/16/2024
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AGREEMENT FOR
FINANCIAL AND ACCOUNTING CONSULTATION SERVICES

THIS AGREEMENT is made as of July 1, 2024, by and between the City of Lowell, Oregon (“City”) and Layli A Nichols, a sole proprietor (“Consultant”).

RECITALS

- A. This agreement acknowledges that the City has secured the offer of Consultant to perform the accounting and financial services as described herein.
- B. City desires to utilize the services of Consultant as an independent contractor for financial and accounting consultation for the City.
- C. Consultant represents that she is fully qualified to perform such services by virtue of its experience, training and expertise.
- D. In accordance with L.R.C. Sec. 2.106(e), the Lowell City Council finds that this Agreement represents a continuation of work by a contractor who performed preliminary studies and analysis under a prior contract that was awarded through a competitive request for proposals process. The use of the current Consultant will significantly reduce risks associated with the work contemplated in this Agreement. This is due to the extensive knowledge that the Consultant has gained of the city’s accounting system and processes through her work under the prior contracts.

NOW THEREFORE, in consideration of performance by the parties of the promises, covenants, and conditions herein contained, the parties hereto agree as follows:

- 1. Consultant’s Services.
Scope and Level of Services the nature, scope, and level of specific services to be performed by Consultant are as set forth in Exhibit A attached hereto.
- 2. Term of Agreement.
This agreement is effective on the date set forth in the initial paragraph of this Agreement and shall remain in effect through June 30, 2025 unless earlier terminated pursuant to section 9.
- 3. Compensation.
City Agrees to compensate Consultant for its services for a total amount of \$32,104 for monthly services, \$5,250 for Audit Services, and \$5,000 for Other Services, as described in Exhibit A. Monthly services shall be paid in 12 equal installments. Audit Services shall be paid in one lump sum, upon completion, and Other Services shall be billed as needed. In no event shall the total compensation and costs payable to Consultant under this Agreement exceed the sum of the awarded contract of \$42,354, unless specifically approved in advance, in writing, by City.
- 4. Notices.
Any notices, bills, invoices, or reports required by this Agreement shall be deemed received on (a) the day of delivery if delivered by hand during the receiving party’s regular business hours or by facsimile or email before or during receiving party’s regular business hours; or (b) on the second business day following deposit in the United States mail, postage prepaid to the addresses heretofore below, or to such other addresses as the parties may, from time to time, designate in writing pursuant to the provisions of this section.

City:
City of Lowell
P.O. Box 490
Lowell, OR 97452

Consultant:
Layli A Nichols
535 Spruce Court
Creswell, OR 97426

5. Status as an independent Contractor.

Consultant is, and shall at all times remain as to City, a wholly independent contractor. Consultant shall have no power to incur any debt, obligation, or liability on behalf of City or otherwise act on behalf of City as an agent. Neither City nor any of its agents shall have control of the conduct of Consultant except as set forth in this agreement. Consultant shall not, at any time, or in any manner, represent that it is in any way an employee of City.

6. Assignability; Subcontracting.

Consultant shall not assign, transfer, or subcontract any interest in this Agreement or the performance of any of Consultant's obligations hereunder, without the prior written consent of City.

7. Compliance with Laws.

Consultant shall comply with all applicable laws, ordinances, codes and regulations of the federal, state, and local governments. Consultant shall be solely responsible for the payment of all taxes, including workers' compensation.

8. Conflict of Interest.

Consultant covenants that she presently has no interest and shall not acquire interest, direct or indirect, which may be affected by the services to be performed by Consultant under this Agreement, or which would conflict in any manner with the performance of its services hereunder. Furthermore Consultant shall avoid the appearance of having any interest, which would conflict in any manner with the performance of its services pursuant to this Agreement. Nothing in this section shall, however, preclude Consultant from accepting other engagements with City.

9. Termination.

This contract may be terminated by either City or Consultant in writing by giving five business days' notice to the other party. In the event this Agreement is terminated, Consultant shall be paid for any services properly performed through the last working day the Agreement is in effect.

10. Attorney's Fees.

In the event that either party to this Agreement shall commence any legal action or proceeding to enforce or interpret the provisions of this Agreement, the prevailing party in such action or proceeding shall be entitled to recover its costs of suit, including reasonable attorney's fees.

11. Amendment.

This Agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

12. Severability.

If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable.

13. Exhibits.

All documents referenced as exhibits in this Agreement are hereby incorporated in this agreement.

14. Entire Agreement.

This Agreement, and any other documents incorporated herein by specific reference, represents the entire and integrated agreement between City and Consultant. This agreement supersedes all prior oral or written negotiations, representations or agreements.

In witness whereof, the parties have executed this Agreement as of the date first written above.

Jeremy Caudle, City Administrator

Layli A. Nichols, Consultant

Exhibit A
Scope of Services

Consultant will provide the following services as outlined in below:

Monthly Services

1. Monthly bank reconciliations for all bank accounts, including the General Checking and Local Government Investment Pool Accounts.
2. Monthly reconciliation including adjusting journal entries.
3. Monthly preparation of interim financial statements.
4. Quarterly preparation of payroll tax reports
5. Year-end payroll reporting preparation
6. Review of budget to actual revenues and expenditures.
7. Preparation of Fixed Assets which include recognizing new assets, retiring assets, and recording depreciation.

Audit Preparation

1. Review of the revenues and expenditures compared to the adopted budget.
2. Reconciliation of the June 30th balance sheet accounts for both fund basis and modified accrual basis financial statements.
3. If necessary, preparation for a Single Audit (audit of expenditures of federal awards).
4. Lead staff through the audit team's on-site fieldwork visits.
5. Report drafting in coordination with the audit firm for final issuance on or before December 31st deadline.
6. Presentation and work sessions with the City Council, as requested.

Other Services

1. Other Services are defined as: Services requested not otherwise outlined in the Scope of Services.
2. Other Services include but are not limited to: Special projects, project research, technical support, and software conversion.
3. Other Services are to be provided on an "as needed" basis only.

All work papers and reports must be retained by the Accountant for a minimum of five (5) years, unless notified in writing by the City of the need to extend the retention period. Working papers will be made available, upon request, to the City of Lowell.

As part of the overall contract, the City expects to receive from the Accountant a variety of technical assistance throughout the fiscal year. This assistance would include answers to accounting, reporting, or internal control questions.

Agenda Item Sheet
City of Lowell City Council



Type of item:	Contract
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Item title/recommended action:

Consideration of Amendment 1 to the City Administrator Employment Agreement. – Discussion/ Possible action

Justification or background:

See the "Background" section of the proposed agreement for detail.

Options for City Council consideration

(A.) Approve the Agreement. Approving this amendment will rectify the vacation accrual discrepancy and provide the City Administrator with the needed time off. The City Administrator will waive his right to receive a COLA for the 2024-2025 fiscal year, and in return, he will receive a one-time vacation leave bonus resulting in a net leave balance of 112 hours.

(B.) Do Not Approve the Agreement. If the agreement is not approved, the City Administrator will receive the standard cost of living adjustment for the 2024-2025 fiscal year. However, any time off taken by the City Administrator will be unpaid until he accumulates a sufficient amount of vacation leave to cover the deficit of 49.80 hours.

Given that this involves a waiver of contractual rights (the right to a COLA) and an adjustment to contract terms relating to vacation accrual (with the bonus), staff believe an amendment to the City Administrator's employment agreement is appropriate.

Recommendation

It is recommended that the City Council approve the amendment to the City Administrator's Employment Agreement to rectify the vacation accrual discrepancy and provide the City Administrator with the needed time off. This solution ensures fairness and addresses the oversight in a manner beneficial to both the City and the City Administrator. It also results in a cost savings to the city.

Agenda Item Sheet
City of Lowell City Council



Type of item:	Contract
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Budget impact:

Approval of the proposed agreement will result in an estimated savings of \$4,399 to the city for FY 24/25 due to the City Administrator not receiving a COLA.
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Department or Council sponsor:

Administration

Attachments:

Amendment #1 to employment agreement

Meeting date:	07/16/2024
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Amendment 1 to the City Administrator's Employment Agreement

This Amendment to the City Administrator's Employment Agreement is made and entered into on this 16th day of July, 2024, by and between the City of Lowell ("City") and Jeremy B. Caudle ("City Administrator").

Background:

Upon the City Administrator's hire, an administrative oversight occurred, leading to the vacation accrual being incorrectly set. As a result, the City Administrator accrued more vacation leave than entitled. This discrepancy was discovered when the City Administrator reached his 3-year anniversary. At that point, the City's contract accountant was set to update the vacation accrual in the payroll system to the 3-year level. While making this change, it became evident the City Administrator had already been accruing vacation at the 3-year level, resulting in an over-accrual of 235.90 hours.

The City Administrator brought this issue to the attention of the City Council in a memo dated February 26, 2024, stating that staff would determine the exact discrepancy amount for future correction. Following a detailed comparison of the expected versus actual vacation accrual and usage, it was determined that the City Administrator has a vacation deficit of approximately 49.80 hours, meaning more vacation hours were used than what should have accrued.

To correct this issue and provide the City Administrator with much-needed time off, the City Administrator has requested a one-time vacation bonus in lieu of a cost-of-living adjustment for the 2024-2025 fiscal year.

Now, therefore, the City and City Administrator agree as follows:

1. The City Administrator hereby waives his right to receive a cost-of-living adjustment for the 2024-2025 fiscal year.
2. In return, the City agrees to grant the City Administrator a one-time vacation leave bonus resulting in a net vacation leave balance of 112 hours as of July 1, 2024.

For the City:

City Administrator:

Mayor Don Bennett

Jeremy B. Caudle

Date: _____

Date: _____

Agenda Item Sheet
City of Lowell City Council



Type of item:	Procurement
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Item title/recommended action:

Review "Request for coverage" for annual benefits contract renewal with CIS. – Discussion/
Possible action

Recommended motion: "I move to authorize the City Administrator to submit a 'Request for coverage' with CIS for the 2025 plan year for the employee benefits as presented."

Justification or background:

The city must submit its request for coverage to CIS by July 23. This is for the annual renewal of our health, dental, vision, and life insurance benefits. Since this is for a contractual arrangement that is expected to exceed the City Administrator's spending authority of \$5,000, this is placed on the City Council's agenda for approval. Per Sec. 2.101(8) of the city procurement code, contracts for employee benefit plans are exempt from the competitive bidding procedures specified elsewhere in the code.

The entire renewal document is included in the packet for City Council's information. However, the FY 24/25 budget anticipates that the city will continue offering the same plans offered this year--in other words, that there is no change in plans.

Page 13 of the renewal document lists the plans in effect for 2024. Unless City Council directs otherwise, these will be the same plans in effect for 2025. The pages following page 13 show the coverages and plan benefits for the city's intended 2025 plans, as well as all other plans available to the city. Page 37 shows the monthly premiums for the plans that staff recommend selecting for 2025.

Agenda Item Sheet
City of Lowell City Council



Type of item:	Procurement
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The city currently offers the following plans, which staff recommend approving for 2025:
CIS HDHP-4 W/ HSA, CIS VISION-A, CIS DENTAL III, Supplemental Employee Life (Hartford), Voluntary \$10,000 dependent life (Hartford), Basic Life \$50,000 (Hartford), Supplemental Spouse Life (Hartford). The health, dental, and vision plans are available to all permanent part-time and full-time employees. The life insurance plans are available only to permanent full-time employees.

Staff recommend approval by the City Council to submit the request for coverage as presented.

Budget impact:

To be determined once city employees make their plan elections during open enrollment. However, the FY 24/25 budget allocated funding for insurance premiums based on projections.

Department or Council sponsor:

Administration

Attachments:

2025 Lowell renewal document

Meeting date:	07/16/2024
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Lowell Renewal Document: A DECISION-MAKING GUIDE FOR EMPLOYERS



The information in this guide is based on CIS Benefits plans, policies, and services effective Jan. 1, 2025.

In this guide, you'll find:

- CIS Benefits Value Added Services p. 6
- Union Negotiations p. 8
- Benefits Administration Timeline p. 9
- Plan Rules p. 10
- Domestic Partner Regulations and Imputed Value p. 11
- 2025 Plan Options p. 12
- Plan Rates p. 35
- RFC Updates and Changes p. 43





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Welcome to the CIS Benefits Renewal for 2025! I'm pleased to be your personal guide for the upcoming benefits renewal and employee open enrollment cycle. If you have any questions, please reach out to me at:

Heather Matthews, hmatthews@cisoregon.org
(800)922-2684 ext. 3826 or (503)763-3826

If you are the decision maker at your organization deciding what benefits will be offered to Lowell employees, this packet is intended for you. If not, please share it with the appropriate person. Review it together to make necessary decisions for potential plan changes and prepare to complete your benefits renewal (Request for Coverage) online in July.

The Request for Coverage (RFC) is your contract with CIS Benefits for employee benefits coverage for the upcoming calendar year. This is your opportunity to compare and select the coverages to offer employees. While it may seem early to complete this in July, the timing is critical. Once the process is completed, our Benefits team reviews each and every selection, submits the changes to our programmers, tests the enrollment system and prepares for a successful open enrollment in October. Your help in completing the renewal on time and with accuracy is crucial in making sure that your employee open enrollment goes smoothly.

The first step in the renewal process is to attend a regional Employer Benefits Renewal meeting in your area. Our plan renewal meetings are scheduled for the following dates and locations. We hope that you can attend in person to hear all the renewal details, ask questions, and listen to any questions others might have. We include lunch as part of the meetings, and the information shared is always valuable for everyone in attendance. You can register for a meeting near you online at www.cisoregon.org/benefitsrenewal.

- Astoria: June 27
- Central Point: June 17
- Florence: June 18
- Hermiston: June 18
- Keizer: June 25
- La Grande: June 17
- Lincoln City: June 26
- Seaside: June 29
- The Dalles: June 26
- Tigard: June 27
- Virtual: July 10

Any changes to the questions on the RFC are included in this document so the person completing the RFC can be prepared with the appropriate answers. Please also be ready to report the costs for full-time employees for each medical and dental plan. The CIS-Connect site displays only full-time employee cost shares.

If you have any union groups currently covered by CIS Benefits that have been or are in collective bargaining, please feel free to reach out to me to discuss what that might mean for your renewal. If not, you don't need to worry about this.

That's it! After reviewing this guide and attending a renewal meeting, you'll be ready to complete your benefits renewal in July. Please pay special attention to the rest of the details within this packet. We look forward to continuing our partnership to ensure the best benefits for your employees.

Welcome Message from the CIS Benefits Director

First, I want to thank you for your continued participation in the CIS Benefits program. Because of your continued support, CIS can provide you with stable rates and best in class customer service — as well as the tailored coverages you expect from us. We truly appreciate your partnership.

We've made great progress through 2023 and into the 2024 plan year. Here are just a few highlights:

- Our **SurgeryPlus** program has proved valuable. The innovative program incentivizes employees to seek higher quality surgeons and surgery centers, with better surgical outcomes and lower overall cost. Launched at the beginning of 2023, we've already seen cost savings and excellent outcomes. The program has exceeded our expectations.
- At the beginning of 2024, we sought Request for Proposals (RFPs) for our **Life and Disability** plans. The process was successful, and we secured lower rates with a five-year rate guarantee. We also increased the benefits available to employees.
- Our dedicated **CIS Benefit Representatives** traveled to your organizations more than any other time in our history. They helped with health fairs and open enrollment meetings — or they dropped by just to check in or provide one-on-one training. During these in-person meetings, along with our Benefit Advisory Committee meetings, we learned what changes you would like to see to our program. You'll see many of these changes in the coming months, such as new employee videos, improved open enrollment recordings, new plan options, and many other enhancements.

We're not done finding ways to improve CIS Benefits! Below are important updates and changes for plan years 2025 and 2026. Please read through this carefully and don't hesitate to reach out to me or your CIS Benefits Representative with any questions.

HDHP-4 AND HDHP-5 PLAN CHANGES

Every year the IRS updates the minimum deductible and minimum out of pocket maximum (OOPM) that's allowed for a health plan to be considered health savings account (HSA) eligible. If a plan is not HSA eligible, employees cannot contribute to one. Without an HSA, they're unable to take advantage of the associated tax savings and have funds available to pay for their deductible.

Check out this comparison of the newly released 2025 IRS minimums alongside the CIS HDHP-4 plan deductible and OOPM.

	2025 IRS MINIMUMS	CIS HDHP-4
Deductible	\$1,650	\$1,700
Out of Pocket Maximum	\$3,300	\$3,400

As announced at the most recent CIS Annual Conference, **we will be adjusting our HDHP-4 and possibly our HDHP-5 deductible and out of pocket maximum for the 2026 plan year.** Please keep this in mind as you think about your 2025 plans and any upcoming negotiations you may be entering. Make sure to attend next year's **CIS Annual Conference, Feb. 26-28**, to learn about the 2026 adjustments to both high deductible plans.

CREDITABLE COVERAGE

During our CIS Annual Conference in February, we reported that the creditable coverage calculation used by CMS was being updated because of the Inflation Reduction Act. At that time, we were not sure if we needed to make plan changes as we were waiting for final guidance from CMS. After receiving final guidance, we're happy to report that all CIS Benefits plans continue to be deemed creditable. This means no plan changes are needed.

REGISTERED DOMESTIC PARTNER COVERAGE

During the 2023 legislative session, HB 2032 passed. This removed restrictions on the gender of partners who could register for domestic partnership in Oregon. As a result of HB 2032 and as an employer participating in CIS Benefits, each employer can choose to offer coverage to registered domestic partners and married couples, or to only married couples. This new choice was implemented for the 2024 plan year and will now be a selection on your Request for Coverage (RFC) moving forward. For more information, please see the Registered Domestic Partner section on page 11.

2025 PLAN CHANGES AND ADDITIONS

Below are plan changes and enhancements for the 2025 plan year. Detailed information on all plans can be found in the 2025 plan options section on page 12.

Supplemental Employee and Spouse Life

Because of the competitive RFP process, we've substantially increased the Supplemental Employee and Spouse Life benefit, while maintaining the same rate per \$1,000 of benefits.

In 2025, the employee maximum benefit will increase from \$300,000 to \$1,000,000 — and the guaranteed issue amount will increase from \$100,000 to \$400,000. The spouse maximum benefit will remain \$300,000, but the guaranteed issue amount will increase from \$20,000 to \$30,000.

Because of the benefit enhancement, CIS has negotiated with The Hartford to allow all employees and spouses to be eligible for the guaranteed issue amount during the 2025 open enrollment period. After the 2025 open enrollment period, the guaranteed issue amount will only be applicable at initial enrollment. These amounts will NOT automatically increase — employees wanting to take advantage must elect the higher amount(s) during their Open Enrollment process.

CIS Delta Dental

In 2025, CIS will offer two new dental plans, CIS Dental VI and CIS Dental VII. These plans will align in benefits with CIS Dental plans II and III, with the only difference being a \$2,000 maximum benefit instead of the current \$1,500 maximum benefit. These new plans will be in addition to CIS Dental II and III. Employers have the option of selecting one of the new plans or continuing with their current benefits.

In addition to the two new plans, we're offering an additional CIS Delta Dental Orthodontia rider with a \$2,000 maximum lifetime benefit. Employers who would like to provide orthodontia coverage can choose between a \$1,000 and \$2,000 benefit plan.

Kaiser Dental

To align with the CIS Delta Dental plans more closely, two benefit enhancements were made to the Kaiser Dental plan for 2025. First, preventive services will no longer count towards the annual maximum benefit. This will increase the dollars available for employees to use on basic and major services. Second, the orthodontia rider will increase from a \$1,000 to a \$2,000 lifetime maximum. These plan changes will replace the current 2024 plans.

We're very proud of the employee benefits improvements that we are bringing to our CIS Benefits members. Providing excellent benefits to local governments is our singular focus. We commit to continuing to improve our program to make your important work easier.

Mike Beyroudy, CIS Benefits Director

CIS Benefits Value-Added Services

When you have CIS Benefits, you receive value-added services at no cost (or for a reduced administrative fee). You also receive our most important service — our quality customer service that's personal, timely, and reliable.

EMPLOYEE EDUCATION

Your employees appreciate their benefit plans more when they understand how they work and how their choices can save them money. We can talk to your benefits committees about our benefit programs - we are happy to arrange and attend Employee Benefit Fairs. Go to the "Connect to Wellness Hub" button for more information.

ELECTRONIC ENROLLMENT/DATA/CONSOLIDATED BILLING

Our online enrollment system, CIS-Connect, maintains eligibility and transmits it to carriers and service providers. As an employer, you can access your employee data anytime (24/7/365). Your employees use the system when newly hired, during Open Enrollment, and during the year to report life changes and track their benefit information. We provide monthly bills online through CIS-Connect. You can download data to programs such as Excel, which speeds up payroll reconciliation and other in-house systems.

EMPLOYER BENEFITS RENEWAL MEETINGS/TRAININGS

We provide regional meetings to outline the annual renewal and open enrollment process (typically in June/July). We also offer quarterly educational webinars.

RETIREE ADMINISTRATION/COBRA COMPLIANCE AND ADMINISTRATION

We know retiree administration isn't easy. Once a retirement is recorded in CIS-Connect, we take it from there! We relieve you from the administrative and cash flow burdens of collecting and remitting retiree premiums.

We take responsibility (and liability) for your COBRA compliance for terminated or other COBRA eligible participants. Once a COBRA event is recorded in CIS-Connect, your eligible employee or dependent will receive a COBRA election notice. CIS handles billing.

EMPLOYEE ASSISTANCE PROGRAM

Our employee assistance program, through Canopy, provides many services, including free, confidential counseling. It also provides free services to managers, such as training and consultations on difficult workplace situations.

FLEXIBLE SPENDING ACCOUNT (FSA) AND COMMUTER REIMBURSEMENT PROGRAMS

ASIFlex is our pre-tax Healthcare and Dependent Care FSA administrator. It's also our reimbursement program for commuter and parking expenses. ASIFlex provides the required non-discrimination testing for the FSA plans. CIS provides all the reporting information required for employers to complete non-discrimination testing for the FSA plans.

FINANCIAL STABILITY

Because we pool member buying power, we offer lower rates than the marketplace. You get the benefits of self-insurance (lower administrative costs/more dollars spent on healthcare) without the risk. Our healthy reserves ensure you won't be at risk, even during a catastrophic year. We help protect your entity from financial impacts at the state and federal levels. Our reserves pay the fees and taxes associated with the Affordable Care Act. Our reserves also pay for the State of Oregon's premium tax (while for-profit insurance companies charge that 2% tax to their customers).

CONDITION MANAGEMENT AND LARGE CASE MANAGEMENT

We use Regence's Condition Management Program (administered by BeyondWell) to better understand the cost impact of unmanaged diseases such as asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), congestive heart failure (CHF), and diabetes. We also offer two more programs: 1) a multi-phase program for weight loss that is a prerequisite for bariatric surgery, and 2) a Pregnancy Program, especially those considered high-risk.

BENEFITS ADVISORY COMMITTEE (BAC)

We want to hear from you. In 2004, we started bringing members together to talk openly about benefits and administrative issues, ensuring we meet your needs. BAC meetings are held twice per year. All employers covered by CIS Benefits are encouraged to participate.

HEALTH RISK MANAGEMENT (LIFESTYLE/WELLNESS)

Our BeyondWell program offers a personalized site where employees and spouses enrolled in a CIS medical plan can each earn up to \$150 in Amazon gift cards per calendar year for a variety of health activities and personal challenges, including receiving preventive services through their CIS medical and dental plans.

Our weight management program reimburses members up to \$400 annually (for up to five years) for participation in a qualified program. Plus, we have free grants to employers to help support their efforts regarding worksite wellness programs, benefit/health fairs, and onsite health screenings.

GASB 45/75

GASB Statement 45/75 requires employers to determine and potentially fund their explicit and implicit liability for post-retirement benefits. To ease this burden, we've contracted with the Milliman actuarial firm to calculate the OPEB liability for each participating employer — and we provide Milliman with your GASB 45/75 enrollment and premium data.

4TH QUARTER DEDUCTIBLE CARRYOVER

Most health plans reset your employees' deductible yearly — with no credit for costs incurred in the fourth quarter. Our CIS Copay self-funded plans administered by Regence are different. We credit expenses your enrolled employees have incurred toward their deductible during the fourth quarter of the prior plan year to reduce the out-of-pocket costs in their new plan year.

COMPLIANCE

We're here to help coordinate coverage with applicable leave laws, regulations, and best practices. We also help with Affordable Care Act (ACA) tax forms and reporting requirements such as Form 1095-C, RXDC reporting, Medicare Part D CMS reporting, mandatory notices, Mental Health Parity, Non-Quantitative Treatment Limitations (NQTL), and FSA Non-Discrimination Testing.

LEAVE MANAGEMENT ASSISTANCE

We'll help you navigate the process when an employee is on leave for FMLA, OFLA, PLO, disability, administrative, worker's compensation, or another reason.



UNION NEGOTIATIONS

CIS can play a supportive role in union negotiations by providing a range of services that enhance the overall negotiation process. Here are several ways we can help with union negotiations:

INSURANCE COVERAGE REVIEW

We can review existing insurance coverage to ensure it aligns with the terms negotiated in the labor agreement. This ensures that your group has appropriate coverage for potential liabilities arising from the agreement.

EMPLOYEE BENEFITS EVALUATION

We can assist in evaluating and structuring employee benefits packages, including health insurance and other benefits, which are often significant topics during union negotiations.

CUSTOMIZED INSURANCE SOLUTIONS

We can work with your group to tailor insurance solutions that meet the specific needs arising from the negotiated agreement. This could involve adjusting coverage levels, updating policies, or introducing new insurance products as needed.

COMMUNICATION AND EDUCATION

Providing educational resources and communication support related to insurance benefits can be crucial during negotiations. We can help develop materials explaining insurance changes to employees, promoting understanding and cooperation.

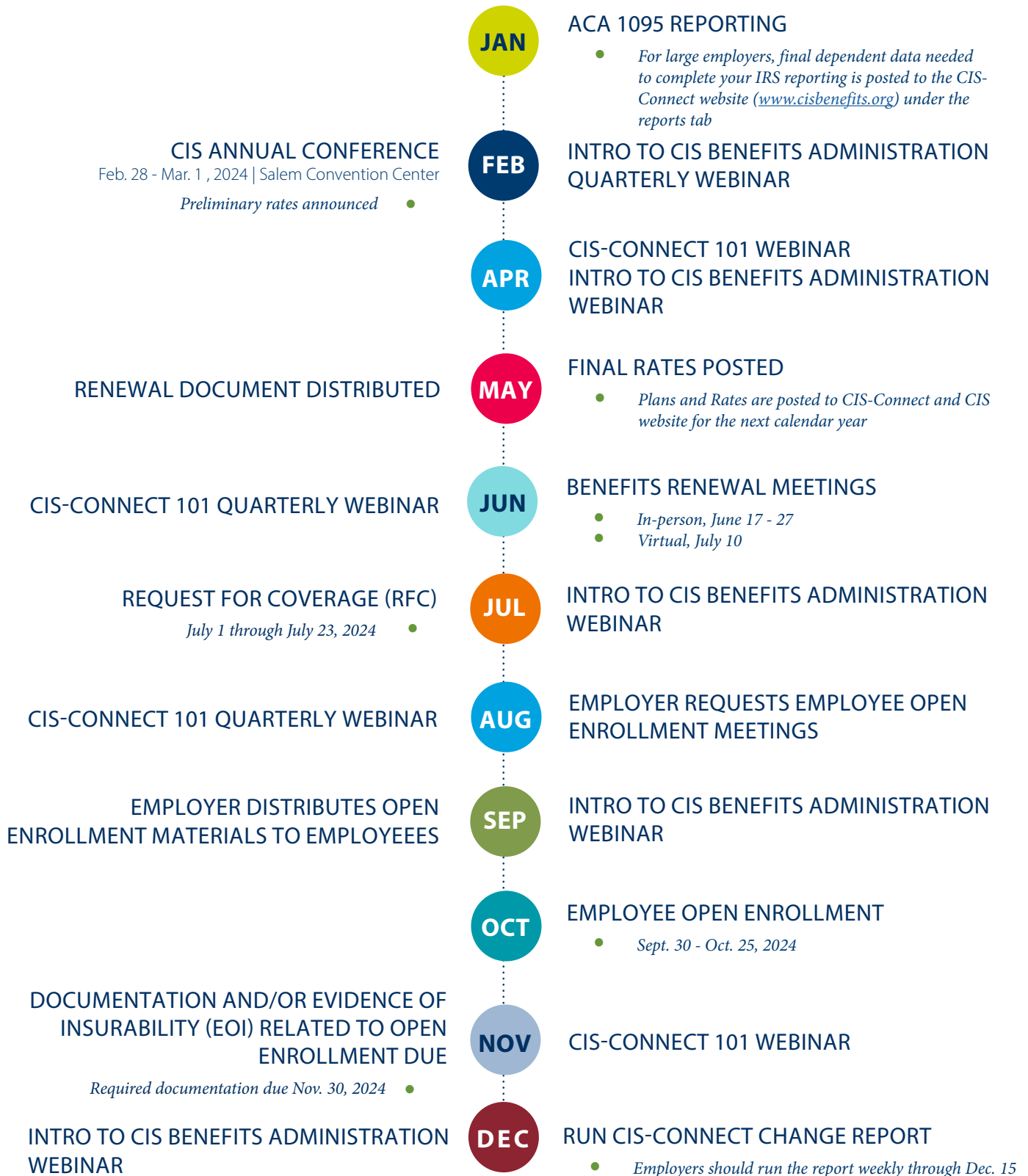
BUDGETING AND FINANCIAL PLANNING

We can assist the organization in budgeting for the financial implications of the negotiated labor agreement. This includes projecting costs related to insurance, benefits, and other financial commitments arising from the negotiations.

CIS can contribute to the success of union negotiations by offering comprehensive support in risk management, legal compliance, benefits evaluation, and ongoing assistance. This collaborative approach helps create a more resilient and well-prepared organization for the challenges and opportunities that may arise during and after labor negotiations.

CIS BENEFITS ADMINISTRATION TIMELINE

Share this timeline with the following individuals: decision makers, stakeholders, authorized signer, assigned RFC completion personnel, human resources, and payroll/finance. Please note the specific dates for each month will vary by year.



CIS BENEFITS RULES

The CIS Benefit rules are the governing rules for all CIS-Benefits members. These rules are reviewed each year by staff. Proposed updates are presented to the CIS Board and, if adopted, become effective July 1. Listed below are some important rules members should be aware of. CIS encourages members to review the CIS Benefits rules annually to ensure compliance. For questions about the CIS Benefits rules, please contact your CIS Benefits Representative, Heather Matthews. To view the complete version of the CIS Rules, please visit www.cisoregon.org/benefitsrules.

Rule Reminders

Rule EB3: HEALTH INSURANCE

C. MEMBER PLAN SELECTION

- Members may select riders, as defined by CIS each year, to be added to their basic medical or dental plans. Benefit riders cannot be offered on a stand-alone basis. Riders may be added/dropped only: (1) during open enrollment, (2) as a result of collective bargaining, or (3) in conjunction with an eligible mid-year plan change. If a rider is dropped by a Member, it cannot be added again for two plan years. Riders may include vision, hearing aids, alternative care and orthodontics.

Within the constraints of 3, 4 and 5 above, Members eligible to offer multiple plans to one or more subgroups must include the same riders on all plans offered.

Rule EB10: LIFE/DISABILITY INSURANCE

D. LIFE/DISABILITY INSURANCE

- The Member must pay at least 50% of the Basic Life, AD&D, and Long-Term Disability rates for its eligible employees. The Member's payments may vary by subgroup.
- Statutory coverage for police officers, firefighters, and volunteer firefighters/police reserves shall be 100% Member paid, and all eligible individuals must be insured.
- Voluntary Dependent Life and Supplemental Employee/Spouse Life may be 100% employee paid.

Rule EB14: PRE-TAX AND COMMUTER REIMBURSEMENT PROGRAMS

C. MEMBER CONTRIBUTIONS – HSAs or HRA/VEBAs

Member contributions to an eligible employees' HSA may not exceed an amount equal to the annual deductible for the category of coverage applicable to the Participant under the HDHP for the Plan Year.

Members offering an HRA (with or without funding through a VEBA) may not exceed contribution amounts equal to 75% of the medical out-of-pocket maximum (excluding the prescription drug out-of-pocket maximum dollar amount) for the category of coverage applicable to the Participant under the medical plan.

Member premiums may be surcharged based on the employer contribution amount into the employees' HSA, HRA or VEBA.

Rule Clarifications

Rule EB4: HEALTH INSURANCE – MEMBER PAYMENTS

Employer Contribution

- If a Member does not contribute toward the cost of dependent coverage, then the member must pay at least 75% of the employee rate. If the Member contributes toward the cost for dependent coverage, then the member must pay at least 50% for any coverage level. The Member's payment may vary by subgroup.

DOMESTIC PARTNER RULES AND IMPUTED VALUE REGULATIONS

Effective Jan. 1, 2024, Oregon expanded registered domestic partnerships from only same-sex couples to include opposite-sex couples. Due to this change, CIS now gives employers the choice of offering coverage to Registered Domestic Partners and married couples, or only to married couples.

On the RFC, you will see your entity's current (2024 plan year) election and have the option to update it for the 2025 plan year. Please note that Registered Domestic Partners and children currently enrolled remain on the plan unless the employee chooses to remove them later.

Employers who elect to offer insurance coverage to Registered Domestic Partners must track the imputed value and ensure it's reported accurately. In Oregon, the imputed value of domestic partner benefits is not subject to state income tax; however, employers must report the imputed value amount as income for federal tax purposes. Employers are also responsible for informing employees about the tax implications of enrolling domestic partners and their children in the plan.

Each plan year, CIS emails the imputed values to employers with employees who elected to cover domestic partners or the children of their domestic partner.

By signing the RFC, employers certify the imputed value amount will be reported as income for any employee enrolling a domestic partner or the partner's children.

For additional information please download the CIS Benefits Resource Manual at www.cisoregon.org/dl/XdY1vYcZ.

To download the complete CIS Benefit Enrollment and Eligibility Guide, please go to this link: www.cisoregon.org/dl/IveDKRjM.

If you have questions about the domestic partner rules or imputed value, please contact Heather Matthews, your CIS Benefits Representative.

If you elect to allow employees to add a domestic partner and/or the partner's children to their plan, they must have an Oregon Certificate of Registered Domestic Partnership that includes:

- Name of the Employee
- Name of the Registered Domestic Partner
- Certificate Date
- Certifier's Signature and Official Seal

For additional information about Oregon's registered domestic partner regulations visit: www.oregon.gov/dor/programs/individuals/Pages/rdp.aspx



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CIS BENEFITS PLAN OPTIONS

Our wide range of comprehensive coverage options gives public entity employees and their families the care they need at a price their employer can afford. Options include popular copay and traditional PPO plans, HSA-qualified high deductible plans, high deductible plans with an HRA or VEBA, and an HMO. There are plenty of dental, vision, life, and disability plan options as well. CIS self-insures its medical plan administered by Regence BlueCross BlueShield, vision plan administered by VSP, and its dental plans administered by Delta Dental and Willamette Dental. We also partner with Kaiser Permanente, MetLife, Allstate, Lloyd's of London (Trauma) and The Hartford for fully insured plans. Visit www.cisoregon.org/appendix for a short overview of each carrier.

Plan summaries for each plan we offer are enclosed. Full benefit booklets are available upon request.

Your CIS Benefits Representative, Heather Matthews, can help you evaluate plan choices and implement your selections.

LOWELL

2024 Plan Selections

Below are the CIS Benefits medical, dental, and vision plans your entity selected for the 2024 calendar year. On the pages that follow are plan summaries of the wide range of coverage options available for your entity to select for the 2025 calendar year.

Lowell

2024 CIS Benefits Medical & Vision Plans

Groups Covered: Staff

Regence Plan(s)

CIS HDHP-4 W/HSA

CIS Vision-A

2024 CIS Benefits Dental Plans

Groups Covered: Staff

Delta Plan(s)

CIS Dental III

Lowell 2024 coverages also include:

- Basic Life
- Supplemental Life
- Voluntary Life

These medical plans are self-insured by CIS — covered medical services and supplies are paid by CIS. Regence BlueCross BlueShield of Oregon (BCBSO) administers these plans on behalf of CIS. This is a summary only and is subject to change. Any errors or omissions are unintentional. Plan Handbooks are available by request.

High Deductible Health Plan (HDHP) Options

DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS	HDHP-4	HDHP-5
Deductible per Calendar Year	\$1,700 Single \$3,400 Family	\$2,500 Single \$5,000 Family
Maximum Out-of-Pocket per Calendar Year <i>(Includes deductible and coinsurance)</i>		
Categories 1 & 2 - Preferred and Participating Provider	\$3,400 Single/\$6,800 Family	\$5,000 Single/\$10,000 Family <i>Embedded \$5,000 out-of-pocket maximum/individual</i>
Category 3 - Non-Preferred Provider		

BENEFIT FEATURES	THE BELOW BENEFITS APPLY TO HDHP-4 & 5	
	Categories 1 & 2	Category 3
Preventive Care Services: Routine well-baby care, physical examinations, health screenings, and immunizations*	\$0 <i>(deductible waived)</i>	40% <i>(after deductible)</i>
	After Deductible – Covered Person Pays	
	Categories 1 & 2	Category 3
Office visits for illness or injury, mental/behavioral health or substance use disorder <i>(primary care, specialist, naturopath or urgent/immediate care center)</i>	0% after deductible 1 st 3 visits, then 20% after deductible	40%
PROFESSIONAL SERVICES	Categories 1 & 2	Category 3
Outpatient laboratory, radiology, and diagnostic procedures	20%	40%
Maternity care	20%	40%
Therapeutic injections including allergy shots	20%	40%
Chiropractic and acupuncture care	<i>Available as a rider</i>	
HOSPITAL/FACILITY SERVICES	Categories 1 & 2	Category 3
Ambulatory Surgical Center	10%	40%
Emergency room care <i>(including professional charges)</i>	20%	
Inpatient/outpatient surgery services and surgeon fees	20%	40%
Inpatient mental/behavioral health & substance use disorder	20%	40%
Skilled Nursing Facility – 120 inpatient days/Calendar Year	20%	40%
OTHER SERVICES	Categories 1 & 2	Category 3
Ambulance	20%	
Rehabilitation Services – Inpatient: <i>Unlimited visits</i> / Outpatient: <i>77 visits/year</i>	20%	40%
Home health care – 180 visits/Calendar Year	20%	40%
Hospice – 14 respite days/lifetime	20%	40%
Durable medical equipment and supplies	20%	40%



COPAY PLAN OPTIONS

COPAY E	COPAY F	COPAY G	COPAY H
\$250 Single \$750 Family	\$500 Single \$1,500 Family	\$1,000 Single \$3,000 Family	\$1,500 Single \$4,500 Family
\$2,250 Single/\$4,750 Family*	\$2,500 Single/\$5,000 Family*	\$3,000 Single/\$7,000 Family*	\$3,500 Single/\$8,500 Family*
\$4,250 Single/\$8,750 Family*	\$4,500 Single/\$9,500 Family*	\$5,000 Single/\$11,000 Family*	\$5,500 Single/\$12,500 Family*

*Excludes prescription copays

THE BELOW BENEFITS APPLY TO COPAY PLANS E, F, G & H	
Categories 1 & 2, \$0 (<i>deductible waived</i>) Category 3, 40% (<i>after deductible</i>)	
After Deductible – Covered Person Pays	
Category 1	Categories 2 & 3
\$5/visit for 1 st three visits, then \$20 copay (<i>deductible waived</i>)	40%
Category 1	Categories 2 & 3
0% up to first \$400 (<i>deductible waived</i>); then 20% after deductible	40%
20%	40%
20%	40%
<i>Available as a rider</i>	
Category 1	Categories 2 & 3
10%	40%
20% after \$100 copay (<i>copay waived if admitted</i>)	
20%	40%
20%	20% - Category 2, 40% - Category 3
20%	40%
Category 1	Categories 2 & 3
20%	
20%	40%
20%	40%
No charge	No charge - Category 2, 40% - Category 3
20%	40%

PREScription MEDICATION BENEFIT – PROVIDED BY EXPRESS SCRIPTS (ESI)

DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS	COPAY PLANS E, F, G & H		HDHP-4 & 5
Individual deductible per Calendar Year	No deductible		Combined with medical deductible
Out-of-pocket maximum each Calendar Year	\$2,500 per person/\$7,500 per family		Combined with medical out-of-pocket maximum
Rx Tier Levels and Copays	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)	Pharmacy or Mail Order program (limited to 90-day supply) Covered Person Pays
Preventive	\$0	\$0	\$0
Generic	\$10	\$20	20% after deductible <i>Exception: Specific value-based generic drugs are covered at 100%, and specific preferred drugs are covered at 80% with the deductible waived. These value-based medications are designated as preventive for: asthma, diabetes, high blood pressure, high cholesterol or tobacco cessation. For a current list visit www.express-scripts.com</i>
Preferred Brand	\$40	\$80	
Non-Preferred Brand	\$100	\$200	
Specialty Generic	\$50	N/A	
Specialty Preferred Brand	\$100	N/A	
Specialty Non-Preferred brand	\$200	N/A	

OTHER VALUE-ADDED SERVICES INCLUDED WITH CIS COPAY PLANS AND HDHPs

Weight Management/Nutritional Counseling — Up to four visits per calendar year for nutritional counseling.
Bariatric Surgery (<i>must meet participation requirements</i>) — Bariatric surgery to treat obesity is covered through Blue Distinction Centers.
SurgeryPlus — Select network of providers & facilities for non-emergent surgical procedures reducing participant's out-of-pocket cost. No cost for eligible surgeries through SurgeryPlus on copay plans. IRS minimum deductible must be met on HDHPs.
Hinge Health — Virtual physical therapy program at \$0 cost to the participant.
MDLIVE (Telehealth) — 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. No cost for copay plans. Deductible applies on HDHPs.
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.
Regence Pregnancy Program — Childbirth to Newborn resources
Chronic Condition Counseling (Provided through BeyondWell) — Supports and educates members with chronic conditions including hypertension, diabetes, COPD, CAD, CHF, asthma, and obesity.
Case Management — Supports and educates members with serious illnesses or injuries.
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.

Additional Plan Riders

The following benefits can be added to all Copay and HDHP Plans administered through Regence for an additional cost, unless otherwise noted. These riders are only available when combined with a medical plan. These riders are selected on the group level, not at the individual employee level. This is a summary only. Any errors or omissions are unintentional. Plan Handbooks are available by request.

CIS VISION SERVICE PLANS - ADMINISTERED BY VSP

Benefits reset annually on Jan. 1	VSP-A		VSP INDEMNITY
	VSP CHOICE PROVIDER	NON-VSP PROVIDER	
Eye Exam	\$10 copay per year	Up to \$50 per year	20% discount w/VSP Provider, up to \$200 per year*
Single Lenses	\$25 copay per year <i>The \$25 copay only applies once if purchasing both lenses and frames at the same time</i>	Up to \$50 per year	20% discount w/VSP Provider, up to \$300 per year**
Lined Bifocal Lenses		Up to \$55 per year	
Lined Trifocal Lenses		Up to \$70 per year	
Lenticular Lenses		Up to \$105 per year	
Progressive Lenses		Up to \$105 per year	
Lens Enhancements (UV, scratch, blue-light, etc.)	\$0 copay per year	Tints up to \$5 per year. Other enhancements not covered.	
Elective Contacts (instead of glasses)	\$166/year allowance for contact lenses (includes the fitting exam and evaluation);	Elective - Up to \$110 Necessary - Up to \$215/year	15% off fitting and evaluation w/VSP provider, up to \$300 per year**
Frames	Covered <i>every other</i> year: <ul style="list-style-type: none"> \$25 copay \$170 allowance \$95 allowance at Costco/Walmart/Sam's Club 20% savings on amount over the allowance 	Up to \$70 <i>every other</i> Calendar Year	20% discount w/VSP Provider, up to \$300 per year**

*Eye exam allowance is \$200 per year. Not combined with frames, glasses, and contacts allowance.

** Frames, glasses, and contacts have a combined \$300 allowance per year.

ALTERNATIVE CARE RIDER

Benefits reset annually on Jan. 1	HDHP-4 & 5	COPAY PLANS
Acupuncture 12 visits per calendar year	20% after deductible (40% out-of-network, after deductible)	\$20 Copay
Chiropractic Spinal Manipulations 20 visits per calendar year		

HEARING AID RIDER

Note: The Hearing Aid Rider can only be added to Copay Plans.

Hearing Examination	One every Calendar Year. Covered at 80% using a Category 1 provider, 60% using a Category 2 or 3 provider: not subject to the deductible. <i>Does not accumulate toward the out-of-pocket maximum.</i>
Hearing Aids Benefit	Paid at 100% up to a maximum of \$3,000 every 4 calendar years. The \$3,000 is an accumulative amount over the 4 calendar years and not a one-time benefit. <i>State mandated coverage applies to children 18 years and younger or children 19 to 25 enrolled in an accredited education institution.</i>

These medical plans are fully insured and underwritten by Kaiser Permanente. This is a summary only. Any errors or omissions are unintentional. Plan Handbooks are available by request.

DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS	COPAY B
Deductible per Calendar Year	None
Maximum out-of-pocket per Calendar Year (Includes deductible, coinsurance, and prescription copays)	\$1,500 Single \$3,000 Family

BENEFIT FEATURES	Covered Person Pays
Preventive Care Services: Routine well-baby care, physical examinations, health screenings, and immunizations	No charge
OFFICE VISITS	Covered Person Pays
Primary Care	\$5 first 3 visits*, then \$20
Specialty Care	\$30 per visit
Urgent Care	\$40 per visit
PROFESSIONAL VISITS	Covered Person Pays
Outpatient laboratory, radiology, and diagnostic procedures	\$20 per department visit
CT, MRI, PET scans	\$50 per department visit
Outpatient surgery	\$50 copay
Maternity care	No charge, applicable copays for lab & x-ray
Therapeutic injections including allergy shots	\$10 copay (separate office visit copay may apply)
HOSPITAL/FACILITY SERVICES	Covered Person Pays
Inpatient services	\$200/day up to \$1,000/admission
Outpatient physical, speech and occupational therapies (20 visits/therapy/calendar year)	\$30 per visit
Outpatient mental/behavioral health & chemical dependency services	\$5 first 3 visits*, then \$20
Emergency room visit	\$200 per visit (waived if admitted)
Skilled Nursing Facility – Up to 100 days/Calendar Year	No charge
OTHER SERVICES	Covered Person Pays
Ambulance (per transport)	\$75 copay
Home health care – 130 visits/Calendar Year	No charge
Hospice	No charge
Durable medical equipment and supplies	20% coinsurance

*First three visits combined primary care and mental health

PRESCRIPTION MEDICATION BENEFIT	COPAY PLAN B
Generic	\$10
Preferred Brand	\$20
Non-Preferred Brand	\$40
Specialty Generic	\$40
Mail order (up to 90-day supply)	2x copay
Administered medications, including injections (all outpatient settings)	20% coinsurance



KAISER PERMANENTE®

DEDUCTIBLE A	DEDUCTIBLE B	HDHP-1
\$250 Single \$750 Family	\$500 Single \$1,500 Family	\$1,700 Single \$3,400 Family
\$2,000 Single \$6,000 Family	\$3,000 Single \$9,000 Family	\$3,400 Single \$6,800 Family

Covered Person Pays		
No charge	No charge	No charge

Covered Person Pays		
\$5 first 3 visits*, then \$15	\$5 first 3 visits*, then \$20	After deductible \$5 first 3 visits*, then 20%
\$25 per visit	\$30 per visit	20% after deductible
\$35 per visit	\$40 per visit	20% after deductible

Covered Person Pays		
\$15 per department visit	\$20 per department visit	20% after deductible
\$15 per department visit	\$50 per department visit	20% after deductible
20% after deductible	20% after deductible	10% after deductible
No charge, applicable copays for lab & x-ray	No charge, applicable copays for lab & x-ray	No charge, applicable copays for lab & x-ray
\$10 per visit may apply (no deductible)	\$10 per visit may apply (no deductible)	20% after deductible

Covered Person Pays		
20% after deductible	20% after deductible	20% after deductible
\$25 per visit	\$30 per visit	20% after deductible
\$5 first 3 visits*, then \$15	\$5 first 3 visits*, then \$20	After deductible \$5 first 3 visits*, then 20%
20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible

Covered Person Pays		
20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible
No charge	No charge	No charge
20% after deductible	20% after deductible	20% after deductible

DEDUCTIBLE A	DEDUCTIBLE B	HDHP-1
\$10	\$10	20% after deductible
\$20	\$20	
\$20	\$40	
\$20	\$40	
2x copay	2x copay	20% after deductible
\$0	20% after deductible	

OTHER SERVICES PROVIDED BY KAISER PERMANENTE

Bariatric Surgery: <i>Bariatric surgery may be covered to treat morbid obesity if the covered person meets specified medical criteria, subject to inpatient hospital cost share.</i>
Healthy Lifestyle Programs: <i>Individualized online programs that provide encouragement and information about specific health conditions: back pain, chronic conditions, depression, insomnia, nutrition, smoking cessation, stress, and weight management.</i>
BeyondWell: <i>A comprehensive well-being solution for members that integrates wellness activities, goals, rewards, and challenges into a single location for a holistic wellness offering.</i>
Prenatal and Pregnancy Services
Appointment Alternatives <ul style="list-style-type: none"> • Advice Nurse Line available 24/7 • Virtual Care doctor appointment by computer or mobile device • Email Your Doctor by secure email
Case and Disease Management: <i>Supports and educates members with serious illnesses, chronic conditions, or injuries.</i>

ADDITIONAL PLAN RIDERS

The following benefits can be added to all Kaiser Plans for an additional cost, unless otherwise noted. These riders are selected on the group level, not at the individual employee level.

ALTERNATIVE CARE RIDER		
<i>Must use Complimentary Healthcare Plan Providers and does not count towards out-of-pocket maximum</i>		
BENEFIT	COPAY & DEDUCTIBLE PLANS	HDHP-1
Acupuncture Services (up to 12 visits per year)	\$20 copay per visit	After deductible, \$20 copay per visit
Chiropractic Services (up to 20 visits per year)	\$20 copay per visit	After deductible, \$20 copay per visit
Massage Therapy (up to 12 visits per year)	\$25 copay per visit	After deductible, \$25 copay per visit

HEARING AID RIDER			
<i>For participants over the age of 18. State mandated coverage applies to children 18 years and younger. Hearing exam is included in medical plan benefit under office visit.</i>			
BENEFIT	COPAY PLAN B	DEDUCTIBLE A & B	HDHP-1
Hearing Examination	\$30 copay	\$25 copay	20% After Deductible
Hearing Aids Benefit	\$1,500 allowance for each hearing aid per ear every 3 years.		

KAISER VISION RIDER				
<i>State mandated coverage applies to children 18 and younger.</i>				
BENEFIT	COPAY PLAN B	DEDUCTIBLE A	DEDUCTIBLE B	HDHP-1
Eye Exam	\$20 copay	\$15 copay	\$20 copay	20% After Deductible
Lenses and Frames	\$150 allowance to be applied to one prescription for lenses and frames per calendar year.			
Elective Contact Lenses	\$150 allowance to be applied toward one prescription of contact lenses in lieu of lenses and frames per calendar year.			



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DENTAL PLAN OPTIONS

The dental plan options on the following page is a summary only. Any errors or omissions are unintentional. Plan Handbooks are available by request.

CIS DENTAL - ADMINISTERED BY DELTA DENTAL

These dental plans are self-insured by CIS — covered dental services and supplies are paid by CIS. Delta Dental of Oregon administers these plans on behalf of CIS.

BENEFIT FEATURES	PLAN II	PLAN III	PLAN V
Calendar Year Maximum Benefit <ul style="list-style-type: none"> Preventive Services do not apply to the Calendar Year maximum Calendar Year maximum does not apply to members under age 16 	\$1,500	\$1,500	\$2,000
Calendar Year Deductible	None	None	\$25 per covered person (\$75 max/family)
Class I - Preventive and Diagnostic Services Includes Health through Oral Wellness Program (HtOW)	70%/80%/90%/100% ¹	70%/80%/90%/100% ¹	100%, no deductible
Class II ² - Restorative, Endodontic & Periodontic	70%/80%/90%/100% ¹	70%/80%/90%/100% ¹	80%
Class III ² - Crowns, Implants and Bridges	50%	70%/80%/90%/100% ¹	50%

ORTHODONTIC RIDER ² – Can be added to any CIS Dental Plan	
CIS Ortho \$1,000 Adult/Child Benefit A	50% up to a lifetime maximum of \$1,000
CIS Ortho \$2,000 Adult/Child Benefit B	50% up to a lifetime maximum of \$2,000

²There is a 12-month waiting period for Class II, Class III and Orthodontic benefits for any covered person not enrolled when initially eligible.

WILLAMETTE DENTAL - A

This dental plan is self-insured by CIS — covered dental services and supplies are paid by CIS. Willamette Dental administers this plans on behalf of CIS. No calendar year maximum benefit or calendar year deductible.

General Office Visit	\$20 copay per General Office Visit
Specialty Office Visit	\$30 copay per Specialty Visit
Preventive and Diagnostic Services	Covered with office visit copay
Restorative Services – Filling	\$15 copay per filling
Restorative Services – Crown	\$200 copay per crown
Endodontic	\$75 copay
Periodontic	Covered with office visit copay
Prostodontics (complete upper or lower denture/bridge)	Covered with office visit copay
Prostodontics (bridge, per tooth)	\$200 copay
Surgical Extractions (per tooth)	\$50 copay
Dental Implant Surgery ⁴	\$1,500 annual implant maximum
Pre-Orthodontia Adult/Child Services	\$150 copay ³
Orthodontia Adult/Child Services	\$2,000 copay

³Fee credited toward orthodontic treatment copay if patient accepts treatment plan.

⁴Implant-supported crowns, bridges, and dentures are not a covered benefit.

PLAN VI	PLAN VII
\$2,000	\$2,000
None	None
70%/80%/90%/100% ¹	70%/80%/90%/100% ¹
70%/80%/90%/100% ¹	70%/80%/90%/100% ¹
50%	70%/80%/90%/100% ¹

¹Benefits start at 70% your first calendar year of coverage. Thereafter, payments increase by 10% each calendar year (up to a maximum benefit of 100%) provided the individual has visited the dentist at least once during the previous calendar year. If in any calendar year the individual fails to receive covered dental services, the percentage will decrease by 10% the next calendar year, but it will never be reduced below 70%.

KAISER DENTAL II

Underwritten by Kaiser Permanente

General Office Visit	\$10 copay per General Office Visit
Calendar Year Maximum Benefit • Preventive Services do not apply to the Calendar Year maximum	\$2,000
Calendar Year Deductible	None
Preventive and Diagnostic Services	Covered with Office Visit Copay
Restorative, Periodontic, Endodontics, Simple Extractions & Oral Surgery	Covered with Office Visit Copay
Major Restorative Services (includes crowns, inlays, bridge abutments & pontics)	\$45 copay for each
Removable Prosthetics	\$95 for each partial denture; \$65 for each full denture; \$25 for Relines and Rebases
Implants	50% up to Calendar Year Maximum

KAISER ORTHODONTIC RIDER	
Orthodontia Adult/Child Benefit - must use Kaiser providers	50% up to a lifetime maximum of \$2,000



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CIS BENEFITS LIFE & LONG-TERM DISABILITY PLANS

CIS offers life and long-term disability coverage through The Hartford and short-term disability coverage through MetLife. This is a summary only. Any errors or omissions are unintentional. Plan Handbooks are available by request.

THE HARTFORD LIFE INSURANCE

The Hartford's Group Life insurance product offers flexible issue amounts to fit the right size for your needs. Employers may elect to provide Basic Life Insurance to all eligible employees or limit coverage to certain classes. Additionally, employers can decide whether employees must contribute toward the cost of Basic Life coverage.

For employers with public safety employees, there is a Statutory Life plan available to comply with ORS 243.015. This plan provides a \$10,000 life insurance benefit for public safety employees. For more information on the Basic Life and the Statutory Life plans, please contact your CIS Benefits Representative.

Employers also have the option to offer additional employee-paid Supplemental Life insurance for employees, spouses, registered domestic partners (RDP), and a Voluntary \$10,000 Dependent Life insurance plan.

PLAN	GUARANTEED ISSUE AMOUNT	MAXIMUM AMOUNT
Supplemental Employee Life	\$400,000 one-time guaranteed issue at initial eligibility	The amount elected in increments of \$10,000, subject to a maximum of \$1,000,000 and a minimum of \$10,000
Supplemental Spouse Life	\$30,000 one-time guaranteed issue at initial eligibility	Amount elected in increments of \$10,000, subject to a minimum of \$10,000 and a maximum of \$300,000
Voluntary \$10,000 Dependent Life	\$10,000 per dependent Plan covers all eligible dependents of the employee (Spouse/Registered Domestic Partner and Dependent Children under age 26)	

THE HARTFORD ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The AD&D coverage is an optional rider that can be offered with Basic Life as a package.

Basic Principal Sum	Equal to the Basic Life coverage amount.
Reduction in Amount of Life Insurance	The amount of life insurance for the employee and their dependents by any amount of life insurance in force, paid or payable will be reduced: <ol style="list-style-type: none"> in accordance with the Conversion Right; under the Portability provision; or under the Prior Policy.

ENHANCED AD&D BENEFITS

In addition to AD&D amounts payable for covered losses, the following enhanced benefits are also included with AD&D plans.

Seat Belt Benefit	100% Accidental Death and Dismemberment Principal Sum, \$50,000 Maximum Amount, \$1,000 Minimum Amount
Air Bag Benefit	5% Accidental Death and Dismemberment Principal Sum, \$5,000 Maximum
Repatriation Benefit	10% Accidental Death and Dismemberment Principal Sum, \$5,000 Maximum
Child Education Benefit	\$5,000 Maximum, \$1,000 Minimum Benefit
Day Care Benefit	5% Accidental Death and Dismemberment Principal Sum, \$5,000 Maximum, \$1,250 Minimum Benefit
Rehabilitation Benefit	5% Accidental Death and Dismemberment Principal Sum, \$5,000 Maximum
Spouse Education Benefit	5% Accidental Death and Dismemberment Principal Sum, \$5,000 Maximum, \$1,250 Minimum Benefit
Adaptive Home & Vehicle Benefit	5% Accidental Death and Dismemberment Principal Sum, \$5,000 Maximum

THE HARTFORD LONG-TERM DISABILITY

Long-Term Disability insurance provides employees with long-term income protection if they become disabled from a covered injury, sickness or pregnancy. Contact your CIS Benefits Representative to discuss coverage amounts and duration of benefits.

This is a summary only. Any errors or omissions are unintentional. Plan Handbooks are available by request.

MAXIMUM DURATION OF BENEFITS	
Age When Disabled	Benefits Payable
Prior to Age 63	To normal retirement age or 48 months, if greater
Age 63	To normal retirement age or 42 months, if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and over	18 months

Normal retirement age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act.

Additional Long-Term Disability Benefits

MENTAL ILLNESS AND SUBSTANCE ABUSE BENEFITS

Disabled because of mental illness that results from any cause; any condition that may result from mental illness; alcoholism; or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance. Benefits will be payable for as long as employee is confined in a hospital or other place licensed to provide medical care for the disabling condition; or, if not confined, or after discharged and still disabled, for a total of 24 months for all such disabilities during their lifetime.

SURVIVOR INCOME BENEFIT

If employee was receiving a monthly benefit at the time of their death, Survivor Income Benefit will be paid after necessary documentation is received. See plan summary for details.

FAMILY CARE CREDIT BENEFIT

If employee is working as part of a program of rehabilitation, Family Care costs will be deducted from earnings received from work as a part of a program of Rehabilitation. Current monthly earnings after the deduction of Family Care Credit will be used to determine Monthly Income Loss. Employees are not eligible to receive a Monthly Benefit under the Policy if their Monthly Earnings before the deduction of the Family Care Credit exceed 80% of their Indexed Pre-disability Earnings.

WORKPLACE MODIFICATION BENEFIT

Employee will be reimbursed for the expense of reasonable Workplace Modifications to accommodate employee's disability and enable them to return to work as an employee in any occupation for any employer, excluding self-employment. They qualify for this benefit if disability is covered by the Policy and the employer agrees to make modifications to the workplace in order to reasonably accommodate their return to work and the performance of the duties of any job, and The Hartford approves, in writing, any proposed Workplace Modifications. The maximum amount payable for this benefit is the lesser of \$25,000 or the amount of expenses incurred.

ABILITY PLUS BENEFIT

The employee will be paid the Ability Plus Benefit if a Monthly Benefit is payable; they become cognitively impaired or unable to perform two or more Activities of Daily Living (ADLs) for which the cannot be reasonably accommodated by adaptive equipment during or after the elimination period and for at least 30 consecutive days; and the disability and such impairment or inability begins while they are covered under this benefit. See plan summary for details and benefit calculation.

METLIFE SHORT-TERM DISABILITY

CIS offers Short-Term Disability coverage through MetLife. Short-Term Disability (STD) coverage replaces a portion of an employee's income if they are hurt or sick and unable to work.

Employers may elect to offer this coverage to employees. If offered by the employer, employees can purchase the coverage and have the premiums deducted from their paychecks. The cost will vary depending on the employee's age and income.

This is a summary only. Any errors or omissions are unintentional. Plan Handbooks are available by request.

Benefit Overview

This plan will pay a benefit when an employee loses income due to a qualified sickness or accidental injury. Benefits will begin after a fourteen-day elimination period for up to 13 weeks. The benefit amount payable is 60% of the employee's income with a maximum weekly benefit of \$2,000. Benefits will be reduced by income from other sources including, but not limited to, Paid Leave Oregon and any other state or federal retirement or disability program. Benefits will not be offset by employer-paid sick or vacation leave.

ELIMINATION (WAITING) PERIOD

Employee must be disabled and unable to work for 14 days before benefits are payable.

BENEFIT DURATION

Benefits are payable for a maximum of 13 weeks.

OTHER BENEFITS

- Guaranteed issue at every annual open enrollment — no medical questions asked.
- Telephonic or online claim intake — no paper claims.



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VOLUNTARY PLAN OPTIONS

CIS offers Accident, Critical Illness, Hospital Indemnity, Trauma and Identity Theft coverages. These coverages are employee-paid. The information here is a summary only. Any errors or omissions are unintentional. Plan Handbooks are available by request.

CIS ACCIDENT INSURANCE – METLIFE

This is a summary only. Any errors or omissions are unintentional. Plan Handbook is available by request.

ACCIDENTAL INJURY BENEFITS	PLAN BENEFITS
Fracture Benefit	\$138– \$8,000 depending on the fracture and type of repair
Dislocation Benefit	\$100 – \$6,000 depending on the dislocation and type of repair
Second- or Third-Degree Burn Benefit	\$150 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$600
Coma Benefit	\$15,000
Laceration Benefit	\$75– \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$400, Filling \$75, Extraction \$150
Eye Injury Benefit	\$400
MEDICAL SERVICES & TREATMENT BENEFITS	
Ambulance Benefit	Ground: \$200, Air: \$1,000
Emergency Care Benefit	\$100 – \$200 depending on location of care
Non-Emergency Initial Care Benefit	\$100
Physician Follow-Up Visit Benefit	\$200
Therapy Services Benefit <i>(including physical therapy)</i>	\$50
Medical Testing Benefit	\$300
Medical Appliance Benefit	\$200 – \$1,500 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit <i>(for epidural anesthesia)</i>	\$150
Prosthetic Device Benefit	One device: \$1,000 More than one device: \$2,000
Modification Benefit	\$1,500
Blood/Plasma/Platelets Benefit	\$300
Surgical Repair Benefit	\$300–\$3,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$500
HOSPITAL BENEFITS*	
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit <i>(paid for up to 15 days per accident)</i>	\$300 per day
ICU Supplemental Confinement Benefit <i>(paid for up to 15 days per accident)</i>	\$300 per day
Inpatient Rehabilitation Benefit <i>(paid for up to 15 days per accident)</i>	\$300 per day
ACCIDENTAL DISMEMBERMENT, FUNCTIONAL LOSS & PARALYSIS BENEFITS	
Paralysis	\$20,000 - \$40,000 depending on the number of limbs
OTHER BENEFITS	
Lodging Benefit - for a companion of a covered person who is hospitalized	\$100 per day
Health Screening Benefit	\$50

CIS CRITICAL ILLNESS INSURANCE BENEFITS – METLIFE

This is a summary only. Any errors or omissions are unintentional. Plan Handbook is available by request.

ELIGIBLE INDIVIDUAL	BENEFIT AMOUNT	REQUIREMENTS
Employee	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work.
Spouse/Domestic Partner	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.
Dependent Child(ren)	50% of the Employee's Initial Benefit	

Benefit Payment

Plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Plan also pays a lump-sum **Recurrence Benefit** for a subsequent diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

COVERED CONDITIONS*	INITIAL BENEFIT	RECURRENCE BENEFIT
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit Amount
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit Amount
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	50% of Benefit Amount	100% of Initial Benefit Amount
Childhood Disease Category		
Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1)	100% of Benefit Amount	None
Down Syndrome, Sickle Cell Anemia, Spina Bifida	100% of Benefit Amount	None
Functional Loss Category		
Coma, Paralysis of 2 or More Limbs	100% of Benefit Amount	100% of Initial Benefit Amount
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Functional Loss Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit Amount

Infectious Disease Category		
Bacterial Cerebrospinal Meningitis, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis	25% of Benefit Amount	None
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	None
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	None
Progressive Disease Category		
ALS, Alzheimer's Disease, Multiple Sclerosis Muscular Dystrophy, Systemic Lupus, Erythematosus (SLE)	100% of Benefit Amount	None
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit Amount
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit Amount

* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date. In most states there is a preexisting condition limitation. The preexisting condition limitation may not apply to all covered conditions and may vary by state. Refer to the Disclosure Document/Outline of Coverage for details.

Health Screening Benefit

MetLife will provide an annual benefit of \$50 per participant per plan per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states.

CIS HOSPITAL INDEMNITY INSURANCE PLAN - METLIFE

COVERED BENEFITS¹			
SUBCATEGORY	BENEFIT LIMITS <i>(Applies to Subcategory)</i>	BENEFIT	BENEFIT AMOUNTS
Admission Benefit	1 time(s) per calendar year	Admission	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission Benefit when a Covered Person is admitted to ICU)	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement ²	\$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100
Newborn Confinement Benefit	2 day(s) per confinement	Newborn Confinement ³	\$50
Inpatient Rehabilitation Benefit*	15 days per calendar year	Inpatient Rehabilitation (For Injury Only)	\$200
OTHER BENEFITS			
Health Screening Benefit	Once per calendar year per covered person	Health Screening	\$50

¹ Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

² The Confinement Benefit will begin to be payable the day of Admission.

³ The period of newborn confinement, immediately following the child's birth.

*Benefit(s) that requires prior Admission or Confinement.

Please contact MetLife for detailed definitions and state variations of covered benefits.

CIS TRAUMA COVERAGE BENEFIT

This is a summary only. Any errors or omissions are unintentional. Plan Handbook is available by request. Trauma Coverage® provides individuals and families with financial security, physical recuperation, and emotional well-being after a traumatic incident. Monthly amounts are paid by the employee. Benefits include the following:

Trauma Counseling Benefit

This is therapy re-invented for the way we live. Talk with a Master's level therapist 24/7 via video chat on your computer, phone, or tablet.

Recovery Care

Reimbursement for out-of-pocket expenses related to medical, dental, vision, hearing, pharmaceutical, addiction to prescribed drugs, or lost wages of a family member providing supportive services up to your plan maximum.

Lost Wage Benefit

Receive 100% of your regular pay from all employment income sources while you're unable to work due to trauma without a waiting period to receive benefits up to your plan maximum.

Accidental Death Benefit

A lump sum payment to your beneficiaries if you suffer an accidental death while in the United States.

PLAN	BRONZE	SILVER	GOLD	FAMILY
Individual and family counseling	\$5,000	\$5,000	\$5,000	\$5,000
Maximum in lost wages ¹	\$5,000	\$10,000	\$15,000	\$20,000
Maximum for expense reimbursement ² or lost wages of a family member	\$5,000	\$10,000	\$15,000	\$20,000
Accidental death benefit	\$50,000	\$100,000	\$150,000	\$200,000 ³
Maximum benefit per policy period (1 year)	\$50,000	\$100,000	\$150,000	\$200,000

¹100% of lost wages from all income sources up to the plan maximum

²Expense reimbursement includes any medical, dental, vision, hearing, pharmaceutical, and addiction to prescribed drugs expenses

³The accidental death benefit for the Family Plan is up to \$200,000 (\$150,000 for employed Insureds and \$25,000 for non-employed Insureds)

There is no waiting period to receive benefits which are payable per insured per incident up to your plan maximum during any one (1) year policy period.

Family Plan Added Benefit: Family coverage includes the insured; spouse (if applicable); and dependent, unmarried children to age 19 (26 if full-time students). This includes the relationship created by a domestic partnership. Newborn children are automatically insured from the moment of birth. A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

CIS IDENTITY PROTECTION – ALLSTATE

This is a summary only. Any errors or omissions are unintentional. Plan Handbook is available by request.

FAMILY PROTECTION <i>(Only available with a family plan.)</i>	
<ul style="list-style-type: none"> • Protection for family (“under roof, under wallet”) • Senior family coverage (parents, grandparents, and in-laws age 65+) • Elder fraud protection, Elder Fraud Center, Scam Support 	<ul style="list-style-type: none"> • Family digital safety tools, Web filtering, Screen time management, Parental monitoring, Location tracking • Deceased family member coverage†
IDENTITY AND FINANCIAL MONITORING	
<ul style="list-style-type: none"> • Auto-on monitoring‡ • Rapid alerts • ENHANCED Identity Health Status • Allstate Security Pro emerging threats and scam alerts • High-risk transaction monitoring • Credit and debit card monitoring • Bank account transaction monitoring • 401(k) and HSA account monitoring • Student loan activity alerts 	<ul style="list-style-type: none"> • Financial transaction monitoring • Lost wallet protection • Dark web monitoring • Human-sourced intelligence • Mobile app with biometric authentication security • Social media account takeover monitoring • Sex offender alerts • Help Center • IP address monitoring
PRIVACY AND DATA MONITORING	
<ul style="list-style-type: none"> • Allstate Digital Footprint: Personalized online account discovery, privacy insights, privacy management tools, data breach notifications 	<ul style="list-style-type: none"> • Robocall blocker • Ad blocker • Solicitation reduction
CREDIT	
<ul style="list-style-type: none"> • TransUnion credit monitoring • Credit score tracking • Unlimited TransUnion credit scores • Credit freeze assistance 	<ul style="list-style-type: none"> • Tri-bureau credit monitoring • Credit lock (adults & minors) • Annual tri-bureau report and score • Credit report disputes

‡Level of automatic monitoring dependent on enrollment method and information shared with Allstate Identity Protection

RESTORATION	
<ul style="list-style-type: none"> • U.S.-based, 24/7 customer care • Full-service remediation support • Remediation for pre-existing conditions • Fraud resolution tracker • Financial protection <ul style="list-style-type: none"> — Identity theft expense reimbursement† Up to \$1M — Stolen fund reimbursement† Up to \$1M — 401(k)/HSA fraud reimbursement† Up to \$1M — Deceased family member fraud expense reimbursement†** Up to \$1M — Home title fraud expense reimbursement† Up to \$1M — Professional fraud expense reimbursement† Up to \$1M — Stolen wallet emergency cash† Up to \$500 	<ul style="list-style-type: none"> • Specialized unemployment fraud support • Unemployment Fraud Center • Stolen tax refund advance • Tap-to-call from mobile app

†Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

**Only available with family plan.



PLAN RATES

On the next page are the CIS Benefits plans Lowell offers for the 2024 calendar year and their associated rates.

The costs listed are per month and do not reflect any employee cost share that may apply. CIS Benefits self-insured medical plans are administered by Regence, and prescription drug benefit services associated with CIS medical plans are through Express Scripts. CIS Benefits self-insured vision plans are administered by VSP.

If Lowell selects to offer the same plans during the RFC process, the 2025 rates for those plans are listed on page 37.

Lowell

2024 CIS Benefits Medical & Vision Plans

Groups Covered: Staff

Regence Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS HDHP-4 W/HSA	\$602.70	\$1,127.84	\$1,536.25	\$1,289.08	\$1,771.90
CIS Vision-A	\$10.07	\$12.28	\$21.90	\$14.06	\$25.32
Total:	\$612.77	\$1,140.12	\$1,558.15	\$1,303.14	\$1,797.22

2024 CIS Benefits Dental Plans

Groups Covered: Staff

Delta Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS Dental III	\$61.82	\$94.17	\$164.01	\$107.65	\$189.18
Total:	\$61.82	\$94.17	\$164.01	\$107.65	\$189.18

Lowell

2025 CIS Benefits Medical & Vision Rates

Groups Covered: Staff

Regence Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS HDHP-4 W/HSA	\$654.21	\$1,224.54	\$1,669.24	\$1,399.50	\$1,925.32
CIS Vision-A	\$10.53	\$12.85	\$22.91	\$14.71	\$26.49
Total:	\$664.74	\$1,237.39	\$1,692.15	\$1,414.21	\$1,951.81

2025 CIS Benefits Dental Plans

Groups Covered: Staff

Delta Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS Dental III	\$65.39	\$99.62	\$173.49	\$113.86	\$200.11
Total:	\$65.39	\$99.62	\$173.49	\$113.86	\$200.11

2025 Lowell Rates for All Plans

Below is a list of all the coverages and plans CIS Benefits has to offer and the 2025 rates for each plan for **Lowell**. The costs listed are per month and do not reflect any employee cost share that may apply.

Note: CIS Benefits self-insured medical plans are administered by Regence. Prescription drug benefit services associated with CIS medical plans are through Express Scripts. The CIS Hearing Aid rider is only available for the CIS Copay plans.

2025 Medical Rates

Regence Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS Copay E Rx7	\$832.09	\$1,551.38	\$2,064.15	\$1,773.01	\$2,380.79
CIS Copay F Rx7	\$780.63	\$1,455.23	\$1,936.18	\$1,663.12	\$2,233.18
CIS Copay G Rx8	\$728.08	\$1,357.25	\$1,805.83	\$1,551.17	\$2,082.85
CIS Copay H Rx9	\$693.57	\$1,292.96	\$1,720.31	\$1,477.68	\$1,984.19
CIS HDHP-4 W/HSA	\$654.21	\$1,224.54	\$1,669.24	\$1,399.50	\$1,925.32
CIS HDHP-5 W/HSA	\$612.77	\$1,147.04	\$1,563.52	\$1,310.94	\$1,803.38
Kaiser Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
Kaiser Copay B	\$887.55	\$1,627.65	\$2,195.31	\$1,859.43	\$2,531.06
Kaiser Ded A	\$829.29	\$1,520.69	\$2,050.95	\$1,737.23	\$2,364.59
Kaiser Ded B	\$786.56	\$1,442.27	\$1,945.08	\$1,647.62	\$2,242.51
Kaiser HDHP-1	\$593.25	\$1,087.40	\$1,466.09	\$1,242.15	\$1,690.17

Optional Riders for Qualifying Medical Plans

Regence Rider(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS Copay Alt Care	\$12.79	\$23.74	\$33.78	\$27.15	\$38.98
CIS HDHP Alt Care	\$2.83	\$5.29	\$7.21	\$6.07	\$8.34
CIS Hearing Aid	\$1.58	\$2.96	\$3.96	\$3.40	\$4.56
Kaiser Rider(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
Kaiser Alt Care	\$9.03	\$16.62	\$22.41	\$19.00	\$25.85
Kaiser Hearing Aid	\$2.82	\$5.22	\$7.03	\$5.97	\$8.10

Note: CIS Vision, administered by VSP, is only available when combined with a CIS Medical Plan. Kaiser vision plan is only available when combined with a Kaiser Medical Plan. CIS Benefits self-insured dental plans are administered by Delta Dental and Willamette Dental.

2025 Vision Rates

VSP Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS Vision-A	\$10.53	\$12.85	\$22.91	\$14.71	\$26.49
CIS Vision-Ind1	\$23.25	\$28.38	\$50.56	\$32.48	\$58.49
Kaiser Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
Kaiser Vision	\$6.76	\$12.47	\$16.81	\$14.26	\$19.39

2025 Dental Rates

Delta Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS Dental II	\$51.19	\$77.97	\$135.72	\$89.11	\$156.55
CIS Dental III	\$65.39	\$99.62	\$173.49	\$113.86	\$200.11
CIS Dental V	\$51.22	\$77.74	\$135.00	\$88.83	\$155.71
CIS Dental VI	\$53.36	\$81.30	\$141.51	\$92.92	\$163.23
CIS Dental VII	\$68.25	\$103.97	\$181.07	\$118.84	\$208.87
Kaiser Plan(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
Kaiser Dental II	\$67.23	\$103.59	\$195.25	\$118.37	\$225.17
Willamette Plan	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
Willamette Dental-A	\$58.68	\$89.65	\$156.40	\$102.47	\$180.40

Optional Riders for Qualifying Dental Plans

Delta Rider(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
CIS Ortho \$1,000	\$1.91	\$3.81	\$17.35	\$4.39	\$19.99
CIS Ortho \$2,000	\$2.55	\$5.32	\$26.18	\$6.13	\$30.17
Kaiser Rider(s)	EE Only	EE + Child	EE + Children	EE + Spouse	EE + Family
Kaiser Ortho	\$6.81	\$10.47	\$19.75	\$12.01	\$22.77

2025 Life & Disability Rates

Below are the pooled rates for groups 25 and under. If you are interested in rates for a group over 25, please contact CIS Benefits Operations Manager Josh Jones at 503-763-3899 or jjones@cisoregon.org.

The Hartford

BASIC LIFE - FLAT LIFE

Age Band	Cost Per \$1000
Under 29	\$0.012
30-34	\$0.017
35-39	\$0.021
40-44	\$0.034
45-49	\$0.059
50-54	\$0.094
55-59	\$0.170
60-64	\$0.192
65-69	\$0.294
70-74	\$0.485
75 and up	\$1.599

SUPPLEMENTAL EMPLOYEE LIFE

Age Band	Cost Per \$1000
Under 29	\$0.027
30-34	\$0.035
35-39	\$0.048
40-44	\$0.068
45-49	\$0.095
50-54	\$0.149
55-59	\$0.279
60-64	\$0.428
65-69	\$0.808
70-74	\$1.272
75 and up	\$1.854

SUPPLEMENTAL SPOUSE LIFE

Age Band	Cost Per \$1000
Under 29	\$0.032
30-34	\$0.040
35-39	\$0.055
40-44	\$0.078
45-49	\$0.110
50-54	\$0.173
55-59	\$0.322
60-64	\$0.494
65-69	\$0.932
70-74	\$1.466
75 and up	\$1.854

STATUTORY LIFE

Cost Per \$1000
\$0.0417

VOLUNTARY DEPENDENT LIFE

Cost Per Month
\$2.66

ACCIDENTAL DEATH AND DISMEMBERMENT

Cost Per \$1000
\$0.0140

LONG-TERM DISABILITY (LTD)

Benefit Plan	Cost Per \$100
LTD 50% 90 DAY \$5,000 \$10,000	\$0.140
LTD 60% 90 DAY \$6,000 \$10,000	\$0.208

MetLife

SHORT-TERM DISABILITY (STD)

Age Band	Cost Per \$10
Under 44	\$0.06
45-49	\$0.08
50-54	\$0.09
55-59	\$0.12
60-64	\$0.14
65+	\$0.16

CIS BENEFITS ADMINISTRATIVE FEES

Benefit Plan	Per Emp./Month
Basic Flat Life	\$0.25
Basic Salary Based Life	\$0.40
Statutory Life	\$0.10
AD&D	\$0.05
Long-Term Disability	\$0.60

2025 FSA, Pre-Tax, and Voluntary Plan Rates

FLEXIBLE SPENDING ACCOUNTS (FSA) (Section 125) and PRE-TAX PLANS (Section 132)

The below administration fees are paid by the employer.

Healthcare FSA	Dependent Care FSA	Transit Reimbursement	Parking Reimbursement
\$3.75 PPPM	\$3.75 PPPM	\$3.75 PPPM	\$3.75 PPPM

The administrative fee applies to each benefit an employee elects. For example, if an employee signs up for both a healthcare FSA and a parking reimbursement account, the total fee would be \$7.50 (\$3.75 + \$3.75). There is no minimum monthly fee.

Voluntary Plans

The below rates are monthly amounts paid by the employee.

ALLSTATE IDENTITY PROTECTION

EE Only	EE + Family
\$9.95	\$17.95

TRAUMA COVERAGE: BRONZE, SILVER, GOLD, AND FAMILY PLANS

Plan	Cost per Month
Bronze	\$10
Silver	\$15
Gold	\$20
Family	\$25

METLIFE ACCIDENT & HOSPITAL INDEMNITY

MetLife Accident	EE Only	EE + Children	EE + Spouse	EE + Family
Oregon Residents	\$11.05	\$19.02	\$17.98	\$29.21
Washington Residents	\$11.22	\$25.52	\$22.40	\$31.59
Hospital Indemnity	EE Only	EE + Children	EE + Spouse	EE + Family
Oregon Residents	\$15.60	\$29.38	\$32.50	\$48.40
Washington Residents	\$20.58	\$34.19	\$44.85	\$58.50

METLIFE CRITICAL ILLNESS

(\$10,000, \$20,000, & \$30,000 Coverage Amounts)

OREGON RESIDENTS (Cost per \$1000)				
Attained Age	EE Only	EE + Children	EE + Spouse	EE + Family
Under 25	\$0.43	\$0.65	\$0.69	\$0.91
25-29	\$0.43	\$0.69	\$0.74	\$0.95
30-34	\$0.52	\$0.78	\$0.91	\$1.17
35-39	\$0.65	\$0.87	\$1.04	\$1.26
40-44	\$0.78	\$1.00	\$1.21	\$1.43
45-49	\$1.04	\$1.30	\$1.69	\$1.95
50-54	\$1.47	\$1.73	\$2.43	\$2.64
55-59	\$2.08	\$2.30	\$3.38	\$3.60
60-64	\$2.77	\$3.03	\$4.55	\$4.77
65-69	\$3.81	\$4.03	\$6.24	\$6.46
70+	\$5.63	\$5.89	\$9.14	\$9.36

WASHINGTON RESIDENTS (Cost per \$1000)				
Attained Age	EE Only	EE + Children	EE + Spouse	EE + Family
Under 25	\$0.22	\$0.35	\$0.35	\$0.48
25-29	\$0.26	\$0.39	\$0.39	\$0.56
30-34	\$0.30	\$0.48	\$0.48	\$0.65
35-39	\$0.39	\$0.56	\$0.61	\$0.78
40-44	\$0.56	\$0.69	\$0.87	\$1.04
45-49	\$0.78	\$0.95	\$1.21	\$1.39
50-54	\$1.17	\$1.34	\$1.78	\$1.95
55-59	\$1.65	\$1.82	\$2.47	\$2.64
60-64	\$2.38	\$2.51	\$3.51	\$3.68
65-69	\$3.42	\$3.55	\$5.03	\$5.20
70+	\$4.98	\$5.16	\$7.37	\$7.54

REQUEST FOR COVERAGE



The Request for Coverage (RFC) is your annual employee benefits contract renewal with CIS. Each July employers are required to complete the RFC to designate the medical/vision, dental, life, disability, pre-tax, and voluntary benefit plans offered to employees during Open Enrollment in October for the next plan year beginning Jan. 1, 2025. This is also the opportunity for employers to review or make changes to hours per week and waiting periods for employee benefits eligibility.

The first step in the RFC process is to attend a regional Employer Benefits Renewal meeting in your area or the virtual event. Our plan renewal meetings are scheduled for the following dates and locations. You can register for a meeting near you online at www.cisoregon.org/benefitsrenewal.

- Astoria: June 27
- Central Point: June 17
- Florence: June 18
- Hermiston: June 18
- Keizer: June 25
- La Grande: June 17
- Lincoln City: June 26
- Seaside: June 29
- The Dalles: June 26
- Tigard: June 27
- Virtual: July 10

The online RFC is live July 1 through July 23.

During the annual RFC selection period, you will be able to review and make any changes to each page as many times as you want while the RFC selection period is open.

Union Negotiations: If you are in union negotiations during the renewal period, please note that in the RFC comments section and renew with the current plan. As soon as the contract is ratified let us know. Depending on the timing, your employees under the old contract might see the old plan during Open Enrollment.

ACCESSING THE RFC

Only those who have employer administration access as a Primary Admin or Admin-Edit role in CIS-Connect can complete the RFC. Once logged in to CIS-Connect at www.cisbenefits.org, you can access the RFC by clicking on the Start/Resume button in the message banner or by clicking on Request for Coverage in the main menu and then selecting the 2025 Plan Year.

We recommend reviewing your RFC from the 2024 plan year before starting the 2025 RFC.

GENERAL INFORMATION PAGE

The questions on the general information page are necessary for CIS to build the enrollment and eligibility for your employees in CIS-Connect and to assist CIS with administering your employee benefits throughout the year. Please be sure to review all the questions and update any answers as necessary. All questions require an answer. You can save and return to the document any time while the RFC Selection Period is open. If you skip a required question, it will not save, so you will either need to complete it to the best of your knowledge or leave it “as is” until you come back to it.

RFC QUESTIONS GUIDE

Question 1: This question is for CIS to determine if you are a large or small employer under the Affordable Care Act (ACA). The employee count must include all full-time, part-time, seasonal, and temporary employees (all employees except for volunteers) who are on your payroll as of today.

See ACA seasonal employee definition at www.cisoregon.org/member/benefits/aca#AESeasonal.

Questions 5, 6, and 7: If you fund a Health Reimbursement account (HRA/VEBA) or fund and/or offer a Health Savings Account (HSA) for your employees:

- Please indicate the type of account and the employer-funded amount for each Employee Group.
- For the Plan Administrator, this is the company you contract with for the HRA/VEBA or HSA account (the company you send the contributions to) not your HR, Benefits, or Payroll person.
- Please indicate how much your entity contributes towards the HRA.

Question 11: Indicate your payroll deduction frequency for employee cost shares for medical, dental, vision:

- Monthly (12 checks annually)
- Semi-Monthly (24 checks annually)
- Bi-Weekly (26 checks annually)

Question 13: Do you want employees to see what the **employee** cost share is for their medical/vision and dental on CIS-Connect?

Question 12: Do you want employees to see what the **employer** is paying for their medical/vision and dental on CIS-Connect?

Question 15: If you have an agent of record (not your CIS Benefits Representative) for your CIS medical, dental, life or disability coverages, please indicate the company and your agent's name.

Question 16: For plan year 2025, will your organization offer CIS Benefits coverage to registered domestic partners? See the Registered Domestic Partnership section of this document for more details.

COLLECTIVE BARGAINING AGREEMENTS: Important to keep these updated as it determines plan eligibility for plans that are discontinuing.

- If you have an Employee Group that you are in contract negotiations with (bargaining), **please contact your CIS Benefits Representative.**

NON-CIS COVERAGE: Important for CIS staff to know you do have the coverage and who it is with to be able to assist your employees who call.

KEY CONTACTS: New for 2025, we are requiring a payroll and finance contact. If one person handles both roles, their information will need to be entered twice.

MEDICAL AND DENTAL PAGES

You are required to review each coverage listed. You can make changes to the required hours, waiting period, plans, and riders for each coverage you will be offering. If you need to add a new Employee Group, please contact your **CIS Benefits Representative**. Please note, medical and dental waiting periods and required hours for eligibility must be the same for each Employee Group. If ACA rules apply to your entity, please be sure to consider this when choosing the hours of eligibility. Visit our ACA page, www.cisoregon.org/member/benefits/aca, for additional information.

Please also consider if you offer benefits to part-time employees, as the hours listed must reflect this accurately for benefits to be extended to those employees.

If you answered "Yes" to Question 13 (show employee cost share), you are required to enter the **dollar** amount that will be the **employee's** cost for each tier level. Be sure to enter this information accurately otherwise it will show incorrectly during open enrollment and throughout the year.

- If you answered "NO" to Question 13, you won't see the cost share field.

LIFE AND DISABILITY PAGES

Confirm the current plans are correct. If changes are needed to Required Hours or Waiting Periods, or to add new plans, you may edit/add them by clicking on the pencil icon.

Please note: The employee paid plan premiums paycheck deduction is taken **post-tax**.

VOLUNTARY PLANS PAGE

Add or edit plans as necessary. You have the option of indicating which Employee Group the plan is offered to as well as if the plan is Employee Paid or Employer Paid. If Employee Paid, the paycheck deduction is taken **post-tax**.

PRE-TAX PLANS PAGES

Make any changes as necessary. CIS offers the following pre-tax plans through ASIFlex:

- Premium Only Plan:
 - A Premium Only Plan Document, or “POP Doc”, is required if you deduct your employees’ medical/vision and dental premium cost shares pre-tax under IRS Section 125 Cafeteria Plan rules.
- Healthcare Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Transit Reimbursement Account
- Parking Reimbursement Account

— As a reminder, 2025 contributions can only be taken from paychecks with pay dates in 2025. The pay period can be in 2024 or 2026 but the pay date must be in 2025.

If you offer a pre-tax plan, you are required to indicate the paycheck dates the deductions occur. **It is very important these dates are correct as these are the dates CIS and ASIFlex use for contribution and annual election calculations.**

Please note IRS regulations require FSA deductions be taken only in the current tax year.

REVIEW AND AGREEMENT PAGES

Last chance to review the plan options, Employee Groups, required hours, and waiting periods before completing the RFC.

- A second email address is required so that one other person at your entity can review the RFC (more than one set of eyes) and corrections can be made before the RFC period ends.
- If you have any questions or concerns, you can enter them in the Comments section.

Once you complete this process, the RFC is locked. If you need to make changes, and the RFC completion window is still open, please contact your CIS Benefits Representative.

Thank you for completing the Request for Coverage in accordance with the following two CIS Benefits Rules.

Rule EB2: GENERAL PROVISIONS

A. REQUEST FOR COVERAGE

Prior to initially receiving coverage, and annually during the time period specified by CIS, the Member must complete a Request for Coverage (RFC) in a form specified by CIS. Such RFC shall be approved and signed by a duly authorized employee. The Member must certify that it is and will continue to be in compliance with all CIS Benefits governing documents.

Changes to the RFC

Elections made on the RFC can only be changed annually except for mid-year changes resulting from collective bargaining or with CIS approval. This includes changes to plans and eligibility (waiting period, required work hours, etc.). Members must give CIS at least 60 days advance notice for mid-year collective bargaining changes. Changes will be effective the first of the month following the 60-day notification.



APPENDIX: CARRIER OVERVIEWS

Visit www.cisoregon.org/appendix for a short overview of each carrier.



cis benefits
cisbenefits.org

This document was prepared for Lowell.

If you have any questions, please contact your
CIS Benefits Representative:

Heather Matthews
hmatthews@cisoregon.org
(800)922-2684 ext. 3826 or (503)763-3826

Agenda Item Sheet

City of Lowell City Council

Type of item:	Other
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Item title/recommended action:

Review resignations from city committees. – Discussion/ Possible action

a.Sherry Carter – Library Committee

b.Brenda Sirois – Library Committee

c.Shannon Fassbender – Parks and Recreation Committee

Recommended motion: "I move to accept the committee resignations as presented."

Justification or background:

The city received resignation letters from the abovementioned committee members. For the sake of documentation, staff recommend that City Council accept these resignations, which will be reflected in the city's official records. To fill these vacancies, the city will comply with the procedures specified in Sec. 2.603 of the Lowell Revised Code. These procedures require publishing a call for volunteers to give all interested members of the public the opportunity to apply.

Budget impact:

N/A

Department or Council sponsor:

Administration

Attachments:

Resignation letters

Meeting date:

07/16/2024

Jeremy Caudle

From: Peggy O'Kane
Sent: Saturday, June 1, 2024 10:18 AM
To: Jeremy Caudle
Subject: FW: Volunteering

Sherry is quitting the library committee. How do I go about replacing her?

Peggy O'Kane She/Her
Maggie Osgood Library
Lowell

From: Sherry [REDACTED]
Sent: Saturday, June 1, 2024 9:21 AM
To: Peggy O'Kane <pokane@ci.lowell.or.us>
Subject: Re: Volunteering

No I won't be on the committee

[Sent from Yahoo Mail for iPhone](#)

On Saturday, June 1, 2024, 8:58 AM, Peggy O'Kane <pokane@ci.lowell.or.us> wrote:

Sherry,

I am sorry to here that you will leaving us but happy you have found another spot. You have really contributed to making the Maggie Osgood Library a success. Please keep in touch.

Will you remain on the Library committee? You don't have to volunteer to do that.

Let us know how [REDACTED]

Peggy O'Kane She/Her

Maggie Osgood Library

Lowell

From: Sherry <[REDACTED]>
Sent: Thursday, May 30, 2024 12:22 PM
To: Peggy O'Kane <pokane@ci.lowell.or.us>
Subject: Volunteering

Unfortunately I will not be coming back. I was offered another volunteering position starting in September as a receptionist at my [REDACTED] Boxing Class.

[Sent from Yahoo Mail for iPhone](#)

Jeremy Caudle

From: Peggy O'Kane
Sent: Wednesday, July 3, 2024 12:55 PM
To: Jeremy Caudle
Subject: FW: Library Committe

Peggy O'Kane She/Her
Maggie Osgood Library
Lowell

From: Brenda Sirois [REDACTED]
Sent: Wednesday, July 3, 2024 7:27 AM
To: Peggy O'Kane <pokane@ci.lowell.or.us>
Subject: Library Committe

Dear Peggy,

When I applied for membership on the library committee, my expectation was in alignment with this brief statement of purpose on the City Council webpage - "*The Library Committee operates and maintains the library, establishes policy for use of the library and advises the City Council on policy related to library budget, funding and use*". This has not been my experience on this committee.

My skills sets are in policy analysis, strategic planning, establishing goals, providing analysis on trade-offs among resources, scope and timelines, and I thought as a member of this committee I would be offering insights and opinions on proposed budget, current and future policy, and providing input on setting goals and on direction for key decisions. Given that the committee, since my membership, has been focused on the details of implementation of several activities (book sale, parade, summer reading program) and not on policy, budget, funding, and strategic direction, then I respectfully offer my resignation from the committee.

In summary, I offer my resignation because of a mis-alignment of expectations of the purpose of this committee. Since you

indicated multiple candidates interested in membership then it seems timely to also replace me.

Respectfully,

Brenda Sirois

Jeremy Caudle

From: Joe Brazill [REDACTED]
Sent: Wednesday, July 10, 2024 7:09 PM
To: Shannon Fassbender
Cc: Jeremy Caudle
Subject: Re: Parks and Rec Committee

Thanks for letting me know! I appreciate all you contributed.

I Cc'd Jeremy on this as well.

Joe
Sent from my iPhone

> On Jul 10, 2024, at 6:40 PM, Shannon Fassbender [REDACTED] wrote:

>

>

> Hey Joe,

>

> I hate to do this but I am going to have to step down from the Parks and Rec committee. I am currently signed up to coach volleyball for thw high school and with our new league we have numerous games where I will be driving 3 plus hours away. Most games are on Tuesday and Thursday and this will make it very difficult to make it to the meetings. I really appreciate the opportunity to be a part of the city and when I have more free time I would love to be considered to join again. Please let me know if I need to do anything further in order to step down. Thank you.

>

> Shannon Fassbender