

CIS Benefits Program

Summary of **High Deductible Health Plans (HDHP) w/HSA Options**
Effective January 1, 2019

(All HDHP Plan Options Terminate December 31, 2019)



cis benefits
www.cisbenefits.org

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

Deductibles and Co-Insurance Maximums	HDHP-1	HDHP-2	HDHP-3	HDHP-4
Deductible per Calendar Year	\$1,500 Single \$3,000 Family	\$2,500 Single \$4,000 Family	\$1,500 Single \$3,000 Family	\$2,500 Single \$4,000 Family
Maximum out-of-pocket per Calendar Year	\$2,300 Single \$5,050 Family	\$3,300 Single \$6,050 Family	\$6,450 Single \$12,900 Family	\$6,450 Single \$12,900 Family
Benefit Features	Provider Benefit Category 1 - Preferred Category 2 - Participating		Provider Benefit Category 3 - Non-Preferred	
Preventive Care Services	Deductible Waived – Plan Pays			
Routine well-baby care, physical examinations, health screenings, and immunizations	100% for Categories 1 & 2 (<i>deductible waived</i>) 60% for Category 3 (<i>after deductible</i>)			
Professional Services	After Deductible - Plan Pays			
Office visits for illness or injury, mental/behavioral health or substance use disorder (<i>primary care, specialist, naturopath or urgent/immediate care center</i>)	80%		60%	
Laboratory, radiology, and diagnostic procedures	80%		60%	
Maternity care	80%		60%	
Therapeutic injections including allergy shots	80%		60%	
Chiropractic and Acupuncture care	<i>Available as a rider (see back)</i>			
Hospital/Facility Services	After Deductible - Plan Pays			
Inpatient, outpatient and ambulatory services	80%		60%	
Emergency room care (<i>including professional charges</i>)	80%			
Inpatient/outpatient surgery and surgeon fees	80%		60%	
Inpatient mental/behavioral health & substance use disorder	80%		60%	
Skilled nursing facility – 120 inpatient days per Calendar Year	80%		60%	
Other Services	After Deductible - Plan Pays			
Ambulance	80%			
Inpatient/outpatient rehabilitation – 77 outpatient visits per Calendar Year	80%		60%	
Habilitation services- <i>neurodevelopmental limited to children through age 17</i>	80%		60%	
Home health care - <i>limited to 130 visits per Calendar Year</i>	80%		60%	
Hospice – 14 respite days lifetime benefit	80%		60%	
Durable medical equipment and supplies	80%		60%	
Prescription Medication Benefit	Pharmacy or Mail Order program (limited to 90-day supply) After Deductible – Plan Pays			
Individual/Family deductible per Calendar Year	Combined with medical deductible			
Out-of-pocket Individual/Family maximum per Calendar Year	Combined with medical out-of-pocket maximum			
Generic, preferred and non-preferred drugs	80%			
<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>				

This is a summary only. Any errors or omissions are unintentional. Once enrolled, employees can view their Plan Booklets online at www.regence.com.

Other services provided by Regence BlueCross BlueShield	Preferred Provider Benefit Category 1 Plan Pays	Participating and Non-Preferred Provider Benefit Categories 2 & 3 Plan Pays
Weight Management/Nutritional Counseling and Bariatric Surgery: <ul style="list-style-type: none"> - <i>Weight management and nutritional counseling visits</i> (up to four (4) visits per Calendar Year per covered person) - <i>Bariatric surgery may be covered to treat morbid obesity</i> (participant must meet specified medical criteria) 	100% (deductible waived) \$1,000 copay then 80% after deductible	100% (deductible waived) \$1,000 copay then 80% after deductible
Case and Disease Management	Provided by Regence BCBSO as part of the medical plan	
Baby Wise (<i>Childbirth to Newborn resources</i>)	Provided by Regence BCBSO as part of the medical plan	
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.	Provided by Regence BCBSO as part of the medical plan	

Additional Plan Riders

The following benefits can be added to all High Deductible Plans for an additional cost. These riders are selected on a group level, not the individual employee level.

Alternative Care Rider

Chiropractic and Acupuncture	Subject to deductible then covered at 80%, any provider - Maximum allowance of \$1,000 per covered person per Calendar Year.
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Vision Service Plan (VSP)

	VSP Provider 12/12/24	VSP Provider 24/24/24	Non-VSP Provider
Benefit Frequency for Exam and Lenses Benefits reset annually on January 1 st	<i>Covered every Calendar Year</i>	<i>Covered every other Calendar Year¹</i>	<i>Matches VSP plan selected</i>
Eye Exam	Covered at 100%	Covered at 100%	Up to \$45
Single Lenses	Covered at 100%	Covered at 100%	Up to \$30
Bifocal Lenses	Covered at 100%	Covered at 100%	Up to \$50
Trifocal Lenses	Covered at 100%	Covered at 100%	Up to \$65
Lenticular Lenses	Covered at 100%	Covered at 100%	Up to \$100
Contacts	Allowance for contacts lenses and exam, fitting and evaluation (in lieu of lenses); subject to same benefit frequency as lenses.		Elective - Up to \$105 Necessary – Up to \$210
Frames	Allowance <i>every other year</i> ; 20% off the amount over allowance		100% up to \$70

¹ Children 18 and under are eligible for annual exams and lenses replacement.

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