

CIS Benefits Program

Summary of **High Deductible Health Plans (HDHP) w/HSA Options**
Effective January 1, 2020

(HDHP Plans Terminate December 31, 2020, new plan options will be available January 1, 2021).



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 Plan Year	HDHP-1 2020	HDHP-1 2021	HDHP-2 2020	HDHP-2 2021
Deductible per Calendar Year	\$1,500 Single \$3,000 Family	\$1,700 Single \$3,400 Family	\$2,500 Single \$4,000 Family	\$2,500 Single \$5,000 Family
Maximum out-of-pocket per Calendar Year	\$2,300 Single \$5,050 Family	\$3,400 Single \$6,800 Family	\$3,300 Single \$6,050 Family	\$5,000 Single \$10,000 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%	
Outpatient 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			
Ambulatory Surgical Center	90% (80% for all other facilities)		60%	
Emergency room care (<i>including professional charges</i>)	80%			
Inpatient/outpatient surgery services and surgeon fees	80%		60%	
Inpatient mental/behavioral health & substance use disorder	80%		60%	
Skilled Nursing Facility – 120 inpatient days/Calendar Year	80%		60%	
Other Services	After Deductible - Plan Pays			
Ambulance	80%			
Rehabilitation Services – Inpatient: Unlimited / Outpatient: 77 visits/Calendar Year	80%		60%	
Home health care – 180 visits/Calendar Year	80%		60%	
Hospice – 14 respite days/lifetime	80%		60%	
Durable medical equipment and supplies	80%		60%	
Prescription Medication Benefit – Provided by Express Scripts	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>				

*Includes embedded \$5,000 out-of-pocket maximum per individual

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: - <i>Weight management and nutritional counseling visits</i> (up to four (4) visits per Calendar Year per covered person)	100% (deductible waived)	100% (deductible waived)
- <i>Bariatric surgery may be covered to treat morbid obesity</i> (participant must meet participation requirements)	\$1,000 copay then 80% after deductible	\$1,000 copay then 80% after deductible
Chronic Condition Counseling	Provided by Regence BCBSO as part of the medical plan	
BlueCard Program (Out of Area Services)		
Beyond Well - A lifestyle and wellness program offered to Regence and Kaiser members		

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.

Vision Service Plan (VSP)				
	VSP-1* 12/12/24 <i>(plan ends 12/31/2020)</i>	VSP-A 12/12/24	Non-VSP Provider VSP-1* <i>(plan ends 12/31/2020)</i>	Non-VSP Provider VSP-A
Exam and Lenses - <i>Benefits reset annually on January 1st</i>	Covered every Calendar Year	Covered every Calendar Year	Matches VSP plan selected	Covered every Calendar Year
Eye Exam	Covered at 100%	\$10 copay	Up to \$45	Up to \$50
Single Lenses	Covered at 100%	\$25 copay ²	Up to \$30	Up to \$35
Lined Bifocal Lenses	Covered at 100%		Up to \$50	Up to \$55
Lined Trifocal Lenses	Covered at 100%		Up to \$65	Up to \$70
Lenticular Lenses	Covered at 100%		Up to \$100	Up to \$105
Progressive Lenses	\$50 copay	\$50 copay	\$50 allowance	Up to \$105
Lens Enhancement (<i>UV, scratch, blue-light, etc</i>)	Not Covered	\$0 copay	Not Covered	Not Covered
Elective Contacts (instead of glasses)	\$166 allowance for contacts lenses (includes the fitting exam and evaluation); subject to same benefit frequency as lenses.		Elective - Up to \$105 Necessary - Up to \$210	Elective - Up to \$110 Necessary - Up to \$215
Frames	Allowance every other calendar year: • \$120 allowance • \$65 allowance at Costco, Walmart & Sam's Club • 20% savings on amount over the allowance	Allowance every other calendar year: • \$25 copay ² • \$170 allowance • \$95 allowance at Costco, Walmart & Sam's Club • 20% savings on amount over the allowance	100% up to \$70	Up to \$70

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

² The \$25 copay only applies once if buying both lenses and frames.

* VSP-1 terminates December 31, 2020