# CIS Benefits Program

**Summary of Kaiser Permanente Plan Options**

Effective January 1, 2022

*These fully insured plans are underwritten by Kaiser Permanente.*

<table>
<thead>
<tr>
<th>Deductibles and Co-Insurance Maximums</th>
<th>Kaiser Copay Plan B</th>
<th>Kaiser $250 Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>$250 Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$750 Family</td>
</tr>
<tr>
<td>Maximum out-of-pocket</td>
<td>$1,500 Individual</td>
<td>$2,000 Individual</td>
</tr>
<tr>
<td>(Calendar Year includes deductible,</td>
<td>$3,000 Family</td>
<td>$6,000 Family</td>
</tr>
<tr>
<td>coinsurance, and prescription copays)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Benefit Features

### Preventive Care Services

<table>
<thead>
<tr>
<th>Covered Person Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine well-baby care, physical examinations, health screenings, and immunizations</td>
</tr>
</tbody>
</table>

### Professional Services

<table>
<thead>
<tr>
<th>Covered Person Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visits for illness or injury, naturopathic services, mental/behavioral health, or substance use disorder</td>
</tr>
<tr>
<td>Urgent Care</td>
</tr>
<tr>
<td>Outpatient laboratory, radiology, and diagnostic procedures</td>
</tr>
<tr>
<td>CT, MRI, PET scans</td>
</tr>
<tr>
<td>Outpatient surgery</td>
</tr>
<tr>
<td>Maternity care</td>
</tr>
<tr>
<td>Therapeutic injections including allergy shots</td>
</tr>
<tr>
<td>Therapeutic injections including allergy shots</td>
</tr>
</tbody>
</table>

### Hospital/Facility Services

<table>
<thead>
<tr>
<th>Covered Person Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient services</td>
</tr>
<tr>
<td>Physical, speech and occupational therapies</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Outpatient – 20 visits/therapy/Calendar Year</td>
</tr>
<tr>
<td>Mental/behavioral health &amp; chemical dependency services</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Outpatient</td>
</tr>
<tr>
<td>Emergency room visit</td>
</tr>
<tr>
<td>Skilled nursing facility – up to 100 days/Calendar Year</td>
</tr>
<tr>
<td>Other Services</td>
</tr>
<tr>
<td>Ambulance (per transport)</td>
</tr>
<tr>
<td>Home health care - 130 visits/Calendar Year</td>
</tr>
<tr>
<td>Hospice</td>
</tr>
<tr>
<td>Durable medical equipment and supplies</td>
</tr>
</tbody>
</table>

### Prescription Medication Benefit

<table>
<thead>
<tr>
<th>Covered Person Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic drugs</td>
</tr>
<tr>
<td>Preferred brand drugs</td>
</tr>
<tr>
<td>Non-preferred brand drugs (must meet formulary exception)</td>
</tr>
<tr>
<td>Specialty drugs (Kaiser Permanente formulary applies)</td>
</tr>
<tr>
<td>Mail order (31 to 90-day supply)</td>
</tr>
<tr>
<td>Administered medications, including injections (all outpatient settings)</td>
</tr>
</tbody>
</table>

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

04/2022 Kaiser Plans
### Other services provided by Kaiser Permanente

<table>
<thead>
<tr>
<th>Bariatric Surgery:</th>
<th>Healthy Lifestyle Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Bariatric surgery may be covered to treat morbid obesity if the covered person meets specified medical criteria, subject to inpatient hospital cost share.</td>
<td>- 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case and Disease Management</th>
<th>Appointment Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Supports and educates members with serious illnesses, chronic conditions, or injuries.</td>
<td>- Advice Nurse Line available 24/7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BeyondWell (Provided by Regence and offered to Regence and Kaiser members)</th>
<th>Prenatal and Pregnancy Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>- a comprehensive well-being solution for members that integrates wellness activities, goals, rewards, and challenges into a single location for a holistic wellness offering.</td>
<td></td>
</tr>
</tbody>
</table>

### Additional Plan Riders

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

<table>
<thead>
<tr>
<th><strong>Alternative Care Rider</strong></th>
<th>Must use Complimentary Healthcare Plan Providers and does not count towards out-of-pocket maximum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture Services (up to 12 visits per year)</td>
<td>$20 copay per visit</td>
</tr>
<tr>
<td>Chiropractic Services (up to 20 visits per year)</td>
<td>$20 copay per visit</td>
</tr>
<tr>
<td>Message Therapy (up to 12 visits per year)</td>
<td>$25 copay per visit</td>
</tr>
</tbody>
</table>

**Hearing Aid Rider**

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.

<table>
<thead>
<tr>
<th>Hearing Examination</th>
<th>Kaiser Copay Plan B</th>
<th>Kaiser $250 Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aids Benefit</td>
<td>$1,500 allowance for each hearing aid per ear every 3 years.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Kaiser Vision Rider</strong></th>
<th>State mandated coverage applies to children 18 and younger.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>Kaiser Copay Plan B</td>
</tr>
<tr>
<td>Lenses and Frames</td>
<td>$150 allowance to be applied to one prescription for lenses and frames every Calendar Year.</td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td>$150 allowance to be applied toward one prescription of contact lenses in lieu of lenses and frames once every Calendar Year.</td>
</tr>
</tbody>
</table>