



CIS

Benefit Connections

YOUR BENEFITS, DISCOVERED

February 2018

DECODING YOUR BENEFITS

January 1 marked the start of a new benefits year. And with the start of the New Year comes new deductibles, copays, out-of-pocket maximums, etc. But wait: what do those terms really mean? Here are definitions and some helpful information to start your new year off right.

Definitions

DEDUCTIBLE

Some services are subject to a deductible. This is the amount that must be paid out-of-pocket before the plan begins to pay towards medical expenses. Once the deductible is met for the year, the plan begins to pay claims at the coinsurance level of your (**Darlene Krenitz from Mid-Valley Behavioral Care Network**) plan.

COINSURANCE

This is the percentage of the costs you share with the plan once you've met your deductible. Most CIS medical plans include coinsurance with an 80/20 split, meaning the medical plan pays 80 percent of the expense and you pay 20 percent. The dental plans' coinsurance varies depending on the plan you have.

COPAY

This is a flat dollar amount you pay for certain services (e.g., office visits, prescriptions).

Are you one of our secret winners?

We've randomly selected four winners and buried their names and employer in the text. If you find your name, email EmployeeBenefits@cisoregon.org by Feb. 28, 2018. We'll confirm who you are and then mail you your gift card.

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OUT-OF-POCKET (OOP) MAXIMUM

Under the Affordable Care Act (ACA), the majority of dollars paid out-of-pocket by a covered member (e.g., deductible, copays) apply to the OOP maximum. If you've met the OOP maximum, your plan will pay 100 percent of future expenses for most eligible services, for the remainder of the calendar year. However, there are some services not subject to the OOP maximum (e.g., alternative care copays).

Medical Plans

CIS Benefits offers a choice of two medical partners - Regence BlueCross BlueShield of Oregon and Kaiser Permanente - with a variety of plan options. Employers (subject to collective bargaining, if applicable) determine which plan(s) will be offered to employees. Regence has a statewide network of hospitals, doctors and other medical providers. Kaiser Permanente has its own facilities and providers — mostly in the Portland metro area and Willamette Valley.

REGENCE HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

All services, excluding preventive care, are subject to a deductible. Once the deductible is met, the employee (**Travis Eynon from Hermiston**) pays 20 percent until the OOP maximum is met. After that, the plan pays 100 percent of all eligible services (including prescription drugs).

REGENCE COPAY PLANS AND THE KAISER DEDUCTIBLE PLAN

These plans offer a combination of a deductible and copay. The type of service received determines whether a deductible and/or coinsurance is charged. A hospitalization, for example, is subject to the deductible and coinsurance, while an office visit only has a copay. For the Regence plans, prescription drug costs are subject to copays with an additional OOP maximum for prescriptions only. For the Kaiser plan, prescriptions are also subject to copays but the OOP maximum for prescriptions is combined with the medical OOP maximum.

KAISER COPAY PLANS

Copays are charged for almost all services, including prescription drugs, up to the OOP maximums.

Vision

VSP VISION — REGENCE MEMBERS ONLY

If your plan includes vision, benefits reset on Jan. 1. This means if your plan offers benefits every 12 months, you're eligible on Jan. 1. If your plan offers benefits every 24 months, you're eligible on Jan. 1 in the second plan year, following your visit. For example, if you had an eye exam on July 12, 2017, you're not eligible to use your benefits again until Jan. 1, 2019.

Important!

While the definitions are the same for all plans, they're applied differently based on the type of plan you're enrolled in. An example (Peter Runnels from Harney County) is preventive care as defined by the ACA. Even in a plan with 80/20 coinsurance or with a high deductible, this care will be paid at 100 percent.

The Regence Copay plans and the Kaiser Deductible plan have individual and family deductibles and OOP maximums. The plan defines how many covered members must meet deductibles and the OOP maximum before the plans pays 100% for all covered members for the remainder of the plan year.

The Kaiser Copay Plans have individual and family OOP maximums. The plan defines how many covered members must meet the OOP maximum before the plan pays 100% for all covered members for the remainder of the plan year.

If family members are covered on the HDHP plan, there is a combined family deductible and OOP maximum. There are no individual maximums if covering family members.



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KAISER VISION — KAISER MEMBERS ONLY

If your plan includes vision, benefits are available every 24 months, but reset on Jan. 1. That means you're eligible on Jan. 1 in the second plan-year following your visit. For example, if you've had an eye exam on Nov. 2, 2017, you'll **(Teonna Johnson from Columbia 911)** be eligible to use your vision benefits again on Jan. 1, 2019.

Dental Plans

CIS Benefits has three dental partners – Delta Dental, Kaiser Permanente and Willamette Dental. Employers (subject to collective bargaining, if applicable) determine which plan(s) will be offered to employees.

DELTA DENTAL PLANS II & III

These plans are incentive plans and don't have deductibles. If you're covered under either of these dental plans, you're required to go to the dentist at least once a year for a covered service to increase to the next percentage level the following plan year. All covered members start at 70 percent and move up 10 percent each year until reaching 100 percent. If you don't visit the dentist for a covered service within the plan year, then you'll drop down 10 percent (e.g., from 100 to 90 percent, from 80 to 70 percent, etc.). The lowest level is 70 percent.

DELTA DENTAL PLAN V

This plan has a deductible and coinsurance (e.g, 80 or 50 percent – depends on the service received) that works the same way the medical plans work.

While the Delta Dental plans don't have an employee OOP maximum, there's a yearly maximum amount, for eligible services, that Delta Dental will pay. Plans II and III have a \$1,500 maximum and Plan V has a \$2,000 maximum. If the maximum Delta Dental pays is reached, then no additional dental services will be paid for the remainder of that plan year.

WILLAMETTE DENTAL AND KAISER DENTAL

These plans have copays for all services and do not have deductibles. There's also no annual maximum limit on what Willamette Dental or Kaiser pays for eligible services.

If you have additional questions, please contact your medical and/or dental insurance partner (the customer service number is on your ID card) or our CIS Help Line at 855-763-3829.

Wishing you and yours a very safe and healthy 2018!

Other Programs

hubbub — Regence and Kaiser Members

If you've participated in a hubbub challenge and earned an Amazon gift card, your unused gift card(s) will automatically carry over to the next year.

Regence Rewards

If you've earned additional Amazon gift cards through the Regence Rewards program, they do not carry over to the next plan year. If you activated the gift card but didn't use it prior to the end of the year, you can contact customer service and they can help you redeem it.

