



CIS Employee Benefits:

A DECISION-MAKING GUIDE FOR EMPLOYERS



HEALTH
CARE

LIVING
DIET
FIT
CARE

The information in this guide is based on CIS Benefits plans, policies, and services effective Jan. 1, 2026.

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A Trusted Partner in Employee Benefits

CIS Benefits allows cities, counties, and other local government agencies to pool resources, offering the advantages of self-insurance without the administrative burden or financial risks.

Over sixty five years ago, in 1958, the League of Oregon Cities (LOC) created the Employee Benefits Services Trust (EBS) to secure cost-effective health care coverage for its members. Two years later, in 1960, the Association of Oregon Counties (AOC) followed suit by establishing the Association of Oregon Counties Insurance Trust (AOCIT). In 1981, LOC and AOC joined forces to create CIS, a member-owned and governed public entity insurance trust.

Taking advantage of CIS' large size and healthy reserves, while stabilizing costs, CIS made the move to self-insure dental coverage in 2009 and medical in 2010. Our self-insured medical and vision plans are administered through Regence BlueCross BlueShield, and our self-insured dental plans are administered through Delta Dental and Willamette Dental.

Today, nearly 27,000 individuals across Oregon receive their employee benefits through CIS, including medical, dental, vision, life, long-term disability, and more. CIS' tailored coverage meets the specific needs of public entities, and our experts help members navigate the complexities of the health benefits landscape.

We offer a wide range of comprehensive coverage options to give employees and their families the care they need at a price they and their communities can afford.

To support Oregon's public entities, CIS offers a range of value-added services to its members at no extra cost, easing the burden on HR departments and tight budgets. CIS Benefits staff have a deep understanding of the unique challenges faced by local government, such as collective bargainings. Member feedback and engagement are key priorities, and CIS provides multiple avenues for members to contribute to the program.

CIS Benefits also offers more stable and competitive rates compared to the commercial insurance market.

Cost Stability Advantage

Over a Decade of Rate Stability and Savings

Since self-insuring the Regence medical plan in 2010, members have seen significant savings, with an average annual rate change of just 5.1% over the past five years — well below the statewide trend, all while maintaining comprehensive benefits.

CIS Self-Insured Programs

5-Year Average Annual Rate Increase*



5.1%

CIS/Regence



2.21%

CIS/Delta Dental

**These rates apply to pooled groups with fewer than 100 employees on a Regence or Delta plan.*

The CIS Difference

At CIS, our mission isn't profit—it's value for members. Here's how we're different from traditional insurers:

- **0% Margin/Profit**

CIS is a public entity risk pool. Unlike commercial insurers that aim for 1–3% profit margins, we return savings to members or use them to keep rates stable.

- **2% Health Insurance Tax Exemption**

CIS is exempt from the 2% state health insurance premium tax that applies to fully insured commercial plans — another savings passed on to members.

- **5.59% Pharmacy Rebates Used to Reduce Rates**

Instead of keeping pharmacy rebates, CIS applies them directly to reduce member premiums.

How Each Medical Plan Dollar is Spent



*Federal reinsurance assessment, state supplemental reinsurance assessment, outcomes research fee

4%

Regence
TPA Services

1.25%

Wellness Utilization Management,
Telehealth, EAP

1.75%

CIS Services

Administration

- Third party administration from Regence, Delta Dental, etc.
- Wellness programs
- Case management
- Telehealth programs
- Enrollment and billing services
- Open enrollment meetings
- Administration of COBRA coverage
- Administration of retiree coverage
- Educational programs, including the CIS Learning Center
- Benefits advisory committee meetings
- Program design tailored for Oregon cities and counties
- Communication materials

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 enrollment information and life insurance beneficiaries. 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.

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.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Our employee assistance program is included in all CIS medical plans — Regence, Surest, and Kaiser — at no additional cost. Through Canopy, employees and their household members have access to confidential services including 24/7 mental health support, counseling, legal and financial consultations, and critical incident response.

Specialized first responder support is also available through Canopy's public safety counseling network, offering trauma-informed care and 24/7 crisis counseling.

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.

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.

Cost Advantages & Liability Protection

Our FSA structure is designed to offer value and minimize financial risk:

- No minimum monthly fee when you fund via ACH. Other administrators often require a \$25 minimum regardless of participation. With CIS, you'll pay just \$3.75/month — even if only one employee participates.
- CIS covers the cost of unfunded liability if an employee uses their full election and leaves mid-year without fully contributing.
- Health FSA forfeitures are retained by CIS and help offset liability at the Trust level, benefiting all members.
- Dependent Care FSA (DCFSA) forfeitures are returned to the employer, as these accounts don't carry the same financial risk.

This design keeps your program cost-effective while protecting your organization from unexpected FSA-related liability.

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).

BENEFITS SUPPORT DURING EMPLOYEE LEAVE

We'll help you track benefits eligibility when an employee is on leave — whether it's FMLA, OFLA, PLO, disability, workers' compensation, administrative, or unpaid leave.

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.

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 electronic 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 the deductible every January — with no credit for expenses incurred late in the year. But with CIS Copay self-funded plans administered by Regence, any covered services received in October, November, or December that are applied toward the current year's individual deductible (but don't meet it) will automatically carry over and count toward the next year's deductible.

It's a simple way CIS helps employees save money and get a head start on the year ahead — a benefit you won't find with most other plans.

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.



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.

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 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 plans administered by Regence BlueCross BlueShield and Surest, 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 can help you evaluate plan choices and implement your selections.

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	HDHP-6
Deductible per Calendar Year	\$1,700 Single \$3,400 Family	\$2,500 Single \$5,000 Family	\$1,800 Single \$3,600 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*	\$3,600 Single/ \$7,200 Family
Category 3 - Non-Preferred Provider			

*Embedded \$5,000 out-of-pocket maximum/individual

BENEFIT FEATURES	THE BELOW BENEFITS APPLY TO HDHP-4, 5 & 6	
	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	
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 three visits*, then 20% after deductible	40%
PROFESSIONAL SERVICES		
Outpatient laboratory, radiology, and diagnostic procedures	20%	40%
Maternity care	20%	40%
Therapeutic injections including allergy shots	20%	40%
Chiropractic and acupuncture care	Available as a rider	
HOSPITAL/FACILITY SERVICES		
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		
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%

*First three visits combined primary care and mental health



Regence



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	
\$5/visit for 1 st three visits*, then \$20 copay (<i>deductible waived</i>)	40%
0% up to first \$400 (<i>deductible waived</i>); then 20% after deductible	40%
20%	40%
20%	40%
<i>Available as a rider</i>	
10%	40%
20% after \$100 copay (<i>copay waived if admitted</i>)	
20%	40%
20%	20% - Category 2, 40% - Category 3
20%	40%
20%	
20%	40%
20%	40%
No charge	No charge - Category 2, 40% - Category 3
20%	40%

*First three visits combined primary care and mental health

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.
Lantern — 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.

ALTERNATIVE CARE RIDER

	HDHPs	COPAY PLANS
Acupuncture <i>12 visits per calendar year</i>	20% after deductible (40% out-of-network, after deductible)	\$20 Copay
Chiropractic Spinal Manipulations <i>20 visits per calendar year</i>		

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>



This medical plan is self-insured by CIS and administered by Surest (a UnitedHealthcare company). CIS, not Surest/UnitedHealthcare, pays for your covered medical services and supplies. This is a summary only and is subject to change. Any errors or omissions are unintentional. Plan Handbooks are available by request.

DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM	CIS-SUREST
Deductible per Calendar Year	\$0
Out-of-Pocket Maximum per Calendar Year	\$3,000 Single / \$6,000 Family (In-Network)
	\$6,000 Single / \$12,000 Family (Out-of-Network)

Copays count toward the out-of-pocket maximum.

BENEFIT FEATURES	IN-NETWORK	OUT-OF-NETWORK
Preventive Care Services: Routine well-baby care, physical exams, health screenings, and immunizations	\$0	\$60
Office Visits	\$5 to \$40	\$120
VIRTUAL HEALTH		
Primary and Urgent	\$0	Not covered
Mental Health & Substance Use Disorder	\$5 to \$30	Not covered
Specialty	\$0 to \$40	Not covered
PROFESSIONAL SERVICES		
Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	\$0	\$0
Complex Imaging (MRI, CT, etc.)	\$50 to \$340	Up to \$1,200
Advanced Tests	Up to \$425	Up to \$1,275
Rehabilitative Therapies	\$5 to \$50	Up to \$150
Acupuncture	\$20	\$60
Chiropractic	\$10	\$30
Occupational Therapy	\$5 to \$35	\$105
Physical Therapy	\$5 to \$30	\$90
Speech Therapy	\$5 to \$35	\$105
HOSPITAL/FACILITY SERVICES		
Emergency Room	\$200	\$200
Observation Stay	\$200	\$200
Urgent Care	\$20	\$60
Procedures (Office, Outpatient and Inpatient)	\$10 to \$2,000	Up to \$5,000
Procedures (Inpatient and some Outpatient)	\$75 to \$2,000	Up to \$5,000
Other Outpatient Hospital Services	\$50 to \$330	\$990
Other Inpatient Stay (inc. admission from ER)	\$1,000	\$3,000
Skilled Nursing Facility	\$800	\$2,400
MATERNITY		
Prenatal and Postnatal Care	\$0	\$60
Delivery	\$350 to \$1,025	\$3,075

OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Ambulance	\$120	\$120
Home health care	\$20	\$60
Hospice Home Visit	\$20	\$60
Hospice Inpatient Care	\$1,000	\$3,000
Durable medical equipment and supplies	\$0 to \$500	Up to \$1,000

What is Surest? How It's Different from Traditional Health Plans

Surest is a variable copay plan designed to give members more control and cost transparency — before they get care. Employees and dependents will pay lower copays for providers with higher quality and outcomes scores.

WITH SUREST:

- **No deductible.** There's no amount members need to pay before coverage begins.
- **Upfront cost transparency.** Members can view copays for services and providers in advance—there are no surprise bills.
- **Flexible provider choice.** Copays vary by provider, giving members options based on cost and convenience.
- **Preventive care and many virtual services are free.** Surest emphasizes wellness and access to care.

Prescription Drug Benefit

Prescription drug coverage under the CIS-Surest plan is administered by Regence. Members follow the same Regence pharmacy formulary and copay structure used by other CIS medical plans.

Other Included Services with Surest

- **Employee Assistance Program (EAP):** Surest participants have access to Canopy, CIS' EAP partner, providing counseling, crisis support, and work-life services.
- **BeyondWell:** Surest members also have access to BeyondWell, a comprehensive wellness platform that promotes physical, emotional, and financial well-being through activities, challenges, and rewards.

Pairing Surest with Dental and Vision Coverage

Dental and vision coverage are elected separately from medical coverage. Employers that choose to offer the Surest plan can pair it with CIS dental and vision options:

- **Dental Coverage:** Employers can choose from multiple CIS Delta Dental, Kaiser, or Willamette Dental plans.
- **Vision Coverage:** CIS has two VSP plan options available.

Offering Surest with Other Medical Plans

CIS members may offer Surest alone or alongside other CIS medical plans. Plan combinations depend on group size:

Fewer than 10 employees

- Surest can be offered with one Regence or one Kaiser plan

10 to 99 covered employees

- Surest, one Regence, and one Kaiser plan; or
- Two Regence plans (within a 7.5% rate spread) and Surest

Regardless of subgroup size, the Surest plan may be offered alongside any other CIS medical plan available to that subgroup.

Support for HR Teams

Surest offers dedicated tools and support to help employers implement and communicate the plan with ease.

- **Surest HR Microsite:** Visit <https://view.surest.com/viewer/65efb46798f853ef69b8e4f1> for training tools, videos, and onboarding guidance for HR teams
- **Live & Personalized Support:** Employers and employees can schedule a 15-minute consultation or call Surest Member Services directly:
 - **Call:** (866) 683-6440
 - **Hours:** Monday through Friday, 4:00 a.m. – 7:00 p.m. PT*Be sure to reference CIS Trust when calling.*
- **Surest FAQ:** Visit <https://join-demo.surest.com/default/v2/faq> for answers to common questions about how the plan works, including provider access and app functionality.
- **CIS Surest Guide:** Visit <https://cisoregon.org/surest> for a CIS-specific FAQ guide tailored to CIS members.

Want to learn more about Surest?

Preview the Surest Experience

To learn more about how the Surest plan works, there are two demo options available:

- **Surest Plan Overview:** Visit <https://britehr.app/CIS-2025/1> or scan the QR code for an overview of the Surest member experience.
- **Surest Provider Lookup Demo:** To explore how employees can search for providers, compare costs, and view copays in real time, visit <https://join-demo.surest.com/default/access-login>. **Access Code:** 25DemoA3000



Prescription Drug Benefit for CIS-Regence and Surest Plans

The prescription medication benefit for all CIS-Regence medical plans and the Surest medical plan is administered by Regence BlueCross BlueShield of Oregon. This means your employees will have access to the same extensive pharmacy network, six-tier formulary, and cost-saving features—regardless of whether they’re enrolled in an HDHP, Copay plan, or the Surest plan.

Prescription cost-sharing varies by plan. Regence High Deductible Health Plans (HDHPs) require members to meet the deductible before coverage begins, while Copay Plans and the Surest plan offer fixed copays with no deductible. All plans administered by Regence include \$0 coverage for certain preventive medications, insulin cost caps, and required use of a specialty pharmacy for certain prescriptions.

DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS	REGENCE COPAY PLANS & SUREST PLAN		HDHPs	
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	
Preventive	No charge, deductible does not apply for drugs specifically designated as preventive for treatment of certain chronic diseases that are on the Optimum Value Medication List.			
Rx Tier Levels and Copays	30-Day Supply at Pharmacy	90-Day Supply Pharmacy or Mail Order Thru Amazon	30-Day Supply at Pharmacy	90-Day Supply Pharmacy or Mail Order Thru Amazon
Tier 1 (Preferred-Generic)	\$10 copay	\$20 copay	20% Retail/Mail Order Prescription	
Tier 2 (Non-Preferred Generic)	\$10 copay	\$20 copay		
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay		
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay		
	Accredo Specialty Pharmacy (30-Day Supply)			
Tier 5 (Generic and Preferred Specialty)	\$50 copay Generic Specialty \$100 copay Preferred Brand Specialty	N/A	20%	N/A
Tier 6 (Non-Preferred Specialty)	\$200	N/A	20%	N/A

OPTIMUM VALUE MEDICATION

Some medications—especially those used to treat chronic conditions like asthma, diabetes, high blood pressure, high cholesterol, and tobacco cessation — are included on Regence’s Optimum Value Medication List. These medications are covered at no cost to members covered under a CIS-Regence or Surest plan — even before the deductible is met.

EXCEPTIONS & LIMITATIONS

- Non-formulary drugs are not covered unless an exception is approved.
- If a brand-name drug is dispensed when a generic equivalent is available, the employee may be responsible for the cost difference in addition to their copay or coinsurance—unless the provider indicates “dispense as written.”
- Specialty drugs must be filled through Accredo after the first fill.
- Insulin costs are capped at \$35 for a 30-day or \$105 for a 90-day supply.
- Preventive drug coverage applies only to medications on the Optimum Value Medication List.

CIS Vision Plans - Administered by VSP



CIS offers two self-insured vision plan options, administered by VSP, that employers can add for an additional cost. Vision coverage may be paired with any CIS medical plan, including all Copay and HDHP plans administered through Regence, as well as the Surest medical plan. These vision riders are only available when paired with a CIS medical plan and must be elected at the group level, not by individual employees. This is a summary only. Any errors or omissions are unintentional. Plan Handbooks are available upon request.

BENEFIT	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*
Frames	Covered <u>every other</u> 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 <u>every other</u> Calendar Year	20% discount w/VSP Provider, up to \$300 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**

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

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

SAFETY GLASSES (EMPLOYEE-ONLY COVERAGE)

Note: The Safety Glasses benefit is only available with the VSP-A plan. For the VSP Indemnity plan, safety glasses are included in the \$300 combined annual allowance for frames, glasses, and contacts.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Frames	<ul style="list-style-type: none"> \$65 allowance for a safety frame 20% savings on the amount over your allowance Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	\$0	Every other calendar year
Lenses	<ul style="list-style-type: none"> Prescription single vision, lined bifocal, and lined trifocal Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	\$0	Every calendar year

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	
Primary Care	\$5 1 st three visits, * then \$20
Specialty Care	\$30 per visit
Urgent Care	\$40 per visit
PROFESSIONAL VISITS	
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	
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 1 st three 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	
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	HDHP-2
\$250 Single \$750 Family	\$500 Single \$1,500 Family	\$1,700 Single \$3,400 Family	\$1,800 Single \$3,600 Family
\$2,000 Single \$6,000 Family	\$3,000 Single \$9,000 Family	\$3,400 Single \$6,800 Family	\$3,600 Single \$7,200 Family

Covered Person Pays			
No charge	No charge	No charge	No charge
\$5 1 st three visits,* then \$20	\$5 1 st three visits,* then \$20	After deductible, \$5 1 st three visits,* then 20%	After deductible, \$5 1 st three visits,* then 20%
\$25 per visit	\$30 per visit	20% after deductible	20% after deductible
\$35 per visit	\$40 per visit	20% after deductible	20% after deductible
\$15 per department visit	\$20 per department visit	20% after deductible	20% after deductible
\$15 per department visit	\$50 per department visit	20% after deductible	20% after deductible
20% after deductible	20% after deductible	10% 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	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	20% after deductible
20% after deductible	20% after deductible	20% after deductible	20% after deductible
\$25 per visit	\$30 per visit	20% after deductible	20% after deductible
\$5 1 st three visits,* then \$20	\$5 1 st three visits,* then \$20	After deductible, \$5 1 st three visits,* then 20%	After deductible, \$5 1 st three visits,* then 20%
20% after deductible	20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible	20% after deductible
No charge	No charge	No charge	No charge
20% after deductible	20% after deductible	20% after deductible	20% after deductible

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

OTHER VALUE-ADDED SERVICES PROVIDED BY KAISER PERMANENTE

Bariatric Surgery: Bariatric surgery may be covered to treat morbid obesity if the covered person meets specified medical criteria, subject to inpatient hospital cost share.
Healthy Lifestyle Programs: 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.
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.
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: Supports and educates members with serious illnesses, chronic conditions, or injuries.

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 Heraya Health Plan Providers and does not count towards out-of-pocket maximum</i>		
BENEFIT	COPAY & DEDUCTIBLE PLANS	HDHPs
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	HDHPs
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.			



DENTAL PLAN OPTIONS

CIS offers dental coverage through Delta Dental, Willamette Dental Group, and Kaiser Permanente. The Delta Dental and Willamette Dental plans are self-insured by CIS, while the Kaiser plans are fully insured by Kaiser. This 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 <i>Includes Health through Oral Wellness Program (HtOW)</i>	70%/80%/90%/100% ¹	70%/80%/90%/100% ¹	100%, no deductible
Class II² - Restorative, Endodontic & Periodontic	70%/80%/90%/100% ¹	70%/80%/90%/100% ¹	80%
Class III² - 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

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. All services must be rendered at a Willamette Dental facility.

BENEFIT	COPAY
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
Prosthodontics (complete upper or lower denture/bridge)	Covered with office visit copay
Prosthodontics (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%.

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

KAISER DENTAL II

This plan is underwritten by Kaiser Permanente. All services must be rendered at a Kaiser facility.

BENEFIT	COPAY
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	50% up to a lifetime maximum of \$2,000



CIS BENEFITS LIFE & 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.

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.

This is a summary only. Any errors or omissions are unintentional.

PLAN DESCRIPTION	COVERAGE AMOUNT
Basic Life	<p>100% Guaranteed Issue</p> <p>Hartford offers Employee Basic Life insurance with two coverage types: flat dollar amounts and salary-based multiples. Flat amounts range from \$1,000 to \$9,000 in \$1,000 increments and \$10,000 to \$50,000 in \$5,000 increments. Salary-based options include 1x or 1.5x annual salary, with a \$10,000 minimum and \$75,000 maximum.</p> <p>Coverage can be customized, and options range from a flat dollar amounts to multiples of an employee's salary (e.g., 1.5x the salary). Hartford's Life insurance also provides value added services to employees and their families, including will preparation, funeral planning, travel assistance and more.</p>
Accidental Death & Dismemberment (AD&D)	<p>Amount must match Basic Life</p> <p>The AD&D coverage is an optional plan that can be offered with Basic Life as a package.</p>
Statutory Life	<p>\$10,000</p> <p>Per ORS 243.025 - all active police officers, firefighters, and fire volunteers must be provided statutory life. Coverage for police reserves is optional and is the choice of the employer.</p>

PLAN DESCRIPTION	GUARANTEED ISSUE AMOUNT	MINIMUMS/MAXIMUMS
Supplemental Employee Life	If elected, \$400,000 one-time guaranteed issue at initial eligibility	The amount elected in increments of \$10,000, up to a maximum of \$1,000,000, subject to underwriting
Supplemental Spouse Life	If elected, \$30,000 one-time guaranteed issue at initial eligibility	The amount elected in increments of \$10,000, up to a maximum of \$500,000, subject to underwriting
Voluntary \$10,000 Dependent Life	<p>\$10,000 per dependent</p> <p>Plan covers all eligible dependents of the employee at a flat monthly rate per family. Eligible dependents include spouse/registered domestic partner and dependent children under age 26.</p>	

THE HARTFORD LONG-TERM DISABILITY

The Hartford offers Long-Term Disability (LTD) benefits that pay between 50% and 67% of a disabled employee's pre-disability earnings, to a maximum of between \$3,000 and \$10,000 a month after a 60, 90, or 180-day elimination period (waiting period), depending on the policy taken out. The LTD policy has built-in benefits such as waiver of premium, a survivor benefit, family care, and dependent benefits. The definition of disability is own occupation for five years.

LTD ensures employees continue to receive a portion of their income when they're absent from work for an extended period due to a covered disability. LTD insurance provides employees with long-term income protection if they become disabled from a covered injury, sickness or pregnancy.

LTD is an important type of coverage for employees because their savings might not cover daily expenses if an illness or injury keeps them out of work beyond their paid sick days. If you are interested in an option not listed on the Request for Coverage, contact your CIS Benefits Representative to discuss options.

This is a summary only. Any errors or omissions are unintentional. Plan certificates are available online at cisbenefits.org.

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 & SUBSTANCE ABUSE

Benefits are payable while the employee is hospitalized. If not hospitalized, coverage is limited to 24 months per lifetime for disabilities caused by mental illness, alcoholism, or non-medical drug use.

SURVIVOR INCOME BENEFIT

If the employee was receiving LTD benefits at the time of death, a survivor benefit may be payable upon receipt of documentation. See the plan summary for details.

FAMILY CARE CREDIT BENEFIT

If participating in a rehab program, family care expenses are deducted from earnings to determine benefit eligibility. Benefits are not payable if earnings (before the deduction) exceed 80% of pre-disability earnings.

WORKPLACE MODIFICATION BENEFIT

Up to \$25,000 reimbursed for approved workplace changes that help the employee return to work. Must be employer-approved and preauthorized by The Hartford.

ABILITY PLUS BENEFIT

If LTD benefits are payable and the employee is cognitively impaired or unable to perform 2+ Activities of Daily Living (ADLs) for at least 30 consecutive days (during or after the elimination period), an additional benefit may apply. See plan summary for eligibility.

METLIFE SHORT-TERM DISABILITY

CIS offers Short-Term Disability (STD) coverage through MetLife. 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 the premiums are 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 pays a benefit when an employee loses income due to a qualified illness or accidental injury. Benefits begin after a 14-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 are reduced by income from other sources including but not limited to Paid Leave Oregon (PLO) and any other state or federal retirement or disability program. Benefits are not offset by employer-paid sick or vacation leave. Note: Disability **benefits will be reduced by any PLO payments the employee is eligible for, even if they do not apply for them.** Employer paid sick or vacation leave and PLO benefits combined cannot exceed 100% of pre-disability earnings.

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.

Frequently Asked Questions

Why offer a short-term disability plan if PLO is available?

- PLO covers only one event per 12-month period. Short-term disability can cover a second qualifying disability.
- PLO benefits are reduced for higher-income earners.

When is coverage effective?

Coverage elected during open enrollment becomes effective Jan. 1.

Are pre-existing conditions covered?

This plan includes a pre-existing condition clause. Benefits will not be paid for a disability resulting from a preexisting condition unless the employee has been actively at work for at least 12 consecutive months after their disability insurance takes effect.

Pre-existing condition definition:

A sickness, pregnancy or accidental injury occurring in the six months before coverage takes effect, for which the employee:

- Received medical treatment, consultation or care; or
- Took prescribed medication.

What disabilities are not covered?

Benefits will not be paid for any disability:

- Unless the employee is under the regular care of a physician.
- Caused by war or an act of war, whether declared or not.
- Caused by the commission of, or attempt to commit, a felony.
- Resulting from participation in an illegal occupation.
- Caused by an intentionally self-inflicted injury.
- For which workers' compensation benefits are paid or payable, if duly claimed.
- Sustained while performing work for pay or profit for another employer, including self-employment.



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 BENEFITS ¹			
SUBCATEGORY	BENEFIT LIMITS (Applies to Subcategory)	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

¹ 100% of lost wages from all income sources up to the plan maximum

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

³ The 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.

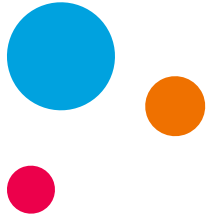
FAMILY PROTECTION <i>(Only available with a family plan.)</i>	
<ul style="list-style-type: none"> • Protection for family (“under roof, under wallet”) • Senior family coverage (parents, grandparents, and in-laws age 65+) • Elder fraud protection, Elder Fraud Center, Scam Support 	<ul style="list-style-type: 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

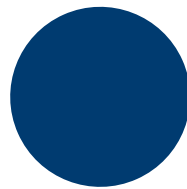
†Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of 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.*



APPENDIX: CARRIER OVERVIEWS

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





If you have any questions, please contact
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