

CIS High Deductible Health Plan 4 w/HSA

Benefits Summary
Effective January 1, 2023



cis benefits
www.cisbenefits.org

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

HDHP-4 w/HSA		
Deductible Per Calendar Year	\$1,700 Individual \$3,400 Family	
Out-of-Pocket Maximum Per Calendar Year Category 1, 2, & 3 – Preferred, Participating, Non-Preferred Providers (includes deductible, medical copays and prescription copays*)	\$3,400 Individual \$6,800 Family	
* Important Note: The family out-of-pocket maximum for a calendar year is satisfied when two or more family members' deductible and coinsurance for covered services for that calendar year total and meet the family's out-of-pocket maximum amount.		
Medical Services	Member Pays Category 1 - Preferred Category 2 - Participating	Member Pays Category 3 - Non-Preferred
Preventive Care Services		
Routine well-baby care, physical examinations, health screenings, and immunizations (for a list of covered services, visit our website regence.com , hover over "Member dashboard" at the top, select Preventive Care from the drop down)	0% for Category 1 & 2 (deductible waived) 40% for Category 3 (after deductible)	
Professional Services		
After Deductible – Member Pays		
Office visits for illness or injury, mental/behavioral health or substance use disorder (primary care, specialist, naturopath or urgent/immediate care center)	20%	40%
Outpatient laboratory, radiology, and diagnostic procedures	20%	40%
Maternity care	20%	40%
Therapeutic injections including allergy shots	20%	40%
Hospital/Facility Services		
After Deductible – Member Pays		
Ambulatory Surgical Center	10% (20% for all other facilities)	40%
Emergency room care (including professional charges)	20%	
Inpatient/outpatient surgery and surgeon fees	20%	40%
Inpatient mental/behavioral health & substance use disorder	20%	40%
Skilled Nursing Facility – 120 inpatient days per year	20%	40%
Other Services		
After Deductible – Member Pays		
Ambulance	20%	
Rehabilitation Services: Inpatient: Unlimited / Outpatient: 77 visits per year (visit limit shared with Neurodevelopmental therapy)	20%	40%
Hearing Aids- applies to children 18 years or younger or children 19 to 25 enrolled in an accredited education institution	20%	40%
Home health care - 180 visits per year	20%	40%
Hospice – 14 respite days per lifetime	20%	40%
Durable Medical Equipment	20%	40%
Weight Management/Nutritional Counseling and Bariatric Surgery:		
- Weight management and nutritional counseling visits Four visits per year	0%	40%
- Bariatric surgery may be covered to treat morbid obesity (participant must meet participation requirements) Limited to one surgery per claimant lifetime	\$1,000 copay then 20%	\$1,000 copay then 40%

<p>Prescription Medication Benefit <i>If you need drugs to treat your illness or condition, your prescription drug coverage is administered through Express Scripts (ES). Please visit Express Scripts' web site at www.express-scripts.com or contact their customer service at 1 (800) 496-4182. Regence BlueCross BlueShield of Oregon assumes no liability for the accuracy of your prescription drug benefits information.</i></p>	<p>At the Pharmacy (30-day supply) Member Pays</p>	<p>Mail Order thru the Express Scripts Pharmacy Program (90-day supply) Member Pays</p>
<p>Individual deductible per calendar year</p>	<p>Shared with Medical Services</p>	
<p>Out-of-pocket maximum each calendar year</p>	<p>Shared with Medical Services</p>	
<p>Generic drugs</p>	<p>20% Retail/Mail Order Prescription</p>	
<p>Preferred brand drugs</p>		
<p>Non-Preferred brand drugs</p>		
<p>Specialty Drugs</p>	<p>Refer to generic, preferred brand and non-preferred brand drugs above, for specialty drugs or self-administrable cancer chemotherapy drug coverage.</p>	
<p>Limitations and Exceptions</p>	<p><i>Coverage is limited to 30-day supply retail or 90-day supply mail order. Long-term medication fills at participating retail pharmacies may be filled for up to a 90-day supply. Visit Express Scripts' website for details. Specialty drug coverage is limited to a 30-day supply and must be filled through Accredo Specialty Pharmacy.</i> <i>Specialty medications filled at a retail pharmacy are subject to 100% copay/coinsurance, and this amount does not accumulate towards the out-of-pocket maximum.</i> <i>Certain preventive items and services as defined by the Affordable Care Act are covered at zero-dollar cost share. Deductible waived and \$0 patient responsibility for generic and preferred brand drugs designated as preventive for treatment of chronic diseases that are on the Preventive Medications List. Product Selection Cost -If you request and obtain a brand name drug when a generic equivalent is available, you are responsible for the applicable coinsurance plus the cost difference between the brand name drug and the generic drug.</i></p>	

Other services included in your CIS medical plan	Contact Information
<p>MDLIVE (Telehealth) - With MDLIVE's telehealth service, you can 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.</p>	<p>To learn more call 1 (888) 725-3097 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs & Resources", then click on Telehealth.</p>
<p>Chronic Condition Coaching supports and educates members with chronic conditions including hypertension, diabetes, COPD, CAD, CHF, asthma and obesity.</p>	<p>To learn more, please call 1 (866) 865-6725.</p>
<p>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.</p>	<p>To learn more, please call 1 (866) 865-6725 or sign on to the CIS Health Manager at www.regence.com and click on BeyondWell.</p>
<p>Case Management - Supports and educates members with serious illnesses or injuries.</p>	<p>To learn more, please call 1 (866) 543-5765 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs & Resources", then click on Case Management.</p>
<p>BabyWise (<i>Childbirth to Newborn resources</i>).</p>	<p>To learn more, call 1 (888) 569-2229 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs & Resources", then click on Maternity.</p>
<p>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.</p>	<p>Find a provider near you at www.regence.com or call 1 (800) 810-BLUE (2583).</p>



Please note: This benefit summary provides a brief description of your health care plan benefits and is not a guarantee of payment. For a detailed description of your plan benefits, visit www.regence.com on or after January 1, 2023. You must set up an account to review your specific plan booklet.