

CIS Benefits Program

Summary of **High Deductible Health Plans (HDHP) w/HSA Options**
Effective January 1, 2015



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.

| Deductibles and Co-Insurance Maximums | HDHP-1 | HDHP-2 |
|---|--|-------------------------------|
| Deductible per calendar year | \$1,500 Single/\$3,000 Family | \$2,500 Single/\$4,000 Family |
| Maximum out-of-pocket per calendar year Category 1 & 2 - Preferred and Participating Provider Category 3 - Non-Preferred Provider | \$2,300 Single/\$5,050 Family | \$3,300 Single/\$6,050 Family |
| Benefit Features | Provider Benefit Category 1 & 2 | Provider Benefit Category 3 |
| Preventive Care Services | Deductible Waived – Plan Pays | |
| Routine well-baby care, physical examinations, health screenings, and immunizations | 100% for Category 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% |
| 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 | |
| Inpatient, outpatient and ambulatory services | 80% | 60% |
| Emergency room care (<i>including professional charges</i>) | 80% | |
| Inpatient/outpatient surgery and surgeon fees | 80% | 60% |
| Inpatient mental/behavioral health & substance use disorder | 80% | 60% |
| Skilled nursing facility – <i>120 inpatient days/year</i> | 80% | 60% |
| Other Services | After Deductible - Plan Pays | |
| Ambulance | 80% | |
| Inpatient/outpatient rehabilitation – <i>77 outpatient visits/year</i> | 80% | 60% |
| Habilitation services- <i>neurodevelopmental limited to children through age 17</i> | 80% | 60% |
| Home health care - <i>limited to 130 visits/year</i> | 80% | 60% |
| Hospice – <i>14 respite days/lifetime</i> | 80% | 60% |
| Durable medical equipment and supplies | 80% | 60% |
| Prescription Medication Benefit | 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 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.regencex.com</i> | | |

This is a summary only. Any errors or omissions are unintentional. Once enrolled, employees can view their Plan Booklets online at myregence.org.

4/14/2015

| Other services provided by Regence BlueCross BlueShield | Preferred Provider Benefit Category 1 Plan Pays | Non-Preferred Provider Benefit Category 2 & 3 Plan Pays |
|---|---|---|
| Weight Management and Obesity Treatment – Turning Point Program <ul style="list-style-type: none"> - <i>Weight management and obesity treatment, includes health coaching, integrated care coordination, up to four (4) nutritional counseling visits.</i> - <i>Bariatric surgery may be covered to treat morbid obesity – participant must meet participation requirements</i> | 100% (deductible waived) \$1,000 copay then 80% after deductible | 100% (deductible waived) \$1,000 copay then 80% after deductible |
| Case and Disease Management | Provided by Regence BCBS as part of the medical plan | |
| Special Beginnings Program | Provided by Regence BCBS as part of the medical plan | |
| Regence Health Coach – weight management and nutrition, tobacco cessation, exercise and fitness, stress management and improved sleep. | Provided by Regence BCBS as part of the medical plan | |
| 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. | Provided by Regence BCBS as part of the medical plan | |

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 person per calendar year. |
|------------------------------|--|

Vision Service Plan (VSP)

| | VSP Provider 12/12/24 | VSP Provider 24/24/24 | Non-VSP Provider |
|---|--|---|---|
| Benefit Frequency for Exam and Lenses Benefits reset annually on January 1 st | <i>Covered every calendar year</i> | <i>Covered every other calendar year[†]</i> | <i>Matches VSP plan selected</i> |
| Eye Exam | Covered at 100% | Covered at 100% | Up to \$71 |
| Single Lenses | Covered at 100% | Covered at 100% | Up to \$51 |
| Bifocal Lenses | Covered at 100% | Covered at 100% | Up to \$77 |
| Trifocal Lenses | Covered at 100% | Covered at 100% | Up to \$100 |
| Lenticular Lenses | Covered at 100% | Covered at 100% | Up to \$125 |
| Contacts | \$166 allowance for contacts lenses and exam, fitting and evaluation (in lieu of lenses); subject to same benefit frequency as lenses. | | Up to \$166 |
| Frames | \$120 allowance every other year ; 20% off the amount over allowance | | 100% up to \$66 |
| Safety Glasses Rider | <i>Can be added to both vision plans for an additional cost</i> | | |

[†] Children 18 and under are eligible for annual exams and lenses replacement.

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