

CIS Benefits Program

Summary of Plan I Preferred Provider Plan (PPP) Options

Effective January 1, 2013

(Terminating 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				
Preferred Provider Plans	I-B PPP	I-C PPP	I-E PPP	I-F PPP
Individual deductible per calendar year	\$200	\$300	\$500	\$1,000
Maximum family deductible per calendar year	\$600	\$900	\$1,500	\$3,000
Maximum co-insurance per person per calendar year	<i>Co-insurance amounts below do not include the deductible</i> \$2,000 per person/\$4,000 per family \$4,000 per person/\$8,000 per family			
Category 1 - Preferred Provider Category 2 & 3 - Participating and Non-Preferred Provider				
Benefit Features	Provider Benefit Category 1	Provider Benefit Category 2 & 3		
Preventive Care Services	Deductible Waived – Plan Pays			
Routine well-baby care, physical examinations, health screenings, and immunizations	100%			
Professional Services	After Deductible - Plan Pays			
Office visits for illness or injury, mental/behavioral health or substance use disorder (<i>primary care, specialist 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 care (<i>12 visits allowance per calendar year</i>)	80%			
Hospital/Facility Services	After Deductible - Plan Pays			
Inpatient, outpatient, and ambulatory services	80%	60%		
Emergency room care (<i>including professional charges</i>)	80% after \$100 copay ¹ (<i>copay waived if admitted</i>)			
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%			
Habilitation services- <i>neurodevelopmental limited to children through age 17</i>	80%			
Home health care - <i>180 visits/year</i>	80%			
Hospice – <i>14 respite days/lifetime</i>	100%			
Durable medical equipment and supplies	80%	60%		
Prescription Medication Benefit	Rx1 Pharmacy (34 day supply) Member Pays	Rx2 Pharmacy (34 day supply) Member Pays		
Individual deductible per calendar year	\$100 per person	No deductible		
Out-of-pocket maximum per person each calendar year	\$2,500	\$2,500		
Generic drugs	\$5 copay	\$10 copay		
Preferred brand drugs	30%	\$20 or 20% (<i>whichever is greater</i>)		
Non-Preferred brand drugs	40%	\$40 or 20% (<i>whichever is greater</i>)		
Mail Order (<i>90 day supply</i>)	\$10 or percentage (<i>whichever is greater</i>)	2 times copay or 20% (<i>whichever is greater</i>)		

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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 - <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 60% 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 Plan V PPP Plans for an additional cost. These riders are selected on a group level, not the individual employee level.

Hearing Exam and Hearing Aid Rider

(for participants over the age of 18; state mandated coverage applies to children 18 years or younger)

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
Hearing Aids Benefit	Paid 100% up to a maximum of \$3,000 every 48 months. The \$3,000 is an accumulative amount over the 48 months and not a one time benefit.

Alternative Care Rider

Naturopath and Acupuncture	No deductible, any provider - \$20 Copay – Maximum allowance of \$500 per member per calendar year.
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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 year¹</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 <i>every other year</i> ; 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>		

¹ Children 18 and under are eligible for annual exams and lenses replacement.

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