

**CIS - Copay Plan A Rx4**

\$20 Copay

\$250 Deductible, 80/60/60% Coinsurance

cis benefits  
www.cisbenefits.org

Effective Date: January 1, 2016

Visit [www.regence.com](http://www.regence.com) for a detailed description of your plan benefits listed below**Benefit Summary**

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| <b>Deductible per calendar year (Applies to 3 Claimants)</b> | \$250 Individual/\$750 Family  |
| <b>Out-of-Pocket maximum **(Includes Deductible)</b>         | \$2,250 Individual/\$4,750 Family (Preferred & Participating Providers)<br>\$4,250 Individual/\$8,750 Family (Non-Participating Providers) |
| <b>After the Out-of-Pocket maximum is met, the plan pays</b> | 100% for the remainder of the calendar year except where noted   |

**\*\*Important Note:** The Family Out-of-Pocket Maximum for a Calendar Year is satisfied when two or more Family Members' Deductibles, Copayments and Coinsurance for Covered Services for that Calendar Year total and meet the Family's Out-of-Pocket Maximum amount. One Member may not contribute more than the individual Out-of-Pocket Maximum amount.

| <b>Covered Medical Service (Per Member)</b>   | <b>Member Responsibility Category 1</b>                   | <b>Member Responsibility Category 2</b>                   | <b>Member Responsibility Category 3</b>   |
|---|---|---|---|
| <b>Preventive Care</b><br>For a list of services covered under this benefit, please visit our website (sign in and from there select "Preventive Care List")  | 0%<br>(deductible waived)                                 | 0%<br>(deductible waived)                                 | 40%                                       |
| <b>Office Visits</b>  | \$20 copay<br>(deductible waived)                         | 40%   | 40%                                       |
| <b>Outpatient Laboratory and Radiology Services (Upfront Benefit)</b><br>▪ The first \$400 per calendar year  | 0%<br>(deductible waived)                                 | N/A   | N/A                                       |
| <b>After the Upfront Benefits are Exhausted</b><br>▪ Laboratory and radiology services  | 20%   | 40%   | 40%                                       |
| <b>Professional Services</b><br>▪ Surgery, inpatient visits, diagnostic procedures and therapeutic injections   | 20%   | 40%   | 40%                                       |
| <b>Ambulance Services</b>   | 20%   | 20%   | 20%                                       |
| <b>Durable Medical Equipment</b>  | 20%   | 40%   | 40%                                       |
| <b>Emergency Room (Including Professional Charges)</b><br>▪ Copay applies to the facility charge, whether or not the deductible has been met<br>▪ Copay waived if admitted directly to a hospital or facility on an inpatient basis | 20% after \$100 copay<br>(for each visit)                 | 20% after \$100 copay<br>(for each visit)                 | 20% after \$100 copay<br>(for each visit) |
| <b>Hospital Care</b><br>▪ Inpatient, Outpatient and Ambulatory Service Facility   | 20%   | 40%   | 40%                                       |
| <b>Maternity Care</b>   | 20%   | 40%   | 40%                                       |
| <b>Mental Health/Chemical Dependency Services - Inpatient, Residential</b>  | 20%   | 20%   | 40%                                       |
| <b>Outpatient</b><br>▪ Copayment applies to therapy visit only  | \$20 Copay<br>(deductible waived for outpatient services) | \$20 Copay<br>(deductible waived for outpatient services) | 40%                                       |
| <b>Rehabilitation Services</b><br>▪ Inpatient: Unlimited per calendar year<br>▪ Outpatient: 77 visit limit per calendar year  | 20%   | 40%   | 40%                                       |

| <b>Covered Prescription Medication Services<br/>(Per Member)</b>  | <b>Member<br/>Responsibility<br/>Generic</b> | <b>Member<br/>Responsibility<br/>Formulary Brands</b> | <b>Member<br/>Responsibility<br/>Non-Formulary<br/>Brands</b> |
|---|--|---|---|
| <b>Prescription Medications from a Pharmacy</b> <ul style="list-style-type: none"> <li>▪ Retail: 34-day supply for each prescription</li> <li>▪ Mail Order: 2x copay for 90-day supply</li> <li>▪ \$2,500 out-of-pocket maximum</li> </ul>  | \$5  | \$25  | \$50  |
| <b>How to find Pharmacy Information in <a href="http://www.regence.com">www.regence.com</a></b>   |  |   |   |
| <b>Preventive Medications</b> – Sign in, from there select “Resources,” then “Pharmacy Benefits,” then “Learn more about OmedaRx,” then “Formularies and Other Drug Lists,” then “Preventive Medications Coverage.”   |  |   |   |
| <b>Optimum Value Medications</b> – Sign in, from there, select “Resources,” then “Pharmacy Benefits,” then “Learn more about OmedaRx,” then “Formularies and Other Drug Lists,” then “Optimum Value Medications List.”  |  |   |   |
| <b>Participating Pharmacies</b> – Sign in, from there, select “Resources,” then “Pharmacy Benefits,” then “Learn more about OmedaRx,” then “Pharmacy Directories.”  |  |   |   |
| <b>Brand-Name Prescription Medication Instead of Generic</b>  |  |   |   |
| If an equivalent generic medication is available and a brand-name medication is chosen, the member is responsible for paying the applicable brand-name co-payment plus the difference in price between the equivalent generic medication and the brand-name medication, not to exceed total retail cost. The exception is when the prescribing provider specifies that the brand-name medication must be dispensed, in which case the member will not be responsible for payment of the difference in cost. |  |   |   |

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| <b>Case Management</b>  |
| Receive one-on-one help and support in the event you have a serious or sudden illness or injury. An experienced, compassionate case manager will serve as your personal advocate during a time when you need it most. Your case manager is a licensed health care professional who will help you understand your treatment options, show you how to get the most out of your available Plan benefits and work with your physician to support your treatment plan. To learn more or to make a referral to case management, please call 1 (866) 543-5765. |
| <b>Disease Management</b>   |
| Regence Disease Management is a support and education program for people with chronic conditions such as diabetes, heart disease, asthma and/or depression. The Claims Administrator's nurses and behavioral health care coordinators provide tailored educational materials, tools and other services to help you get on track with your care and stay there. They can help you understand the care plan you've developed with your physician, and make smarter choices for better health. To learn more, please call 1 (866) 543-5765.                |
| <b>Special Beginnings Program</b>   |
| Pregnancy is a time of planning and excitement, but it can also be a time of confusion and questions. Special Beginnings can provide answers and assistance so that you can relax and enjoy those nine life-changing months.<br>This program offers expectant mothers access to a nurse 24 hours a day, 7 days a week, an informative maternity book or DVD and educational materials tailored to their needs. To learn more call 1 (888) JOY-BABY (569-2229).  |
| <b>Quit for Life<sup>®</sup> Tobacco Cessation Program</b>  |
| CIS offers a tobacco cessation program for all eligible members. For details go to <a href="http://www.cisbenefits.org">www.cisbenefits.org</a> ; from there select “Healthy Benefits & Wellness,” then “Enroll in a Tobacco Cessation Program.”  |
| <b>Weight Management and Obesity Treatment</b>  |
| CIS also offers a weight management program for all eligible members. For details go to <a href="http://www.cisbenefits.org">www.cisbenefits.org</a> ; from there select “Healthy Benefits & Wellness,” then “Enroll in a Weight Management Program.”   |
| <b>MDLive (Telehealth)</b>  |
| 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. To learn more call 1 (888) 725-3097.  |
| <b>BlueCard<sup>®</sup> Program (Out of Area Services)</b>  |
| The BlueCard Program is a unique program that enables you to access hospitals and physicians when outside the four-state area Regence serves (Idaho, Oregon, Utah and Washington), as well as receive care in 200 countries around the world. Find a provider near you at <a href="http://www.bcbs.com">www.bcbs.com</a> or call 1 (800) 810-BLUE (2583).   |

**Please note:** This benefit summary provides a brief description of your health care plan benefits and is not a guarantee of payment. Once enrolled, please review your plan booklet (online at [www.regence.com](http://www.regence.com)) for a complete list of benefits, limitations and/or exclusions, and a definition of medical necessity.

Your health coverage is insured by CIS, but administered by Regence BlueCross BlueShield of Oregon. This means CIS, not Regence BlueCross BlueShield of Oregon, pays for your covered medical services and supplies.

