

Regence Copay Plan A

Benefits Summary

Effective January 1, 2019



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.

Copay Plan A		
Deductible Per Calendar Year	\$250 Individual \$750 Family	
Out-of-Pocket Maximum Per Calendar Year	\$2,250 individual \$4,750 family	
Category 1 & 2 - Preferred and Participating Provider (includes deductible and medical copays but does not include prescription copays)		
Category 3 - Non-Preferred Provider (includes deductible and medical copays but does not include prescription copays)		
	\$4,250 individual \$8,750 family	
Medical Services	Member Pays Category 1 - Preferred	Member Pays Category 2 - Participating 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 copay (deductible waived)	40%
Outpatient laboratory, radiology, and diagnostic procedures	\$0 up to first \$400 then 20% (deductible waived)	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% after \$100 copay (copay waived if admitted)	
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	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/lifetime	0% (deductible waived)	
Durable Medical Equipment	20%	40%
Weight Management/Nutritional Counseling and Bariatric Surgery: - Weight management and nutritional counseling visits Four visits per plan year per member	0% (deductible waived)	
- Bariatric surgery may be covered to treat morbid obesity (participant must meet participation requirements)	\$1,000 copay then 20% after deductible (does not accumulate towards the out-of-pocket maximum)	\$1,000 copay then 40% after deductible (does not accumulate towards the out-of-pocket maximum)

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>	At the Pharmacy (30-day supply)* Member Pays	Mail Order Program (90-day supply) Member Pays
Individual deductible per calendar year	No deductible	
Out-of-pocket maximum each calendar year	\$2,500 per person	
Generic drugs	\$5 copay	\$10 copay
Preferred brand drugs	\$25 copay	\$50 copay
Non-Preferred brand drugs	\$50 copay	\$100 copay
Specialty Drugs	Refer to generic, preferred brand and non-preferred brand drugs costs above, for specialty medication or self-administrable cancer chemotherapy drug	
Limitations and Exceptions	<p>Out-of-pocket limit \$2,500 / claimant / year. Coverage is limited to 30-day* supply retail or 90-day supply mail order. Specialty drug coverage is limited to a 30-day supply.</p> <p>Specialty medication filled at a retail pharmacy is subject to 100% copay/coinsurance, and this amount does not accumulate towards the out-of-pocket maximum.</p> <p>Certain preventive items and services as defined by the Affordable Care Act are covered at zero-dollar cost share. Deductible waived for generic and preferred brand drugs designated as preventive for treatment of chronic diseases that are on the Preventive Medications List. You are responsible for the difference in cost between a dispensed brand-name drug and the equivalent generic drug, in addition to the copayment and/or coinsurance, unless your provider specifies "dispense as written."</p>	

*Some prescriptions may be filled for a 90-day supply at participating pharmacies only. Visit Express Scripts website for details.

Other services provided by Regence BlueCross BlueShield	Contact Information
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.	To learn more call 1 (888) 725-3097 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs", then click on Telehealth.
Hubbub- Hubbub health turns healthy behavior change into a game, with challenges that inspire you to move, nourish, balance, mingle, rewind and prosper.	To learn more, sign on to the CIS Health Manager at www.regence.com and click on the hubbub health button.
Case and Disease Management- Supports and educates members with serious illnesses/injuries or chronic conditions.	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", then click on Case or Disease Management.
Baby Wise (Childbirth to Newborn resources).	To learn more, call 1 (888) 569-2229 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs", then click on Maternity.
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.	Find a provider near you at www.regence.com 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. For a detailed description of your plan benefits, visit www.regence.com on or after January 1, 2019. You must set up an account to review your specific plan booklet.