

**Regence Copay Plan A**

\$20 Copay

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

cis benefits  
cisbenefits.org

Effective Date: January 1, 2017

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

<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) \$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> For a list of services covered under this benefit, please visit our website (sign in and from there select "Preventive Care List")	0% (deductible waived)	0% (deductible waived)	40%
<b>Office Visits</b>	\$20 copay (deductible waived)	40%	40%
<b>Outpatient Laboratory and Radiology Services (Upfront Benefit)</b> ▪ The first \$400 per calendar year	0% (deductible waived)	N/A	N/A
<b>After the Upfront Benefits are Exhausted</b> ▪ Laboratory and radiology services	20%	40%	40%
<b>Professional Services</b> ▪ 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> ▪ Copay applies to the facility charge, whether or not the deductible has been met ▪ Copay waived if admitted directly to a hospital or facility on an inpatient basis	20% after \$100 copay (for each visit)	20% after \$100 copay (for each visit)	20% after \$100 copay (for each visit)
<b>Hospital Care</b> ▪ 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> ▪ Copayment applies to therapy visit only	\$20 Copay (deductible waived for outpatient services)	\$20 Copay (deductible waived for outpatient services)	40%
<b>Rehabilitation Services</b> ▪ Inpatient: Unlimited per calendar year ▪ Outpatient: 77 visit limit per calendar year	20%	40%	40%

## Prescription Medication Benefits

<p>If you need drugs to treat your illness or condition, your prescription drug coverage is administered through Express Scripts (ES). Please visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> or contact their customer service at 1 (800) 496-4182.</p> <p>Regence BlueCross BlueShield of Oregon assumes no liability for the accuracy of your prescription drug benefits information.</p>	<p><b>Generic drugs</b></p>	<p>\$5 copay / retail prescription \$10 copay / mail order prescription</p>
	<p><b>Preferred brand drugs</b></p>	<p>\$25 copay / retail prescription \$50 copay / mail order prescription</p>
	<p><b>Non-Preferred brand drugs</b></p>	<p>\$50 copay / retail prescription \$100 copay / mail order prescription</p>
	<p><b>Specialty drugs</b></p>	<p>Refer to generic, preferred brand and non-preferred brand drugs costs above, for specialty medication or self-administrable cancer chemotherapy drug coverage.</p>
	<p><b>Limitations &amp; Exceptions</b></p>	<p><b>Out-of-pocket limit</b> \$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. 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. No charge 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 <b>copayment</b> and/or <b>coinsurance</b>, unless your <b>provider</b> specifies "dispense as written."</p>

### **Case Management**

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.

### **Disease Management**

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.

### **BabyWise Program**

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.

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).

### **Quit for Life<sup>®</sup> Tobacco Cessation Program**

CIS offers a tobacco cessation program for all eligible members. For details go to [www.cisbenefits.org](http://www.cisbenefits.org); from there select "Healthy Benefits & Wellness," then "Enroll in a Tobacco Cessation Program."

### **Weight Management and Obesity Treatment**

CIS also offers a weight management program for all eligible members. For details go to [www.cisbenefits.org](http://www.cisbenefits.org); from there select "Healthy Benefits & Wellness," then "Enroll in a Weight Management Program."

### **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.

### **BlueCard<sup>®</sup> Program (Out of Area Services)**

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 [www.bcbs.com](http://www.bcbs.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. 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.

