

# CIS Copay Plan E



## Benefits Summary

Effective January 1, 2026 – December 31, 2026

This medical and pharmacy plan is insured by CIS but administered by Regence BlueCross BlueShield (BCBS) of Oregon. This means that CIS, not Regence BCBS, pays for your covered medical and pharmacy services and supplies.

cis benefits  
www.cisbenefits.org

Copay Plan E		
Deductible Per Calendar Year	\$250 Individual \$750 Family	
Out-of-Pocket Maximum Per Calendar Year <b>Category 1 &amp; 2</b> - Preferred and Participating Provider (includes deductible and medical copays but does not include prescription copays)	\$2,250 Individual \$4,750 Family	
<b>Category 3</b> - 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 <i>(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)</i>	0% for Category 1 & 2 <i>(deductible waived)</i> 40% for Category 3 <i>(after deductible)</i>	
Professional Services		
	After Deductible – Member Pays	
Office visits for illness or injury, mental/behavioral health or substance use disorder <i>(primary care, specialist, naturopath, urgent/immediate care center or virtual care)</i>	\$5 copay for first 3 visits for Primary Care and Behavioral Health combined  \$20 copay for additional visits  <i>(deductible waived)</i>	40%
Outpatient laboratory, radiology, and diagnostic procedures	\$0 up to first \$400 <i>(deductible waived)</i> then 20%	40%
Maternity care	20%	40%
Therapeutic injections including allergy shots	20%	40%
Hospital/Facility Services		
	After Deductible - Member Pays	
Ambulatory Surgical Center	10% <i>(20% for all other facilities)</i>	40%
Emergency room care <i>(including professional charges)</i>	20% after \$100 copay <i>(copay waived if admitted)</i>	
Inpatient/outpatient surgery and surgeon fees	20%	40%
Inpatient mental/behavioral health & substance use disorder	20%	20% - Category 2 40%- Category 3
Skilled Nursing Facility – 120 inpatient days per year	20%	40%
Other Services		
	After Deductible - Member Pays	
Ambulance	20%	
Bariatric Surgery to treat obesity – 1 surgery per claimant lifetime <i>Does not accumulate toward the out-of-pocket maximum</i>	\$1,000 copay then 20% Blue Distinction Centers only	
Durable Medical Equipment	20%	40%
Hearing Aids - 1 hearing aid per ear every calendar year up to age 26	20% <i>(deductible waived)</i>	40% <i>(deductible waived)</i>
Hearing Examination – 1 exam per year <i>Does not accumulate toward the out-of-pocket maximum</i>	20% <i>(deductible waived)</i>	40% <i>(deductible waived)</i>
Home health care - 180 visits per year	20%	40%

Medical Services	Member Pays Category 1 - Preferred	Member Pays Category 2 - Participating Category 3 - Non-Preferred
<b>Other Services</b>	<b>After Deductible - Member Pays</b>	
Hospice – 14 respite days per lifetime	0% (deductible waived)	40%
Rehabilitation Services - Inpatient: Unlimited / Outpatient: 77 visits per year (visit limit shared with Neurodevelopmental therapy)	20%	40%
Weight management and nutritional counseling - 4 visits per year	0% (deductible waived)	40%

Other services included in your CIS medical plan	Contact Information
Hinge Health - Hinge Health provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition and a personal care team of experts. Best of all, there's no additional cost to you.	To learn more, please call (855) 902-2777 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> . Scroll down to Resources and click on Hinge Health.
Lantern– A comprehensive surgical program that provides a personalized concierge experience from dedicated Care Advocates and access to quality-centric health care through a network of credentialed surgeons. By using the Lantern benefit, you may also save money through reduced financial responsibility.	To learn more, please call (833) 603-0511 or go to <a href="http://my.lanternhealth.com">my.lanternhealth.com</a> .
MDLIVE - 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, please call (888) 725-3097 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> . Scroll down to Resources and click on MDLIVE.
Chronic Condition Coaching supports and educates members with chronic conditions including hypertension, diabetes, COPD, CAD, CHF, asthma and obesity.	To learn more, please call (866) 865-6725.
BeyondWell - A comprehensive well-being solution for members that integrates wellness activities, goals, rewards and challenges into a single location for a holistic wellness offering.	To learn more, please call (866) 865-6725 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> . Scroll down to Resources and click on BeyondWell.
Case Management - Supports and educates members with serious illnesses or injuries.	To learn more, please call (866) 543-5765 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> . Scroll down to Resources and click on Case Management.
Pregnancy Program – Provides childbirth to newborn resources.	To learn more, please call (888) 569-2229 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> . Scroll down to Resources and click on Pregnancy Program.
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 <a href="http://www.regence.com">www.regence.com</a> or call (800) 810-BLUE (2583).

Prescription Medication Benefit	At the Pharmacy (30-day supply) Member Pays	At the Pharmacy (90-day supply) or Mail Order thru Amazon (90-day supply) Member Pays
Individual deductible per calendar year	No deductible	
Out-of-pocket maximum each calendar year	\$2,500 per person/\$7,500 per family	
Tier 1 (Preferred Generic)	\$10 copay	\$20 copay
Tier 2 (Non-Preferred Generic)	\$10 copay	\$20 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay
Tier 5 (Generic and Preferred Brand Specialty)	\$50 copay Generic Specialty \$100 copay Preferred Brand Specialty	N/A
Tier 6 (Non-Preferred Specialty)	\$200 copay	N/A
Compound Medications	\$40 copay	N/A
Limitations and Exceptions	<p>Prescription drugs not on the Drug List are not covered, unless an exception is approved.</p> <p>No charge for certain preventive medications and immunizations, including those specifically designated as preventive for treatment of chronic diseases that are on the Optimum Value Medication List.</p> <p>Cost shares for insulin will not exceed \$35 / 30-day supply or \$105 / 90-day supply.</p> <p>Covered drugs limited to:</p> <ul style="list-style-type: none"> <li>Up to 90-day supply for retail prescription</li> <li>Up to 90-day supply for home delivery prescription</li> <li>Up to 30-day supply for specialty drug prescription</li> <li>Up to 30-day supply for compound medications</li> </ul> <p>Specialty Medications must be filled through Accredo Specialty Pharmacy.</p> <p>If you fill a brand drug or specialty drug when there is an equivalent generic drug or specialty biosimilar drug available, you pay the difference in cost in addition to the copayment and/or coinsurance, unless your provider specifies "dispense as written."</p> <p>More information about prescription drug coverage, including tier specific information, is available at <a href="https://regence.com/go/2026/OR/6tierLG">https://regence.com/go/2026/OR/6tierLG</a></p>	



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](https://www.regence.com) on or after January 1, 2026. You must set up an account to review your specific plan booklet.