

# CIS Copay Plan E

## Alternative Care and Hearing Aids

Benefits Summary  
Effective January 1, 2024



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 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
<b>Preventive Care Services</b>		
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>	
<b>Professional Services</b>		
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; then \$20 copay <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%
<b>Hospital/Facility Services</b>		
<b>After Deductible - Member Pays</b>		
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%
<b>Other Services</b>		
<b>After Deductible - Member Pays</b>		
Ambulance	20%	
Rehabilitation Services: <i>Inpatient: Unlimited / Outpatient: 77 visits per year (visit limit shared with Neurodevelopmental therapy)</i>	20%	40%
Hearing Aids- <i>applies to children 18 years or younger or children 19 to 25 enrolled in an accredited education institution</i>	20%	40%
Home health care - 180 visits per year	20%	40%
Hospice – 14 respite days per lifetime	0% (deductible waived)	40%
Durable Medical Equipment	20%	40%
Weight Management/Nutritional Counseling and Bariatric Surgery: - Weight management and nutritional counseling visits <i>Four visits per year</i>	0% (deductible waived)	40%
- Bariatric surgery may be covered to treat morbid obesity (participant must meet participation requirements) <i>Limited to one surgery per claimant lifetime</i>	\$1,000 copay then 20% <i>(does not accumulate towards the out-of-pocket maximum)</i>	\$1,000 copay then 40% <i>(does not accumulate towards the out-of-pocket maximum)</i>

<b>Prescription Medication Benefit</b> <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 <a href="http://www.express-scripts.com">www.express-scripts.com</a> 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>	<b>At the Pharmacy (30-day supply) Member Pays</b>	<b>Mail Order thru the Express Scripts Pharmacy Program (90-day supply) Member Pays</b>
Individual deductible per calendar year	No deductible	
Out-of-pocket maximum each calendar year	\$2,500 per person/\$7,500 per family	
Generic drugs	\$10 copay	\$20 copay
Preferred brand drugs	\$40 copay	\$80 copay
Non-Preferred brand drugs	\$100 copay	\$200 copay
	<b>Accredo Specialty Pharmacy (30-day supply)</b>	
Specialty Generic	\$50 copay	N/A
Specialty Preferred brand drugs	\$100 copay	N/A
Specialty Non-Preferred brand drugs	\$200 copay	N/A
Limitations and Exceptions	<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. Long-term medication fills at participating retail pharmacies may be filled for up to a 90-day supply and will follow the mail order copayment structure. Visit Express Scripts' website for details. Specialty drug coverage is limited to a 30-day supply and must be filled through Accredo Specialty Pharmacy.</p> <p>Specialty medications filled at a retail pharmacy are subject to 100% copayment/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. Product Selection Cost – If you request and obtain a brand name drug when a generic equivalent is available, you are responsible for the applicable copayment plus the cost difference between the brand name drug and the generic drug.</p>	

## Additional Medical Services

### Alternative Care Services

Acupuncture and Chiropractic Spinal Manipulations	No deductible, any provider - \$20 Copay – Maximum allowance of 12 visits per calendar year for Acupuncture and 20 visits per calendar year for Chiropractic Spinal Manipulations.
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### Hearing Aids and Hearing Exam – Member Pays

Hearing Aids	Paid at 100% up to a maximum of \$3,000 every 4 calendar years. The \$3,000 is an accumulative amount over the 4 calendar years and not a one-time benefit.
Hearing Examination	One exam every calendar year. Covered at 20% using a Category 1 provider, 40% using a Category 2 or 3 provider; not subject to the deductible. Does not accumulate toward the out-of-pocket maximum.

### 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 1 (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.
SurgeryPlus – 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 SurgeryPlus benefit, you may also save money through reduced financial responsibility.	To learn more, please call (833) 633-0511, go to <a href="http://cisbenefit.surgeryplus.com">cisbenefit.surgeryplus.com</a> , or email <a href="mailto:cisbenefits@surgeryplus.com">cisbenefits@surgeryplus.com</a>
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, please call 1 (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 1 (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 1 (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 1 (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 Care Management
Pregnancy Program ( <i>Childbirth to Newborn resources</i> ).	To learn more, please call 1 (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 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](http://www.regence.com) on or after January 1, 2024. You must set up an account to review your specific plan booklet.

# A Look at Your VSP Vision Coverage

With VSP and CIS TRUST, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

## Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

## Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices

private  
practice  
doctors

**Visionworks**

## Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

**vsp**  
vision care



## More Ways to Save

**Extra  
\$20  
to spend on  
Featured Brands†**

bebe	CALVIN KLEIN
COLE HAAN	DRAGON.
FLEXON	LACOSTE
	and more

See all brands and offers  
at **vsp.com/offers**.



**Up to  
40%  
Savings on  
lens enhancements‡**

Contact us: **800.877.7195** or  
**vsp.com**

## Your VSP Vision Benefits Summary

CIS TRUST Vision Plan A and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$10	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><li>Retinal screening for members with diabetes</li><li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li><li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li></ul>	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none"><li>\$190 featured frame brands allowance</li><li>\$170 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$95 Walmart*/Sam's Club*/Costco* frame allowance</li></ul>	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li></ul>	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Anti-glare coating</li><li>Tints/Light-reactive lenses</li><li>Impact-resistant lenses</li><li>Scratch-resistant coating</li><li>UV protection</li><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 \$0 \$0 \$0 \$0 \$50 \$50 \$50	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$166 allowance for contacts and contact lens exam (fitting and evaluation)</li><li>15% savings on a contact lens exam (fitting and evaluation)</li></ul>	\$0	Every calendar year
SAFETY GLASSES (EMPLOYEE-ONLY COVERAGE)			
FRAME*	<ul style="list-style-type: none"><li>\$65 allowance for a safety frame</li><li>20% savings on the amount over your allowance</li><li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li></ul>	\$0	Every other calendar year
LENSES	<ul style="list-style-type: none"><li>Prescription single vision, lined bifocal, and lined trifocal</li><li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li></ul>	\$0	Every calendar year
EXTRA SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <b>vsp.com/offers</b> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to <b>vsp.com</b> to find an in-network provider. Your plan provides the following out-of-network reimbursements:			
Exam .....	up to \$50	Lined Bifocal Lenses .....	up to \$55
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$70
Single Vision Lenses .....	up to \$35	Progressive Lenses .....	up to \$105
		Contacts .....	up to \$110
		Tints .....	up to \$5

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

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Classification: Restricted

# Welcome to Express Scripts

CIS and Express Scripts want you to know that Express Scripts manages your prescription plan. We care about your health and work to make medications safer and more affordable. We encourage you to take advantage of the services and resources available to help you and your dependents manage your pharmacy benefit. We look forward to serving you soon!



## Why pay more? Make the move to a 3-month supply.

Under your prescription plan, you have the option to order 3-month supplies of long-term medications from certain participating retail pharmacies or through home delivery from Express Scripts® Pharmacy.<sup>1</sup>

To start ordering a 3-month supply from Express Scripts® Pharmacy, register or log in at **express-scripts.com**. (Standard shipping is free with home delivery.<sup>2</sup>)

To find a retail pharmacy that participates in 3-month supplies, log in at **express-scripts.com** and choose Find a Pharmacy from the menu under Prescriptions. The pharmacy can tell you how to transfer your prescription or start a new one. Search results will indicate whether a pharmacy is eligible to dispense up to a 3-month supply.

According to your plan, you can keep filling one month at a time, but you could miss out on convenience and savings.

<sup>1</sup>Long-term medications are taken for an ongoing condition, such as high blood pressure, high cholesterol and asthma.

<sup>2</sup>Cost of standard shipping is included as part of your prescription plan.



## Accredo, your specialty pharmacy

Accredo is the Express Scripts specialty pharmacy. A specialty pharmacy provides medication and therapy for patients with serious, chronic conditions like cancer and hepatitis C. Accredo offers teams of pharmacists, nurses and clinicians who are specialty trained on your condition. This level of individualized, focused care gives you the most comprehensive, compassionate and customized care available.

Accredo offers many patient support services, including:

- Personal care and health advocacy assistance from patient care coordinators
- Coordination of financial assistance (availability varies by plan)
- Guidance for patients and caregivers for taking specialty medications most effectively
- All necessary ancillary supplies, such as syringes and sharps containers

Specialty medications must be filled through Accredo to receive coverage. To learn more about Accredo, please visit **accredo.com**.

CIS has partnered with SaveOnSP to provide a specialty pharmacy copayment assistance program. If you attempt to fill a specialty prescription that falls under this program, an Accredo representative will assist you with enrollment in the program by transferring you to SaveOnSP. More information about this program can be found in your plan booklet.



## Network retail pharmacies

Network pharmacies are retail pharmacies that are preferred by your prescription plan. Use them for prescriptions you need on a short-term basis, like an antibiotic to treat an infection. When you go to an in-network pharmacy for up to a 30-day supply of medication, you'll typically pay less than at a retail pharmacy that's out of your network.

**To find an in-network pharmacy near you**, go to [express-scripts.com/CIS6](https://express-scripts.com/CIS6) and select **Locate a Pharmacy**. Search results will indicate whether a pharmacy is eligible to dispense up to a 3-month supply. You may also log in at [express-scripts.com](https://express-scripts.com) and choose **Find a Pharmacy** from the menu under **Prescriptions** or call Express Scripts at 800.496.4182.

**If you're new to Regence BCBS coverage**, be sure to show your new Express Scripts ID card at the pharmacy. You can also access your ID card by downloading the Express Scripts® mobile app. If you don't show your ID card and instead choose to pay the entire cost of the medication, you must submit a claim form to Express Scripts for reimbursement. You'll be reimbursed based on the covered medication's contracted rate minus the appropriate copayment. This amount will be lower than the amount you paid out of pocket at the retail pharmacy.

**If you need to transfer your prescription from an out-of-network pharmacy to an in-network pharmacy**, just choose one of the following:

- Bring your prescription vial or container to an in-network pharmacy, and the pharmacist will transfer it.
- Call a pharmacy in your network, and ask the pharmacist to transfer your medication.
- Ask your doctor to send your prescription in to an in-network pharmacy using e-prescribing.



## Manage your prescription

One of the great things about being an Express Scripts member is that you can manage your medication easily on your laptop, tablet, desktop or phone. Whether you want to check your order status, look for savings opportunities, look up information about your benefit, get a refill or even find a pharmacy, the Express Scripts website and mobile app can help!

**Just register at [express-scripts.com](https://express-scripts.com), or download the mobile app** to your mobile device for free by searching your app store for Express Scripts. (Availability and features may vary.)



## Formulary

A preferred medication list, also called a formulary, helps keep healthcare costs down for everybody. It's a list of medications that have been reviewed and approved for safety and effectiveness by a panel of doctors and pharmacists. This list is continually reviewed and updated as new medications become available.

Note that certain medications are excluded from your formulary, which means they're not covered. An equally effective and safe alternative may be available. To check pricing and coverage for a medication, visit [express-scripts.com/CIS6](https://express-scripts.com/CIS6). Drug classes with excluded medications include Autonomic and Central Nervous System, Cardiovascular and Dermatological.