

CIS High Deductible Health Plan 4 w/ HSA Alternative Care

Benefits Summary

Effective January 1, 2026 – December 31, 2026



cis benefits
www.cisbenefits.org

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.

HDHP 4 w/ HSA		
Deductible Per Calendar Year	\$1,700 Individual \$3,400 Family	
Out-of-Pocket Maximum Per Calendar Year <i>includes deductible, medical copays and prescription copays</i>	\$3,400 Individual \$6,800 Family	
Important Note: The Individual Deductible and Out-of-Pocket Maximum apply only if you are enrolled in Employee Only coverage. If you have other family members on the plan, the Family Deductible must be met before the plan begins to pay. Likewise, the Family Out-of-Pocket Maximum must be satisfied before the plan will pay 100% of the allowed amount for any individual on the plan.		
Medical Services	Member Pays Category 1 - Preferred Category 2 - Participating	Member Pays 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% <i>(deductible waived)</i>	40% <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>	0% for first 3 visits for Primary Care and Behavioral Health combined 20% for additional office visits	40%
Outpatient laboratory, radiology, and diagnostic procedures	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%	
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		
Acupuncture – 12 visits per year	20%	40%
Ambulance	20%	
Bariatric surgery to treat obesity – 1 surgery per claimant lifetime <i>Does not accumulate towards the out-of-pocket maximum</i>	\$1,000 copay then 20% Blue Distinction Centers only	
Chiropractic Spinal Manipulations – 20 visits per year	20%	40%
Durable Medical Equipment	20%	40%
Hearing Aids – 1 hearing aid per ear every calendar year up to age 26	20%	40%
Home health care - 180 visits per year	20%	40%
Hospice – 14 respite days per lifetime	20%	40%
Rehabilitation Services - Inpatient: Unlimited / Outpatient: 77 visits per year <i>(visit limit shared with Neurodevelopmental therapy)</i>	20%	40%
Weight management and nutritional counseling - 4 visits per year	0%	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 www.regence.com . 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, go to mysurgery.lanterncare.com .
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 (888) 725-3097 or sign on to the CIS Health Manager at www.regence.com and hover on "Programs & Resources", then click on Telehealth. 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 www.regence.com . 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 www.regence.com . Scroll down to Resources and click on Care 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 www.regence.com . 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 www.regence.com 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	Shared with Medical Services	
Out-of-pocket maximum each calendar year	Shared with Medical Services	
Tier 1 (Preferred Generic)	20% Retail/Mail Order Prescription	
Tier 2 (Non-Preferred Generic)		
Tier 3 (Preferred Brand)		
Tier 4 (Non-Preferred Brand)		
Tier 5 (Generic and Preferred Brand Specialty)	20%	N/A
Tier 6 (Non-Preferred Specialty)	20%	N/A
Compound Medications	20%	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, deductible does not apply 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. Deductible does not apply for insulin. 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"> 90-day supply / retail prescription 90-day supply / home delivery prescription 30-day supply / specialty drug prescription 30-day supply / compound medications <p>Specialty medications must be filled through Accredo Specialty Pharmacy. 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 is available at https://regence.com/go/2026/OR/6tierLG</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 on or after January 1, 2026. You must set up an account to review your specific plan booklet.