

**Regence Ashland Grandfathered PPO Plan**

\$300 Deductible, 10%/30% Coinsurance



Effective Date: July 1, 2018

Visit [www.regence.com](http://www.regence.com) for a detailed description of your plan benefits listed below on/or after 7/1/2018cis benefits  
cisbenefits.org**Benefit Summary**

<b>Deductible per calendar year (Applies to 3 Claimants)</b>	\$300 Individual/\$900 Family
<b>Out-of-Pocket maximum **(Includes Deductible)</b>	\$900 Individual/\$1,800 Family (In-Network) \$1,900 Individual/\$3,800 Family (Out of Network)
<b>After the Out-of-Pocket maximum is met, the plan pays</b>	100% for the remainder of the calendar year

**\*\*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 Preferred Provider</b>	<b>Member Responsibility Participating/Non-Participating Provider</b>
<b>Office Visits</b>	10%	30%
<b>Advanced Diagnostic Imaging</b>	10%	30%
<b>Diagnostic and Therapeutic Radiology</b>	10%	30%
<b>Professional Services</b> ▪ Office/Home visits, procedures and supplies, surgery	10%	30%
<b>Chiropractic Care</b> ▪ Spinal manipulations are covered by any provider. Limited to 12 visits per calendar year. All other services are covered according to plan benefits.	10%	
<b>Ambulance Services</b>	10%	
<b>Durable Medical Equipment</b>	10%	30%
<b>Emergency Room (Including Professional Charges)</b> ▪ Copay waived if admitted directly to a hospital or facility on an inpatient basis ▪ For emergency medical conditions, non-participating providers are paid at the participating provider level.	Deductible, 10% after \$100 copay (for each visit)	
<b>Hearing Exam</b>	10%	30%
<b>Hospital Care</b> ▪ Inpatient ▪ Outpatient	10%	30%
<b>Maternity Care</b>	10%	30%
<b>Mental Health/Chemical Dependency Services</b> ▪ Inpatient, Residential ▪ Outpatient	10%	30%
<b>Nutritional Counseling</b> ▪ Diabetic Education ▪ Management of inborn errors of metabolism ▪ Management of anorexia nervosa ▪ Bulimia nervosa	10%	30%
<b>Preventive</b> ▪ Well Baby/Well Child Care ▪ Immunizations age 19 and over ▪ Colonoscopy	10%	30%
<b>Preventive</b> ▪ Routine Physicals ▪ Well Woman Visits ▪ Immunizations 0 – 18 years	No Charge (Deductible waived)	No Charge (Deductible waived)
<b>Rehabilitation Services</b> ▪ Inpatient: 50 visit limits per calendar year ▪ Cardiac rehabilitation – no visit limit	10%	30%
▪ Outpatient 30 visit limit per calendar year	10%	10%

### 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 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.</p>	<b>Tier 1</b> (Generic)	\$5 copay / retail or mail prescription (up to 34-day supply) \$10 copay / retail prescription (35 to 60-day supply) \$10 copay / mail order prescription (35 to 94-day supply) \$15 copay / retail prescription (61 to 94-day supply)
	<b>Tier 2</b> (Preferred Brand)	\$30 copay / retail or mail prescription (up to 34-day supply) \$60 copay / retail prescription (35 to 60-day supply) \$60 copay / mail order prescription (35 to 94-day supply) \$90 copay / retail prescription (61 to 94-day supply)
	<b>Tier 3</b> (Non-Preferred Brand)	\$55 copay / retail or mail prescription \$110 copay / retail prescription (35 to 60-day supply) \$110 copay / mail order prescription (35 to 94-day supply) \$165 copay / retail prescription (61 to 94-day supply)
	<b>Specialty drugs</b>	Same as retail pharmacy co-payment above. Up to a 30-day supply per fill at Accredo only.
	<b>Limitations &amp; Exceptions</b>	<p><b>Out-of-pocket limit</b> \$2,500 / claimant / year. Specialty drug coverage is limited to a 30-day supply through Accredo only.</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>

#### **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. There will be a \$42 charge per Telehealth visit.

#### **hubhub**

Hubhub health turns healthy behavior change into a game, with challenges that inspire you to move, nourish, balance, mingle, rewind and prosper.

#### **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, please call 1 (866) 543-5765.

#### **Disease Management**

Disease Management is a support and education program for people with chronic conditions such as diabetes, heart disease, asthma and/or depression. The Disease Management 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. BabyWise 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 24/7/365, an informative maternity book or DVD and educational materials tailored to their needs. To learn more, please call 1 (888) 569-2229.

#### **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."

#### **BlueCard® 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 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.

