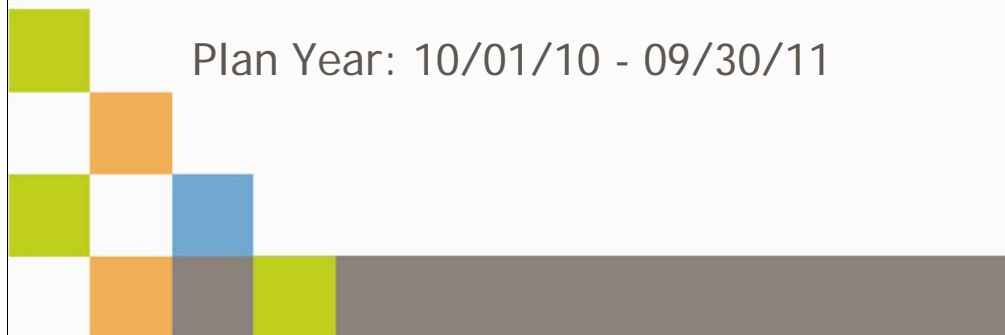




ODS offers medical, pharmacy,  
dental and vision plans to  
educational entities throughout  
the state of Oregon.



Thank you for your interest in the ODS medical, pharmacy, vision, and dental plans. This presentation will explain some of the important details as they relate to ODS plans for the 2010-11 plan year.

## Why Choose ODS Medical Plans?



I'd like to start by highlighting what ODS offers you and why you should consider choosing ODS as your medical plan.

## Preferred Provider Organization (PPO)

- Freedom of Choice
- No Referral Process
- Medical Networks
  - ODS Plus Network (active enrollees)
  - Early retirees & COBRA enrollees (network is dependent on where you reside)



ODS is proud to be the statewide carrier for the OEBC Preferred Provider Organization medical plans. These are also known as “PPO” plans.

With a PPO plan you have freedom of choice. You can see any eligible provider of service. You don’t have to select a primary care physician and you don’t need a referral to see a specialist.

To receive the highest level of benefits, simply go to one of ODS’s many in-network providers.

OEBC active members and their dependents use the ODS Plus Network. Early retirees and COBRA enrollees use different networks based on where they live.

## ODS Medical Networks

- ODS Plus Network
  - More than 100 hospitals & 24,000 providers
    - Oregon
    - Idaho
    - SW Washington
    - Northern California
- Out of State provider networks for early retirees & COBRA enrollees only
  - Nearly 450,000 out of state providers nationwide
- [www.odscompanies.com/OEBB](http://www.odscompanies.com/OEBB)



The ODS Plus Network gives you broad access to providers with more than 100 hospitals and 24,000 providers in Oregon, SW Washington, Idaho and Northern California.

ODS has nearly 450,000 providers in more than 4,000 locations available outside the state of Oregon for OEBB early retirees and COBRA enrollees.

For more detailed information regarding the ODS Plus Network or other out of state networks, please visit the ODS web site at [www.odscompanies.com](http://www.odscompanies.com).

## Networks - out of service area

- Emergent & urgent care always covered as in-network
- Other services paid out-of-network when outside of the service area
- Out of area dependents are covered at in network level - member must contact ODS in advance to set this up
- Maximum plan allowance



If a member is traveling outside the service area and a medical emergency occurs, they should seek care from the nearest emergency room or urgent care center. Reimbursement will be made at the in-network level up to the maximum plan allowable amount for the applicable service.

Starting October 1, 2010, payment for non-emergency services provided by an out-of-network hospital/facility will no longer be based on the charges as billed. They will be subject to a maximum plan allowed amount, which may result in additional out of pocket expenses for members. To avoid the possibility of having to pay above and beyond your normal copayments and coinsurance, you should always use an in-network hospital or facility.

Non-emergency services received from out-of-network professional providers are paid at the out-of-network level up to the maximum plan allowable amount. If the provider charges more than the maximum plan allowable amount, you will be responsible for the entire difference. Again, you can avoid the potential additional charges by using an in-network provider for all of your healthcare needs.

Out-of-area dependents, such as students residing outside the ODS service area, may be set up to have services paid at the in-network level up to the maximum plan allowable amount. Members must contact the ODS customer service department prior to the dependent's change in address to have this set-up.

## Member Services

- Exceptional customer service
  - A live person answers your call within 30 seconds
- 24 hour nurse advice line
- Care coordination and case management



Now I'd like to share some information with you regarding ODS' member services. ODS takes pride in providing exceptional customer service. We consistently exceed our goal of answering customer calls within 30 seconds or less. When you call ODS, you will get a live person who is knowledgeable about your benefit plans and respectful of your time and concerns.

A 24 hour nurse advice line is available for the convenience of ODS members. ODS also provides care coordination for members and case management for members with conditions requiring more care.

## myODS

- View plan benefits and member handbooks
- Review claims details
- Rx history, formulary and pricing
- Online health tools
- Provider search

[www.odscompanies.com/oebb](http://www.odscompanies.com/oebb)



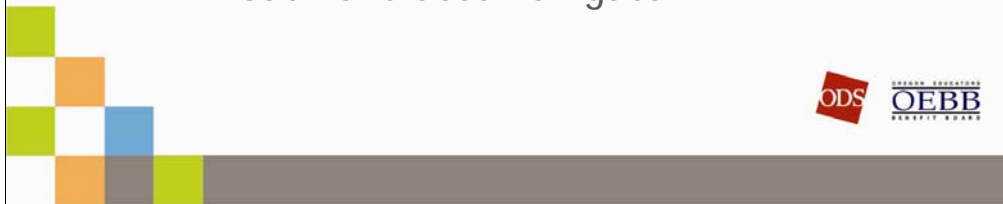
In addition, as an ODS member, you have access to myODS. MyODS is a secure, online system available to OEGBB members 24/7. You have the ability to view your own eligibility, benefit information, and claims activity. You can search for participating providers, view your member handbook online, order replacement ID cards, print out duplicate explanation of benefit statements, and much more.

Keep in mind, you'll have to wait until after your effective date of coverage to register for this service, since you will need your OEGBB specific identification number to register. This number can be found on your ODS identification card.

After your October 1st effective date, be sure to show your OEGBB ODS ID card to your provider and ask them to bill ODS using your unique identification number.

## myODS

- eDocAmerica
- WorldDoc
- Dental Optimizer
- Treatment Cost Navigator



One of the many value-added resources ODS offers its members is eDoc America. With eDoc, members can email questions to physicians, dentists, psychologists, dietitians, pharmacists, and fitness experts and receive a personalized response within 24 hours.

Members can also access WorldDoc which contains many health tools including a health and symptom evaluator, medical library and an area to store a personal health profile and medical history

Dental Optimizer is another valuable resource. It is a personal hub for managing dental health and reducing dental treatment costs.

And, the Treatment Cost Navigator helps members get medical cost estimates for select services.

## New Benefit: Weight Management

- New for 2010
- Up to four 13-week Weight Watchers series per year for employees/early retirees
- Unlimited telephone coaching sessions
- Annual assessment and screening
- Educational resources and health coaching



Weight Management will be offered as a new benefit on all ODS medical plans starting October 1st, 2010. Employees and early retirees of Oregon educational entities will have access to up to four 13-week Weight Watchers series per year. Also, employees, early retirees and their covered dependents will have unlimited telephone coaching sessions, annual assessment, screenings and educational resources to help them lose weight and maintain that weight loss.

## Health Coaching Programs

- New: - Spine and joint care  
- Lifestyle coaching
- Diabetes care
- Respiratory care
- Depression care
- Cardiac care
- Maternity care



ODS also has health coaches and a variety of programs available to help its members cope with health conditions and to promote and maintain positive lifestyle changes. ODS offers programs for diabetes care, respiratory care, depression care, cardiac care and maternity care in addition to the two newest programs that focus on spine and joint care and lifestyle coaching. The health coaches use, and the programs are based on, evidence-based practices and guidelines.

## Tobacco Cessation Program

(Administered through Free & Clear)

- 5 Quit Coach® initiated support calls
- Free calls to a Quit Coach®
- Web coaching
- Nicotine replacement therapy
- Recommendations for prescription medications



OEBC members also have access to the Free & Clear, Quit For Life Program. This is one of the most successful programs of its kind to help people gain the skills they need to quit and stay off tobacco for a healthier life. You can access all of these benefits without any additional out-of-pocket cost. Medications are subject to the normal pharmacy copayments.

## New for 2010

- **Incentive care office visit tier**
  - For asthma, heart conditions, cholesterol, high blood pressure and diabetes
- **Additional Cost Tier: \$500 copay plus deductible and coinsurance (plans 3-8)**
  - Outpatient upper endoscopy
  - spine surgery for pain
  - knee and hip replacement
  - knee and shoulder arthroscopy



Starting October 1, 2010, OEBC is introducing two new benefit tiers. The Incentive Tier will apply to office visits and exams performed to help you manage certain conditions. If you or one of your covered dependents has asthma, diabetes, a heart condition, high cholesterol, or high blood pressure, you will have lower copayments on most ODS medical plans for office visits and certain medications related to management of those conditions.

Also, beginning October 1, 2010, OEBC will introduce the Additional Cost Tier. The Additional Cost Tier is designed to encourage exploration of treatment alternatives for outpatient upper endoscopies, spinal surgery for pain, knee and hip replacements and knee and shoulder arthroscopies. These procedures will require an additional \$500 copayment that will not apply toward your deductible or your out-of-pocket maximum. The only exception to this additional copayment would be if the procedure is used for treatment of a cancer. When considering these procedures for all other conditions, be sure to talk to your provider about the alternatives. You can access additional resources and tools on myODS to support your decision making and help you prepare for the conversation with your provider.

## New for 2010

- Specified Imaging (MRI, CT, & PET) and Sleep Studies: \$100 copay plus deductible and coinsurance (plans 3-8)
- Alternative Care benefit maximum reduced to \$2,000



Also new for 2010, is the additional copayment of \$100 for specified advanced imaging services and sleep studies. This additional copayment was also designed to encourage discussion about the need and effectiveness of these procedures or alternatives that may exist. Procedures and tests related to the ongoing evaluation or treatment of cancer will not require either of these additional copayments.

Additionally for 2010 the alternative care benefit maximum has been reduced to \$2,000. ODS will continue to work with your alternative care provider to determine that the treatment is producing positive outcomes.

## ODS Medical Plans 3 through 9

- **Plan year of 10/1 through 9/30**
- **Deductible** - amount of money that members pay out of their own pocket before the plan begins to pay benefits
- **Copay** - a fixed amount that members pay at the time of service (does not apply to deductible or out-of-pocket max)
- **Coinsurance** - portion that members pay for services, expressed as a percentage
- **Out-of-pocket maximum** - the maximum amount one would be responsible for paying in the plan year when using in-network providers. This does not include copays, which always apply.



Now I'd like to spend a few minutes providing you with an overview of the OEBC medical plan designs 3 through 9.

It is important to understand that the OEBC plan designs are based on what we call a "Plan Year". The plan year begins October 1st and ends September 30th of each year.

Each Plan has an individual and family deductible. In most cases, the deductible must be satisfied prior to any benefit reimbursement. There is one combined deductible for both in and out of network.

Plans 3 through 5 have a member copayment for in-network office visits. When there is a member copayment, the member pays the copayment and ODS picks up the balance of the eligible charges. The deductible does not apply. The only exceptions to this are the \$100 additional copayments for high tech imaging and sleep studies and the \$500 copayments on the Additional Cost Tier. Copayments never apply to the annual maximum out-of-pocket on the ODS medical plans.

Most other services are subject to coinsurance. This means the member and ODS share in the cost of eligible services. The in-network and out-of-network member coinsurance amounts differ. To receive the highest level of benefit, see an in-network provider.

OEBC designed these plans with an emphasis on preventive services and early detection. Preventive Services are reimbursed by ODS at 100% when a member sees an in-network provider. Out of network services are subject to the deductible & the out-of-network coinsurance.

You have an out of pocket maximum for both in-network and out-of-network services. If you go to an in-network provider, your out-of-pocket expenses are applied to the out of pocket maximums for both in-network and out-of-network services. If you go to an out-of-network provider, your out-of-pocket expenses are only applied to the out-of-pocket maximum for out-of-network services. ODS Plan 9 is the one exception.

There is an alternative care benefit that covers eligible services provided by chiropractors, naturopaths, and acupuncturists. The plan will cover up to a combined maximum benefit of \$2,000 per plan year. Services are reimbursed the same as any other benefit under the plan. Preauthorization is required beyond 12 visits for each category of alternative care.

## Medical Plan Changes

In Network	2009	2010
Plan 3	\$100 deductible \$500 out-of-pocket Office visit copay \$10	\$200 deductible \$1,200 out-of-pocket Incentive office visit copay \$10 Office visit copay \$15
Plan 4	\$100 deductible \$1,000 out-of-pocket Office visit copay \$15	\$200 deductible \$1,500 out-of-pocket Incentive office visit copay \$10 Office visit copay \$25
Plan 5	\$1,000 out-of-pocket Office visit copay \$20	\$1,800 out-of-pocket Incentive office visit copay \$10 Office visit copay \$25



Please take a moment to review this slide, showing the changes to medical plans 3, 4, and 5. You should note that the deductibles and maximum out-of-pocket amounts and copayments for most office visits will increase under all three plans beginning October 1. However, office visit copays for management of asthma, diabetes and heart conditions will remain the same or, in the case of Plans 4 and 5, will actually decrease.

## Medical Plan Changes

In Network	2009	2010
Plan 6	\$1,500 out-of-pocket Office visit copay \$20	\$2,000 out-of-pocket Incentive office visit copay 20%, deductible waived Office visit copay 20%
Plan 7	No changes other than all plan changes	
Plan 8	No changes other than all plan changes	
Plan 9	No changes, except for alternative care max. Note: copays for specialty cost tier and imaging do not apply on plan 9.	



This slide shows the changes to medical plan 6 through 9. Plan 6 has the most significant changes and will no longer have a copayment benefit for office visits. This means that you will need to meet the deductible and then pay a percentage of the total cost of the office visit. The deductible is waived for office visits for management of asthma, diabetes and heart conditions, but you will be responsible for a percentage of the cost of those visits versus a flat copayment. The only changes to plans 7 and 8 were to add the new \$100 and \$500 copayments. There are no changes to Plan 9.

## ODS Medical Plan 9: Health Savings Account (HSA)

- **Plan year deductible**
  - Employee only: \$1,500
  - Employee with one or more dependents: \$3,000
- **Member coinsurance levels**
  - 20% in-network, 40% out-of-network
- **Plan year out-of-pocket maximum**
  - Employee only: \$5,000 combined in and out-of-network
  - Employee with one or more dependents: \$10,000 combined in and out-of-network
  - Deductible applies to out-of-pocket max
- **Prescription drug reimbursement**
  - 20% after deductible



Medical Plan 9 is a Health Savings Account (or HSA) compliant plan.

HSA compliant plans give consumers incentives to manage their own health care costs by coupling a tax-favored savings account used to pay medical expenses with a high-deductible health plan that meets certain requirements for deductible and out-of-pocket expense limits.

Preventive services provided by in-network providers are the only services not subject to the deductible. The deductible must be satisfied, prior to reimbursement for any other services.

This plan has a \$1,500 individual deductible for employee-only coverage and a \$3,000 combined deductible for employees with one or more dependents.

Member coinsurance is 20% in-network and 40% out-of-network.

The Out of Pocket Maximum is \$5,000 (combined in and out-of-network) for employee only coverage and \$10,000 (combined in and out-of-network) for employees with one or more dependents.

The pharmacy benefits are included in Plan 9. Prescriptions drugs are subject to the deductible. You must pay for prescriptions at the time of purchase. If you go to an in-network pharmacy on the OPDP Network, ODS will process the claim and apply the charges to your deductible and reimburse you when appropriate, without submission of a pharmacy receipt. If you elect to go to a non-participating pharmacy, you must submit the receipt to ODS for charges to be applied to your deductible and to receive reimbursement when appropriate. You can locate an in-network pharmacy by going to the ODS website or calling ODS customer service.

If your entity offers access to an HSA account, or you set up one on your own, you can use tax-free Health savings account dollars to pay for deductibles, coinsurance, and qualified medical expenses not covered by your plan.

Plan 9 can also be used without an HSA account, or in coordination with another medical plan. If you have other medical coverage, you cannot use Plan 9 as a second plan. There are a number of special rules and guidelines for using HSA accounts along with a qualified medical plan, so be sure to look into those as you consider Plan 9..

## ODS Prescription Drug Plans



This portion of the presentation will focus on the ODS Prescription Drug Plans available with medical plans 3 through 8.

## ODS Pharmacy Program

- Network
  - Oregon Prescription Drug Plan (OPDP) network
  - Includes over 600 pharmacies in Oregon and 29,000 nationwide
- 4 tier pharmacy program
- \$1,000 plan year out-of-pocket maximum
- Rx copayments count toward out-of-pocket maximum
- Mail order service - up to a 90 day supply available through Wellpartner
- Specialty medications - 31 day supply available through BioScrip
- [www.odscompanies.com/OEBB](http://www.odscompanies.com/OEBB)



As an OEBB member, you have access to the Oregon Prescription Drug Plan Network, also known as OPDP, for prescription drug coverage. This pharmacy network gives you access to more than 550 pharmacies in Oregon and 26,000 pharmacies across the U.S. The majority of chain pharmacies are participating in the OPDP Network, including Costco.

The ODS prescription drug plans are now four-tier programs – Value; Generic; Preferred and Non-Preferred. This means you have different copayment or coinsurance levels for each tier. Generally, you'll get the best value for your dollar by choosing generic prescriptions; however, if you certain medical conditions, there are medications on the ODS value-based formulary that will require a lower cost to you than even some generic medications used to treat or manage these conditions.

Once you reach \$1,000 of out-of-pocket pharmacy expenses for the plan year, covered prescriptions will be reimbursed at 100% for the remainder of the plan year.

If you want the convenience of having your prescriptions mailed to you, you can use our Mail Order Pharmacy Program. ODS has partnered with Wellpartner, a local mail order pharmacy based in Tualatin, Oregon, to provide this service.

ODS has partnered with BioScrip to assist OEBB members with managing specialty medications used to treat complex chronic health conditions. Services include: Express delivery of medication, refills coordinated by Bioscrip, phone access to experts with clinical training, and more.

For more detailed information regarding specialty pharmacy medications, please review the member handbooks online at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb).

## New - Value Tier

- Value medications include select commonly prescribed products used to treat chronic medical conditions and preserve health. Medications to treat the following conditions included:
  - Asthma
  - Diabetes
  - Heart conditions
  - Cholesterol
  - High blood pressure



Value medications include select commonly prescribed products used to treat chronic medical conditions and preserve health. Conditions that qualify for this value tier are asthma, diabetes, heart conditions, cholesterol problems and high blood pressure.

## Prescription Drug Plan Changes

In Network	2009	2010
Plan A	Generic retail \$5 Generic mail order and specialty \$10	Value retail \$4 Generic retail \$8 Value Mail order \$8 Generic mail order and specialty \$16
Plan B	Generic retail \$5 Non-preferred retail drugs dollar max of \$50 Generic mail order and specialty \$10	Value retail \$4 Generic retail \$8 Non-preferred retail drugs have no dollar max Value mail order \$8 Generic mail order and specialty \$16
Plan C	No change	



Please review the pharmacy drug plan changes for plans A, B, and C shown on this slide. You will note that the copayment for generic medications increased from \$5 for a 30-day supply to \$8 for a 30-day supply at the retail pharmacies. However, if you use one of the medications on the Value Tier formulary, that same 30-day supply will be \$4. Another change to point out on Pharmacy Plan B is that there is no longer a \$50 maximum for Non-preferred medications. Beginning October 1, you will pay 50 percent of the full cost of any prescription under this tier. If this applies to you, we encourage you to talk with your provider to see if there may be generic or preferred medication alternatives listed on the drug formulary.

Formulary changes can be found on the ODS Website. ODS will also mail notification letters to members affected by significant formulary changes.

## ODS Vision Plans



Now I would like to share a little bit of information with you about our vision provider network and our ODS vision plan designs. There are no benefit changes to any of the vision plan designs for 2010-11.

## ODS Vision Plan

- Choose any licensed provider
- Save by choosing one of 1,400 participating providers
- Casey Eye Institute (Lasik surgery)
  - 25% discount
- No benefit changes for 2010



The ODS vision plans allow you to choose any licensed ophthalmologist, optician, or optometrist. You receive the best value by going to one of the more than 1,400 participating providers. ODS contracts with these providers to give you discounts which in turn allows you to get more out of your benefit plan...

The major vision chains in the network are: Binyons, EyeHealth NW, Oregon Eye Specialists, Vista Optical, LensCrafters, and Wal-Mart Vision Centers. You can find other contracted vision providers by visiting the medical provider directory on the ODS website and selecting vision under the provider dropdown menu.

Lasik eye surgery is not a covered benefit under the OEBC vision plan. However, ODS offers a value-added 25 percent discount on Lasik eye surgery in partnership with Casey Eye Institute, located near the OHSU campus

## ODS Dental Plans



ODS is proud to be the statewide carrier for the OEGB fee-for-service dental plans 1 through 6 and orthodontia care plan 1.

At this time, we'll discuss the extensive ODS dental network, review the OEGB benefit designs and also talk to you about what makes the ODS dental plans unique.

## ODS Delta Dental Plan Network

- Founding member of Delta Dental
- More than 2,000 (90%) of Oregon dentists and over 120,000 (70%) of dentists nationwide
- Evidence-based approach to dentistry with a focus on preventive care
  - Brush Biopsy
  - Oral Health Total Health
  - Oral Cancer Screening



ODS has been Oregon's leading dental carrier for more than 50 years. We are also a founding member of a national organization called the Delta Dental Plans Association.

This gives OEBC members access to more than 2,000 participating dentists in Oregon and more than 120,000 dentists nationwide. This means more than 90 percent of the dentists in Oregon and more than 70 percent of dentists across the U.S are part of our premier network.

Under the ODS dental plans you are free to choose any licensed dentist, but you get the best value if you see an ODS participating dentist. Participating dentists agree to keep their fees within a certain range and to write-off charges that go above the ODS-accepted fees. Out-of-network dentists can charge you directly for the difference between their fees and the ODS-accepted fee.

## Evidence-based Dental Changes for 2010-2011

- Fluoride is covered once every 6 months until age 19
- Sealants are covered on permanent, healthy molars once every 5 years
- New crowns, bridges and dentures are covered every 7 years
- Crowns over implants are covered once per lifetime



One of the reasons ODS was chosen as a dental carrier for OEBC is their strong commitment to evidenced-based dental care.

Medical studies show that maintaining a healthy mouth is important to maintaining a healthy body. To that end, ODS offers the Oral Health Total Health program which provides additional cleanings for pregnant women and individuals with diabetes. There is also coverage of Brush Biopsy, a non-surgical oral cancer screening. A brush biopsy is available once in a six month period. The lab fees are covered under the medical plan.

## Dental Plan Changes

In Network	2009	2010
Plan 1	Deductible \$0	Deductible \$50
Plan 2	Deductible \$0	Deductible \$50
Plan 3	Deductible \$0	Deductible \$50
Plan 4	Deductible \$25	Deductible \$50
Plan 5	No change	
Plan 6	No change	



The only changes to ODS dental plans for 2010-11 are the addition of a \$50 deductible for plans 1 through 3 and the deductible on Plan 4 will increase from \$25 to \$50. Other benefits remain the same. Plans 5 and 6 have no changes.

## ODS/OEBB Web site

- Visit the ODS/OEBB Web site at:
  - [www.odskompanies.com/oebb](http://www.odskompanies.com/oebb)
- See a list of frequently asked questions at:
  - <http://www.odskompanies.com/oebb/members.shtml>



Please visit the ODS web site for more information about the OEBB plan designs. We have posted a Frequently Asked Questions document for your reference.

## ODS Customer Service

Monday through Friday - 7:30 a.m. to 5:30 p.m. PST

- Medical/Vision
  - 503-265-2909
  - 1-866-923-0409
- Pharmacy
  - 503-265-2911
  - 1-866-923-0411
- Dental
  - 503-265-2910
  - 1-866-923-0410

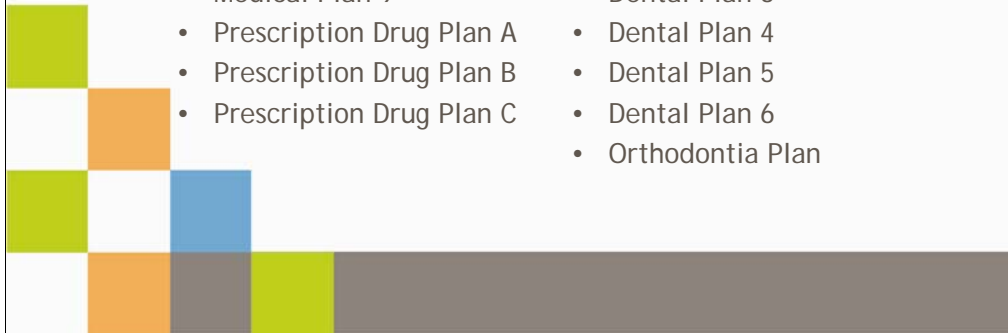


For those of you who prefer to ask a friendly ODS customer service representative your questions, ODS has OEBC specific phone numbers. For your convenience we have listed the phone numbers on this slide.

This concludes the ODS presentation. Thank you again for interest in the ODS medical, pharmacy, dental and/or vision plans. If you would like to review the specific plans at this time, please click "see plans."

## Select a Plan

- Medical Plan 3
- Medical Plan 4
- Medical Plan 5
- Medical Plan 6
- Medical Plan 7
- Medical Plan 8
- Medical Plan 9
- Prescription Drug Plan A
- Prescription Drug Plan B
- Prescription Drug Plan C
- Vision Plan 1
- Vision Plan 2
- Vision Plan 3
- Vision Plan 4
- Dental Plan 1
- Dental Plan 2
- Dental Plan 3
- Dental Plan 4
- Dental Plan 5
- Dental Plan 6
- Orthodontia Plan



## ODS Medical Plan 3

- Plan year deductible
  - \$200 per individual, \$600 per family
- \$10 copay for incentive office visits (in-network)
- \$15 copay for office visits (in-network)
- Member coinsurance levels
  - 10% in-network, 30% out-of-network
- Plan year out-of-pocket maximum
  - \$1,200 in-network, \$2,400 out-of-network



## ODS Medical Plan 4

- Plan year deductible
  - \$200 per individual, \$600 per family
- \$10 copay for incentive office visits (in-network)
- \$25 copay for office visits (in-network)
- Member coinsurance levels
  - 20% in-network, 40% out-of-network
- Plan year out-of-pocket maximum
  - \$1,500 in-network, \$3,000 out-of-network



## ODS Medical Plan 5

- Plan year deductible
  - \$200 per individual, \$600 per family
- \$10 member copay for incentive office visits (in-network)
- \$25 member copay for office visits (in-network)
- Member coinsurance levels
  - 20% in-network, 40% out-of-network
- Plan year out-of-pocket maximum
  - \$1,800 in-network, \$3,600 out-of-network



## ODS Medical Plan 6

- Plan year deductible
  - \$300 per individual, \$900 per family
- 20% coinsurance for incentive office visits (in-network), deductible waived
- Member coinsurance levels
  - 20% in-network, 40% out-of-network
- Plan year out-of-pocket maximum
  - \$2,000 in-network, \$4,000 out-of-network



## ODS Medical Plan 7

- **Plan year deductible**
  - \$500 per individual, \$1,500 per family
- **Member coinsurance levels**
  - 20% in-network, 40% out-of-network
- **Plan year out-of-pocket maximum**
  - \$2,000 in-network, \$4,000 out-of-network



## ODS Medical Plan 8

- **Plan year deductible**
  - \$1,000 per individual, \$3,000 per family
- **Member coinsurance levels**
  - 20% in-network, 40% out-of-network
- **Plan year out-of-pocket maximum**
  - \$2,000 in-network, \$4,000 out-of-network



## ODS Prescription Drug Plan A

- Retail (31 day supply)
  - Value: \$4 copayment
  - Generic: \$8 copayment
  - Preferred: 20%
  - Non-preferred: 50%
- Mail Order (90 day supply)
  - Value: \$8 copayment
  - Generic: \$16 copayment
  - Preferred: 20%
  - Non-preferred: 50%
- Specialty (31 day supply)
  - Generic: \$16 copayment
  - Preferred: 20%
  - Non-preferred: 50%



## ODS Prescription Drug Plan B

- **Retail** (31 day supply)
  - Value: \$4 copayment
  - Generic: \$8 copayment
  - Preferred: \$25 copayment
  - Non-preferred: 50%
- **Mail Order** (90 day supply)
  - Value: \$8 copayment
  - Generic: \$16 copayment
  - Preferred: \$50 copayment
  - Non-preferred: 50%, \$100 maximum
- **Specialty** (31 day supply)
  - Generic: \$16 copayment
  - Preferred: \$50 copayment
  - Non-preferred: 50%, \$100 maximum



## ODS Prescription Drug Plan C

- Retail (31 day supply)
  - Value: 50%
  - Generic: 50%
  - Preferred: 50%
  - Non-preferred: 50%
- Mail Order (90 day supply)
  - Value: 50%
  - Generic: 50%
  - Preferred: 50%
  - Non-preferred: 50%
- Specialty (31 day supply)
  - Generic: 50%
  - Preferred: 50%
  - Non-preferred: 50%



## ODS Vision Plan 1

- Plan year maximum: \$250
- Eye examination: \$10.00 copayment then 100% up to plan year maximum
- Plan pays 100%: exam, lenses and frames up to plan year maximum



## ODS Vision Plan 2

- Plan year maximum: \$350
- Plan pays 100%: exam, lenses and frames up to plan year maximum



## ODS Vision Plan 3

- Plan year maximum: \$450
- Plan pays 100%: exam, lenses and frames up to plan year maximum



## ODS Vision Plan 4

- Plan year maximum: \$600
- Plan pays 100%: exam, lenses and frames up to plan year maximum



## ODS Vision Plan 5

Plan pays the following:

- Eye examination: \$64.50
- Lenses:
  - Single Vision (per pair): \$58.50
  - Bifocal (per pair): \$86.00
  - Lenticular (per pair): \$86.00
  - Trifocal (per pair): \$109.00
  - Contacts: \$192.50
- Frames: \$75.00



## ODS Dental Plan 1

- Plan year maximum: \$2,200
- Plan year deductible: \$50
- Incentive plan for all services
  - Preventive: 70%+10%, deductible waived
  - Restorative: 70%+10%
  - Major: 70%+10%
  - Prosthodontic Services: 70%+10%



## ODS Dental Plan 2

- Plan year maximum: \$1,500
- Plan year deductible: \$50
- Incentive plan for all services
  - Preventive: 70%+10%, deductible waived
  - Restorative: 70%+10%
  - Major: 70%+10%
  - Prosthodontic Services: 70%+10%



## ODS Dental Plan 3

- Plan year maximum: \$1,500
- Plan year deductible: \$50
- Incentive plan for the following services
  - Preventive: 70%+10%, deductible waived
  - Restorative: 70%+10%
  - Major: 70%+10%
  - Prosthodontic Services: 50%



## ODS Dental Plan 4

- Plan year maximum: \$1,500
- Plan year deductible: \$50
- Constant Dental Plan
  - Preventive: 100%, deductible waived
  - Restorative: 80%
  - Major: 80%
  - Prosthodontic Services: 50%



## ODS Dental Plan 5

- Plan year maximum: \$1,500
- Plan year deductible: \$50
- Constant Dental Plan
  - Preventive: 100%, deductible waived
  - Restorative: 80%
  - Major: 50%
  - Prosthodontic Services: 50%



## ODS Dental Plan 6

- Plan year maximum: \$1,000
- Plan year deductible: \$50
- Constant Dental Plan
  - Preventive: 100%, deductible waived
  - Restorative: 80%
  - Major: 50%
  - Prosthodontic Services: 50%



## ODS Orthodontia Plan

- Lifetime maximum: \$1,500
- Orthodontic services: 80%

