

**OREGON EDUCATORS BENEFIT BOARD 2013-14 PLAN YEAR
SUMMARY OF MEDICAL AND PHARMACY BENEFITS**

		Med Plan 1	Med Plan 2	Med Plan A	Med Plan B	Med Plan C	Med Plan D	Med Plan E	Med Plan F	Med Plan G	Med Plan H		
Medical Plans <i>no lifetime maximum on any medical plans</i>		Kaiser (HMO)	Kaiser (HMO)	Moda Health/ODS (PPO)	Moda Health/ODS (PPO) (Not HSA-Compliant Plan)	Moda Health/ODS MAJOR MED (HSA-Compliant Plan)							
Deductible (Individual / Family)	System of Care	None / None	\$200 / \$600	\$200 / \$600	\$350 / \$1050	\$500 / \$1500	\$750 / \$2,250	\$1,000 / \$3,000	\$1,250 / \$3,750	\$1,500 / \$4,500	\$1,500 / \$3,000***		
	PPO Network	See Plan Handbook for details	See Plan Handbook for details										
	Out-of-Network	See Plan Handbook for details	See Plan Handbook for details										
Coinsurance	System of Care	NA	20%	20%	20%	20%	20%	20%	20%	20%	20%		
	PPO Network		See Plan Handbook for details	20%	20%	20%	20%	20%	20%	20%	20%		
	Out-of-Network		See Plan Handbook for details	50%	50%	50%	50%	50%	50%	50%	50%		
Maximum Out-of-Pocket costs per Plan Year (Individual / Family) <i>All plans will pay 100% after the Maximum Out-of-Pocket costs have been paid (except the Additional Cost Tier & copayments still apply)²</i>	System of Care	\$1,500 / \$3,000	\$2,200 / \$4,400	\$2,000 / \$6,000**	\$2,400 / \$7,200**	\$2,600 / \$7,800**	\$2,800 / \$8,400**	\$3,000 / \$9,000**	\$4,000 / \$12,000**	\$5,000 / \$15,000**	\$5,000 / \$10,000***		
	PPO Network	See Plan Handbook for details	See Plan Handbook for details	\$2,000 / \$6,000**	\$2,400 / \$7,200**	\$2,600 / \$7,800**	\$2,800 / \$8,400**	\$3,000 / \$9,000**	\$4,000 / \$12,000**	\$5,000 / \$15,000**			
	Out-of-Network	See Plan Handbook for details	See Plan Handbook for details	\$4,000 / \$12,000**	\$4,800 / \$14,400**	\$5,200 / \$15,600**	\$5,600 / \$16,800**	\$6,000 / \$18,000**	\$8,000 / \$24,000**	\$10,000 / \$30,000**			
Preventive Care Services		\$ and % shown is the Member Cost; \$ Amounts = Copayments											
Adult, Well-child & Well-baby exams; Immunizations; and Preventive Care Services as described in Plan Handbooks	System of Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
	PPO Network	NA	NA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%		
Wellness assessment visit (one per plan year)	System of Care	NA	NA	\$0 ¹	\$0 ¹								
	PPO Network			NA	NA	NA							
	Out-of-Network			NA	NA	NA							
Provider Services		\$ and % shown is the Member Cost; \$ Amounts = Copayments											
Incentive Office Visits for asthma, heart conditions (CHF, cholesterol & high BP) & diabetes management	System of Care	NA	NA	\$10 ⁺¹	\$10 ⁺¹	\$10 ⁺¹	\$15 ⁺¹	\$15 ⁺¹	\$15 ⁺¹	\$15 ⁺¹	\$15 ⁺¹	20%	
	PPO Network			20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%
	Out-of-Network			50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Primary Care Services as described in Plan Handbook	System of Care	\$20	\$25*	\$20 ⁺¹	\$20 ⁺¹	\$20 ⁺¹	\$30 ⁺¹	\$30 ⁺¹	\$30 ⁺¹	\$30 ⁺¹	\$30 ⁺¹	20%	
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%	20%	
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Specialist Office Visits	System of Care	\$30	\$35*	20%	20%	20%	20%	20%	20%	20%	20%	20%	
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%	20%	
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Additional Cost Tier** as described in Plan Handbook	System of Care	NA	NA	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	20%	
	PPO Network			\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	20%
	Out-of-Network			\$500 + 50%	\$500 + 50%	\$500 + 50%	\$500 + 50%	\$500 + 50%	\$500 + 50%	\$500 + 50%	\$500 + 50%	\$500 + 50%	50%
Other Services		\$ and % shown is the Member Cost; \$ Amounts = Copayments											
Laboratory / X-Ray	System of Care	\$20 per visit	\$25* per visit	20%	20%	20%	20%	20%	20%	20%	20%		
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%		
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%		
Imaging (CT, PET & MRI), Lumbar Discographies, and Sleep Studies**	System of Care	\$20	\$25*	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	20%	
	PPO Network	NA	NA	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	20%	
	Out-of-Network	NA	NA	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	50%	
Viscosupplementation**	System of Care	\$30	\$35*	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	20%	
	PPO Network	NA	NA	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	20%	
	Out-of-Network	NA	NA	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	50%	
Upper Endoscopies**	System of Care	\$75	20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	20%	
	PPO Network	NA	NA	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	20%	
	Out-of-Network	NA	NA	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	50%	
Durable Medical Equipment	System of Care	20% (applies to Maximum Out-of-Pocket)	20%*	20%	20%	20%	20%	20%	20%	20%	20%		
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%		
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%		
Hearing Aids (\$4000 benefit every 48 months) as described in Plan Handbook	System of Care	10%	10%*	10%	10%	10%	10%	10%	10%	10%	20%		
	PPO Network	NA	NA	10%	10%	10%	10%	10%	10%	10%	20%		
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%		

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Medical Plans <i>no lifetime maximum on any medical plans</i>		Kaiser (HMO)	Kaiser (HMO)	Moda Health/ODS (PPO)	Moda Health/ODS (PPO)	Moda Health/ODS (PPO)	Moda Health/ODS (PPO)	Moda Health/ODS (PPO)	Moda Health/ODS (PPO)	Moda Health/ODS (PPO) (Not HSA-Compliant Plan)	Moda Health/ODS MAJOR MED (HSA-Compliant Plan)
Maternity		\$ and % shown is the Member Cost; \$ Amounts = Copayments									
Outpatient Maternity Care	System of Care	\$0	\$0*	\$20 ¹	\$20 ¹	\$20 ¹	\$30 ¹	\$30 ¹	\$30 ¹	\$30 ¹	20%
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%
Delivery & Routine Newborn Nursery Care	System of Care	\$100 per day, up to \$500 per admission maximum	20%	20%	20%	20%	20%	20%	20%	20%	20%
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%
Mental Health & Chemical Dependency Services		\$ and % shown is the Member Cost; \$ Amounts = Copayments									
Mental Health Outpatient Services	System of Care	\$20	\$25*	\$20 ¹	\$20 ¹	\$20 ¹	\$30 ¹	\$30 ¹	\$30 ¹	\$30 ¹	20%
	PPO Network	NA	NA	\$20 ¹	\$20 ¹	\$20 ¹	\$30 ¹	\$30 ¹	\$30 ¹	\$30 ¹	20%
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%
Mental Health Inpatient and Residential Services	System of Care	\$100 per day, up to \$500 per admission maximum	20%	20%	20%	20%	20%	20%	20%	20%	20%
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%
Substance Abuse Outpatient, Inpatient and Residential Services	System of Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
	PPO Network	NA	NA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%
Weight Management (subscriber and covered dependents unless noted otherwise)		\$ and % shown is the Member Cost; \$ Amounts = Copayments									
Up to four 13-week Weight Watchers Sessions per Plan Year (age restrictions may apply)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12 Health Coaching Sessions per Plan Year & Online Educational Resources		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bariatric Surgery** (subscribers only, not covered for dependents) See Plan Handbook for specific criteria.	Approved providers only - see criteria	\$500 + Inpatient Care costs	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 ¹ + 20%
Hospital & Outpatient Services		\$ and % shown is the Member Cost; \$ Amounts = Copayments									
Inpatient Care	System of Care	\$100 per day, up to \$500 per admission maximum	20%	20%	20%	20%	20%	20%	20%	20%	20%
	PPO Network	See Plan Handbook for details	See Plan Handbook for details	20%	20%	20%	20%	20%	20%	20%	20%
	Out-of-Network	See Plan Handbook for details	See Plan Handbook for details	50%	50%	50%	50%	50%	50%	50%	50%
Outpatient Surgery	System of Care	\$75	20%	20%	20%	20%	20%	20%	20%	20%	20%
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy)	System of Care	\$30 per visit (max 20 visits per therapy per Plan Year)	\$35* per visit (max 20 visits per therapy per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)
	PPO Network	NA	NA	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)	20% (max 30 visits per Plan Year)
	Out-of-Network	NA	NA	50% (max 30 visits per Plan Year)	50% (max 30 visits per Plan Year)	50% (max 30 visits per Plan Year)	50% (max 30 visits per Plan Year)	50% (max 30 visits per Plan Year)	50% (max 30 visits per Plan Year)	50% (max 30 visits per Plan Year)	50% (max 30 visits per Plan Year)
Ambulance		\$75	\$100*	20%	20%	20%	20%	20%	20%	20%	20%
Emergency Room (copay \$ amounts listed are waived if admitted)		\$100 per visit	20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	20%
Urgent Care		\$ and % shown is the Member Cost; \$ Amounts = Copayments									
Urgent Care Visit	System of Care	\$35	\$40*								
	PPO Network	See Plan Handbook for details	See Plan Handbook for details	\$50*	\$50*	\$50*	\$50*	\$50*	\$50*	\$50*	20%
	Out-of-Network	See Plan Handbook for details	See Plan Handbook for details								
Tobacco Cessation Program (available to age 18 and over)		\$ and % shown is the Member Cost; \$ Amounts = Copayment									
Telephone Consults, Web-Coaching, Patches, Gum & Prescribed Medications		Four 30-minute phone calls (more if needed) to Kaiser Health Coaching at no charge. Prescription required for patches, gum & medications, all subject to Rx copays. See Plan Handbook for details.				Unlimited calls to Alere Wellbeing, maximum 5 calls from Alere Wellbeing per Plan Year. Patches, gum & prescribed medications are subject to Rx copays. See Plan Handbook for details.					
Alternative Care Services		\$ and % shown is the Member Cost; \$ Amounts = Copayment									
Acupuncture, Chiropractic & Naturopathic Services \$2,000 Maximum Combined Benefit <i>Cost of lab, x-rays, supplies & procedures performed in Alternative Care Provider's office applies to Benefit Maximum</i>	System of Care	\$20	\$25*	20%	20%	20%	20%	20%	20%	20%	20%
	PPO Network	NA	NA	20%	20%	20%	20%	20%	20%	20%	20%
	Out-of-Network	NA	NA	50%	50%	50%	50%	50%	50%	50%	50%

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Pharmacy Services		\$ and % shown is the Member Cost; \$ Amounts = Copayment									
Pharmacy Out-of-Pocket Maximum (per person)		\$1,100	\$1,100	NA	NA						
Retail											
Value	up to a 90-day supply	NA	NA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 [†]
Select Generic	30/31-day supply	\$5	\$5	\$8	\$8	\$8	\$8	\$8	\$8	\$8	20% participating pharmacy 50% non-participating
	90-day supply	NA	NA	\$24	\$24	\$24	\$24	\$24	\$24	\$24	
Preferred	30/31-day supply	\$25	\$25	25% up to \$50 per 30/31-day supply	20% participating pharmacy 50% non-participating						
Non-preferred	30/31-day supply	\$25 if criteria met	\$25 if criteria met	50% up to \$150 per 30/31-day supply	20% participating pharmacy 50% non-participating						
Mail											
Value	90-day supply	NA	NA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 [†]
Select Generic	90-day supply	\$10	\$10	\$16	\$16	\$16	\$16	\$16	\$16	\$16	20% participating pharmacy 50% non-participating
Preferred	90-day supply	\$50	\$50	25% up to \$100 per 90-day supply	20% participating pharmacy 50% non-participating						
Non-preferred	90-day supply	\$50 if criteria met	\$50 if criteria met	50% up to \$300 per 90-day supply	20% participating pharmacy 50% non-participating						
Specialty											
Select Generic	30/31-day supply	NA	NA	\$16	\$16	\$16	\$16	\$16	\$16	\$16	20% participating pharmacy 50% non-participating
Preferred	30/31-day supply	NA	NA	25% up to \$100 per 30/31-day supply	20% participating pharmacy 50% non-participating						
Non-preferred	30/31-day supply	NA	NA	50% up to \$300 per 30/31-day supply	20% participating pharmacy 50% non-participating						

NA = not applicable

* Deductible Waived

** Additional Cost Tier copayments (\$100 or \$500 as applicable) on Plans A - G do not count toward Deductible or Out-of-Pocket Maximum. The \$500 Bariatric Surgery copayment does not apply toward Deductible or Out-of-Pocket maximum on any plan except Plan H.

*** Moda Health/ODS Plan H individual Deductible and Out-of-Pocket Maximum apply to single coverage only. Family Deductible and Out-of-Pocket Maximum apply when two or more individuals are covered on the Plan. This Deductible must be met before benefits will be paid (except where * indicates Deductible Waived). On Plan H, the Deductible applies toward the Out-of-Pocket Maximum.

[†] In order to remain HSA compliant, certain conditions are not included in the Plan H value tier. See Plan Handbook for details.

[‡] On Plan H, after Out-of-Pocket Maximum has been met, fixed dollar copays no longer apply.

[§] Must use a Moda Medical Home to receive this benefit. Moda Medical Homes consist of specific local primary care providers. Visit www.modahealth.com/oebb for details.

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.