ODS

Oregon individuals and families

# HEALTH BENEFIT PLAN OPTIONS

www.odscompanies.com

*Available November 2012*
*through December 2013*

# WELCOME TO ODS

At ODS, we are honored to have the opportunity to help you on your journey to better health. When you choose ODS, you choose much more than just a health plan. You choose a healthier you. With access to our local team of experts and online tools, we are focused on helping you achieve your best health.

ODS is proud to stand on the front line of health innovation, advancing a wide range of initiatives to enhance evidence-based preventive healthcare. For you, that means we make sure you get the right care, in the right place, at the right time. It also means we are dedicated to being your partner in health.

We look forward to a long and healthy partnership.

# Think of us as your partner in health

When you choose ODS, you choose much more than just an insurance plan. You choose a healthier you. That's because our integrated clinical teams and programs are designed to support you and help you achieve your health goals.

## myODS

As a member of ODS, you have access to myODS, your personalized member website. myODS helps you manage your benefits so you get the most from your plan. With myODS, you can:

- View your benefits, eligibility and history
- Review prescription history and pharmacy benefits, including medication pricing information
- View account details, such as contact information and enrolled dependents
- Order additional or replacement ID cards
- Check the status of pending claims, view personal claim history and access claim forms
- Receive and view electronic Explanation of Benefits statements (EOBs)
- Access your electronic ID card and smartphone app for use on the go
- Pay your premium online with eBill — using eBill, you can view invoices online, set up payment methods (credit card, debit, checking or savings) and set a recurring payment using our Auto Pay feature

## ODS WELL

ODS Well™ includes tools and individualized support to help you get well sooner and live well longer. Included as part of all ODS medical plans, ODS Well is available through myODS and includes the following features.

### ODS eDoc

This service helps you understand your symptoms and make informed health decisions. Email a specialized health professional at any time of the day to get the answers you need. ODS eDoc gives you access to:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts
- ODS eDocVoice — leave a message for a provider and you'll get a phone response within 24 hours

### Nurse Line

The ODS Registered Nurse Advice Line allows you to get answers and information about your health over the phone, day or night. Nurses can help you with basic health situations, such as:

- Understanding symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When it's time to make a doctor's appointment
- Whether you should go to urgent care or the emergency room

## Disease management and health coaching

ODS offers in-depth support programs for those dealing with chronic health conditions. You have access to tools and resources that help you maintain a healthy lifestyle. Individual health coaches provide you with one-on-one support. These specialized programs include:

- Cardiac Care
- Depression Care
- Dental Care
- Diabetes Care
- Lifestyle Coaching
- Respiratory Care
- Spine & Joint Care
- Women's Health & Maternity Care

## Care coordination

If you are dealing with a serious illness or recovering from an accident, you have access to case managers who can help you navigate the complexities of the healthcare system. An ODS case manager can help:

- Communicate with providers
- Explain treatment options
- Arrange for in-home caregivers
- Order medical equipment

## Tobacco cessation

If you or one of your covered dependents age 10 or older participates in a tobacco cessation program, related expenses for the following are covered:

- Counseling
- Office visits
- Medical supplies
- Drugs provided or recommended by a tobacco cessation program

A tobacco cessation program means a professional provider offering an overall treatment program that follows the U.S. Public Health Service guidelines for tobacco cessation.

## Online tracking tools*

ODS provides secure, online health education tools and information to help you better manage your health. Keep track of your progress by using the following tools:

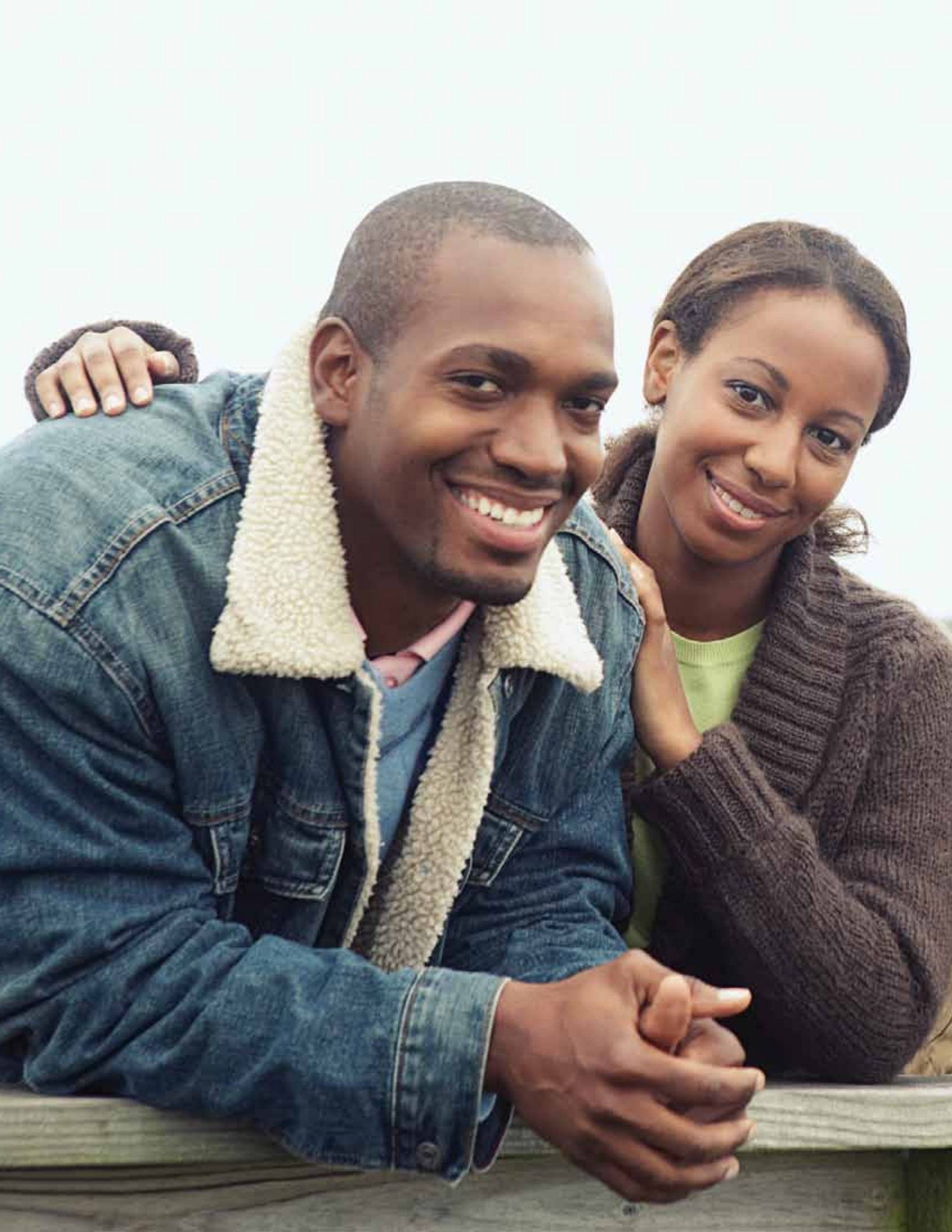
- Health and symptom evaluation
- Medical library
- Health helpers (tools such as health trackers, calculators and more)
- Pharmacy costs and research
- My-health files
- News, forums and communication

## Pharmacy discount card

Save money on prescription drugs through our partnership with the Oregon Prescription Drug Program (OPDP). This program gives you the opportunity to receive discounts on prescriptions not covered under your plan.

Enrollment is free, and you can sign up online, over the phone or by mailing an enrollment form. All prescription drugs are eligible for a discount; you are responsible for paying the cost, in full, after the discount is applied.

**These services are available to members with a pharmacy benefit.*



# Finding the right coverage is easier than ever

ODS is pleased to offer you extensive access to in-network health plan benefits whether you're at home or on the road. This makes finding coverage easy and convenient, regardless of your location.

## ODS PLUS NETWORK

The ODS Plus Network is one of the largest directly-contracted PPO networks in Oregon. The ODS Plus Network includes Legacy Health System, Oregon Health & Science University (OHSU), Providence Health & Services and Adventist Health. The ODS Plus Network provides access to more than 20,000 providers, 83 hospitals and 64,000 pharmacies. This network also includes the Idaho Physicians Network (IPN), the largest independent network of Idaho medical providers and healthcare facilities.

## ODS COMMUNITY CARE NETWORK

For members enrolled in our WellConnect plans, the ODS Community Care Network (CCN) offers more personalized and integrated support for members. This network is expanding, but it currently includes providers affiliated throughout the state of Oregon. When traveling outside of Oregon, members have access to the PHCS Healthy Directions Network.*

## OUT-OF-NETWORK PROVIDERS

All of our health plan designs give you the freedom to see any licensed provider you choose, but with a better benefit if you access a preferred provider from our statewide or travel networks.

Out-of-network coverage coinsurance is based on the maximum plan allowance for these services. If you seek treatment from a non-contracted provider, the provider may bill you for the difference between the maximum plan allowance and the provider's billed charge; an ODS-contracted — or in-network — provider is prohibited from this practice. To review out-of-network benefits, please see pages 12-13.

## ODS TRAVEL NETWORK

If you need medical care while you are traveling, the ODS Travel Network will make sure you enjoy in-network benefits coast to coast.

The ODS Travel Network is served by the PHCS Healthy Directions Network*, which gives you access to thousands of primary care physicians, specialists, hospitals and other medical facilities.

### How does it work?

When you or a dependent need medical care while traveling outside of your primary service area, ODS will review your claim to see if the provider is part of the PHCS Healthy Directions Network. If so, ODS will pay the claim at the in-network benefit level. Best of all, you can seek care whether or not it's an emergency.

**The PHCS Healthy Directions Network is not an alternative primary network. Members must seek in-network services whenever possible. Preauthorization is required for inpatient services.*

# Choosing the right plan for you

As you compare our health plan designs, you'll notice that coverage varies from plan to plan, so look for the features that best fit your healthcare preferences. To help you more easily navigate our plans, we have provided a glossary of terms on page 21.

## APEX PLAN: PREFERRED PROVIDER ORGANIZATION (PPO)

The Apex plan is best for those looking for a higher level of benefits and a lower total out-of-pocket cost. The Apex plan includes services that can be accessed before the deductible, including preventive care, pharmacy services, unlimited doctor's office or urgent care center visits, and alternative care.

- $0 copay and deductible waived for most in-network preventive care visits
- $20 copay for in-network office visits or urgent care center visits
- $20 copay for in-network alternative care visits up to a benefit maximum of $1,000
- Deductible waived for treatment received within 90 days of an accident
- Deductible choices of $1,000* or $2,500
- Prescriptions covered at $2 value tier, $15 generic or 50% brand; deductible waived

## MAXIMIZER PLAN: PREFERRED PROVIDER ORGANIZATION (PPO)

The Maximizer plan is ideal for individuals who want broad coverage for a range of services, including pharmacy benefits and office visits with just a copay.

- $0 copay and deductible waived for most in-network preventive care visits
- $30 copay for office visits or urgent care center visits received in-network
- $30 copay for in-network alternative care visits up to a benefit maximum of $1,000
- Deductible waived for treatment received within 90 days of an accident
- Deductible choices of $1,000, $2,500 or $5,000
- Prescriptions covered at $2 value tier, $15 generic or 50% brand; deductible waived

**Family Health Insurance Assistance Program (FHIAP) eligible plan is the Apex, with a $1,000 deductible. Downgrades are not permitted for FHIAP participants.*

## BENEFICIAL VALUE PLAN: PREFERRED PROVIDER ORGANIZATION (PPO)

This plan is suited to individuals shopping for a lower premium cost. It offers catastrophic coverage and waives the deductible for preventive care as well as the first three office and alternative care visits per plan year.

- $0 copay and deductible waived for most in-network preventive care visits
- $25 copay for first three in-network office visits or urgent care center visits; after the first three visits for illness or injury, the deductible and coinsurance apply
- $25 copay for the first three alternative care visits; after the first three visits, the deductible and coinsurance apply to the benefit maximum of $1,000
- Deductible waived for treatment received within 90 days of an accident, with a $10,000 per plan year maximum
- Deductible choices of $1,000, $2,500, $5,000 or $7,500
- Prescriptions covered with optional rider; benefit is $2 value tier, $15 generic or 50% brand; deductible waived

## FOUNDATION PLAN: PREFERRED PROVIDER ORGANIZATION (PPO)

Our Foundation plan is a great, low-cost option for individuals primarily needing catastrophic coverage in case of unforeseen and serious medical needs, while still providing preventive care benefits with the deductible waived.

- $0 copay and deductible waived for most in-network preventive care visits
- 35% coinsurance in-network after deductible for office visits and urgent care center visits
- 35% coinsurance in-network after deductible for alternative care up to a benefit maximum of $1,000
- Deductible choices of $5,000 or $10,000
- 35% coinsurance for prescriptions after deductible for both generic and brand-name drugs

## HEALTH SAVINGS ACCOUNT VALUE PLAN

Our Health Savings Account (HSA) Value plan offers lower insurance premiums through a tax-advantaged plan with higher deductibles.*

- $2,800 individual/$5,600 family deductible
- In-network preventive care at 100%, deductible waived
- 50% in- and out-of-network coinsurance after deductible
- 50% coinsurance for prescriptions after deductible

**Individual deductible must be met for insured-only plan, and family deductible must be met on Health Savings Account plans if enrolled with dependents, before plan pays benefits other than preventive care.*

### HOW DOES AN HSA WORK?

Use HSA tax-free dollars to pay for:

- Covered medical expenses to help satisfy your deductible
- Your coinsurance for medical expenses (after deductible is met)
- Qualified medical expenses that may not be covered by your plan

### TAX ADVANTAGES

- Contributions are made on a tax-advantaged basis
- Any unused funds carry over from year to year and grow tax-deferred
- When used to pay for qualified medical expenses, funds can be withdrawn tax-free

## WELLCONNECT PLAN

Our WellConnect plan encourages members to engage in their own healthcare. Members who seek care within our Community Care Network (CCN) enjoy a higher benefit level and receive high-quality, individualized care from an interconnected group of providers. This plan also offers tiered access to the ODS Plus Network.

- $0 copay and deductible waived for most in-network preventive care visits
- $20 copay for first three CCN provider visits for primary care or urgent care center visits, after the first three visits for illness or injury, the deductible and coinsurance apply.
- $20 copay for the first three alternative care visits; after the first three visits, the deductible and coinsurance apply to the benefit maximum of $1,000.
- $40 copay for first three CCN provider visits for specialty care
- 25% coinsurance for CCN providers after the deductible
- Deductible waived for treatment of an accident received within 90 days up to $10,000 per plan year maximum
- Deductible choices of $1,500 or $3,000
- Prescriptions covered at $2 value tier, $15 generic or 50% brand; deductible waived

| INDIVIDUAL PLANS | APEX | | MAXIMIZER | |
|---|---|---|---|---|
| *The deductible is waived for in-network preventive care.* | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| Plan year deductible options, individual *(family = 3x individual, HSA = 2x)* | $1,000 / $2,500 | | $1,000 / $2,500 / $5,000 | |
| Out-of-pocket maximum, per person *(after deductible)* | $3,000 | $6,000 | $5,000 | $10,000 |
| Plan year essential benefit maximum | $2,000,000 | | $2,000,000 | |
| **PREVENTIVE CARE** | | | | |
| Annual women's exam — Breast, Pap, pelvic | $0[1] | 40% | $0[1] | 50% |
| Women's routine mammogram | $0[1] | 40% | $0[1] | 50% |
| Well-baby care | $0[1] | Not covered | $0[1] | Not covered |
| Routine physical exams | $0[1] | Not covered | $0[1] | Not covered |
| Immunizations | $0[1] | Not covered | $0[1] | Not covered |
| **PROFESSIONAL SERVICES** | | | | |
| Office visits | $20[1] | 40% | $30[1] | 50% |
| Alternative care — acupuncture/chiropractic/ naturopathic *($1,000 per plan year limit)* | $20[1] | 40% | $30[1] | 50% |
| **FACILITY AND ANCILLARY SERVICES** | | | | |
| Hospital — Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care | 20% | 40% | 30% | 50% |
| Maternity — All prenatal/postnatal office visits and doctor delivery; hospital charges | 20% | 40% | 30% | 50% |
| Mental health — Inpatient, outpatient, residential *(see limitations on page 22)* | 20% | 40% | 30% | 50% |
| Lab and X-ray services; medical supplies and devices; in-hospital care; home healthcare | 20% | 40% | 30% | 50% |
| Vision exam *(see limitations on page 22)* | $30[1] | Not covered | Not covered | |
| **EMERGENCY SERVICES** | | | | |
| Urgent care | $20[1] | 40% | $30 copay[1] | 50% |
| Emergency room *(deductible applies)* | 20% after $100 copay | | 30% after $100 copay | |
| Ambulance *($5,000 per plan year)* | 20% | | 30% | |
| **OTHER BENEFITS** | | | | |
| Prescription services | $2 value tier, $15 generic or 50% brand[1] | | $2 value tier, $15 generic or 50% brand[1] | |
| Accident benefit | Deductible waived for treatment completed within 90 days of accident | | Deductible waived for treatment completed within 90 days of accident | |

[1] *Deductible waived.*

[2] *HSA plans require the family deductible to be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled.*

[3] *The Beneficial Value plan pays first three office visits with a copay, which may be used for either office visits or urgent care for illness and injury; some exceptions apply. Alternative care includes an additional three visits with a copay. Thereafter, the deductible and coinsurance apply for additional office visits and alternative care.*

| BENEFICIAL VALUE | | FOUNDATION | | HSA VALUE | |
|---|---|---|---|---|---|
| **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| $1,000 / $2,500 / $5,000 / $7,500 | | $5,000 / $10,000 | | $2,800 (individual) / $5,600[2] (family) | |
| $5,000 | $10,000 | $5,000 | $10,000 | $2,200 (individual)<br>$4,400 (family) | $10,000 |
| $2,000,000 | | $2,000,000 | | $2,000,000 | |
| | | | | | |
| $0[1] | 50% | $0[1] | 50% | $0[1] | 50% |
| $0[1] | 50% | $0[1] | 50% | $0[1] | 50% |
| $0[1] | Not covered | $0[1] | Not covered | $0[1] | 50% |
| $0[1] | Not covered | $0[1] | Not covered | $0[1] | 50% |
| $0[1] | Not covered | $0[1] | Not covered | $0[1] | 50% |
| | | | | | |
| First three at $25[3] | 50% | 35% | 50% | 50% | 50% |
| First three at $25[3] | 50% | 35% | 50% | 50% | 50% |
| | | | | | |
| 30% | 50% | 35% | 50% | 50% | 50% |
| 30% | 50% | 35% | 50% | 50% | 50% |
| 30% | 50% | 35% | 50% | 50% | 50% |
| 30% | 50% | 35% | 50% | 50% | 50% |
| Not covered | | Not covered | | Not covered | |
| | | | | | |
| First three at $25[3] | 50% | 35% | 50% | 50% | 50% |
| 30% after $100 copay | | 35% after $100 copay | | 50% | |
| 30% | | 35% | | 50% | |
| | | | | | |
| Optional[1] | | 35% | | 50% | |
| Deductible waived for treatment completed within 90 days of accident; $10,000 per person, per year maximum | | Paid as any other illness subject to deductible/coinsurance | | Paid as any other illness subject to deductible/coinsurance | |

**The WellConnect plan is available only to residents within the Community Care Network, which includes the following counties: Multnomah, Washington, Clackamas, Yamhill, Polk, Marion, Lane and Deschutes.**

| INDIVIDUAL PLANS | WELLCONNECT | | |
|---|---|---|---|
| | CCN provider | ODS Plus | Out-of-network |
| Plan year deductible options, individual *(family = 3x individual)* | $1,500 / $3,000 | | |
| Out-of-pocket maximum, per person *(after deductible)* | $5,000 | $7,500 | $10,000 |
| Plan year essential benefit maximum | $2,000,000 | | |
| **PREVENTIVE CARE** | | | |
| Annual women's exam — Breast, Pap, pelvic | No copay[1] | No copay[1] | 50% |
| Women's routine mammogram | No copay[1] | No copay[1] | 50% |
| Well-baby care | No copay[1] | No copay[1] | Not covered |
| Routine physical exams | No copay[1] | No copay[1] | Not covered |
| Immunizations | No copay[1] | No copay[1] | Not covered |
| **PROFESSIONAL SERVICES** | | | |
| Office visits | First three at $20[2] | 40% | 50% |
| Specialist visits | First three at $40[2] | 40% | 50% |
| Alternative care — Acupuncture, chiropractic and naturopathic *($1,000 per plan year limit)* | First three at $20[2] | 40% | 50% |
| **FACILITY AND ANCILLARY SERVICES** | | | |
| Hospital — Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care | 25% | 40% | 50% |
| Maternity — All prenatal/postnatal office visits and doctor delivery; hospital charges | 25% | 40% | 50% |
| Mental health — Inpatient, outpatient, residential *(see limitations on page 22)* | 25% | 40% | 50% |
| Lab and X-ray services; rehabilitation services; medical supplies and devices; in-hospital care; home healthcare | 25% | 40% | 50% |
| **EMERGENCY SERVICES** | | | |
| Urgent care | First three at $20[2] | 40% | 50% |
| Emergency room *(deductible applies)* | 25% after $200 copay | | |
| Ambulance *($5,000 maximum per plan year)* | 25% | | |
| **OTHER BENEFITS** | | | |
| Prescription services | $2 value tier, $15 generic or 50% brand[1] | | |
| Accident benefit | Deductible waived for treatment completed within 90 days of accident; $10,000 per person per year maximum | | |

[1] *Deductible waived.*

[2] *Deductible waived for first three office visits with a copayment, which may be used for either office visits or urgent care for illness or injury. Visits to specialist include an additional three visits with a copayment. Alternative care also includes an additional three visits with a copayment. Thereafter, the deductible and coinsurance apply for additional office visits and alternative care.*

*If you move outside of the service area of this plan but remain an Oregon resident, you will be required to change plans with the ODS Plus Network as the primary network. To discuss your options, please call the Individual Sales team at 503-243-3973 or toll-free at 877-277-7073.*

# Frequently asked questions

### How am I eligible to apply for ODS individual medical and dental plans?

For any ODS individual medical and/or dental plan, you and any dependents applying for coverage must be Oregon residents, residing in Oregon at least 30 days prior to submitting an application and living in Oregon at least six months out of the year. Eligible members include you, your legal spouse or registered partner pursuant to the Oregon Family Fairness Act, and any children up to age 26. Individuals must be younger than age 65 and not eligible for Medicare.

### Do you offer a dental plan?

Yes. We offer three dental riders for individuals and their families. To ensure eligibility for one of the plans, enrollment must occur at the same time you are enrolling in an ODS individual medical plan.

### Is there an exclusion period for pre-existing conditions?

ODS does not pay toward a pre-existing condition, even if the pre-existing condition worsens or recurs during the first six months you or your dependent(s) are insured under the policy. However, creditable coverage can reduce the six-month period if an individual's most recent period of creditable coverage is still in effect on the date of enrollment or ended within 63 days of the effective date of coverage. Creditable coverage followed by a significant break in coverage cannot be used to reduce the exclusion period. Each day of creditable coverage will reduce the six-month period by one day. Pre-existing conditions do not apply to members under the age of 19.

### When do your rates change?

ODS will renew the benefits and rates for these plans on a yearly basis, beginning on Jan. 1, 2014. Rates also change when the primary applicant moves into the next age bracket; new rates are effective the following month.

### What payment methods do you offer?

Payment can be made via monthly electronic deduction from your checking account, free of charge, or you can elect to receive monthly or quarterly billing for an additional $5 administrative fee per billed statement.

### Can my employer sponsor my individual coverage?

ODS individual plans cannot be employer-sponsored plans. You will be responsible for directly paying ODS your monthly premium using a personal check. ODS does not accept business checks for individual plans.

### How soon can a new mother apply?

For a new applicant, age 19 and over, the mother must be released from a doctor's care. This usually occurs at the six-week, post-birth checkup.

### Can I switch to a different plan at any time?

Yes. If you would like to switch to a plan with lower benefits, determined by a lower premium than you currently have, a written letter must be sent to ODS prior to the requested effective date for the change. The letter will need to include the plan to which you would like to switch to with a dated signature from the primary applicant. If you would like to switch to a plan with higher benefits, with a higher premium than you currently have, you will need to submit a new application. The application will be health underwritten and you could be approved or declined for the new plan.

# Individual dental plans

Wherever you go, ODS goes with you — along with the nation's largest dental network, Delta Dental. With ODS individual plans, you can choose from three Delta Dental plan options: Fortify, Premier and the PPO. You are eligible to enroll in only one of our dental plan riders at the time of your medical plan enrollment.

## DELTA DENTAL PREMIER PLAN

This popular, traditional fee-for-service product offers members access to the Premier Network.

- Indemnity plan — Any licensed dentist is eligible, but with greater cost savings through Delta Dental Premier providers
- Delta Dental Premier Network includes more than 90% of all dentists in Oregon
- More than 2,000 participating providers

## FORTIFY DENTAL PLAN

This low-cost dental plan option covers most preventive dental services in full, while also giving members access to the Premier Network.

- No waiting periods
- No deductible
- $500 plan year maximum per member

## DELTA DENTAL PPO PLAN

Like the Delta Dental Premier plan, this preferred provider option (PPO) offers access to the largest PPO network in Oregon and across the country.

- PPO plan — Better benefits using PPO network dentists
- More than 600 participating providers

## ORAL HEALTH, TOTAL HEALTH PROTECTS YOUR OVERALL HEALTH

Oral health research has shown a strong link between oral health and overall health. ODS believes that when members see a dentist regularly and maintain a healthy mouth, it can help keep the rest of their body healthy, too. Through our Oral Health, Total Health program, ODS offers additional preventive benefits to members with diabetes and pregnant women in their third trimester. ODS also provides other evidence-based dental benefits, including routine oral cancer screenings with every exam. If, during an exam, additional screening is required, ODS covers brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

| INDIVIDUAL DENTAL PLANS | DELTA DENTAL PREMIER | DELTA DENTAL PPO | | FORTIFY |
|---|---|---|---|---|
| | Premier Network | PPO network | Non-PPO network | Premier Network |
| Plan year benefit maximum, per member | $750 *(1st year)*<br>$1,000 *(2nd year)*<br>$1,250 *(3rd year)* | $750 *(1st year)*<br>$1,000 *(2nd year)*<br>$1,250 *(3rd year)* | | $500 |
| Plan year deductible, per member | $50 | $50 | | $0 |
| **CLASS 1** | | | | |
| Examinations/X-rays (routine exam and prophylaxis/cleanings once every six months; bitewing X-rays once every 12 months); fissure sealants; fluoride is limited to once every 12 months to age 19 | 80% | 100%[2] | 80% | 100% |
| **CLASS 2** | | | | |
| Restorative dentistry (treatment of tooth decay with amalgam, synthetic porcelain and plastic materials); space maintainers | 80% | 80% | 50% | 10% |
| **CLASS 3** | | | | |
| Oral surgery (surgical extractions and certain minor surgical procedures); endodontics and periodontics | 50% | 50% | 50% | 10% |
| Major services: cast restorations (including crowns); dentures and bridge work (construction or repair of fixed bridges, partials and complete dentures) | 50%<br>*(12-month waiting period on major services[1])* | 50%<br>*(12-month waiting period on major services[1])* | 50%<br>*(12-month waiting period on major services[1])* | *10%* |

[1] *Waiting period may be waived by creditable prior coverage from a comparable plan.*

[2] *Deductible waived only in PPO network.*

## DENTAL LIMITATIONS AND EXCLUSIONS

- Examinations are limited to once every six months.
- Bitewing X-rays are limited to once every 12 months.
- Full mouth X-rays are limited to once every five years.
- Prophylaxis (cleaning) is limited to once every six months.
- Fluoride application is limited to once every 12 months to age 19.
- Surgical placement or removal of implants is not covered.
- Orthodontic services are not covered.
- Services for cosmetic reasons are not covered.

*This is a benefit summary only. For a complete description of benefits, limitations and exclusions, refer to your policy.*

## INDIVIDUAL PLAN MONTHLY RATES

| | | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| INSURED | Apex $1,000 | $157 | 224 | 244 | 283 | 308 | 382 | 454 | 536 | 635 | 740 |
| | Apex $2,500 | 119 | 167 | 181 | 210 | 230 | 285 | 338 | 400 | 473 | 552 |
| | Maximizer $1,000 | 136 | 193 | 210 | 244 | 266 | 329 | 390 | 463 | 547 | 639 |
| | Maximizer $2,500 | 110 | 155 | 168 | 197 | 213 | 265 | 313 | 372 | 440 | 513 |
| | Maximizer $5,000 | 85 | 122 | 131 | 152 | 167 | 208 | 245 | 290 | 344 | 401 |
| | Beneficial Value $1,000 | 103 | 147 | 159 | 186 | 202 | 251 | 297 | 352 | 418 | 486 |
| | Beneficial Value $2,500 | 80 | 114 | 124 | 145 | 158 | 195 | 232 | 276 | 326 | 380 |
| | Beneficial Value $5,000 | 63 | 89 | 96 | 112 | 122 | 152 | 180 | 215 | 254 | 296 |
| | Beneficial Value $7,500 | 48 | 68 | 74 | 86 | 94 | 117 | 139 | 166 | 196 | 227 |
| | Foundation $5,000 | 53 | 79 | 85 | 100 | 109 | 135 | 159 | 189 | 224 | 261 |
| | Foundation $10,000 | 36 | 53 | 58 | 67 | 74 | 91 | 108 | 128 | 152 | 177 |
| | HSA Value $2,800 | 69 | 98 | 108 | 124 | 135 | 168 | 199 | 235 | 279 | 325 |
| INSURED + SPOUSE | Apex $1,000 | $315 | 445 | 515 | 602 | 653 | 760 | 900 | 1065 | 1260 | 1479 |
| | Apex $2,500 | 234 | 330 | 384 | 448 | 487 | 567 | 670 | 793 | 941 | 1102 |
| | Maximizer $1,000 | 271 | 383 | 444 | 519 | 563 | 654 | 774 | 917 | 1086 | 1274 |
| | Maximizer $2,500 | 217 | 308 | 357 | 417 | 453 | 527 | 623 | 738 | 873 | 1025 |
| | Maximizer $5,000 | 169 | 240 | 279 | 326 | 354 | 410 | 487 | 576 | 683 | 800 |
| | Beneficial Value $1,000 | 205 | 290 | 336 | 395 | 427 | 498 | 590 | 700 | 830 | 970 |
| | Beneficial Value $2,500 | 160 | 227 | 262 | 308 | 333 | 388 | 461 | 548 | 649 | 758 |
| | Beneficial Value $5,000 | 125 | 177 | 203 | 240 | 259 | 303 | 358 | 425 | 504 | 589 |
| | Beneficial Value $7,500 | 95 | 135 | 157 | 184 | 200 | 232 | 276 | 328 | 389 | 454 |
| | Foundation $5,000 | 107 | 156 | 180 | 212 | 229 | 267 | 317 | 375 | 445 | 520 |
| | Foundation $10,000 | 72 | 105 | 122 | 144 | 155 | 181 | 215 | 255 | 302 | 353 |
| | HSA Value $5,600 | 138 | 194 | 227 | 264 | 287 | 333 | 395 | 467 | 553 | 650 |
| INSURED + CHILD(REN) | Apex $1,000 | $272 | 389 | 457 | 526 | 564 | 639 | 656 | 742 | 831 | 894 |
| | Apex $2,500 | 202 | 290 | 342 | 393 | 420 | 477 | 489 | 552 | 620 | 666 |
| | Maximizer $1,000 | 234 | 335 | 394 | 452 | 487 | 551 | 567 | 638 | 717 | 770 |
| | Maximizer $2,500 | 187 | 270 | 316 | 364 | 390 | 442 | 454 | 513 | 576 | 620 |
| | Maximizer $5,000 | 147 | 210 | 247 | 285 | 304 | 345 | 356 | 401 | 449 | 483 |
| | Beneficial Value $1,000 | 178 | 255 | 298 | 346 | 368 | 419 | 431 | 487 | 547 | 585 |
| | Beneficial Value $2,500 | 137 | 199 | 232 | 270 | 288 | 327 | 336 | 382 | 427 | 458 |
| | Beneficial Value $5,000 | 106 | 154 | 181 | 209 | 224 | 253 | 261 | 296 | 331 | 355 |
| | Beneficial Value $7,500 | 82 | 119 | 139 | 161 | 172 | 195 | 202 | 229 | 256 | 273 |
| | Foundation $5,000 | 92 | 135 | 157 | 183 | 195 | 222 | 229 | 259 | 291 | 312 |
| | Foundation $10,000 | 63 | 91 | 107 | 124 | 132 | 150 | 155 | 175 | 197 | 212 |
| | HSA Value $5,600 | 120 | 170 | 200 | 230 | 248 | 281 | 289 | 326 | 365 | 392 |
| INSURED + SPOUSE + CHILD(REN) | Apex $1,000 | $437 | 624 | 733 | 838 | 871 | 1021 | 1111 | 1282 | 1479 | 1589 |
| | Apex $2,500 | 326 | 466 | 546 | 624 | 650 | 762 | 829 | 957 | 1103 | 1184 |
| | Maximizer $1,000 | 378 | 539 | 631 | 722 | 752 | 880 | 958 | 1106 | 1275 | 1369 |
| | Maximizer $2,500 | 303 | 432 | 508 | 580 | 605 | 707 | 770 | 888 | 1025 | 1101 |
| | Maximizer $5,000 | 236 | 337 | 396 | 453 | 471 | 553 | 601 | 693 | 800 | 860 |
| | Beneficial Value $1,000 | 285 | 410 | 478 | 548 | 570 | 670 | 730 | 845 | 973 | 1043 |
| | Beneficial Value $2,500 | 222 | 321 | 373 | 429 | 444 | 522 | 570 | 659 | 762 | 814 |
| | Beneficial Value $5,000 | 173 | 249 | 290 | 333 | 345 | 406 | 443 | 513 | 592 | 633 |
| | Beneficial Value $7,500 | 132 | 193 | 222 | 256 | 265 | 312 | 342 | 397 | 458 | 487 |
| | Foundation $5,000 | 148 | 218 | 254 | 291 | 303 | 356 | 389 | 451 | 519 | 558 |
| | Foundation $10,000 | 101 | 148 | 172 | 197 | 205 | 242 | 264 | 305 | 352 | 378 |
| | HSA Value $5,600 | 192 | 274 | 321 | 367 | 383 | 449 | 488 | 563 | 649 | 697 |

## OPTIONAL PRESCRIPTION DRUG RIDER FOR BENEFICIAL VALUE PLAN

| | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
|---|---|---|---|---|---|---|---|---|---|---|
| Insured | $9 | 12 | 14 | 15 | 17 | 20 | 24 | 27 | 32 | 39 |
| Insured + spouse | 17 | 24 | 29 | 32 | 36 | 41 | 47 | 54 | 64 | 78 |
| Insured + child(ren) | 16 | 21 | 26 | 28 | 31 | 34 | 34 | 38 | 43 | 48 |
| Insured + spouse + child(ren) | 24 | 32 | 41 | 44 | 48 | 55 | 58 | 65 | 75 | 83 |

## WELLCONNECT PLANS

| | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
|---|---|---|---|---|---|---|---|---|---|---|
| **INSURED** | | | | | | | | | | |
| WellConnect $1,500 | $94 | 138 | 149 | 175 | 190 | 236 | 279 | 332 | 393 | 457 |
| WellConnect $3,000 | 76 | 112 | 121 | 142 | 154 | 192 | 227 | 269 | 318 | 371 |
| **INSURED + SPOUSE** | | | | | | | | | | |
| WellConnect $1,500 | 187 | 273 | 316 | 371 | 401 | 468 | 555 | 658 | 780 | 912 |
| WellConnect $3,000 | 152 | 221 | 256 | 301 | 326 | 380 | 450 | 534 | 633 | 740 |
| **INSURED + CHILD(REN)** | | | | | | | | | | |
| WellConnect $1,500 | 162 | 236 | 276 | 320 | 341 | 389 | 401 | 454 | 511 | 547 |
| WellConnect $3,000 | 131 | 192 | 224 | 260 | 277 | 315 | 326 | 368 | 414 | 444 |
| **INSURED + SPOUSE + CHILD(REN)** | | | | | | | | | | |
| WellConnect $1,500 | 260 | 382 | 446 | 511 | 531 | 625 | 682 | 790 | 911 | 979 |
| WellConnect $3,000 | 211 | 310 | 362 | 414 | 431 | 507 | 553 | 641 | 739 | 794 |

## DENTAL PLANS

| | 0-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
|---|---|---|---|---|---|---|---|---|---|---|
| **INSURED** | | | | | | | | | | |
| Fortify Dental | $25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| Delta Dental Premier | 38 | 40 | 40 | 40 | 49 | 49 | 51 | 51 | 51 | 51 |
| Delta Dental PPO | 34 | 38 | 38 | 38 | 43 | 43 | 48 | 48 | 48 | 48 |
| **INSURED + SPOUSE** | | | | | | | | | | |
| Fortify Dental | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 |
| Delta Dental Premier | 77 | 81 | 81 | 81 | 100 | 100 | 102 | 102 | 102 | 102 |
| Delta Dental PPO | 71 | 77 | 77 | 77 | 86 | 86 | 93 | 93 | 93 | 93 |
| **INSURED + CHILD(REN)** | | | | | | | | | | |
| Fortify Dental | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 |
| Delta Dental Premier | 75 | 81 | 81 | 81 | 97 | 97 | 102 | 102 | 102 | 102 |
| Delta Dental PPO | 68 | 75 | 75 | 75 | 85 | 85 | 92 | 92 | 92 | 92 |
| **INSURED + SPOUSE + CHILD(REN)** | | | | | | | | | | |
| Fortify Dental | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Delta Dental Premier | 111 | 118 | 118 | 118 | 150 | 150 | 152 | 152 | 152 | 152 |
| Delta Dental PPO | 107 | 113 | 113 | 113 | 127 | 127 | 139 | 139 | 139 | 139 |

ODS invites you to use the younger spouse as the primary applicant if it will help you receive a lower premium.

# How to enroll

1. Choose the medical plan that best meets your needs and the dental rider option, if electing. Review the monthly rates provided to find your total cost.
2. Complete an application and submit it to ODS with the initial premium. The online application can be found at www.odscompanies.com by clicking on the "Shopping for health insurance" link. A PDF of our paper application can be downloaded from our site as well.
3. ODS will review the past five years of your health history to determine your acceptance for insurability. Applicants under age 19 cannot be declined due to their reported health conditions. You will be notified in writing of the outcome. If you are accepted, the application will be processed and you will receive an ID card and policy. If you are not accepted, your notice will include the reason for the decline, and your initial premium check will be returned to you with the letter. For online applications, your premium will never be debited from your account if you are not accepted.

### FOR HSA MEMBERS ONLY:

4. You are responsible for setting up a Health Savings Account with the bank of your choice for your contributions.

*For help, contact an ODS-appointed producer or call ODS at 503-243-3973 or toll-free at 877-277-7073.*

# Glossary of terms

### COINSURANCE

The percentage of allowable charges for which the patient is responsible.

### COMMUNITY CARE NETWORK

The Community Care Network (CCN) is an integrated and comprehensive network of providers and facilities available only in certain counties.

### COPAY

The insured patient's share of the total medical bill, expressed as a specific dollar amount paid for a given service, product or treatment.

### PLAN YEAR ESSENTIAL BENEFIT MAXIMUM

The term "essential benefit" refers to benefits subject to a plan year maximum of $2,000,000. The coverage of these benefits — whether in- or out-of-network — accrue toward the plan year maximum for each member. Once the maximum is met, coverage for all essential benefits will cease until the following plan year.

Essential benefits according to the Affordable Care Act (ACA) include these categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and chemical dependency services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

The plan you choose may not cover every essential benefit.

### DEDUCTIBLE

The portion of an individual's applicable healthcare expenses that must be paid by the member in a given plan year before the insurance plan will start paying for treatment. Fixed dollar copayments, prescription drug out-of-pocket costs, and disallowed charges do not apply toward the deductible.

### OUT-OF-POCKET MAXIMUM

A specified amount of applicable claims expenses in a plan year that must be met before benefits are paid in full. Once the member has met his or her out-of-pocket maximum, the plan begins covering eligible expenses at 100%. The out-of-pocket maximum starts over every plan year. Fixed dollar copayments, prescription drug out-of-pocket costs, and disallowed charges do not apply toward the out-of-pocket maximum.

### PPO

A Preferred Provider Organization is a panel of providers contracted with ODS to provide in-network benefits at agreed-upon rates.

### PLAN YEAR

The 12-month period commencing on the effective date and each 12-month period thereafter.

### PREFERRED PROVIDER

A provider contracted within a network. By choosing a preferred provider, the member's out-of-pocket expenses will be less than if he or she chooses a physician outside the network.

### VALUE TIER DRUG

Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health.

## DEPENDENT ELIGIBILITY

Dependents are a lawful spouse or registered domestic partner and eligible children up to age 26.

## COVERAGE FOR CHILDREN RESIDING OUTSIDE THE SERVICE AREA

If your enrolled child(ren) resides outside the service area, we will extend benefits as if care were rendered by a participating physician or provider. Out-of-area dependents may receive the in-network benefit level by using the travel network. If a travel network provider is not available, the services will be paid at the in-network benefit level if provided within a 30-mile radius of the child's residence or at the closest appropriate facility. Fees charged by out-of-area providers will be reimbursed at the maximum plan allowance for those services.

## LIMITATIONS

- All medical and surgical admissions must be authorized by ODS
- Mental illness treatment up to 20 outpatient visits, or 10 days each for inpatient or residential services per plan year
- Alcohol treatment up to 20 outpatient visits, or 10 days each for inpatient or residential services per plan year
- ODS will not pay benefits for covered expenses to the extent that you have any other coverage for those expenses
- Hearing aid coverage limited to members under age 26 with a maximum benefit of up to $4,225 every 48 months
- Rehabilitation benefits are limited to 15 inpatient days and 15 outpatient sessions per plan year
- Hospice benefits are limited to 12 days of inpatient care; 170 hours/three months respite care
- Vision exam benefits (only on the Apex plans) are limited to one exam per plan year for members under age 18, and one exam every two years up to $200 for members age 18 and over

## EXCLUSION PERIODS

Six-month exclusion period applies to:

- Myringotomy with tubes
- Removal of tonsils or adenoids
- Allergies
- Sterilization
- Elective procedures (procedures that can be reasonably postponed for the exclusion period)
- Pre-existing conditions, even if they worsen or recur, unless the insured is under the age of 19

24-month exclusion period applies to:

- Transplants (benefits are limited to an aggregate lifetime maximum benefit of $750,000)

*Note: Your plan's exclusion period will be shortened one day for each day you had "creditable coverage" under another health plan, provided you do not have a 63-day lapse (or longer) in coverage immediately prior to your effective date in our plan.*

## EXCLUSIONS

- Services provided by a member of the patient's immediate family
- Services or supplies that are not medically necessary
- Services and supplies for reversal of sterilization or infertility
- Surgery for obesity, including complications arising out of such treatment
- Surgery to alter the refractive character of the eye
- Dental examinations and treatment, except as specifically listed
- Massage or massage therapy
- Services or supplies for the treatment of sexual dysfunction or inadequacy, or those related to sex change procedures
- Treatment of personality disorders
- Experimental or investigational treatment
- Services or supplies available in whole, or in part, under any city, county, state or federal law, except Medicaid
- Charges above those considered the maximum plan allowance
- Services or supplies for which an employer is required by law to provide benefits even if you choose not to accept those benefits (those exempt from state and federal workers' compensation law will have 24-hour coverage)
- Instructional programs, including, but not limited to, those to learn to self-administer drugs or nutrition, except as specifically provided for under the outpatient diabetic instruction benefit of the plan
- Appliances or equipment primarily for comfort, convenience, environmental control or education
- Cosmetic services and supplies
- Services and supplies associated with orthognathic surgery
- Drugs for treatment of mental illness
- Chemical dependency treatment, except for alcohol treatment


**www.odscompanies.com**

For more information, please contact
an ODS-appointed producer or call ODS
at 503-243-3973 or toll-free at 877-277-7073.
(TTY users, please dial 711.)

DELTA DENTAL®

*These benefits and ODS policies are subject to change in order to be compliant with state and federal guidelines.*

*Insurance products provided by Oregon Dental Service and ODS Health Plan, Inc.*

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