



OREGON EDUCATORS  
**OEBB**  
BENEFIT BOARD

## HEALTH BENEFIT PLAN OPTIONS



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

*Available October 2012  
through September 2013*

# WELCOME TO ODS.

More than 55 years ago, ODS sunk its roots deep into the Pacific Northwest, its culture and business communities. We proudly hold a place in Oregon's history as a pioneer of dental insurance, but over time, we've evolved our lines of business to provide healthcare plans that cover our members from head to toe. These plans now include dental, medical, pharmacy and vision products.

As a health company, ODS is here to support you on your journey to better health and wellness. We offer personalized healthcare services to meet a wide range of individual needs. Our in-house expertise and personalized coaching services, along with innovative online tools and resources, help you get well sooner and live well longer.

## ODS WELL

ODS Well™ includes tools and individualized support to help you improve your health and live a more productive life. Included as part of all ODS medical plans, ODS Well is available through myODS, your personalized member website. To log on to myODS, please visit [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb).

### myODS

Manage your benefits and get the most from your health plan with myODS. Once you create a myODS account, you'll be able to:

- View benefit eligibility and history
- Review prescription history and pharmacy benefits, including medication pricing information
- View account details such as contact information and enrolled dependents
- Access your digital ID card
- Check the status of pending claims, view claim history and access claim forms
- Receive and view electronic Explanation of Benefits (EOBs)

### ODS eDOC

This service helps you understand your symptoms and make informed health decisions. You can email a specialized health professional at any time of day and get preventive care advice, answers to questions, home remedies, information on common procedures and conditions, help with diet and exercise, and more. ODS eDoc gives you access to:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts



## NURSE LINE

The ODS Registered Nurse Advice Line allows you to get answers and information about your health over the phone any time, day or night. While the nurses usually cannot make a diagnosis or prescribe medication, they can help you make informed decisions about basic health-related situations:

- 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

To talk to a registered nurse, call the hotline at 866-321-7580.

## HEALTH COACHING

If you are dealing with a chronic health condition, we offer in-depth care programs. As an ODS member, you have access to tools and resources that emphasize maintaining a healthy lifestyle, such as individual health coaches who provide you with one-on-one support. These specialized programs include:

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

## CARE MANAGEMENT

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. Case managers will help you with:

- Communicating with providers
- Explaining treatment options
- Appointment-setting
- Arranging for in-home caregivers
- Ordering medical equipment

## ONLINE TRACKING TOOLS

ODS provides secure, online health education tools and information to help you manage your health. Our interactive health tabs help you learn and keep track of your evolving health, such as:

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

## Helping you maintain a healthy weight

We know maintaining and losing weight is an ongoing struggle, and we are here to help. Your weight management benefit includes five areas of focus:

- › Annual screening and assessment
- › Online educational resources
- › Health coaching
- › Weight Watchers®
- › Gastric bypass surgery (Roux-en-Y)

Beginning Oct. 1, Roux-en-Y surgery will be available for OEGB plan subscribers 18 and over (no coverage for dependents). Certain presurgery requirements must be met, and patients will need to use an approved Center of Excellence. To learn more about the weight management benefits and program guidelines, log on to [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb).

## FIT IN WELLNESS

ODS' Fit It In program is an online resource that makes it easy and convenient for you to find free and affordable fitness and health activities in your community. Whether you prefer to exercise on foot, roll around on wheels or relax your mind with more restful activities, visit [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb) and click on "Fit It In" to discover local tracks, skate parks, pools, bike trails and other educational events near you.

Learn more about how fitting healthy activities into your busy schedule can help you get the most out of your healthcare benefits as you:

- Lower your risk of heart disease, high blood pressure and diabetes
- Increase cardiovascular fitness and endurance
- Reduce muscle tension and stress
- Improve your mood and mental well-being

## HEALTH RISK ASSESSMENT

Understanding your health risks – whatever your age – can help improve your overall health. The ODS Health Risk Assessment (HRA) tool is a personalized online survey that helps you learn:

- Whether your health age equals your actual age
- If you are at risk for various health conditions
- Which of your habits are healthy
- What you can do to improve your health

To take the private 15-minute Health Risk Assessment, log in to your myODS account and click on "Health Risk Assessment."

## Tools to help you estimate cost

### DENTAL OPTIMIZER

Dental Optimizer™ allows you to store dental health information and share it with caregivers to facilitate more coordinated and effective care.

Online tools such as risk assessment quizzes and a treatment cost calculator help you:

- Understand how to prevent dental disease
- Research new and effective treatments
- Lower out-of-pocket costs

### PRESCRIPTION PRICE CHECK TOOL

The prescription price check tool allows you to get information quickly and easily. Simply enter the medication name and choose from the list of matching drugs to find the cost and quantity. You also can see a list of mail-order and retail pharmacies.

The prescription price check tool can help you save money by showing you when a lower-cost, generic option is available. At a simple glance, you can see how much is covered by the plan and what the remaining cost will be. You also can get an estimated price from a specific pharmacy.

### TREATMENT COST NAVIGATOR

The Treatment Cost Navigator provides useful information about:

- Costs associated with a specific treatment
- The portion of costs covered by your plan
- Out-of-pocket cost, based on your benefits

In addition, our Treatment Cost Navigator lets you compare costs for different providers, as well as search by provider, procedure, distance, language, gender, network status or specialty.

## Important aspects of your health plan

### PREVENTIVE CARE

Preventive care refers to measures taken to prevent or avoid diseases or injuries.

Preventive care includes the following:

- Periodic health exams
- Well baby exams
- Routine women’s exams and mammography
- Routine immunizations
- Colorectal cancer screening

### ADDITIONAL COST TIER

Additional Cost Tier refers to select procedures including the following:

- Spine surgery
- Knee and hip replacement
- Arthroscopies (knee and shoulder)

The Additional Cost Tier is designed to encourage exploration of less invasive treatment alternatives. It is important to understand and consider all factors — including additional costs — as you discuss treatment options with your provider.

The information provided on our website will help you become aware of what your choices are so that you can talk to your healthcare provider about these procedures and form realistic expectations about their outcomes.

### PROFESSIONAL SERVICES

Professional services refer to primary and specialist office visit services performed by a licensed healthcare provider. Plans 3, 4 and 5 have lower copayments for primary care and alternative care office visits.

### INCENTIVE SERVICES

Incentive services are exams performed to help you manage certain conditions, including the following:

- Asthma
- Heart conditions
- Cholesterol
- High blood pressure
- Diabetes

## Wherever you go, our networks go with you

### ODS PLUS NETWORK

At ODS, we want to make healthcare easy, accessible and convenient. The ODS Plus Network is one of the largest directly contracted PPO networks in Oregon, including Legacy Health System, Oregon Health & Science University (OHSU), Providence Health & Services and Portland Adventist. The ODS Plus

Network provides access to more than 20,000 providers, 83 hospitals and 64,000 pharmacies in Oregon, Idaho, southern Washington and northern California.

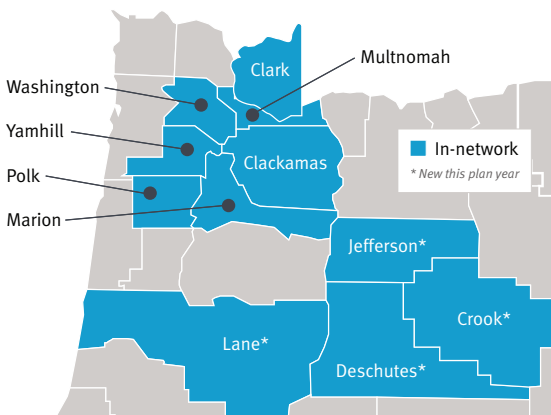
### TRAVEL NETWORK

The ODS Travel Network allows medical plan members to receive emergency and nonemergency care outside

of their primary service area while traveling. As an eligible member seeking care through a PHCS “Healthy Directions” provider, you will receive in-network benefits.\*

If you have dependents living outside of the primary network area, your dependents also can use the ODS Travel Network to receive care at an in-network benefit level.

**PLAN 4 ODS COMMUNITY CARE PLAN**



To be eligible for Plan 4, members must live or work in one of the above counties. A list of eligible zip codes can be found at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb).

ODS has partnered with select local providers to form a Community Care Network to deliver the most cost-effective benefits to our members. When you seek care within our Community Care Network you receive high-quality, individualized care and integrated support from an interconnected group of providers that deliver proven results. The plan benefits are the same as plan 5 but offered at a lower premium.

When you choose to join the Community Care Network, you have access to four systems of care, including Adventist Health, Legacy Health, Oregon Health Sciences University (OHSU) and Salem Health as well as their affiliated clinics. We continue to evaluate systems of care in other geographic areas and will soon be adding St. Charles Medical Center in Bend and PeaceHealth in Eugene. Please check back at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb) regularly for expansions to the network.

**PLAN 9 HSA-COMPATIBLE PPO PLAN**

An ODS HSA-qualified, high-deductible plan allows you to use tax-free funds for eligible healthcare expenses. To enjoy the benefits of an HSA-qualified plan, you can simply contact a bank to set up an account.\*\*

You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. HSA members enjoy a number of tax advantages, including:

- Contributions made on a tax-advantaged basis
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

**ELIGIBILITY**

To be eligible to participate in an HSA plan, you must:

- Be covered by a qualified high-deductible health plan
- Not covered under another non-HSA compatible medical plan (including your spouse)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else’s tax return

**PRESCRIPTIONS**

Your pharmacy benefits are included under your HSA plan. The plan includes select value tier medications which waive your annual deductible – and your benefits will process at the pharmacy as long as you present your ODS ID card.

\*\* OEBB has chosen US Bank as the preferred administrator of the HSA plan.

# MEDICAL PLAN OFFERINGS<sup>^</sup>

MEDICAL PLANS	PLAN 3		PLAN 4 (ODS Community Care Plan)		PLAN 5	
	In-network	Out-of-network <sup>5</sup>	In-network	Out-of-network <sup>5</sup>	In-network	Out-
Annual deductible – individual (family = 3x individual)	\$200		\$300		\$300	
Annual out-of-pocket maximum – individual (family = 3x individual)	\$1,500	\$3,000	\$2,000	\$4,000	\$2,000	
<b>PREVENTIVE CARE</b>						
Periodic health exams; routine women’s exams; annual obesity screening; immunizations	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	50%	\$0 <sup>1</sup>	
<b>INCENTIVE CARE</b>						
Office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$10 copay <sup>1</sup>	50%	\$10 copay <sup>1</sup>	50%	\$10 copay <sup>1</sup>	
<b>PROFESSIONAL SERVICES</b>						
Primary care office visits	\$25 copay <sup>1</sup>	50%	\$25 copay <sup>1</sup>	50%	\$25 copay <sup>1</sup>	
Specialist office visits	20%	50%	20%	50%	20%	
<b>ALTERNATIVE CARE SERVICES (\$2,000 COMBINED MAX)</b>						
Acupuncture/chiropractic/naturopathic office visits	\$25 copay <sup>1</sup>	50%	\$25 copay <sup>1</sup>	50%	\$25 copay <sup>1</sup>	
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%	20%	
<b>MATERNITY CARE</b>						
Physician or midwife services and hospital stay	20%	50%	20%	50%	20%	
<b>OUTPATIENT AND HOSPITAL SERVICES</b>						
Inpatient care (unlimited days)	20%	50%	20%	50%	20%	
Skilled nursing facility care (60 days per plan year)						
Outpatient hospital/facility						
Surgery						
Sleep studies and specified imaging (MRI, CT, PET)	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100
Upper endoscopy and spinal injections						
Additional Cost Tier	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500
Gastric bypass (Roux-en-Y) <sup>6</sup>	\$500 copay + 20%	N/A	\$500 copay + 20%	N/A	\$500 copay + 20%	
<b>EMERGENCY CARE</b>						
Urgent care visit	\$50 copay <sup>1</sup>		\$50 copay <sup>1</sup>		\$50 copay <sup>1</sup>	
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
Ambulance	20%		20%		20%	
<b>OTHER COVERED SERVICES</b>						
Hearing aids and bone anchored hearing aids – \$4,000 max/48 months <sup>2</sup>	10%	50%	10%	50%	10%	
Physical, occupational and speech therapy – 30 days per plan year / 60 for spinal or head injury	20%	50%	20%	50%	20%	
Outpatient diagnostic lab and X-ray						
Durable medical equipment						
<b>Major medical prescription coverage</b>	Covered under Prescription Drug Plans presented on following page					
Value tier	Covered under Prescription Drug Plans presented on following page					

<sup>1</sup> Deductible waived. All amounts reflect member responsibility.

Deductibles, fixed dollar copays and disallowed charges do not apply toward the annual out-of-pocket maximum for Plans 3 through 8. After the maximum out-of-pocket costs have been paid, the plan will pay 100 percent (fixed dollar copays still apply).

<sup>2</sup> Hearing aid coverage is subject to a 48-month maximum that is adjusted annually as required by Oregon statute.

<sup>3</sup> Plan 9 individual deductible applies if employee is enrolling in the plan with no other family members.





## ODS Rx offers quality options

As the administrator of the Oregon Prescription Drug Program (OPDP), ODS takes pride in actively managing your pharmacy benefits to ensure that the OEGB program provides quality, comprehensive coverage and remains current with industry standards and the changes occurring in the marketplace.

We understand that each member is unique. Through the ODS prescription program you are offered an open formulary with options under the value, generic, preferred and nonpreferred tiers.

### VALUE TIER MEDICATIONS

Value medications have been identified through a review process that evaluates prescription products based on the latest clinical information and medical literature as providing safe, effective, cost-preferred treatment options for common chronic health conditions.

The ODS OEGB Value Tier includes products used to treat the following health issues:

- Asthma
- Heart, cholesterol, high blood pressure
- Diabetes
- Depression\*
- Osteoporosis
- Pain/arthritis\*

A list of medications included under the value tier can be found on the pharmacy tab at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb).

### MAIL-ORDER PHARMACY BENEFITS

You have access to a 90-day mail-order benefit through the prescription drug program. ODS partners with Postal Prescription Services (PPS), a Kroger/Fred Meyer company to administer this benefit. You can receive significant savings by using the mail-order benefit. Additional information is available under the pharmacy tab at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb).

*\* To remain HSA-compliant, medications for certain conditions are not included in the Plan 9 value tier.*

PRESCRIPTION DRUG PLAN B	RETAIL (31-DAY SUPPLY)	MAIL (90-DAY SUPPLY)	SPECIALTY (31-DAY SUPPLY)
Annual out-of-pocket maximum	\$1,100		
Value	\$4	\$8	N/A
Generic	\$8	\$16	\$16
Preferred <sup>1</sup>	\$25	\$50	\$50
Nonpreferred	50%	50%	50%

<sup>1</sup> This benefit level includes select generic medications that have been identified as having no more favorable outcomes from a clinical perspective than other more cost-effective generics.

<sup>^</sup> Copay and coinsurance applies to annual out-of-pocket maximum.

<sup>^</sup> For limitations and exclusions, visit [www.odscompanies.com/oebb/members](http://www.odscompanies.com/oebb/members) or refer to your Member Handbook.

## Vision plans: bringing it all into focus

VISION PLAN	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Plan-year benefit maximum	\$250	\$350	\$450	\$600
<b>EYE EXAMINATIONS</b> (including refraction)	100% (subject to plan maximums)			
Frequency	Once per plan year			
<b>LENSES</b> — single vision, bifocal, trifocal or contacts	100% (subject to plan maximums)			
Frequency	Contacts (including disposable contacts) or one pair of lenses per plan year			
<b>FRAMES</b>	100% (subject to plan maximums)			
Frequency	One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older.			

*Vision exam and hardware benefits are all subject to the plan-year benefit maximum.*

*Percentages shown reflect the benefit amounts for covered vision exam, frames and lenses.*

*Noncovered excluded services are the member's responsibility and do not apply toward plan-year maximum.*

*<sup>^</sup>For limitations and exclusions, visit [www.odscpanies.com/oebb/members](http://www.odscpanies.com/oebb/members) or refer to your Member Handbook.*



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### DELTA DENTAL PREMIER NETWORK

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This network offers you access to the largest dental network available in Oregon and across the nation. You'll save money by seeking care from participating Delta Dental Premier providers.

Delta Dental dentists have agreed to accept ODS-contracted fees as full payment for services. That means you usually pay less for each visit and are protected from balance billing — the difference between what ODS pays and the dentist's fee — which will cut down on your out-of-pocket costs.

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### ORAL HEALTH, TOTAL HEALTH

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Oral health research has shown a strong link between oral health and overall health. ODS believes that when you see a dentist regularly and maintain a healthy mouth, it can help keep the rest of your 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 ViziLite Plus TBlue and Brush Biopsy, two nonsurgical methods of detecting abnormal cells in the mouth.

DENTAL PLANS	PLAN 1 <sup>2</sup>	PLAN 2 <sup>2</sup>	PLAN 3 <sup>2</sup>	PLAN 4 <sup>3</sup>	PLAN 6 <sup>3</sup>
Deductible	\$50	\$50	\$50	\$50	\$50
Plan-year benefit maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,200
<b>PREVENTIVE AND DIAGNOSTIC SERVICES<sup>1</sup></b>					
Exam and prophylaxis/cleanings (once every 6 months)	70%+10%	70%+10%	70%+10%	100%	100%
Bitewing X-rays (once every 6 months)					
Topical fluoroide application (ages 18 and under)					
Sealants and space maintainers					
<b>RESTORATIVE SERVICES</b>					
Fillings (posterior teeth paid to amalgam fee)	70%+10%	70%+10%	70%+10%	80%	80%
Inlays (amalgam reimbursement fee)					
Oral surgery and extractions					
Endodontics and periodontics					
<b>MAJOR RESTORATIVE SERVICES</b>					
Gold or porcelain crowns	70%+10%	70%+10%	70%+10%	80%	50%
Onlays					
<b>PROSTHODONTICS SERVICES</b>					
Implants	70%+10%	70%+10%	50%	50%	50%
Dentures and partial dentures					
Bridges					
<b>ORTHODONTIC SERVICES<sup>1,4</sup></b>					
Lifetime maximum – \$1,800	80%			N/A	

<sup>1</sup> Deductible waived.

<sup>2</sup> Under this incentive plan, benefits start at 70 percent for your first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent.

<sup>3</sup> Moving from a constant benefit plan (4 or 6) to an incentive benefit plan (1, 2 or 3) will cause the benefit level to start at 70 percent.

<sup>4</sup> Orthodontic services do not apply to the plan year benefit maximum.

<sup>^</sup> For limitations and exclusions, visit [www.odscompanies.com/oebb/members](http://www.odscompanies.com/oebb/members) or refer to your Member Handbook.

Percentages shown reflect the benefit amount that ODS covers for in-network providers.

## We understand that healthcare can be complex and sometimes confusing

Here's a short glossary of commonly used insurance terms, which should help make choosing medical and dental plans a little easier. For more detailed information, visit [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb).

### COINSURANCE

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

### COPAY OR COPAYMENT

The insured patient's share of the bill, expressed as a specific dollar amount paid for a given service, product or treatment. For example, the patient might pay \$25 for each primary care office visit. The patient is usually responsible for payment at the time of the treatment or service.

### DEDUCTIBLE

The portion of an individual's applicable healthcare expenses that must be paid by the member in the plan year before the insurance plan will start paying for treatment.

### 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 members have met their out-of-pocket maximum, the plan begins covering eligible expenses at 100 percent. The out-of-pocket maximum starts over every plan year.

### PPO

A preferred provider organization (PPO) is a panel of providers contracted with ODS to provide in-network benefits at agreed-upon rates.

### PREFERRED PROVIDER

A provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a physician outside the network.

### PRIMARY CARE PROVIDER

The term primary care provider refers to an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a physician assistant who practices primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology or women's health.

## Helping you manage your health is our highest priority

More detailed information about our benefit plans, along with helpful tools and resources, can be found online at [www.odscompanies.com/oebb](http://www.odscompanies.com/oebb). If you have additional questions please contact us.

### Medical/Vision Customer Service

503-265-2909 or 866-923-0409

### Dental Customer Service

503-265-2910 or 866-923-0410

### Pharmacy Customer Service

503-265-2911 or 866-923-0411

### Health Coaching

503-243-3957 or 800-913-4957

### Care Coordination and Case Management

503-948-5561 or 800-592-8283

### Behavioral Health

503-382-5323 or 877-796-3223





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

601 S.W. Second Avenue  
Portland, OR 97204-3156



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