



OREGON EDUCATORS
OEBB
BENEFIT BOARD

HEALTH BENEFIT PLAN OPTIONS



www.odskompanies.com/oebb

*Available October 2011
through September 2012*

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.

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 information such as contact information and enrolled dependents
- Order additional or replacement ID cards
- 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. eDocAmerica gives you access to:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Nutritionists
- 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
- Maternity Care
- Depression Care
- Respiratory Care
- Diabetes Care
- Spine & Joint Care
- Lifestyle Coaching
- Weight 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

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 can also see options for ordering through the mail pharmacy or a retail pharmacy.

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 four areas of focus:

- › Annual screening and assessment
- › Online educational resources
- › Health coaching
- › Weight Watchers®

Beginning October 1, the Weight Watchers benefit will be expanded to include coverage for dependents ages 10 and over. You must still complete 10 out of 13 sessions in a series to be eligible for full coverage for the next series.

To learn more about your weight management benefit, log on to www.odscompanies.com/oebb, select "I'm a member," and then click on "Health tools and coaching."

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 can also 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.

DENTAL OPTIMIZER

Powered by Microsoft HealthVault, 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

Wherever you go, our networks go with you

To find a provider in the ODS network, visit www.odscompanies.com and click on “Find Care”

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) and Providence Health System. The ODS Plus Network provides access to more than 22,000 providers, 110 hospitals and 61,000 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 can also use the ODS Travel Network to receive care at an in-network benefit level.

RETIREE NETWORK

OEBB Retirees and COBRA members who reside outside the ODS Plus Network service area have access to a different primary network depending on the state of residence. The networks are listed below and will replace the ODS Plus Network as your primary network:

- › First Choice Health – for Washington residents (excluding S.W. Washington)
- › Health InfoNet – for Montana residents
- › Private HealthCare Systems – for residents in all other states

* The ODS Travel Network is not an alternative primary network. Members must seek in-network services whenever possible, and preauthorization is required for in-patient services.

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

INCENTIVE SERVICES

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

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

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.

ADDITIONAL COST TIER

Additional Cost Tier refers to select procedures including the following:

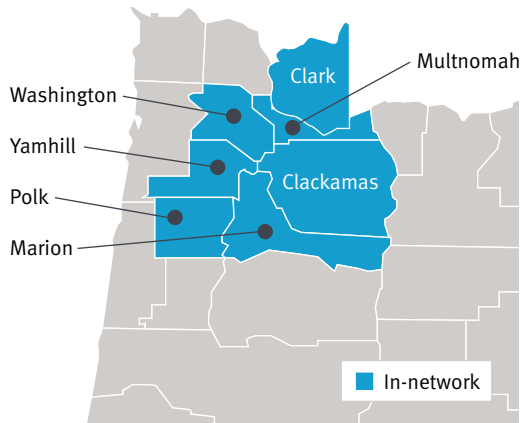
- Spine surgery
- Knee and hip replacement
- Arthroscopies (knee and shoulder)

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. You will want to have a say in this decision based on your unique situation and values.

Evidence suggests that, depending on your condition or injury, alternative treatments such as anti-inflammatory medication, weight loss or modified physical activity can work just as well as surgery. 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.



PLAN 4 ODS COMMUNITY CARE PLAN



In order to be eligible for plan 4, members must reside in one of the above counties. A list of eligible residence zip codes can be found at odscompanies.com/oebb.

We are proud to introduce the new ODS Community Care Network. ODS is partnering with Legacy Health System and Salem Health hospitals and affiliated providers to offer a clinically integrated network that delivers high quality coordinated care for our members. These providers have agreed to work in collaborative and innovative ways, offering you a care team that is focused on improving healthcare delivery.

Together, we are working to ensure that we provide you with a quality benefit program that has been designed with a focus on wellness, health promotion and improving health outcomes in an efficient and cost effective manner.

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. Typically, with a HSA plan members are required to submit a claim form to receive benefits. With the ODS HSA plan, as long as you use your identification card at a participating pharmacy, you are not required to submit a claim form for reimbursement. ODS will automatically track expenses that accrue towards your deductible or out-of-pocket maximum and we will reimburse you for eligible expenses under the prescription benefit.

*** Effective 10/01/11, OEBC has chosen US Bank as the preferred administrator of the HSA plan.*

MEDICAL PLAN OFFERINGS[^]

MEDICAL PLANS	PLAN 3		PLAN 4 (ODS Community Care plan)		PLAN 5	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
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	\$4,000
PREVENTIVE CARE						
Periodic health exams; routine women's exams; annual obesity screening; immunizations	\$0 ¹	50%	\$0 ¹	50%	\$0 ¹	50%
INCENTIVE CARE						
Office and home visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$10 copay ¹	50%	\$10 copay ¹	50%	\$10 copay ¹	50%
PROFESSIONAL SERVICES						
Primary care office visits	\$25 copay ¹	50%	\$25 copay ¹	50%	\$25 copay ¹	50%
Specialist office visits	20%	50%	20%	50%	20%	50%
ALTERNATIVE CARE SERVICES (\$2,000 COMBINED MAX)						
Acupuncture/chiropractic/naturopathic office visits	\$25 copay ¹	50%	\$25 copay ¹	50%	\$25 copay ¹	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%	20%	50%
MATERNITY CARE						
Physician or Midwife services and hospital stay	20%	50%	20%	50%	20%	50%
OUTPATIENT AND HOSPITAL SERVICES						
Inpatient care (unlimited days)	20%	50%	20%	50%	20%	50%
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 copay + 50%
Upper endoscopy and spinal injections	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
Additional cost tier	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
EMERGENCY CARE						
Urgent care visit	\$50 copay ¹		\$50 copay ¹		\$50 copay ¹	
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
Ambulance	20%		20%		20%	
OTHER COVERED SERVICES						
Hearing aids and bone anchored hearing aids — \$4,000 max/48 months ²	10%	50%	10%	50%	10%	50%
Physical, occupational and speech therapy — 30 days per plan year/ 60 for spinal or head injury	20%	50%	20%	50%	20%	50%
Outpatient diagnostic lab and x-ray						
Durable medical equipment						
Hospice and respite care	100% ¹	50%	100% ¹	50%	100% ¹	50%
Major medical prescription coverage	Covered under Prescription Drug Plans presented on following page					

¹ 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).

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

ODS Rx offers quality and options

At ODS, we take pride in actively managing your pharmacy benefits to ensure that the OEGB programs provide quality, comprehensive coverage and remain 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 non-preferred 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 (new this plan year)
- Osteoporosis (new this plan year)
- Pain/arthritis (new this plan year)

A listing of medications included under the value tier can be found under the pharmacy tab at www.odscompanies.com/oebb.

MAIL-ORDER PHARMACY BENEFITS

You have access to a 90-day mail-order benefit through your ODS prescription benefits. ODS offers two mail-order pharmacy options to our OEGB members. You have the choice of using either of the following pharmacies to receive mail-order medications:

- Postal Prescription Services (PPS) mail-order, a Kroger/Fred Meyer company
- BioScrip mail-order

You should be prepared to submit a new prescription for the medication you would like to have filled through the mail-order program. Additional information regarding the mail-order transition process is available under the pharmacy tab at www.odscompanies.com/oebb.

PRESCRIPTION DRUG PLANS	PLAN A	PLAN B	PLAN C
Annual out-of-pocket maximum	\$1,100	\$1,100	\$1,100
RETAIL (31-DAY SUPPLY)			
Value	\$4	\$4	\$4
Generic	\$8	\$8	50%
Preferred ¹	20%	\$25	50%
Non-preferred	50%	50%	50%
MAIL (90-DAY SUPPLY)			
Value	\$8	\$8	\$8
Generic	\$16	\$16	50%
Preferred ¹	20%	\$50	50%
Non-preferred	50%	50%	50%
SPECIALTY (31-DAY SUPPLY)			
Generic	\$16	\$16	50%
Preferred ¹	20%	\$50	50%
Non-preferred	50%	50%	50%

¹ 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.

[^] Copay and coinsurance applies to annual out-of-pocket maximum.

[^] For limitations and exclusions, visit www.odscpanies.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
EYE EXAMINATIONS (including refraction)	100% (subject to plan maximums)			
Frequency	Once per plan year			
LENSES — single vision, bifocal, trifocal or contacts	100% (subject to plan maximums)			
Frequency	Contacts (including disposable contacts) or one pair of lenses per plan year			
FRAMES	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.

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

[^] For limitations and exclusions, visit www.odscpanies.com/oebb/members or refer to your Member Handbook.



DELTA DENTAL PREMIER NETWORK

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.

When you visit any contracted dental provider, you'll save on costs. However, the highest potential for savings exists when you visit a provider participating in our Delta Dental networks. This is because 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.

ORAL HEALTH, TOTAL HEALTH

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 ²	PLAN 2 ²	PLAN 3 ²	PLAN 4 ³	PLAN 6 ³
Deductible	\$50	\$50	\$50	\$50	\$50
Plan year benefit maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,200
PREVENTIVE AND DIAGNOSTIC SERVICES¹					
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					
RESTORATIVE SERVICES					
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					
MAJOR RESTORATIVE SERVICES					
Gold or porcelain crowns	70%+10%	70%+10%	70%+10%	80%	50%
Onlays					
PROSTHODONTICS SERVICES					
Implants	70%+10%	70%+10%	50%	50%	50%
Dentures and partial dentures					
Bridges					

ORTHODONTIC SERVICES

	Coverage	Lifetime maximum
If selected	80%	\$1,800

¹ Deductible waived.

² Under this incentive plan, benefits start at 70 percent 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.

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

[^] For limitations and exclusions, visit www.odscorporation.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.

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 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.

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. 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

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



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