



2011-12 ODS Plan Design Updates

Medical – All plans

- ODS travel network added to all plans
- Weight Watchers program extended to medical plan dependents.
- Coverage added for hearing exam for all ages. Hearing aids now covered for all ages up to \$4,000 every 48 months.
- Family out-of-pocket is capped at 3 times the individual amount added to plans 3-8.
- Outpatient upper endoscopy and spinal injections are moved from the \$500 Additional Cost Tier copay, to a lower \$100 copay (plus deductible and coinsurance) on plans 3-8.
- Out-of-network coinsurance moves from 40% coinsurance to 50% coinsurance.
- Hospice and respite care covered at 100% in-network with the deductible waived.
- Alternative care, mental health and chemical dependency office visits match the primary care visit copay. All specialist office visits are subject to the annual deductible.

In Network	2010	2011
Plan 3	10% member coinsurance \$1,200 out of pocket Office visit copay \$15 (all providers) Urgent care visit copay \$15	20% member coinsurance \$1,500 out of pocket Primary care office visit copay \$25 Specialist office visit copay 20% Urgent care visit copay \$50
Plan 4	ODS Plus network \$200 deductible \$1,500 out of pocket Office visit copay \$25 (all providers) Urgent care visit copay \$25	ODS Community Care network \$300 deductible \$2,000 out of pocket Primary care office visit copay \$25 Specialist office visit copay 20% Urgent care visit copay \$50
Plan 5	\$200 deductible \$1,800 out of pocket Office visit copay \$25 (all providers) Urgent care visit copay \$25	\$300 deductible \$2,000 out of pocket Primary care office visit copay \$25 Specialist office visit copay 20% Urgent care visit copay \$50
Plan 6	\$300 deductible \$2,000 out of pocket	\$400 deductible \$2,100 out of pocket
Plan 7	\$2,000 out of pocket	\$2,200 out of pocket
Plan 8	\$2,000 out of pocket	\$2,200 out of pocket
Plan 9	No changes	





Pharmacy – All plans

The Value tier includes select medications used to treat asthma, heart disease, cholesterol, high blood pressure, diabetes, depression, osteoporosis and pain/arthritis. A list is available online at www.odscompanies.com/oebb.

- New mail order carrier options: PPS Kroger or BioScrip
- \$4 value tier copay added for 31-day retail supply, \$8 for 90-day mail-order supply
- The annual out-of-pocket maximum on all plans has increased to \$1,100

In Network	2010	2011
Plan B	Non-preferred mail-order and specialty drugs copay max of \$100	Non-preferred mail-order and specialty drugs have no copay max
Plan C	Value retail 50% Value mail order 50%	Value retail \$4 Value mail order \$8

Dental – All plans

- ViziLite coverage added

In Network	2010	2011
Plan 5		Eliminated
Plan 6	\$1,000 annual maximum	\$1,200 annual maximum
Orthodontic services	80% covered up to \$1,500 lifetime maximum	80% covered up to \$1,800 lifetime maximum

* See member handbook for frequency and age limitations for certain dental services.

* 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%.

* Late enrollees (members who do not enroll when originally eligible) will be subject to a 12 month waiting period for basic and major restorative services.

Vision

In Network	2010	2011
Plan 1	\$10 copay for vision exam	No copay for vision exam
Plan 5		Eliminated

*See member handbook for frequency and age limitations for certain vision services.

* Exam and vision hardware are both subject to a plan year maximum.

*Late enrollees (members who do not enroll when originally eligible) will be subject to a 12 month waiting period for glasses and contact lenses services.

