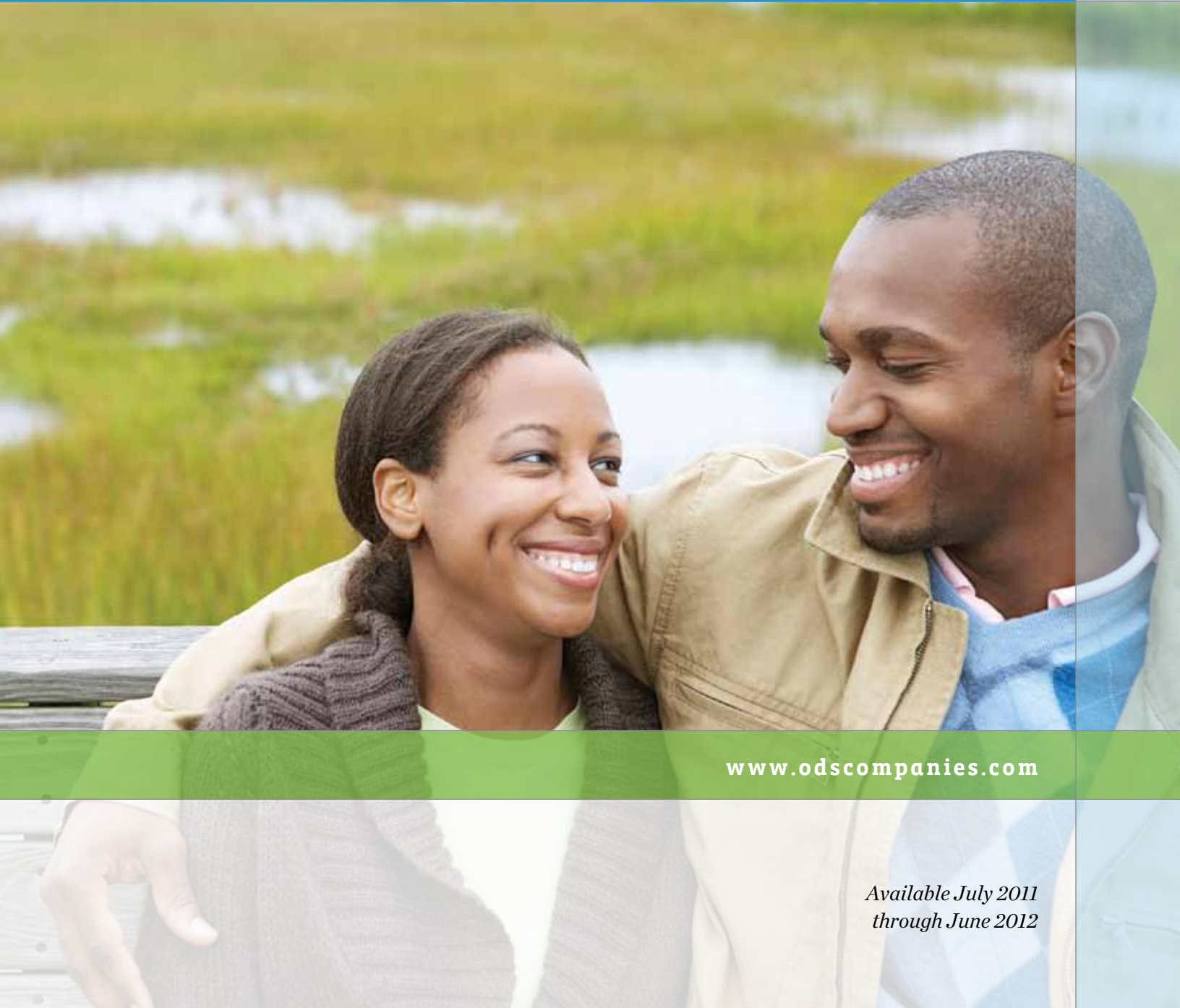




► Oregon-based groups (2-50)

HEALTH BENEFIT PLAN OPTIONS



www.odskompanies.com

*Available July 2011
through June 2012*

WELCOME TO ODS.

More than 55 years ago, ODS sunk its roots deep into the Pacific Northwest, its culture and its 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 medical, pharmacy, dental, vision and Medicare products.

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



ODS WELL

ODS Well™ includes tools and individualized support to help members improve their health and live more productive lives. Included as part of all ODS medical plans, ODS Well is available through myODS, our personalized member website.

myODS

myODS helps members manage their benefits and get the most from their health plan.

Members can:

- View their 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 (EOBs)

ODS eDOC

This service helps members understand their symptoms and make informed health decisions. Members can email a specialized health professional at any time of the day. With ODS eDoc, members have access to:

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

NURSE LINE

The ODS Registered Nurse Advice Line allows members to get answers and information about their health over the phone, day or night. Nurses can help members 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 members should go to urgent care or the emergency room

A preferred partner brings member and group savings

At ODS, we're committed to building partnerships that save members money while providing them the highest-quality care. That's why we partner with Quest Diagnostics, the world's leading provider of diagnostic testing, information and services.

When a healthcare professional orders tests from Quest Diagnostics, charges may be up to 250 percent lower than hospital-based labs,* translating into substantial cost savings for you and your employees.

**Based on actual claims data.*

CONDITION MANAGEMENT AND HEALTH COACHING

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

- Cardiac Care
- Depression Care
- Diabetes Care
- Lifestyle Coaching
- Maternity Care
- Respiratory Care
- Spine & Joint Care

CARE COORDINATION

Members who are dealing with a serious illness or recovering from an accident have access to case managers who can help them 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

ONLINE TRACKING TOOLS*

ODS provides secure, online health education tools and information to help members better manage their health. Members keep track of their evolving health 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

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

TOBACCO CESSATION

The Free & Clear® Quit For Life™ Program is available to some members, ages 10 and over. This evidence-based program offers:

- One-on-one phone-based sessions
- Toll-free telephone access to Quit For Life™ coaches
- Recommendations for medications to stop smoking
- Free delivery of recommended nicotine replacement products
- A Quit Guide to help members stay on track between calls
- Interactive online tools



The highest-quality service, selection *and* savings

We understand there's a lot to consider when choosing a health plan, and we understand that each employer has different needs. ODS offers a range of plan designs, including traditional Preferred Provider Organization (PPO) plans, Health Savings Account (HSA)-qualified plans and dual-option programs to fit a diverse group of organizational needs.

All of our health plans include access to the largest directly contracted PPO network in Oregon, the ODS Plus Network. And all of our plan designs give members the freedom to see any licensed provider they choose, but with improved benefits and savings if they access a preferred provider from the ODS Plus Network.



A PROUD RECIPIENT OF NCQA'S EXCELLENT DESIGNATION

We are committed to delivering the highest quality of care for you and your employees. As proof of that commitment, we are the only insurer in Oregon awarded the designation of "Excellent" by the National Committee for Quality Assurance (NCQA) for our PPO plans.

NCQA is a private, nonprofit organization dedicated to improving healthcare quality. Accreditation is based on all aspects of the ODS plan, including preventive health services, member satisfaction, physician credentialing and quality improvement.

Plans designed to meet your unique needs

Whatever your group's health plan needs might be, we're confident we can find the right health plan coverage for you and your employees. We also understand your workforce is as dynamic as your company. To better meet your needs, we're proud to offer dual option plan designs, which give your employees the power to choose the plan that's best for them.

For your convenience, you'll find highlights of our current plan offerings outlined in the next few pages — including new plan enhancements — followed by our benefit summary tables.

If you have questions about any of our plans, please contact a sales and account services representative at 503-243-3973 or 877-277-7073, or visit www.odscompanies.com.

STANDARD PPO PLANS

A PPO plan contracts with physicians and hospitals to secure preferred rates. Members can visit any provider they choose, but when visiting a PPO provider, they will enjoy the highest level of benefits, more physician choices and broader geographic coverage.

Highlights of our PPO plans include:

- A large range of annual deductible choices, beginning at \$500
- Copays as low as \$20 for in-network office visits, urgent care, and chiropractic, acupuncture and naturopathic visits

EVIDENCE-BASED VALUE PLANS

Our Evidence-Based Value plans help reduce financial barriers for patients with chronic conditions. These plans also encourage members to collaborate with providers and take a more active role in their own health.

Highlights of these plans include:

- Annual deductible choices of \$1,000, \$1,500 or \$2,000

- Minimally invasive procedures covered at 80 percent in-network and 60 percent out-of-network, after deductible
- Member preference treatments are subject to a separate annual out-of-pocket maximum and increased member cost share

BENEFICIAL PLANS

Our Beneficial plans are the best option for people who want lower premium costs through higher deductibles. This plan waives the deductible for preventive care and the first five office, home or urgent care visits per plan year.

Highlights of our Beneficial plans include:

- Annual deductible choices of \$2,500, \$3,500, \$5,000 or \$7,500
- \$25 copays for in-network chiropractic, acupuncture and naturopathic care (with a \$1,500 annual maximum)

STANDARD HSA PLANS

An ODS HSA-qualified, high-deductible plan allows members to use tax-free funds for eligible healthcare expenses.

To enjoy the benefits of an HSA-qualified plan, members can simply contact a bank to set up an account.

HSA 20/50 plan highlights include:

- \$1,200 or \$2,000 annual deductible
- Eighty percent in-network/50 percent out-of-network benefit after deductible
- Seventy percent prescription drug in-network benefit after deductible

HSA 50/50 plan highlights include:

- \$2,800 or \$4,000 annual deductible
- Fifty percent benefit after deductible regardless of whether care is in- or out-of-network

DUAL OPTION PLANS

For employers who recognize the diverse needs of their employees, we offer two dual option plan designs. These plans give employees the choice to select a health plan that best fits their healthcare needs and family budget.

The dual option plan designs we offer are:

- PPO 1000/25 + HSA 20/50
- PPO 1500/25 + HSA 50/50

Pharmacy plans designed for maximum cost control

Our flexible, evidence-based pharmacy plans are designed to provide financial controls and information to help our member groups manage the rising cost of prescription drugs.

The ODS Rx team provides employers with effective cost controls, objective consultation, clinical expertise and one of the most competitive packages in the industry. We accomplish this by managing our programs to produce the highest quality of care and member satisfaction at the lowest possible net cost to the plan.

HEALTHY SOLUTIONS

Informed employees take a more active role in their healthcare. By providing members with secured access to view and print prescription copayments and accumulators, they begin to understand the total cost of pharmaceutical care.

Members can research drug-specific information, health conditions, look for participating pharmacies and compare drug prices online.

New plans mean improved choices

We know that your needs are constantly changing. That's why ODS regularly evaluates our medical, dental and prescription plans to make sure they continue to meet your needs.

This year, we are proud to introduce five plan enhancements. Each is designed to provide you with even more choices, so that you can find exactly the right plans for your group.

MEDICAL PLAN UPDATES

- **New standard PPO plans: 1500/20 or 2000/20 or 2500/20 or 3000/20 or 4000/20**

These higher-deductible plans allow groups to remain on a PPO plan and enjoy the structure they're familiar with, while bringing down premium costs. For details, please see the benefit summary on page 15.
- **Evidence-Based Value plans**

Our new Evidence-Based Value plans take a novel approach to medical insurance. These plans offer more coverage for certain chronic and preventive care or minimally invasive procedures. This structure encourages members to become more engaged in their care and choose procedures that tend to result in better recovery. Members enjoy lower out-of-pocket costs, including a \$0 copay on chronic and preventive care management. To learn more, see the benefit summary on pages 16-17.

PRESCRIPTION DRUG PLAN UPDATES

- **New Rx \$2 \$15 \$45 \$75 rider**

This new prescription drug rider introduces slightly higher copays at a lower premium cost, providing groups with even more options to fit their individual needs. For more information, please refer to the benefit summary on page 20.
- **Out-of-pocket maximum on specialty and orphan drugs**

ODS has placed a limit on member out-of-pocket costs for specialty and orphan medications. This annual out-of-pocket maximum applies to all tiered prescription drug plans, offering protection to members against high-cost drugs. For details, please see the benefit summary on page 20.

DENTAL PLAN UPDATES

- **New Fortify dental plan**

ODS' new Fortify dental plan covers 100 percent of preventive care, up to \$500 a year, while offering the value of a low premium cost. Through the plan, members have access to valuable Delta Dental discounts. For more information, refer to the benefit summary on page 26.

You can find more information about all our medical, prescription and dental plans, including ODS' newest plans, on the following pages. For easy reference, new plans are identified like this: **NEW** ➡.

Wherever your employees go, our networks go with them

When ODS members travel, their access to in-network care travels with them.

We know that health doesn't always happen when it's convenient, and so we've made accessing ODS-contracted providers on the road easier than ever. If your employees are traveling outside the reach of our extensive ODS Plus Network, chances are they'll still be covered through the ODS Travel Network.

ODS PLUS NETWORK

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 & Services. The ODS Plus Network provides access to more than 19,800 providers, 68 hospitals and 61,000 pharmacies.

Our members in Idaho, as well as in Oregon's Malheur County, can visit providers in the Idaho Physicians Network (IPN), the largest independent network of Idaho medical providers and healthcare facilities.

Members living in states outside Oregon or Idaho also are covered by ODS network agreements. For more information, contact your sales representative.

TRAVEL NETWORK

The ODS Travel Network allows most medical plan members to receive emergency and nonemergency care outside of their primary service area while traveling. When eligible members seek care through a PHCS Healthy Directions provider, they will receive in-network benefits.*

Members' dependents living outside of the primary network area also can use the ODS Travel Network to receive care at an in-network benefit level.

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



MEDICAL PLANS

STANDARD PPO PLANS	PPO 500/20		PPO 500/30	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual deductible – individual (family = 3x individual)	\$500		\$500	
Annual out-of-pocket maximum – individual (family = 3x individual)	\$2,500	\$7,500	\$3,500	\$10,500
Essential benefit annual maximum²	\$2,000,000		\$2,000,000	
PREVENTIVE CARE				
Periodic health exams	No copay ³	Not covered	No copay ³	Not covered
Routine women’s exams (including pap test, pelvic exam and breast exam)	No copay ³	50%	No copay ³	50%
Immunizations	No copay ³	Not covered	No copay ³	Not covered
PROFESSIONAL SERVICES				
Office and home visits	\$20 copay ^{3,4}	50%	\$30 copay ^{3,4}	50%
Surgery	20%	50%	20%	50%
Acupuncture/chiropractic/naturopathic	\$20 copay ^{3,4} (\$1,500 annual maximum)		\$30 copay ^{3,4} (\$1,500 annual maximum)	
MATERNITY CARE				
Physician services	\$200 copay ^{3,5}	50%	\$200 copay ^{3,5}	50%
Hospital stay	20%	50%	20%	50%
HOSPITAL INPATIENT/OUTPATIENT SERVICES				
Inpatient care Skilled nursing facility care Outpatient hospital/facility Specified imaging (MRI, CT, CAT, PET scans)	20%	50%	20%	50%
EMERGENCY CARE				
Emergency room facility	\$200 copay ^{3,4}		\$200 copay ^{3,4}	
Urgent care visits	\$20 copay ^{3,4}	50%	\$30 copay ^{3,4}	50%
Ambulance services (\$5,000 annual maximum)	20%		20%	
OTHER COVERED SERVICES				
Outpatient diagnostic X-ray and lab	20% ³	50%	20% ³	50%
Physical therapy	\$20 copay ^{3,4}	50%	\$30 copay ^{3,4}	50%
Allergy injections	20%	50%	20%	50%
Durable medical equipment/prosthetics	20%	50%	20%	50%
Home health, hospice and respite care	20%	50%	20%	50%

1 Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

2 Includes combined medical and prescription drug costs.

3 Deductible waived.

4 Copayments and disallowed charges do not apply to the annual deductible or to the out-of-pocket maximum. Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum.

5 The \$200 maternity copayment does not apply to the annual deductible but does apply to the out-of-pocket maximum.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.

PPO 750/25 OR 1000/25*		PPO 750/30 OR 1000/30	
In-network	Out-of-network ¹	In-network	Out-of-network ¹
\$750 or \$1,000		\$750 or \$1,000	
\$3,000	\$9,000	\$4,000	\$12,000
\$2,000,000		\$2,000,000	
PREVENTIVE CARE			
No copay ²	Not covered	No copay ²	Not covered
No copay ²	50%	No copay ²	50%
No copay ²	Not covered	No copay ²	Not covered
PROFESSIONAL SERVICES			
\$25 copay ^{2,3}	50%	\$30 copay ^{2,3}	50%
20%	50%	20%	50%
\$25 copay ^{2,3} (\$1,500 annual maximum)		\$30 copay ^{2,3} (\$1,500 annual maximum)	
MATERNITY CARE			
\$200 copay ^{2,4}	50%	\$200 copay ^{2,4}	50%
20%	50%	20%	50%
HOSPITAL INPATIENT / OUTPATIENT SERVICES			
20%	50%	20%	50%
EMERGENCY CARE			
\$200 copay ^{2,3}		\$200 copay ^{2,3}	
\$25 copay ^{2,3}	50%	\$30 copay ^{2,3}	50%
20%		20%	
OTHER COVERED SERVICES			
20% ²	50%	20% ²	50%
\$25 copay ^{2,3}	50%	\$30 copay ^{2,3}	50%
20%	50%	20%	50%
20%	50%	20%	50%
20%	50%	20%	50%

* Available as a dual option plan.

1 Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

2 Deductible waived.

3 Copayments and disallowed charges do not apply to the annual deductible or to the out-of-pocket maximum. Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum.

4 The \$200 maternity copayment does not apply to the annual deductible but does apply to the out-of-pocket maximum.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.

MEDICAL PLANS

STANDARD PPO PLANS (cont'd)	PPO 1500/25* OR 2000/25		PPO 1500/30 OR 2000/30	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual deductible – individual (family = 3x individual)	\$1,500 or \$2,000		\$1,500 or \$2,000	
Annual out-of-pocket maximum – individual (family = 3x individual)	\$3,500	\$10,500	\$4,500	\$13,500
Essential benefit annual maximum²	\$2,000,000		\$2,000,000	
PREVENTIVE CARE				
Periodic health exams	No copay ³	Not covered	No copay ³	Not covered
Routine women's exams (including pap test, pelvic exam and breast exam)	No copay ³	50%	No copay ³	50%
Immunizations	No copay ³	Not covered	No copay ³	Not covered
PROFESSIONAL SERVICES				
Office and home visits	\$25 copay ^{3,4}	50%	\$30 copay ^{3,4}	50%
Surgery	25%	50%	30%	50%
Acupuncture/chiropractic/naturopathic	\$25 copay ^{3,4} (\$1,500 annual maximum)		\$30 copay ^{3,4} (\$1,500 annual maximum)	
MATERNITY CARE				
Physician services	\$200 copay ^{3,5}	50%	\$200 copay ^{3,5}	50%
Hospital stay	25%	50%	30%	50%
HOSPITAL INPATIENT/OUTPATIENT SERVICES				
Inpatient care Skilled nursing facility care Outpatient hospital/facility Specified imaging (MRI, CT, CAT, PET scans)	25%	50%	30%	50%
EMERGENCY CARE				
Emergency room facility	\$200 copay ^{3,4}		\$200 copay ^{3,4}	
Urgent care visits	\$25 copay ^{3,4}	50%	\$30 copay ^{3,4}	50%
Ambulance services (\$5,000 annual maximum)	25%		30%	
OTHER COVERED SERVICES				
Outpatient diagnostic X-ray and lab	25% ³	50%	30% ³	50%
Physical therapy	\$25 copay ^{3,4}	50%	\$30 copay ^{3,4}	50%
Allergy injections	25%	50%	30%	50%
Durable medical equipment/prosthetics	25%	50%	30%	50%
Home health, hospice and respite care	25%	50%	30%	50%

* Available as a dual option plan.

¹ Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

² Includes combined medical and prescription drug costs.

³ Deductible waived.

⁴ Copayments and disallowed charges do not apply to the annual deductible or to the out-of-pocket maximum. Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum.

⁵ The \$200 maternity copayment does not apply to the annual deductible but does apply to the out-of-pocket maximum.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.

STANDARD PPO PLANS (cont'd)	NEW PPO 1500/20 OR 2000/20 OR 2500/20 OR 3000/20 OR 4000/20	
	In-network	Out-of-network ¹
Annual deductible – individual <i>(family = 3x individual)</i>	\$1,500, \$2,000, \$2,500, \$3,000 or \$4,000	
Annual out-of-pocket maximum – individual <i>(family = 3x individual)</i>	\$3,000	\$9,000
Essential benefit annual maximum²	\$2,000,000	\$2,000,000
PREVENTIVE CARE		
Periodic health exams	No copay ³	Not covered
Routine women’s exams (including pap test, pelvic exam and breast exam)	No copay ³	50%
Immunizations	No copay ³	Not covered
PROFESSIONAL SERVICES		
Office and home visits	\$25 copay ^{3,4}	50%
Surgery	20%	50%
Acupuncture/chiropractic/naturopathic	\$25 copay ^{3,4} (\$1,500 annual maximum)	
MATERNITY CARE		
Physician services	\$200 copay ^{3,5}	50%
Hospital stay	20%	50%
HOSPITAL INPATIENT/OUTPATIENT SERVICES		
Inpatient care Skilled nursing facility care Outpatient hospital/facility Specified imaging (MRI, CT, CAT, PET scans)	20%	50%
EMERGENCY CARE		
Emergency room facility	\$200 copay ^{3,4}	
Urgent care visits	\$25 copay ^{3,4}	50%
Ambulance services (\$5,000 annual maximum)	20%	
OTHER COVERED SERVICES		
Outpatient diagnostic X-ray and lab	20% ³	50%
Physical therapy	\$25 copay ^{3,4}	50%
Allergy injections	20%	50%
Durable medical equipment/prosthetics	20%	50%
Home health, hospice and respite care	20%	50%

¹ Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

² Includes combined medical and prescription drug costs.


³ Deductible waived.


⁴ Copayments and disallowed charges do not apply to the annual deductible or to the out-of-pocket maximum. Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum.

⁵ The \$200 maternity copayment does not apply to the annual deductible but does apply to the out-of-pocket maximum.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.

MEDICAL PLANS

NEW  EVIDENCE-BASED VALUE PLANS	PPO 1000 / 1500 / 2000	
	In-network	Out-of-network ¹
Annual deductible – individual (family = 3x individual)	\$1,000 \$1,500 \$2,000	\$3,000 \$4,500 \$6,000
Annual out-of-pocket maximum – individual (family = 3x individual)	\$3,000	No maximum
Essential benefit annual maximum²	\$2,000,000	
CHRONIC AND PREVENTIVE CARE MANAGEMENT³		
Health maintenance testing limited to the following: <ul style="list-style-type: none"> ■ Cholesterol LDL-C (one per calendar year) ■ Diabetes HbA1c (one per calendar year) ■ Glucose test ■ Urine microalbumin (one per calendar year) ■ Kidney function urine test 	No copay ³	40%
Imaging/ancillary limited to the following: <ul style="list-style-type: none"> ■ Ejection fraction echocardiogram ■ Heart scan ■ Spirometry test (two per calendar year) ■ Lung breathing test 	No copay ³	40%
Periodic health exams	No copay ³	40%
Routine women's exam	No copay ³	40%
Immunizations	No copay ³	40%
PROFESSIONAL SERVICES		
Office and home visits	\$25 copay ^{3,4}	40%
Acupuncture/chiropractic/naturopathic (\$1,500 annual max.)	\$25 copay ^{3,4}	40%
MINIMALLY INVASIVE PROCEDURES (MIP) <i>Includes all services related to procedures (inpatient, outpatient and ancillary). Procedures are listed below—surgical or otherwise—that are less invasive than open surgery to treat the same diagnosis.</i>		
Laparoscopic colectomy (colon removal)	20%	40%
Laparoscopic or vaginal hysterectomy (uterus removal)	20%	40%
Laparoscopic gastric fundoplication or hiatal hernia repair (repair for gastric reflux disease/heartburn)	20%	40%
Outpatient laparoscopic cholecystectomy (gall bladder removal)	20%	40%
Nonemergent laparoscopic appendectomy (appendix removal)	20%	40%
HOSPITAL INPATIENT / OUTPATIENT SERVICES		
Inpatient hospital care	30%	40%
Skilled nursing facility care	30%	40%
Outpatient hospital/facility	30%	40%
Surgery (excludes MIPs)	30%	40%
Outpatient diagnostic X-ray and lab	30% ³	40%
Physical therapy	30%	40%
Specified imaging (MRI, CT, CAT and PET scans)	30%	40%
Allergy injections	30%	40%
Durable medical equipment/prosthetics	30%	40%
Home health, hospice and respite care	30%	40%
Emergency room facility	30%	
Urgent care visits	\$25 copay ^{3,4}	40%
Ambulance service (\$5,000 annual maximum)	30%	

NEW  EVIDENCE-BASED VALUE PLANS	PPO 1000 / 1500 / 2000	
MEMBER PREFERENCE BENEFIT OPTIONS <i>Includes all services related to procedures (inpatient, outpatient and ancillary).</i>	In-network	Out-of-network ¹
Annual out-of-pocket maximum – individual (family = 3x individual)	\$6,000	No maximum
Essential benefit annual maximum²	\$2,000,000	
COVERED BENEFITS		
Outpatient upper endoscopy	50%	60%
Spine surgery for pain (includes injections)	50%	60%
Orthopedic joint procedures: <ul style="list-style-type: none"> ■ Knee replacement ■ Hip replacement ■ Arthroscopies ■ Shoulder surgery for osteoarthritis 	50%	60%
Colectomy (colon removal other than laparoscopic or robotic)	50%	60%
Hysterectomy (uterus removal other than laparoscopic, vaginal or robotic)	50%	60%
Fundoplication or hiatal hernia repair (repair for gastric reflux disease other than laparoscopic or robotic)	50%	60%
Outpatient cholecystectomy (gall bladder removal other than laparoscopic)	50%	60%
Nonemergent appendectomy (appendix removal other than laparoscopic)	50%	60%

¹ Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

² Includes combined medical and prescription drug costs.

³ Deductible waived.

⁴ Copayments and disallowed charges do not apply to the annual deductible or to the out-of-pocket maximum. Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.

MEDICAL PLANS

BENEFICIAL PLANS	BENEFICIAL 2500 / 3500 / 5000 / 7500	
	In-network	Out-of-network ¹
Annual deductible – individual (family = 3x individual)		\$2,500 \$3,500 \$5,000 \$7,500
Annual out-of-pocket maximum – individual (family = 3x individual)	\$5,000	\$15,000
Essential benefit annual maximum²	\$2,000,000	
PREVENTIVE CARE		
Periodic health exams	No copay ³	Not covered
Routine women’s exams (including pap test, pelvic exam and breast exam)	No copay ³	50%
Immunizations	No copay ³	Not covered
PROFESSIONAL SERVICES		
Urgent care, office and home visits	\$25 copay ⁴	50%
Surgery	30%	50%
Acupuncture/chiropractic/naturopathic	\$25 copay ^{3,5} (\$1,500 annual maximum)	
MATERNITY CARE		
Physician services	30%	50%
Hospital stay		
HOSPITAL INPATIENT / OUTPATIENT SERVICES		
Inpatient care Skilled nursing facility care Outpatient hospital/facility Specified imaging (MRI, CT, CAT, PET scans)	30%	50%
EMERGENCY CARE		
Emergency room facility		30%
Ambulance services (\$5,000 annual maximum)		30%
OTHER COVERED SERVICES		
Outpatient diagnostic X-ray and lab		
Physical therapy		
Allergy injections	30%	50%
Durable medical equipment/prosthetics		
Home health, hospice and respite care		

¹ Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

² Includes combined medical and prescription drug costs.

³ Deductible waived.

⁴ Deductible waived for first five medical office, home or urgent care visits per calendar year. Deductible applies, then 30% for subsequent visits. First five office visits do not include visits for physical therapy, occupational therapy or speech therapy.

⁵ Copayments and disallowed charges do not apply to the annual deductible or to the out-of-pocket maximum. Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.

STANDARD HSA PLANS	HSA 20 / 50		HSA 50 / 50	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual deductible — subscriber-only coverage (choose an option) <i>(family coverage = 2x individual)</i>	A \$1,200 B \$2,000*		A \$2,800* B \$4,000	
Annual out-of-pocket maximum — subscriber-only coverage (correlates to option chosen above) <i>(family coverage = 2x individual)</i>	A \$3,800 B \$3,000	A \$7,600 B \$6,000	A \$2,200 B \$1,000	A \$4,400 B \$2,000
Essential benefit annual maximum²	\$2,000,000		\$2,000,000	
PREVENTIVE CARE				
Periodic health exams	0% ³	50%	0% ³	50%
Routine women’s exams (including pap test, pelvic exam and breast exam)				
Immunizations				
PROFESSIONAL SERVICES				
Office and home visits	20%	50%	50%	
Surgery				
Acupuncture/chiropractic/naturopathic	20% (\$1,500 annual maximum)		50% (\$1,500 annual maximum)	
MATERNITY CARE				
Physician services	20%	50%	50%	
Hospital stay				
HOSPITAL INPATIENT/OUTPATIENT SERVICES				
Inpatient care Skilled nursing facility care Outpatient hospital/facility Specified imaging (MRI, CT, CAT, PET scans)	20%	50%	50%	
EMERGENCY CARE				
Emergency room facility	20%		50%	
Urgent care visits	20%	50%		
Ambulance services (\$5,000 annual maximum)	20%			
OTHER COVERED SERVICES				
Outpatient diagnostic X-ray and lab Physical therapy Allergy injections Durable medical equipment/prosthetics Home health, hospice and respite care	20%	50%	50%	
PRESCRIPTION DRUG⁴	30% (subject to deductible)		50% (subject to deductible)	

* Available as a dual option plan.

¹ Out-of-network coverage coinsurance is based on the maximum plan allowance for these services.

² Includes combined medical and prescription drug costs.

³ Deductible waived.

⁴ Members are responsible for paying the cost of their medication and then submitting the receipt to ODS for reimbursement. Members who visit an in-network pharmacy should present their ODS ID card and pay the discounted cost of the medication to the pharmacy.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.

PRESCRIPTION DRUG PLANS

PRESCRIPTION DRUG RIDERS

DRUG TYPE	Retail (30-day supply)	Mail-order (90-day supply)	Specialty (30-day supply) ¹
Essential benefit annual maximum²	\$2,000,000		
Rx \$2 \$10 \$35 \$50			
Value	\$2 copay	\$6 copay	n/a
Select generic	\$10 copay	\$30 copay	n/a
Preferred	\$35 copay	\$105 copay	n/a
Brand	\$50 copay	\$150 copay	n/a
Preferred specialty	n/a	n/a	\$150 copay
Specialty	n/a	n/a	NEW → 30% coinsurance (\$6,000 out-of-pocket max.)
Orphan	n/a	n/a	
Rx \$2 \$10 \$40 \$60			
Value	\$2 copay	\$6 copay	n/a
Select generic	\$10 copay	\$30 copay	n/a
Preferred	\$40 copay	\$120 copay	n/a
Brand	\$60 copay	\$180 copay	n/a
Preferred specialty	n/a	n/a	\$180 copay
Specialty	n/a	n/a	NEW → 30% coinsurance (\$6,000 out-of-pocket max.)
Orphan	n/a	n/a	
NEW → Rx \$2 \$15 \$45 \$75			
Value	\$2 copay	\$6 copay	n/a
Select generic	\$15 copay	\$45 copay	n/a
Preferred	\$45 copay	\$135 copay	n/a
Brand	\$75 copay	\$225 copay	n/a
Preferred specialty	n/a	n/a	\$225 copay
Specialty	n/a	n/a	NEW → 30% coinsurance (\$6,000 out-of-pocket max.)
Orphan	n/a	n/a	
Rx 40%			
Select generic	40% coinsurance	40% coinsurance	n/a
Brand	40% coinsurance	40% coinsurance	n/a
Specialty	n/a	n/a	40% coinsurance
Orphan	n/a	n/a	40% coinsurance
STANDARD Rx \$15/50%			
Select generic	\$15 or 50% ³	\$45 or 50% ³	n/a
Brand	\$15 or 50% ³	\$45 or 50% ³	n/a
Specialty	n/a	n/a	\$15 or 50% ³
Orphan	n/a	n/a	\$15 or 50% ³

¹ Specialty medications (including orphan drugs) must be accessed through our exclusive specialty pharmacy provider and require preauthorization by ODS.

² Includes combined medical and prescription drug costs.

³ Whichever is greater.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.

ROUTINE VISION CARE RIDERS¹

Services and supplies	Benefit
Eye examinations (complete, including refraction)	100%
LENSES (when eyeglasses are first acquired or when required by a change in prescription)	
Single vision (per pair)	100%
Bifocal (per pair)	100%
Trifocal (per pair)	100%
Contacts (per pair)	100%
Frames	100%
Plans available in both \$200 and \$300 maximums	

¹ For an in-network provider, covered benefits are reimbursed at 100% of the provider's contracted fee or benefit maximum. For an out-of-network provider, covered benefits are reimbursed at the lesser of billed charges or benefit maximum. Beginning with the first year benefits are used, vision care benefits are provided every calendar year for people under age 18 and every two calendar years for people 18 years and older.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.



Dental plans designed from experience

ODS was founded in 1955 by the Oregon Dental Association to serve the dental insurance needs of the International Longshoremen's and Warehousemen's Union. In 1966, the Delta Dental Plans Association was created, with ODS as a founding member.

Today ODS remains a Delta Dental member company, proudly offering our dental plan members access to the largest network in the nation, with more than 100,000 licensed dental professionals and approximately 231,300 locations across the U.S. Meaning, wherever our members go, ODS goes with them — and so does Delta Dental.

FLEXIBILITY THAT MEETS YOUR NEEDS

With ODS dental plans, employer groups can choose from four plan designs: Delta Dental Premier, Delta Dental PPO, Fortify Dental and DirectOption. Within each option, employers also have the ability to choose a benefit level that best fits their employees' needs. Our extensive offerings are sure to provide you the customization and coverage you require.

TOTAL COST CONTROL

At ODS, we do things differently. Because we require dentists to file fees for services that fall below our fee ceiling, we provide total cost control to members.

When members visit any contracted dental provider, they'll save on costs. However, they will save the most when they visit a provider participating in our Delta Dental networks. Delta Dental dentists have agreed to accept ODS-contracted fees as full payment for services. That means members 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 out-of-pocket costs.

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 ViziLite Plus with TBlue and brush biopsy, two nonsurgical methods of detecting abnormal cells in the mouth.



DELTA DENTAL PREMIER PLAN

This popular, traditional fee-for-service product offers members access to the largest dental network available in Oregon and across the nation. Members can save money by seeking care from participating Delta Dental Premier providers.

Highlights of the Delta Dental Premier and PPO plans include:

Preventive:

- No waiting periods
- Routine exam once every six months
- Supplemental bitewing X-rays once every 12 months
- Cleanings every six months
- Sealants (no age limit)
- Space maintainers
- Topical application of fluoride once every six months for members age 18 and under

Basic:

- No waiting periods
- Restorative dentistry – treatment of tooth decay with amalgam fillings on back teeth and composite fillings on front teeth

DELTA DENTAL PPO PLAN

Like the Delta Dental Premier plan, this Preferred Provider Organization option gives access to the largest PPO network in Oregon and across the country.

- Oral surgery – surgical extractions and certain minor surgical procedures
- Endodontic – pulp therapy and root canal filling
- Periodontics – treatment of tissues supporting the teeth

Major:

- No waiting periods (except on voluntary plans)
- Cast restorations (including crowns)
- Denture and bridge work
- Construction or repair of fixed bridges, partials and complete dentures
- Implants

FORTIFY DENTAL PLAN

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

Highlights of this plan include:

- No waiting periods
- No deductible
- Routine exams, cleanings and bitewing X-rays covered once every 12 months
- \$500 calendar year maximum per member

DIRECTOPTION PLAN

DirectOption plans are designed for people seeking low out-of-pocket costs. Groups choose an ODS dental plan to pair with a specific DirectOption plan, which requires that dental treatment be provided by a Willamette Dental facility.

Highlights of this plan include:

- No waiting periods
- No deductible
- Fixed-dollar copays
- Orthodontia

Dental Optimizer helps members understand oral healthcare

Powered by Microsoft HealthVault and accessed through myODS, Dental Optimizer™ is an online resource that allows members to store dental health information and share it with caregivers to facilitate more coordinated and effective care.

Dental Optimizer features easy-to-use, interactive tools, including risk assessment quizzes and a treatment cost calculator. Online tools help members:

- › Learn about the latest and most effective treatments
- › Lower out-of-pocket costs
- › Understand how to prevent dental disease



DENTAL PLANS

DENTAL PLAN OPTIONS

Available to groups with 2-50 enrolling employees				
Deductible (family = 3x)	Plan-year maximum	Preventive	Basic	Major
DELTA DENTAL PREMIER PLANS				
\$0	\$1,500	70% to 100% ³	70% to 100% ³	50%
\$25	\$1,500	100% ²	80%	50%
\$50	\$1,500	100% ²	80%	50%
\$25	\$1,500	80%	80%	50%
\$50	\$1,500	80%	80%	50%
\$50	\$1,000	100% ²	80%	50%
\$50	\$1,000	80%	80%	50%
\$50	\$1,000	80% ²	50%	50%
\$0	\$1,000	50%	50%	50%
DELTA DENTAL PPO PLANS				
\$25	\$1,500	In = 100% ²	In = 80%	In = 50%
		Out = 80% ²	Out = 60%	Out = 50%
\$50	\$1,500	In = 100% ²	In = 80%	In = 50%
		Out = 80% ²	Out = 60%	Out = 50%
\$50	\$1,000	In = 100% ²	In = 80%	In = 50%
		Out = 80% ²	Out = 60%	Out = 50%

Available to groups with 5-50 enrolling employees			
Office visit copay ¹	Preventive	Crown copay	Orthodontia copay
DIRECTOPTION PLANS (NO DEDUCTIBLE)			
\$10	100%	\$100	\$2,800
\$10	100%	\$100	\$2,800
\$10	100%	\$100	\$2,800
\$10	100%	\$100	\$2,800
\$10	100%	\$150	\$2,800
\$15	100%	\$150	\$2,800
\$20	100%	\$150	\$2,800
\$25	100%	\$200	\$2,800
\$30	100%	\$300	\$2,800
\$15	100%	\$150	\$2,800
\$15	100%	\$150	\$2,800
\$20	100%	\$150	\$2,800

Available to groups with 10-50 enrolling employees				
Deductible (family = 3x)	Plan-year maximum	Preventive	Basic	Major
DELTA DENTAL PREMIER PLANS				
\$50	\$2,000	100% ²	80%	50%

Available to groups with 10-50 enrolling employees			
Office visit copay ¹	Preventive	Crown copay	Orthodontia copay
DIRECTOPTION PLANS (NO DEDUCTIBLE)			
\$10	100%	\$100	\$2,800

NEW FORTIFY DENTAL PLAN

Available to groups with 2-50 enrolling employees				
Deductible	Plan-year maximum	Preventive	Basic	Major
\$0	\$500	100% ⁴	10%	10%

ORTHODONTIC RIDER FOR GROUPS WITH 26+ ENROLLING EMPLOYEES

	Coinsurance	Lifetime maximum
Child only	50%	\$1,000 or \$1,500
Adult and child	50%	\$1,000 or \$1,500

VOLUNTARY PLANS⁵

Plan	Deductible (family = 3x)	Plan-year maximum options	Preventive	Basic	Major
Delta Dental Premier					
Available to groups with 10-50 enrolling employees					
1	\$0	\$1,000 or \$1,500	70% to 100% ³	70% to 100% ³	50% ⁶
2	\$50	\$1,000 or \$1,500	100% ²	80%	50% ⁶
3	\$50	\$1,000 or \$1,500	80%	80%	50% ⁶
Delta Dental PPO					
Available to groups with 10-50 enrolling employees					
4	\$50	\$1,000 or \$1,500	In = 100% ² Out = 80% ²	In = 80% Out = 60%	50% ⁶
DirectOption					
Available to groups with 5-50 enrolling employees					
Plan	Office visit copay	Plan-year maximum options	Preventive	Crown copay	Orthodontia copay
5	\$15	Unlimited	100%	\$375	\$2,200
6	\$25	Unlimited	100%	\$375	\$2,200

ORTHODONTIC RIDER — employers can add to voluntary dental plans (subject to an 18-month exclusion period)

	Coinsurance	Lifetime maximum options
Child only	50%	\$1,000 or \$1,500

¹ Diagnostic and preventive services covered at 100% after office visit copay.

² Deductible waived for preventive services.

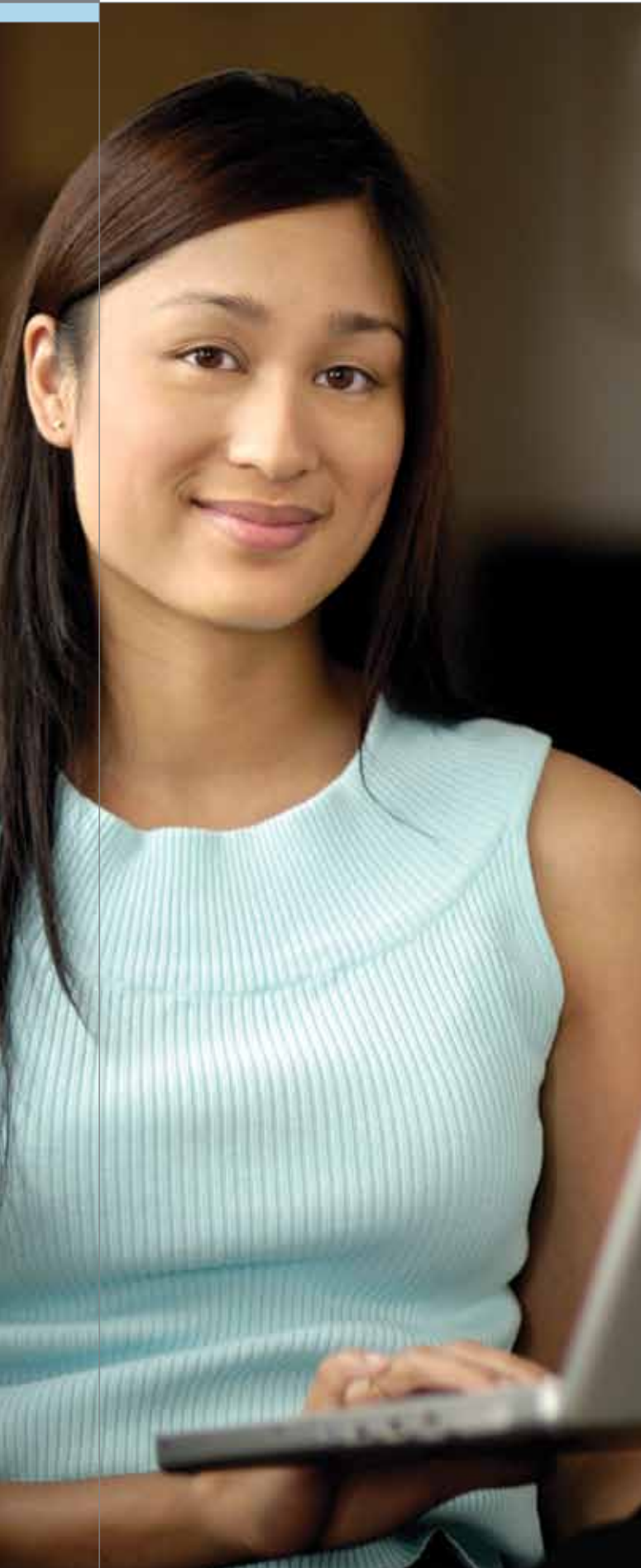
³ The preventive and basic benefits on this incentive dental plan increase in 10% increments every year as long as the member visits the dentist at least once annually.

⁴ Sealants and space maintainers covered at 10%.

⁵ Minimum enrollment: ODS groups require a minimum of 25% group participation. DirectOption groups require a minimum of 25% group participation. Employers must set up payroll deductions and submit premiums on behalf of their employees. ODS Voluntary Dental plans cannot co-exist with another dental plan offered by another carrier. Employees participating in the ODS Voluntary Dental program are required to contribute to the monthly premium for the plan in which they are enrolled. Employee contributions may be up to 100% of the premium.

⁶ There is a 12-month waiting period for these services.

These plans are available to all eligible groups. Groups with 51 or more employees have additional options. Please contact your sales representative for details.



Speeding up benefits administration

We recognize that administering employee benefits can be tedious. To save you valuable time, ODS provides convenient access to your group's coverage anytime, anywhere.

EMPLOYER ONLINE SERVICES

Employer Online Services (EOS) is a free service that gives group administrators direct access to ODS' eligibility system 24 hours a day, seven days a week.

With this feature, you have the ability to:

- Enroll members
- Order ID cards
- Update address and personal information
- Update primary care physician
- Terminate coverage
- View eligibility
- Update pharmacy eligibility for same-day pharmacy pick-up

THIRD-PARTY ADMINISTRATION

With so many intricate policies and regulations, you need a personal guide to help you maximize your benefits. BenefitHelp Solutions, an ODS subsidiary, does just that. BenefitHelp Solutions can assist you with:

- COBRA administration
- Premium administration
- Flexible spending account (FSA) administration

For a proposal, contact a BenefitHelp Solutions marketing representative at 888-387-5440 or online at www.benefithelpsolutions.com.

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.odsccompanies.com.

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 \$20 for each doctor's 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 a given year before the insurance plan will start paying for treatment.

ESSENTIAL BENEFIT ANNUAL MAXIMUM

The term essential benefit, as defined by Health Care Reform, refers to benefits subject to a calendar-year maximum of \$2,000,000. The coverage of these benefits — whether in- or out-of-network — accrues toward the calendar year maximum for each member. Once the maximum is met, coverage for all essential benefits will cease until the following calendar year.

Essential benefits include:

- Ambulatory services
- Emergency services
- Hospitalization, including skilled nursing facility

- Maternity and newborn care
- Mental health and chemical dependency service
- Prescription drugs, including those administered in a professional provider's office, urgent care center or facility, or in conjunction with home healthcare
- Covered rehabilitative and habilitative services and devices
- Hospice care
- Home health
- Laboratory tests
- Office, home and hospital visits
- Covered preventive and wellness services and chronic disease management

OUT-OF-POCKET MAXIMUM

A specified amount of applicable claims expenses in a calendar 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 renews every calendar 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.

EMPLOYER CONTRIBUTION AND PARTICIPATION REQUIREMENTS

		Minimum employer contribution		Minimum participation ¹	
Group type	Size	Employee	Dependent	Employee	Dependent
Medical-only and medical/dental ²	2-4	50%	0	100%	100%
Medical-only and medical/dental 5-50	5-50	50%	0	75%	25%
Dental-only (nonintegrated enrollment)	5-9	50%	0	75%	75%
Dental-only (nonintegrated enrollment)	10-50	50%	0	75%	75%

¹ A person can waive ODS coverage for other group coverage, Medicaid, Medicare, TRICARE, Indian Health Service, or a publicly sponsored or subsidized health plan, including but not limited to the Oregon Health Plan, and it will not count against the group's overall participation. However, waiving for individual coverage, including the Oregon Medical Insurance Pool (OMIP), counts against the group's overall participation as an opt out.

² Enrollment in the ODS dental plan must match enrollment in the group medical plan.

DEADLINE FOR NEW GROUPS

Complete new group enrollment information must be received by ODS no later than the 20th of the month prior to the desired effective date.

BUSINESS REQUIREMENTS

- All groups need to completely fill out and sign the Group Profile Form before obtaining group coverage.
- All medical or medical/dental groups must have two or more employees working 17.5 hours a week to be considered for group coverage.
- Dental stand-alone groups must have five or more employees enrolling in the plan to obtain group coverage.
- If more than 51 percent of a group's employees work outside of Oregon, the organization is not a small employer by definition in Oregon and is not subject to small employer rating requirements in Oregon. The group is, however, a small employer by Federal law and does have access to the same guaranteed issued products, on a different rating basis.
- All changes for all small employer groups must be made on the effective date of the policy or upon renewal. This includes, but is not limited to, eligibility waiting periods, adding or changing domestic partner coverage, employer eligibility changes, and contribution or participation changes.
- Only the following eligibility waiting periods may be used:
 - › Date of hire
 - › The first of the month following date of hire or 30, 60 or 90 days

ODS sales and service offices in Oregon

More detailed information about our benefit plans, along with helpful tools and resources, can be found online at www.odskompanies.com. If you have additional questions or need to request marketing materials, please contact one of the sales offices listed below.

MEDFORD

310 Crater Lake Ave., Suite 101
Medford, OR 97504-6806
541-772-5360

PORTLAND

(Corporate headquarters)
601 S.W. Second Ave.
Portland, OR 97204-3156
503-243-3948 or 800-578-1402

Additional ODS locations in Oregon

BEND

360 S.W. Bond St., Suite 200
Bend, OR 97702

MILWAUKIE (ODS PLAZA)

10505 S.E. 17th Ave.
Milwaukie, OR 97222

LA GRANDE

909 Adams Ave.
La Grande, OR 97850



www.odscompanies.com

601 S.W. Second Ave.
Portland, OR 97204-3156
503-243-3973 or 877-277-7073



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