



MANDATED CHANGES

- Appeal rights for members have been revised to one level of internal appeal, followed by the right to external review for certain adverse benefit determinations.

ODS CHANGES

- The ODS Travel Network is now available for members traveling outside their primary service area (only available if travel is not for the purpose of receiving treatment).
- The essential benefit maximum is increasing from \$750,000 to \$2,000,000 per plan year. Essential benefits include:
 - Ambulatory services
 - Emergency services
 - Hospitalization, including skilled nursing facility
 - Maternity and newborn care
 - Mental health and alcohol treatment
 - Prescription drugs
 - Covered rehabilitative and habilitative services, and devices
 - Hospice care
 - Laboratory services
 - Preventative and wellness services
 - Covered pediatric services
- A new vision exam has been added to the Beneficial Rx plan. The benefit includes one visit per plan year for children under age 18 and one visit every two years for individuals aged 18 and older. For those aged 18 and older, the maximum benefit per plan year is \$200.
- New nuclear radiation exclusion states that any illness or injury arising from ionizing radiation, pollution or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel, and the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof is excluded, unless otherwise required by law.
- Members can sign up to receive their Explanation of Benefits (EOBs) electronically. To opt for electronic EOBs, please visit www.odskompanies.com and log in to your myODS account.
- The \$500 limit for tobacco cessation has been removed, and prescription medications are now paid under the prescription benefit instead of the medical benefit level.
- New pill splitting exclusion for drugs dispensed in higher dosages eliminates coverage for medications that must be split to attain the correct dosage, unless medically necessary.
- A new \$2 value tier has been added to the prescription drug benefit for all plans except Health Savings Account plans (please see reverse side for list of medications).

www.odskompanies.com

For more information, contact your insurance agent or the ODS Individual Sales and Service department at 877-277-7073 or 503-243-3973.



2011 COMMERCIAL VALUE TIER MEDICATIONS LIST

Value medications include select commonly prescribed products used to treat chronic medical conditions and preserve health. The table below identifies medications included in the value tier. When a medication included in this list has a generic equivalent option the generic form of the medication qualifies for the value benefit, while the brand form is covered at the **Brand** benefit level.

Health Issue	Type of Drug	Brand Name	Drug Name
Asthma	Corticosteroids	QVAR®	Beclomethasone
Heart, Cholesterol, High Blood Pressure	Ace-inhibitors	Vasotec™*	Enalapril
		Zestril™*	Lisinopril
	Beta-blockers	Lopressor™*	Metoprolol Tartrate
		Toprol XL™*	Metoprolol Succinate
		Tenormin™*	Atenolol
		Coreg™*	Carvedilol
	Thiazide Diuretics	Microzide™*, Ezide™*	Hydrochlorothiazide
	Combination Hypertensive	Ziac™*	Bisoprolol/HCTZ
		Inderide™*	Propranolol/HCTZ
		Vaseretic™*	Enalapril/HCTZ
		Zestoretic™*	Lisinopril/HCTZ
	Cholesterol Lowering Agents	Zocor™*	Simvastatin
Mevacor™*		Lovastatin	
Diabetes	Glucose Production Inhibitors	Glucophage™*	Metformin
		Glucophage XR™*	Metformin ER
	Insulin Products	Humulin R™	Regular Human Insulin
		Humulin N™	NPH Human Insulin
		Humulin™	Human Insulin (70/30)
		Humulin™	Human Insulin (50/50)
	Insulin Release Stimulants	Amaryl™*	Glimepiride
		Glucotrol™*	Glipizide
		Glucotrol XL™*	Glipizide ER
		DiaBeta™*	Glyburide
	Combination Anti-diabetics	Glucovance™*	Glyburide/Metformin
Hypothyroidism	Thyroid Hormones	Levothroid®*, Levoxyl®*, Synthroid®*, Unithroid®*	Levothyroxine Sodium
Osteoporosis	Bisphosphonates	Fosamax®*	Alendronate Sodium
Pain/Arthritis	NSAID's	Motrin®*	Ibuprofen

*The generic forms of these medications qualify as “**Value Drugs**” and are available at a lower copayment, while their brand-name equivalents are covered as “**Brand**” products and may be subject to the “**Generic Substitution Policy**”. Please refer to your member handbook for additional information.