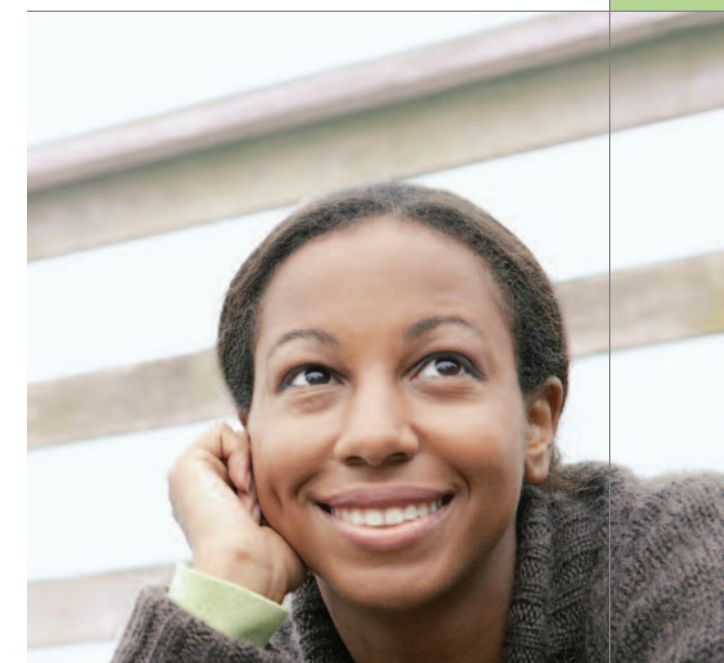




Medical and dental plan options



► Individuals and families

ADD A DENTAL PLAN

With ODS individual plans, you can choose from two dental options:

DELTA DENTAL PREMIER		
SERVICE	BENEFIT	
Plan year deductible, per member	\$50	
Benefit maximum	\$750*	
CLASS 1 (Preventive): Exams, cleanings, X-rays and more	80%	
CLASS 2 (Basic): Restorative dentistry (fillings)	80%	
CLASS 3 (Major): Oral surgery, crowns, bridges, dentures	50%	
DELTA DENTAL PREFERRED PROVIDER OPTION (PPO)		
SERVICE	BENEFIT	
Plan year deductible, per member	\$50	
Benefit maximum	\$750*	
	PPO network	Non-PPO network
CLASS 1 (Preventive): Exams, cleanings, X-rays and more	100%**	80%
CLASS 2 (Basic): Restorative dentistry (fillings)	80%	50%
CLASS 3 (Major): Oral surgery, crowns, bridges, dentures	50%	50%

*Increasing benefit maximum: \$750 first year, \$1,000 second year, \$1,250 third year **Deductible waived only in PPO network.

Plan features:

- Freedom to choose any licensed dentist
- No waiting periods for Class 1 and Class 2 services
- 12-month waiting period applies to some Class 3 services, creditable by prior coverage in a comparable plan
- Filed-fee savings from participating dentists
- Increasing benefit maximums
- No claim forms



ODS WELL

ODS Well™, a standard part of every ODS medical plan, provides tools and personalized health support. ODS Well also gives you access to a variety of health tools, available online and via phone, including:

- E-mail answers from doctors, psychologists, dentists, pharmacists, dietitians and fitness experts
- 24/7 phone access to a registered nurse
- Online tools to track healthy living habits
- Tobacco cessation counseling

Individual plan members with a pharmacy benefit can access additional health tools, including:

- Web-based health and symptom evaluator
- Health assessments
- Online medical library
- Health news articles, forums and more

For more information, visit www.odskompanies.com, or contact your insurance agent or ODS marketing representative.

MONTHLY RATES

SINGLE RATES

(For subscribers effective 12/01/10 – 10/31/11)

	65+	60-64	55-59	50-54	45-49	40-44	35-39	30-34	25-29	20-24	0-19
Maximizer \$1,000	\$643	\$560	\$480	\$405	\$342	\$288	\$233	\$214	\$184	\$169	\$125
Maximizer \$2,500	517	450	385	326	275	232	187	172	147	136	100
Maximizer \$5,000	404	351	301	254	215	182	146	134	115	107	78
Beneficial Rx \$1,000	742	645	553	467	395	333	269	247	212	195	143
Beneficial Rx \$2,500	553	481	412	348	295	248	200	183	158	145	108
Beneficial Rx \$5,000	459	400	342	289	244	206	167	153	132	120	89
Beneficial Value \$1,000	492	428	369	311	262	222	178	164	140	129	94
Beneficial Value \$2,500	385	335	287	243	204	172	139	127	110	79	73
Beneficial Value \$5,000	299	261	224	190	159	134	108	99	85	60	58
Beneficial Value \$7,500	230	200	173	146	122	103	83	76	65	60	44
HSA 3000 \$3,000	548	477	408	344	292	246	199	182	158	144	106
HSA Value \$2,800	330	286	246	207	176	148	119	109	95	86	63

For rates including dependents, and for dental rates, visit www.odskompanies.com.

ODS INDIVIDUAL MEDICAL PLAN OFFERINGS

(The deductibles, copayments and coinsurance percentages below represent what **you** pay.)

INDIVIDUAL PLANS	MAXIMIZER (PPO)		BENEFICIAL Rx (PPO)		BENEFICIAL VALUE (PPO)		HSA 3000		HSA VALUE	
Plan year deductible options, individual (family deductible is 3x the individual, HSA is 2x)	\$1,000 / \$2,500 / \$5,000		\$1,000 / \$2,500 / \$5,000		\$1,000 / \$2,500 / \$5,000 / \$7,500		\$3,000 (individual) \$6,000 (family)**		\$2,800 (individual) \$5,600 (family)**	
Out-of-pocket maximum, per person (after deductible)	\$5,000	\$10,000	\$3,000	\$6,000	\$5,000	\$10,000	\$0	No maximum	\$2,200 (individual) \$4,400 (family)	No maximum
Plan year essential benefit maximum [†]	\$750,000		\$750,000		\$750,000		\$750,000		\$750,000	
PREVENTIVE CARE	Member responsibility		Member responsibility		Member responsibility		Member responsibility		Member responsibility	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual women's exam — pap, pelvic, breast	\$0*	50%	\$0*	40%	\$0*	50%	\$0*	50%	\$0*	50%
Women's routine mammogram	\$0*	50%	\$0*	40%	\$0*	50%	\$0*	50%	\$0*	50%
Well-baby care	\$0*	Not covered	\$0*	Not covered	\$0*	Not covered	\$0*	50%	\$0*	50%
Routine physical exams	\$0*	Not covered	\$0*	Not covered	\$0*	Not covered	\$0*	50%	\$0*	50%
Immunizations	\$0*	Not covered	\$0*	Not covered	\$0*	Not covered	\$0*	50%	\$0*	50%
PROFESSIONAL SERVICES										
Office visits	First six at \$20 copay*	50%	First three at \$15***	40%	First three at \$25***	50%	0%	50%	50%	50%
Alternative care (\$1,000 per plan year limit) — Chiropractic, naturopathic and acupuncture	\$20 copay*	50%	First three at \$15***	40%	First three at \$25***	50%	0%	50%	50%	50%
FACILITY AND ANCILLARY SERVICES										
Hospital — Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care	30%	50%	20%	40%	30%	50%	0%	50%	50%	50%
Maternity — All prenatal/postnatal office visits and doctor delivery; hospital charges	30%	50%	20%	40%	30%	50%	0%	50%	50%	50%
Mental Health — Inpatient, outpatient, residential (limited benefit)	30%	50%	20%	40%	30%	50%	0%	50%	50%	50%
Lab and X-ray services; medical supplies and devices; in-hospital care; home healthcare	30%	50%	20%	40%	30%	50%	0%	50%	50%	50%
EMERGENCY SERVICES										
Urgent care	First six at \$20 copay*	50%	First three at \$15***	40%	First three at \$25***	50%	0%	50%	50%	50%
Emergency room (deductible applies)	30% after \$100 copay		20% after \$100 copay		30% after \$100 copay		0%		50%	
Ambulance (\$5,000 per plan year)	30%		20%		30%		0%		50%	
OTHER BENEFITS										
Prescription services	\$15 generic or 50% brand*		\$15 generic or 50% brand*		Optional****		0%		50%	
Accident benefit	Deductible waived for treatment completed within 90 days of accident		Deductible waived for treatment completed within 90 days of accident		Deductible waived for treatment completed within 90 days of accident; \$10,000 per person, per year maximum		Paid as any other illness subject to deductible/coinsurance		Paid as any other illness subject to deductible/coinsurance	

[†] Includes combined medical and prescription drug costs *Deductible waived * Maximizer plans pay the first six office visits with a copay, which may be used for either office visits or urgent care for illness and injury, some exceptions apply. Thereafter, the deductible and coinsurance apply for additional office visits. ** HSA plans require the family deductible to be met when an individual and a spouse or one (1) or more dependents are enrolled prior to benefits being paid. *** Beneficial plans pay first three office visits with a copay, which may be used for either office visits or urgent care for illness and injury, some exceptions apply. Alternative care includes an additional three visits with a copay. Thereafter, the deductible and coinsurance apply for additional office visits and alternative care. **** Can purchase a prescription rider separately; benefit is \$15 generic or 50% brand; deductible waived.