



Oregon Educators Benefit Board

2013-14 Plan Year Renewal Overview

Outpatient Physician Charges Structure for 2013-14 Plan Year (Moda Health/ODS Medical Plans A-G)

	Systems of Care	PPO-Network	Out-of-Network
Prevention/Wellness (One prevention visit, one wellness assessment visit)	100% (incl. wellness visit)	100% (excl. wellness visit)	Deductible & Coinsurance (excl. wellness visit)
Incentive/Chronic	\$10 Copay (A-C) \$15 Copay (D-G)	No Deductible, Coinsurance Only	Deductible & Coinsurance
Primary Care	\$20 Copay (A-C) \$30 Copay (D-G)	Deductible & Coinsurance	Deductible & Coinsurance
Specialists	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Additional Cost Tier	Applies	Applies	Applies

OEBB will post detailed summaries on the website within the next week!

ODS/Moda Health Medical Plans for 2013-14 Plan Year

Plan	Individual/Family Deductible	In- Network Individual/Family Out-of-pocket Med only (out-of-network)
A ¹	\$200 per person/up to 3x per family of 3 or more	\$2,000 per person/up to 3x per family of 3 or more (\$4,000 per person/up to 3x per family of 3 or more)
B ¹	\$350 per person/up to 3x per family of 3 or more	\$2,400 per person/up to 3x per family of 3 or more (\$4,800 per person/up to 3x per family of 3 or more)
C ¹	\$500 per person/up to 3x per family of 3 or more	\$2,600 per person/up to 3x per family of 3 or more (\$5,200 per person/up to 3x per family of 3 or more)
D ¹	\$750 per person/up to 3x per family of 3 or more	\$2,800 per person/up to 3x per family of 3 or more (\$5,600 per person/up to 3x per family of 3 or more)
E ¹	\$1,000 per person/up to 3x per family of 3 or more	\$3,000 per person/up to 3x per family of 3 or more (\$6,000 per person/up to 3x per family of 3 or more)
F ¹	\$1,250 per person/up to 3x per family of 3 or more	\$4,000 per person/up to 3x per family of 3 or more (\$8,000 per person/up to 3x per family of 3 or more)
G ¹	\$1,500 per person/up to 3x per family of 3 or more	\$5,000 per person/up to 3x per family of 3 or more (\$10,000 per person/up to 3x per family of 3 or more)
H ²	\$1,500 if employee only coverage/\$3,000 if employee plus one or more dependent(s) ³	\$5,000 if employee only coverage/\$10,000 if employee plus one or more dependent(s) ³

¹ Includes System of Care (SOC) copayments for primary care provider visits and chronic care visits (see Slide 1)

² For use with health savings account (HSA) only, retains current Plan 9 benefits

³ HSA plan "H" deductible included in out-of-pocket maximum

ODS/Moda Health Pharmacy Plan for Medical Plans for Plans A through G (2013-14 Plan Year)

	Retail (30 day supply)	Mail (90 day supply)	Specialty (30 day supply)
Value	\$0	\$0	N/A
Select Generic	\$8	\$16	\$16
Preferred	25%, \$50 max per script	25%, \$100 max per script	25%, \$100 max per script
Non-Preferred Brand	50%, \$150 max per script	50%, \$300 max per script	50%, \$300 max per script

No annual out-of-pocket maximum

- Notes:
- Value tier includes specific medications for chronic conditions (i.e., asthma, diabetes, high blood pressure and high cholesterol)
- All drugs on the non-preferred brand list have at least one therapeutic equivalent option on the Preferred Tier or Value Tier
- Pharmacy coverage is embedded in Plan H

Plan-specific percent increases for certain ODS/Moda Health medical plans.....

Current Plan	Current Subscribers	New Plan	Percent Change
3	3,144	A	6.27%
4	418	-	-
5	6,646	-	-
-	-	B	-
6	3,483	-	-
7	12,002	C	3.84%
-	-	D	-
8	9,789	E	2.58%
-	-	F	-
-	-	G*	-
9	6,738	H**	2.14%

* Is not an HSA-compliant health plan. For use with a health reimbursement account or health reimbursement arrangement (HRA) and/or as a plan used for coordination of benefits

** For use with a health savings account (HSA) **only**

Kaiser Medical Plans for 2013-14 Plan Year

Plan	Individual/Family Deductible	In- Network Individual/Family Out-of-pocket Med only
1	N/A	\$1,500 per person/up to 2x per family of 2 or more
2	\$200 per person/up to 2x per family of 2 or more	\$2,200 per person/up to 2x per family of 2 or more

Plan-specific percent increases for Kaiser medical plans.....

Current Plan	New Plan	Percent Change
1	1	5.93%
1A	2	5.02%