

Brookings-Harbor School District 17c

ODS Health Plans for Licensed and Classified Employees
Plan year: October 1, 2009 - September 30, 2010

SUMMARY OF BENEFITS

Go to: www.odscompanies.com , OEBC Information for plan details or to search for providers

MEDICAL		Plan 3	Plan 4	Plan 5	Plan 7
Preventive Services :	In Network	100%	100%	100%	100%
	Out of Network	70%	60%	60%	60%
Deductible:	Individual	\$100	\$100	\$200	\$500
	Family	\$300	\$300	\$600	\$1,500
Annual Maximum:	In Network	\$500	\$1,000	\$1,000	\$2,000
	Out of Network	\$1,500	\$2,000	\$2,000	\$4,000
Coinsurance:	In Network	90%	80%	80%	80%
	Out of Network	70%	60%	60%	60%
Office Visit:	In Network	\$10	\$15	\$20	20%
	Out of Network	70%	60%	60%	60%
Hospital:	In Network	90%	80%	80%	80%
	Out of Network	70%	60%	60%	60%
Emergency Room waived if admitted		\$100 per visit then 90%	\$100 per visit then 80%	\$100 per visit then 80%	\$100 per visit then 80%

PHARMACY	Plan A		Plan C	
	Retail 30 days	Mail Order 90 days	Retail 30 days	Mail Order 90 days
Deductible	None	None	None	None
Annual Copay/Coinsurance Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Generic	\$5	\$10	50%	50%
Preferred	\$25	\$50	50%	50%
Non Preferred	50%, \$50 max	50%, \$100 max	50%	50%

DENTAL	Plan 2	Plan 3	Plan 4
Deductible	None	None	\$25
Annual Maximum	\$1,500	\$1,500	\$1,500
Preventive Care	70%+10% year	70%+10% year	100%
Restorative Services	70%+10% year	70%+10% year	80%
Major Services	70%+10% year	70%+10% year	80%
Prosthodontics	70%+10% year	50%	50%
Othodontia	80 % to \$1,500 lifetime max.		

VISION	Plan 4
Plan Maximum	\$600
Routine Eye Exam	100%
Exam Frequency	12 months
Lenses:	Single Vision
	Bifocal
	Lenticular
	Trifocal
Contact Lenses - 1 pair every 12 months	100%
Lens Frequency	12 months
Frames	100%
Frame Frequency	child: 12 months, adult: 24 months