Corvallis School District 509J
Classified
OEBB Medical Plan Comparison 2009

	Med Plan 1A	Med Plan 3	Med Plan 7	Med Plan 8
Medical Plans	**Providence (POS)**	**ODS PPO**	**ODS PPO**	**ODS PPO**
Lifetime Benefit Maximun	$2,000,000	$2,000,000	$2,000,000	$2,000,000
Deductible				
In Network (Individual / Family)	None / None	$100 / $300	$500 / $1,500	$1,000 / $3,000
Out of Network (Individual / Family)	$300 / $900	Combined in / out network	Combined in / out network	Combined in / out network
Coinsurance (In network / Out of network)	0% / 50%	10% / 30%	20% / 40%	20% / 40%
Maximum out-of-pocket costs per plan year (Individual/Family)				
In Network	$1,500 / $3,000	$500	$2,000	$2,000
Out of Network	$3,000 / $6,000	$1,500	$4,000	$4,000
After the maximum out-of-pocket costs have been paid, the plan will pay:	100%	100%	100%	100%
Preventive Care Services Amounts = Copayments	**$ and % Shown is the Member Cost; $**			
Routine women's exam / Men's prostate exam (In Network / Out of Network)	0% / 50%	0% / 30%	0% / 40%	0% / 40%
Immunizations (In Network / Out of Network)	0% / 50%	0% / 30%	0% / 40%	0% / 40%
Office Visit (In Network / Out of Network)	$25 / 50%	N/A	N/A	N/A
Well-baby exam	0% / 50%	0% / 30%	0% / 40%	0% / 40%
Provider Services Amounts = Copayments	**$ and % Shown is the Member Cost; $**			
Office Visits (In Network / Out of Network)	$25 / 50%	$10 / 30%	20% / 40%	20% / 40%
Specialist Visits	$25 / 50%	$10 / 30%	20% / 40%	20% / 40%
Outpatient Surgery (In Network / Out of Network)	0% / 50%	10% / 30%	20% / 40%	20% / 40%
Diagnostic X-ray, lab and imaging (In Network/Out of Network)	0%/50%	10%/30%	20%/40%	20%/40%
Maternity Amounts = Copayments	**$ and % shown is the Member Cost; $**			
Outpatient maternity care (In Network / Out of Network)	$200 / 50%	10% / 30%	20% / 40%	20% / 40%
Routine newborn nursery care	$200 per day up tp $1,000 per admit / 50%	10% / 30%	20% / 40%	20% / 40%
Delivery	$200 per day up tp $1,000 per admit / 50%	10% / 30%	20% / 40%	20% / 40%
Hospital Services Amounts = Copayments	**$ and % shown is the Member Cost; $**			
Inpatient Care (In Network / Out of Network)	$200 per day up to $1,000 per admit / 50%	10% / 30%	20% / 40%	20% / 40%
Ambulance	$100	10%	20%	20%
Emergency Room Copay (Waived if admitted) (In Network / Out of Network)	$100 per visit	$100 per visit then 10%	$100 per visit then 20%	$100 per visit then 20%
Urgent Care Amounts = Copayments	**$ and % shown is the Member Cost; $**			
Urgent Care Visit	$25	$10	20%	20%
Alternative Care Services $2,500 Combined Max = Copayment	**$ and % shown is the Member Cost; $ Amounts**			
Acupuncture (In Network / Out of Network)	$25 / NA	$10 / 30%	20% / 40%	20% / 40%
Chiropractic (In Network / Out of Network)	$25 / NA	$10 / 30%	20% / 40%	20% / 40%
Naturopathic (In Network / Out of Network)	$25 / NA	$10 / 30%	20% / 40%	20% / 40%
Massage Therapies	NA	N/A	N/A	N/A
Non Office Visit Services (In Network / Out of Network)	NA	$10 / 30%	20% / 40%	20% / 40%
Pharmacy Services Amounts = Copayment	**$ and % shown is the Member Cost; $**			
	Rx Plan 1²	**Rx Option B**	**Rx Option B**	**Rx Option B**
	Providence POS	**ODS PPO**	**ODS PPO**	**ODS PPO**
Out of Pocket Maximum	$1,000	$1,000	$1,000	$1,000
Retail				
Generic	$5	$5	$5	$5
Preferred	$15	$25	$25	$25
Non-preferred	50%	50%, $50 max	50%, $50 max	50%, $50 max
Mail				
Generic	$10	$10	$10	$10
Preferred	$30	$50	$50	$50
Non-preferred	50%	50%, $100 max	50%, $100 max	50%, $100 max

¹Plan 9 individual deductible applies if employee is enrolling in the plan with no other family members. Plan 9 family deductible can be met by one or more family members. This deductible must be met before benefits will be paid. Member pays 20% of prescription drug cost after the deductible has been met.
²For Providence pharmacy plans: "Preferred" = "Formulary" and "Non-preferred" = "Non-formulary"

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.