

KLAMATH FALLS CITY SCHOOLS - OEBB PLAN SUMMARY FOR 2016-2017

MEDICAL PLANS	BIRCH		CEDAR		DOGWOOD		EVERGREEN	
	In-Network	Out-of Network	In-Network	Out-of Network	In-Network	Out-of Network	In-Network	Out-of Network
Deductible (Individual / Family)	\$800/\$2400	\$1600/\$4800	\$1200/\$3600	\$2400/\$7200	\$1600/\$4800	\$3200/\$9600	\$1600/\$3200	\$3200/\$6400
Coinsurance - Annual Out of Pocket (Individual/Family)	\$4000/\$12000	\$8000/\$24000	\$5000/\$13700	\$10000/\$27400	\$6850/\$13700	\$13700/\$27400	\$6550/\$13100	\$13100/\$26200
Maximum cost share (includes OOPM, ACT and Pharmacy) is \$6,850 for individual/\$13,700 for family.								
Moda Medical Home wellness visit	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Adult, Well-child & Well-baby exams; Immunizations; and Preventive Care Services as described in Plan Handbooks	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Moda Medical Home primary care office visit	\$30 copay	50%	\$30 copay	50%	\$30 copay	50%	20%	50%
Primary care and specialist office visits	20%	50%	20%	50%	20%	50%	20%	50%
Mental health office visits	\$30 copay	50%	\$30 copay	50%	\$30 copay	50%	20%	50%
Chemical Dependency Services	\$0	50%	\$0	50%	\$0	50%	20%	50%
Moda Medical Home incentive care	\$15 copay	50%	\$15 copay	50%	\$15 copay	50%	20%	50%
Incentive Office Visits	20%	50%	20%	50%	20%	50%	20%	50%
Acupuncture/Chiropractic/Naturopathic office visits	20%	50%	20%	50%	20%	50%	20%	50%
All other services (e.g., labs, diagnostics, etc.)	20%	50%	20%	50%	20%	50%	20%	50%
Physician or midwife services and hospital stay	20%	50%	20%	50%	20%	50%	20%	50%
Inpatient/outpatient surgery hospital/facility care	20%	50%	20%	50%	20%	50%	20%	50%
Skilled nursing facility care (60 days per plan year)	20%	50%	20%	50%	20%	50%	20%	50%
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopies, spinal injections, viscosupplementation, tonsillectomies, lumbar discographies	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%	\$100 copay + 20%	\$100 copay + 50%
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, hernia repair	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%	\$500 copay + 20%	\$500 copay + 50%
Physical, occupational and speech therapy - 30 days per plan year / 60 for spinal/head injury	20%	50%	20%	50%	20%	50%	20%	50%
Outpatient diagnostic lab and x-ray	20%	50%	20%	50%	20%	50%	20%	50%
Urgent care visit	\$50		\$50		\$50		20%	
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 20%	
Ambulance	20%		20%		20%		20%	
Hearing aides and bone-anchored hearing aids - \$4,000 max/48 months for members 26 and older	10%	50%	10%	50%	10%	50%	10%	50%
Durable medical equipment	20%	50%	20%	50%	20%	50%	20%	50%
Gastric bypass (Roux-en-Y)	\$500 copay + 20%	N/A	\$500 copay + 20%	N/A	\$500 copay + 20%	N/A	\$500 copay + 20%	N/A
Weight Watchers (Up to 4 13-week sessions/year)	\$0		\$0		\$0		\$0	
12 Health Coaching Sessions per year	\$0		\$0		\$0		\$0	
Tobacco Cessation	See plan handbook for details		See plan handbook for details		See plan handbook for details		See plan handbook for details	

• Deductible waived. All amounts reflect member responsibility.

• This benefit is only for the plan subscriber.

• Family on Evergreen is employee plus 1 or more. **New for 2016-17 plan year, there is an embedded OOP individual maximum of \$6550.**

• Incentive care services are for treating chronic conditions of asthma, heart conditions, cholesterol, high blood pressure and diabetes.

• Subject to reference pricing of \$25,000 for the facility charge. Please contact Moda for more details.

DENTAL PLANS	Plan 4	Plan 6	Plan 8
	Moda Health	Moda Health	Willamette Dental
Dental Office Visit Copayment	N/A	N/A	\$20
Benefit Maximum	\$1500	\$1200	N/A
Deductible	\$50	\$50	N/A
Preventive and Diagnostic Services			
Oral exams, x-rays, cleaning (prophylaxis), fluoride treatments (age 18 and under), sealants and space maintainers	100%	100%	100%
Restorative Services			
Routine fillings, inlays and stainless steel crowns	80%	80%	100%
Simple Extraction			
Simple tooth extraction	80%	80%	100%
Oral Surgery			
Surgical tooth extractions, including diagnosis and evaluation	80%	80%	100%
Periodontics			
Diagnosis, evaluation and treatment of gum disease including scaling and root planning	80%	80%	100%
Endodontics			
Root canal and related therapy including diagnosis and evaluation	80%	80%	100%
Major Restorative Services			
Gold or porcelain crowns and onlays	80%	50%	100%
Implants	50%	50%	See Certificate of Coverage
Occlusal guards (night guards)	50% up to \$150 max every 5 years	50% up to \$150 max every 5 years	100%
Fixed and Removable Prosthetic Services			
Full and partial dentures, relines and rebases	50%	50%	100%
Bridge retainers and pontics	50%	50%	100%
Orthodontics			
Orthodontic treatment	80% to \$1800 lifetime max	N/A	\$1500 copay + \$20 per visit

VISION PLAN	OPAL
	Moda Health
Plan year Maximum	\$600
Routine Eye Exam	100%
Exam Frequency	Once per Plan Year
Lenses	100%
Single Vision	100%
Bifocal	100%
Lenticular	100%
Trifocal	100%
Contact Lenses	100%
Lens Frequency	Once per Plan Year
Frames	100%
Frames Frequency	Child: Once per Plan Year Adult: Once every two Plan Years

Exam and hardware charges all apply to the Plan Year maximum

SYNERGY●	Retail	Mail-order	Specialty	Evergreen●
	31-day supply●	90-day supply	31-day supply	HSA Compatible
Value●	\$0	\$0	N/A	\$0
Select generic●	\$8	\$16	N/A	20%
Preferred●●	25% up to \$50 max	25% up to \$100 max	25% up to \$100 max	20%
Non-preferred brand●	50% up to \$150 max	50% up to \$300 max	50% up to \$300 max	20%

CONNEXUS (STATEWIDE)●	Retail	Mail-order	Specialty	Evergreen●
	31-day supply●	90-day supply	31-day supply	HSA Compatible
Value●	\$4	\$8	N/A	\$4
Select generic●	\$12	\$24	N/A	20%
Preferred●●	25% up to \$75 max	25% up to \$150 max	25% up to \$200 max	20%
Non-preferred brand●	50% up to \$175 max	50% up to \$450 max	50% up to \$500 max	20%

● A 90-day supply for value and select generic medications is available at retail pharmacies for three times the 31-day copay.

● This benefit level includes select generic medications that have been identified as having no more favorable outcomes from a clinical perspective than other cost-effective generics.

● Copay maximum is per prescription.

● Pharmacy expenses in the Synergy Network accrue toward the medical plan's out-of-pocket maximum.

● Pharmacy expenses in the Connexus Network accrue toward the medical plan's maximum cost share.

● For Evergreen plans, pharmacy benefits will only be paid out once the deductible is met (except for Value meds). Prescription costs are applied to the deductible.