

## KLAMATH FALLS CITY SCHOOLS - OEGB PLAN SUMMARY FOR 2017 - 2018

MEDICAL PLANS	BIRCH		CEDAR		DOGWOOD		EVERGREEN <sup>③</sup>	
	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 \$6850 for individual/\$13700 for family.								
Moda Medical Home Wellness Visit	\$0 <sup>①</sup>	N/A	\$0 <sup>①</sup>	N/A	\$0 <sup>①</sup>	N/A	\$0 <sup>①</sup>	N/A
Adult, Well-Child & Well-baby exams; Immunizations, and Preventive Care Services as described in Plan Handbooks	\$0 <sup>①</sup>	50%	\$0 <sup>①</sup>	50%	\$0 <sup>①</sup>	50%	\$0 <sup>①</sup>	50%
Moda Medical Home primary care office visit	\$30 copay <sup>①</sup>	50%	\$30 copay <sup>①</sup>	50%	\$30 copay <sup>①</sup>	50%	20%	50%
Moda Medical Home incentive care <sup>②</sup>	\$15 copay <sup>①</sup>	50%	\$15 copay <sup>①</sup>	50%	\$15 copay <sup>①</sup>	50%	20%	50%
Incentive Office Visits <sup>②</sup>	20% <sup>①</sup>	50%	20% <sup>①</sup>	50%	20% <sup>①</sup>	50%	20%	50%
Acupuncture/Chiropractic/Naturopathic office visits (\$2k combined Max)	20%	50%	20%	50%	20%	50%	20%	50%
All other Service (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 <sup>④</sup> , knee and shoulder arthroscopy, uncomplicated 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 <sup>①</sup>		\$50 <sup>①</sup>		\$50 <sup>①</sup>		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 aids 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) <sup>⑤</sup>	\$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	

<sup>①</sup> Deductible waived. All amounts reflect member responsibility.

<sup>②</sup> This benefit is only for the plan subscriber.

<sup>③</sup> Family on Evergreen is employee plus 1 or more. **There is an embedded OOP individual maximum of \$6550.**

<sup>④</sup> Incentive care services are for treating chronic conditions of asthma, heart conditions, cholesterol, high blood pressure and diabetes.

<sup>⑤</sup> Subject to reference pricing of \$25,000 for the facility charge. Please contact Moda for more details.

<sup>⑥</sup> On Evergreen, ACT 100 only applies to spinal injections and tonsillectomies.

DENTAL PLANS	Plan 5	Plan 6	Plan 8
	Moda Health	Moda Health	Willamette Dental
Dental Office Visit Copayment	N/A	N/A	\$20
Benefit Maximum	\$1,700	\$1,200	N/A
Deductible	\$50	\$50	N/A
<b>Preventive and Diagnostic Services</b>			
Oral Exams, x-rays, cleaning (prophylaxis), fluoride treatments (age 18 and under), sealants and space maintainers	70% - 100%	100%	100%
<b>Restorative Services</b>			
Routine fillings (posterior teeth paid to amalgam fee)/inlays (amalgam reimbursement fee)	70% - 100%	80%	100%
<b>Oral Surgery</b>			
Oral Surgery/extractions	70% - 100%	80%	100%
<b>Periodontics</b>			
Diagnostics, evaluation and treatment of gum disease including scaling and root planning	70% - 100%	80%	100%
<b>Endodontics</b>			
Root canal and related therapy including diagnosis and evaluation	70% - 100%	80%	100%
<b>Major Restorative Services</b>			
Gold or porcelain crowns and onlays	70%	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%
<b>Fixed and Removable Prosthetic Services</b>			
Full and partial dentures, relines and rebases	50%	50%	100%
Bridge retainers and pontics	50%	50%	100%
<b>Orthodontics</b>			
Orthodontic Treatment	80% to \$1800 lifetime max	N/A	\$1500 copay + \$20 per visit

VISION PLANS	Opal	Choice Plus
	Moda Health	VSP
Plan year Maximum	\$600	N/A
Routine Eye Exam	100%❶	\$10 copay❷
<b>Exam Frequency</b>	Once per Plan Year	Once every 12 Months
<b>Lenses:</b> Single Vision, Bifocal, Lenticular, Trifocal, Contact Lenses	100%	
<b>Lenses:</b> Single Vision, Lined Bifocal, Lined Trifocal, Contact Lenses, polycarbonate lenses, scratch resistant and UV coating		\$20 copay (\$300 allowance for contacts in lieu frames and lenses)
Anti-reflective coatings, progressive lenses❸		\$15 copay Each
<b>Lens Frequency</b>	Once per Plan Year	Once every 12 Months
Frames	100%	Annual allowance of \$300 - \$320 for featured frame brands, 20% discount over allowance
<b>Frame Frequency</b>	Child: Once per Plan Year, Adult: Once Every two Plan Years	Once every 12 Months

- ❶ Exam and Hardware are included in \$600 benefit maximum
- ❷ Up to \$60 copay for contact lens exam
- ❸ An average of 20-25% savings on non-listed lens enhancements

## PHARMACY PLANS (included w/medical)

SYNERGY❶	Retail	Mail - Order	Speciality	Evergreen❷
	31-day supply❸	90-day supply	31-day supply	HSA Compatible
Value❹	\$0	\$0	N/A	\$0
Select generic❹	\$8	\$16	N/A	20%
Preferred❹❺	25% up to \$50 max	25% up to \$100 max	25% up to \$100 max	20%
Non-preferred brand❹	50% up to \$150 max	50% up to \$300 max	50% up to \$300 max	20%

CONNEXUS (STATEWIDE)❶	Retail	Mail - Order	Speciality	Evergreen❷
	31-day supply❸	90-day supply	31-day supply	HSA Compatible
Value❹	\$4	\$8	N/A	\$4
Select generic❹	\$12	\$24	N/A	20%
Preferred❹❺	25% up to \$75 max	25% up to \$150 max	25% up to \$200 max	20%
Non-preferred brand❹	50% up to \$175 max	50% up to \$450 max	50% up to \$500 max	20%

- ❶ A 90-day supply for value and select generic medications is available at retail pharmacies for three times the 31-day copay.
- ❷ 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.
- ❸ Copay maximum is per prescription.
- ❹ Pharmacy expenses in the Synergy Network accrue toward the medical plan's out-of-pocket maximum.
- ❺ Pharmacy expenses in the Connexus Network accrue toward the medical plan's maximum cost share.
- ❻ For Evergreen plans, pharmacy benefits will only be paid once the deductible is met (except for Value meds). Prescription costs are applied to the deductible.