

Lane Community College

		Faculty Plan Comparisons		Plan Year October 1, 2015 - September 30, 2016		
		Med Plan A	Med Plan B	Med Plan C	Med Plan E	Med Plan G
Medical Plans		Moda Health/ ODS (PPO)	Moda Health/ ODS (PPO)	Moda Health/ ODS (PPO)	Moda Health/ ODS (PPO)	Moda Health/ ODS (PPO)
<i>no lifetime maximum on any medical plans</i>						
Deductible (Individual / Family)	In-Network	\$200 / \$600	\$350 / \$1050	\$500 / \$1500	\$1000 / \$3000	\$1500 / \$4500
	Out-of-Network					
Coinsurance	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
All plans will pay 100% after the Maximum Out-of-Pocket costs have been paid (except the Additional Cost Tier).						
Copayments and co-insurance for all services, as well as deductibles will accrue toward the medical Maximum Out-of-Pocket on all plans.						
Maximum Out-of-Pocket Costs per Plan Year (Individual / Family)	In-Network	\$2400 / \$7200	\$2950 / \$8850	\$3300 / \$9900	\$4250 / \$12,700	\$6350 / \$12,700
	Out-of-Network	\$4800 / \$14,400	\$5900 / \$17,700	\$6600 / \$19,800	\$8500 / \$25,400	\$12,700 / \$25,400
Preventive Care Services						
\$ and % shown is the Member Cost; \$ Amounts = Copayments						
Adult, Well-child & Well-baby Exams; Immunizations; and Preventive Care Services as described in the Plan Handbooks	In-Network	\$0	\$0	\$0	\$0	\$0
	Out-of-Network	50%	50%	50%	50%	50%
Provider Services						
\$ and % shown is the Member Cost; \$ Amounts = Copayments						
Incentive Office Visits for asthma, heart conditions (CHF, cholesterol & high BP) & diabetes management	In-Network	20%*	20%*	20%*	20%*	20%*
	Out-of-Network	50%	50%	50%	50%	50%
Primary Care Services as described in the Plan Handbook	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Specialist Office Visits	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Additional Cost Tier** as described in Plan Handbook	In-Network	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%
	Out-of-Network	\$500 + 50%	\$500 + 50%	\$500 + 50%	\$500 + 50%	\$500 + 50%
Hospital & Outpatient Services						
\$ and % shown is the Member Cost; \$ Amounts = Copayments						
Inpatient Care	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Outpatient Surgery	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Outpatient Rehabilitation (physical, occupational & speech therapy)	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Max 30 visits per Plan Year						
Ambulance		20%	20%	20%	20%	20%
Emergency Room		\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit
(copay \$ amounts listed are waived if admitted)		then 20%	then 20%	then 20%	then 20%	then 20%
Urgent Care						
\$ and % shown is the Member Cost; \$ Amounts = Copayments						
Urgent Care Visit	In-Network	\$50*	\$50*	\$50*	\$50*	\$50*
	Out-of-Network					

Other Services**\$ and % shown is the Member Cost; \$ Amounts = Copayments**

Laboratory / X-Ray	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Imaging (CT, PET & MRI), Lumbar Discographies & Sleep Studies**	In-Network	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%
	Out-of-Network	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%

Medical Plans***no lifetime maximum on any medical plans***

Viscosupplementation**	In-Network	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%
	Out-of-Network	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%
Upper Endoscopies**	In-Network	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%	\$100 + 20%
	Out-of-Network	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%	\$100 + 50%
Durable Medical Equipment	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Hearing Aids (\$4000 benefit every 48 months) as described in Plan Handbook	In-Network	10%	10%	10%	10%	10%
	Out-of-Network	50%	50%	50%	50%	50%

Alternative Care Services**\$ and % shown is the Member Cost; \$ Amounts = Copayments**

Acupuncture, Chiropractic & Naturopathic Services \$2000 Maximum Combined Benefit (cost of lab, x-rays, supplies & procedures performed in Provider's office applies to benefit maximum)	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%

Tobacco Cessation Program**(available to age 18 and over)**

Telephone Consults, Web-Coaching, Patches, Gum & Prescribed Medications	See footnote\$	See footnote\$	See footnote\$	See footnote\$	See footnote\$	See footnote\$
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Maternity**\$ and % shown is the Member Cost; \$ Amounts = Copayments**

Outpatient Maternity Care	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Delivery & Routine Newborn Nursery Care	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%

Weight Management (subscriber and covered dependents unless noted otherwise)**\$ and % shown is the Member Cost; \$ Amounts = Copayments**

Up to four 13-week Weight Watchers Sessions per Plan Year (age restrictions may apply)		\$0	\$0	\$0	\$0	\$0
12 Health Coaching Sessions per Plan Year & Online Educational Resources		\$0	\$0	\$0	\$0	\$0
Bariatric Surgery** (subscribers only, not covered for dependents) See Plan Handbook for specific criteria.	Approved Providers Only - see criteria	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%	\$500 + 20%

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Mental Health & Chemical Dependency Services						
\$ and % shown is the Member Cost; \$ Amounts = Copayments						
Mental Health Outpatient Services	In-Network	\$20*	\$20*	\$20*	\$30*	\$30*
	Out-of-Network	50%	50%	50%	50%	50%
Mental Health Inpatient & Residential Services	In-Network	20%	20%	20%	20%	20%
	Out-of-Network	50%	50%	50%	50%	50%
Substance Abuse Outpatient, Inpatient & Residential Services	In-Network	\$0	\$0	\$0	\$0	\$0
	Out-of-Network	50%	50%	50%	50%	50%

* Deductible waived

\$ Unlimited calls to Alere Wellbeing, maximum 5 calls from Alere Wellbeing per Plan Year. Patches, gum & prescribed medications are subject to Rx copays. See Plan Handbook for details.

		Med Plan A	Med Plan B	Med Plan C	Med Plan E	Med Plan G
Pharmacy Services		Moda Health/	Moda Health/	Moda Health/	Moda Health/	Moda Health/
\$ and % shown is the Member Cost; \$ Amounts = Copayments		ODS (PPO)	ODS (PPO)	ODS (PPO)	ODS (PPO)	ODS (PPO)
Pharmacy Out-of-Pocket Maximum (per person)		NA	NA	NA	NA	NA
Retail						
Value (up to 90-day supply)		\$0	\$0	\$0	\$0	\$0
Select Generic	30/31-day supply	\$8	\$8	\$8	\$8	\$8
Preferred	30/31-day supply	25% up to \$50	25% up to \$50	25% up to \$50	25% up to \$50	25% up to \$50
Non-Preferred	30/31-day supply	50% up to \$150	50% up to \$150	50% up to \$150	50% up to \$150	50% up to \$150
Mail						
Value	90-day supply	\$0	\$0	\$0	\$0	\$0
Select Generic	90-day supply	\$16	\$16	\$16	\$16	\$16
Preferred	90-day supply	25% up to \$100	25% up to \$100	25% up to \$100	25% up to \$100	25% up to \$100
Non-Preferred	90-day supply	50% up to \$300	50% up to \$300	50% up to \$300	50% up to \$300	50% up to \$300
Specialty						
Select Generic	30/31-day supply	\$16	\$16	\$16	\$16	\$16
Preferred	30/31-day supply	25% up to \$100	25% up to \$100	25% up to \$100	25% up to \$100	25% up to \$100
Non-Preferred	30/31-day supply	50% up to \$300	50% up to \$300	50% up to \$300	50% up to \$300	50% up to \$300