

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\$ |
|---|----------------|----------------|----------------|----------------|----------------|

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% |

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/ ODS (PPO) | Moda Health/ ODS (PPO) | Moda Health/ ODS (PPO) | Moda Health/ ODS (PPO) | Moda Health/ ODS (PPO) |
| \$ and % shown is the Member Cost; \$ Amounts = Copayments | | | | | | |
| 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 |

| | Dental Plan 1 ♦ | Dental Plan 4 | Dental Plan 8 ‡ |
|--|---|--------------------------------|--|
| Dental Plans | Moda Health (ODS) | Moda Health (ODS) | Willamette Dental |
| Dental Office Visit Copayment | NA | NA | \$20* |
| Benefit Maximum | \$2,200 | \$1,500 | NA |
| Deductible | \$50 | \$50 | NA |
| Plan Year Maximum | \$2,200 | \$1,500 | NA |
| Preventive and Diagnostic Services* | Deductible Waived for Preventive & Diagnostic Services on | | |
| Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers | 70% + 10% each Plan Year | 100% | 100%* |
| Restorative Services* | | | |
| Routine fillings, inlays and stainless steel crowns | 70% + 10% ¹ each Plan Year | 80% ¹ | 100% ^{2*} |
| Simple Extraction* | | | |
| Simple tooth extractions | 70% + 10% each Plan Year | 80% | 100%* |
| Oral Surgery* | | | |
| Surgical tooth extractions, including diagnosis and evaluation | 70% + 10% each Plan Year | 80% | 100%* |
| Periodontics* | | | |
| Diagnosis, evaluation, and treatment of gum disease including scaling and root planing | 70% + 10% each Plan Year | 80% | 100%* |
| Endodontics* | | | |
| Root canal and related therapy including diagnosis and evaluation | 70% + 10% each Plan Year | 80% | 100%* |
| Major Restorative Services* | | | |
| Gold or porcelain crowns and onlays | 70% + 10% each Plan Year | 80% | 100%* |
| Implants | 70% + 10% each Plan Year | 50% | See Certificate of Coverage for copays |
| Fixed and Removable Prosthetic Services* | | | |
| Full and partial dentures, relines, rebases | 70% + 10% each Plan Year | 50% | 100%* |
| Bridge retainers and pontics | 70% + 10% each Plan Year | 50% | 100%* |
| Orthodontics * (All plans except ODS Dental Plan 6) | | | |
| Orthodontic Treatment | 80% to \$1,800 lifetime max | 80% to \$1,800 lifetime max | \$1,500 copay + \$20 per visit** |

♦ Under MODA Plan 1, benefits start at 70% the first plan year then increase by 10% each plan year (up to a maximum of 100%) provided the individual has visited the dentist at least once during the previous plan year. Switching between incentive plan 3 and non-incentive plans (4 and 8) will have an effect on benefit level.

‡ Under Willamette Dental Plan 8, services must be provided by a Willamette Dental contracted provider in order for benefits to be payable. See handbook for details.

* For Willamette Dental Plan 8: Office visit copayment applies at each visit, in addition to any plan copayments for

Administered by MODA**Vision Plan 4****Vision Plan****Moda Health (ODS)**

Plan Year Maximum

\$600*

Exams

Exam Frequency

Once per Plan Year

Routine Eye Exam

100%

Lenses

Lens Frequency

Once per Plan Year

Lenses

Either one pair of lenses or contacts

Single Vision

100%

Bifocal

100%

Lenticular

100%

Trifocal

100%

Contact Lenses

100%

Frames

Frame Frequency

Child: once per Plan Year

Adult: once every two Plan Years

Frames

100%

* Exam and hardware charges all apply to the Plan Year maximum.