



**Beneficial Rx 1000**

<b>Standard PPO Plan</b>	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b>
<b>Member Responsibility</b>		
Plan Year Deductible, individual (family deductible is 3x the individual)	\$1,000	
Out-of-Pocket Maximum, per person (after deductible)	\$3,000	\$6,000
<b>PREVENTIVE CARE</b>		
Annual women's exam - pap, pelvic, breast	\$15*	40%
Women's routine mammogram	\$15*	40%
Well-baby care	\$15*	Not covered
Routine physical exams	\$15*	Not covered
Immunizations	\$0*	Not covered
<b>PROFESSIONAL SERVICES</b>		
Office Visits	First 3 at \$15**	40%
Alternative Care (\$1,000 per plan year limit) Chiropractic, Naturopathic, and Acupuncture	First 3 at \$15**	40%
<b>FACILITY AND ANCILLARY SERVICES</b>		
Hospital - Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care	20%	40%
Maternity - All pre/post office visits and doctor delivery; hospital charges	20%	40%
Mental Health (\$2,500 maximum in a 12-month period) Inpatient, outpatient, residential combined	20%	40%
Lab and X-ray services; rehabilitation services; medical supplies and devices; in-hospital care; home healthcare	20%	40%
<b>EMERGENCY SERVICES</b>		
Urgent care	First 3 at \$15**	40%
Emergency room (deductible applies)	20% after \$100 copay	
Ambulance	20%	
<b>OTHER BENEFITS</b>		
Prescription services	\$15 generics or 50% brand* \$5,000 annual maximum benefit	
Lifetime maximum	\$2,000,000 (\$250,000 out-of-network)	
Accident benefit	Deductible waived for treatment completed within 90 days of accident	

\* Deductible waived.

\*\* Beneficial plans pay first three office visits with a copayment, which may be used for either office visits or urgent care for illness or injury. Alternative care includes an additional three visits with a copayment. Thereafter, the deductible and coinsurance apply for additional office visits and alternative care.

[www.odscompanies.com](http://www.odscompanies.com)

**SERVICE AREA**

Illustrated in the ODS Provider Directory.

**DEPENDENT ELIGIBILITY**

Dependents are a lawful spouse or partner pursuant to the Oregon Family Fairness Act and unmarried children younger than age 23.

**OUT-OF-AREA DEPENDENT CHILDREN COVERAGE**

If your enrolled dependent child(ren) resides outside the service area, we will extend benefits for treatment of an illness or injury, women's routine healthcare (or preventive healthcare if available in the plan) and maternity services as if care were rendered by a participating physician or provider. Out-of-area dependents must access benefits within a 30-mile radius of their residence in order for the PPO benefit level to apply.



**Beneficial Rx 2500**

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<b>Member Responsibility</b>		
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Out-of-Pocket Maximum, per person (after deductible)	\$3,000	\$6,000
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