



**HSA 3000**

<b>Standard HSA Plan</b>	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b>
Plan Year Deductible	\$3,000 (Individual) / \$6,000 (Family)	
Plan Year Out-of-Pocket Maximum for Services Other Than Preventive Care	\$0	No Maximum
Plan Year Out-of-Pocket Maximum for Preventive Care Services Only	\$2,000 (Individual) / \$4,000 (Family)	No Maximum
<b>PREVENTIVE CARE</b>		
Annual women's exam - pap, pelvic, breast	50%*	50%
Women's routine mammogram	50%*	50%
Well-baby care	50%*	50%
Routine physical exams	50%*	50%
Immunizations	50%*	50%
<b>PROFESSIONAL SERVICES</b>		
Office Visits	0%	50%
Alternative Care (\$1,000 per plan year limit) Chiropractic, Naturopathic, and Acupuncture	0%	50%
<b>FACILITY AND ANCILLARY SERVICES</b>		
Hospital - Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care	0%	50%
Maternity - All pre/post office visits and doctor delivery; hospital charges	0%	50%
Mental Health (\$2,500 maximum in a 12-month period) Inpatient, outpatient, residential combined	0%	50%
Lab and X-ray services; rehabilitation services; medical supplies and devices; in-hospital care; home healthcare	0%	50%
<b>EMERGENCY SERVICES</b>		
Urgent care	0%	50%
Emergency room (deductible applies)	0%	
Ambulance (\$5,000 per plan year limit)	0%	
<b>OTHER BENEFITS</b>		
Prescription services	0%	
Lifetime maximum	\$2,000,000 (\$250,000 out-of-network)	
Accident benefit	Paid as any other illness subject to deductible/coinsurance	

\* Deductible waived.

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



<b>HSA Value</b>
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Standard HSA Plan	In-Network Provider	Out-of-Network Provider
Plan Year Deductible	\$2,800 (Individual) / \$5,600 (Family)	
Out-of-Pocket Maximum (after deductible)	\$2,200 (Individual) / \$4,400 (Family)	No Maximum
<b>PREVENTIVE CARE</b>		
Annual women's exam - pap, pelvic, breast	50%*	50%
Women's routine mammogram	50%*	50%
Well-baby care	50%*	50%
Routine physical exams	50%*	50%
Immunizations	50%*	50%
<b>PROFESSIONAL SERVICES</b>		
Office Visits	50%	50%
Alternative Care (\$1,000 per plan year limit) Chiropractic, Naturopathic, and Acupuncture	50%	50%
<b>FACILITY AND ANCILLARY SERVICES</b>		
Hospital - Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care	50%	50%
Maternity - All pre/post office visits and doctor delivery; hospital charges	50%	50%
Mental Health (\$2,500 maximum in a 12-month period) Inpatient, outpatient, residential combined	50%	50%
Lab and X-ray services; rehabilitation services; medical supplies and devices; in-hospital care; home healthcare	50%	50%
<b>EMERGENCY SERVICES</b>		
Urgent care	50%	50%
Emergency room (deductible applies)	50%	
Ambulance	50%	
<b>OTHER BENEFITS</b>		
Prescription services	50%	
Lifetime maximum	\$2,000,000 (\$250,000 out-of-network)	
Accident benefit	Paid as any other illness subject to deductible/coinsurance	

\* Deductible waived.

<a href="http://www.odskompanies.com">www.odskompanies.com</a>
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**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.