



Beneficial Value 1000

Standard PPO Plan	In-Network Provider	Out-of-Network Provider
Member Responsibility		
Plan Year Deductible, individual (family deductible is 3x the individual)	\$1,000	
Out-of-Pocket Maximum, per person (after deductible)	\$5,000	\$10,000
PREVENTIVE CARE		
Annual women's exam - pap, pelvic, breast	\$25*	50%
Women's routine mammogram	\$25*	50%
Well-baby care	\$25*	Not covered
Routine physical exams	\$25*	Not covered
Immunizations	\$0*	Not covered
PROFESSIONAL SERVICES		
Office Visits	First 3 at \$25**	50%
Alternative Care (\$1,000 per plan year limit) Chiropractic, Naturopathic, and Acupuncture	First 3 at \$25**	50%
FACILITY AND ANCILLARY SERVICES		
Hospital - Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care	30%	50%
Maternity - All pre/post office visits and doctor delivery; hospital charges	30%	50%
Mental Health (\$2,500 maximum in a 12-month period) Inpatient, outpatient, residential combined	30%	50%
Lab and X-ray services; rehabilitation services; medical supplies and devices; in-hospital care; home healthcare	30%	50%
EMERGENCY SERVICES		
Urgent care	First 3 at \$25**	50%
Emergency room (deductible applies)	30% after \$100 copay	
Ambulance	30%	
OTHER BENEFITS		
Prescription services	Optional***	
Lifetime maximum	\$2,000,000 (\$250,000 out-of-network)	
Accident benefit	Deductible waived for treatment completed within 90 days of accident; \$10,000 per person per year maximum	

* 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.

*** Can purchase a prescription rider separately; benefit is \$15 generic or 50% brand, \$2,000 maximum benefit; deductible waived

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 Value 2500

Standard PPO Plan	In-Network Provider	Out-of-Network Provider
Member Responsibility		
Plan Year Deductible, individual (family deductible is 3x the individual)	\$2,500	
Out-of-Pocket Maximum, per person (after deductible)	\$5,000	\$10,000
PREVENTIVE CARE		
Annual women's exam - pap, pelvic, breast	\$25*	50%
Women's routine mammogram	\$25*	50%
Well-baby care	\$25*	Not covered
Routine physical exams	\$25*	Not covered
Immunizations	\$0*	Not covered
PROFESSIONAL SERVICES		
Office Visits	First 3 at \$25**	50%
Alternative Care (\$1,000 per plan year limit) Chiropractic, Naturopathic, and Acupuncture	First 3 at \$25**	50%
FACILITY AND ANCILLARY SERVICES		
Hospital - Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care	30%	50%
Maternity - All pre/post office visits and doctor delivery; hospital charges	30%	50%
Mental Health (\$2,500 maximum in a 12-month period) Inpatient, outpatient, residential combined	30%	50%
Lab and X-ray services; rehabilitation services; medical supplies and devices; in-hospital care; home healthcare	30%	50%
EMERGENCY SERVICES		
Urgent care	First 3 at \$25**	50%
Emergency room (deductible applies)	30% after \$100 copay	
Ambulance	30%	
OTHER BENEFITS		
Prescription services	Optional***	
Lifetime maximum	\$2,000,000 (\$250,000 out-of-network)	
Accident benefit	Deductible waived for treatment completed within 90 days of accident; \$10,000 per person per year maximum	

* Deductible waived.

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Beneficial Value 5000

Standard PPO Plan	In-Network Provider	Out-of-Network Provider
Member Responsibility		
Plan Year Deductible, individual (family deductible is 3x the individual)	\$5,000	
Out-of-Pocket Maximum, per person (after deductible)	\$5,000	\$10,000
PREVENTIVE CARE		
Annual women's exam - pap, pelvic, breast	\$25*	50%
Women's routine mammogram	\$25*	50%
Well-baby care	\$25*	Not covered
Routine physical exams	\$25*	Not covered
Immunizations	\$0*	Not covered
PROFESSIONAL SERVICES		
Office Visits	First 3 at \$25**	50%
Alternative Care (\$1,000 per plan year limit) Chiropractic, Naturopathic, and Acupuncture	First 3 at \$25**	50%
FACILITY AND ANCILLARY SERVICES		
Hospital - Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care	30%	50%
Maternity - All pre/post office visits and doctor delivery; hospital charges	30%	50%
Mental Health (\$2,500 maximum in a 12-month period) Inpatient, outpatient, residential combined	30%	50%
Lab and X-ray services; rehabilitation services; medical supplies and devices; in-hospital care; home healthcare	30%	50%
EMERGENCY SERVICES		
Urgent care	First 3 at \$25**	50%
Emergency room (deductible applies)	30% after \$100 copay	
Ambulance	30%	
OTHER BENEFITS		
Prescription services	Optional***	
Lifetime maximum	\$2,000,000 (\$250,000 out-of-network)	
Accident benefit	Deductible waived for treatment completed within 90 days of accident; \$10,000 per person per year maximum	

* 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.

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Beneficial Value 7500

Standard PPO Plan	In-Network Provider	Out-of-Network Provider
Member Responsibility		
Plan Year Deductible, individual (family deductible is 3x the individual)	\$7,500	
Out-of-Pocket Maximum, per person (after deductible)	\$5,000	\$10,000
PREVENTIVE CARE		
Annual women's exam - pap, pelvic, breast	\$25*	50%
Women's routine mammogram	\$25*	50%
Well-baby care	\$25*	Not covered
Routine physical exams	\$25*	Not covered
Immunizations	\$0*	Not covered
PROFESSIONAL SERVICES		
Office Visits	First 3 at \$25**	50%
Alternative Care (\$1,000 per plan year limit) Chiropractic, Naturopathic, and Acupuncture	First 3 at \$25**	50%
FACILITY AND ANCILLARY SERVICES		
Hospital - Inpatient and outpatient surgery; room, ancillary and physician charges; skilled nursing facility care	30%	50%
Maternity - All pre/post office visits and doctor delivery; hospital charges	30%	50%
Mental Health (\$2,500 maximum in a 12-month period) Inpatient, outpatient, residential combined	30%	50%
Lab and X-ray services; rehabilitation services; medical supplies and devices; in-hospital care; home healthcare	30%	50%
EMERGENCY SERVICES		
Urgent care	First 3 at \$25**	50%
Emergency room (deductible applies)	30% after \$100 copay	
Ambulance	30%	
OTHER BENEFITS		
Prescription services	Optional***	
Lifetime maximum	\$2,000,000 (\$250,000 out-of-network)	
Accident benefit	Deductible waived for treatment completed within 90 days of accident; \$10,000 per person per year maximum	

* Deductible waived.

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