


Oregon Nurses Association/Coquille Valley Hospital Comparison of Former and New Health Insurance Plan

				
2013-2014 Monthly Premium	PacificSource		Moda Health/ODS/Plan F	
Employee Only	Monthly Cost	\$628.11	Monthly Cost	\$396.95
Employee and Spouse	Monthly Cost	\$1,444.67	Monthly Cost	\$873.30
Employee and Children	Monthly Cost	\$1,155.73	Monthly Cost	\$754.23
Employee and Family	Monthly Cost	\$1,834.10	Monthly Cost	\$1,230.59
2014-2015 (Projected) Premium	PacificSource (Starting July 1)		Moda Health/ODS/Plan F (Starting October 1)	
Employee Only	Monthly Cost	\$909.66	Monthly Cost	\$511.95
Employee and Spouse	Monthly Cost	\$2,092.24	Monthly Cost	\$1,126.30
Employee and Children	Monthly Cost	\$1,673.79	Monthly Cost	\$927.73
Employee and Family	Monthly Cost	\$2,656.23	Monthly Cost	\$1,587.11
Deductible and Out of Pocket	PacificSource		Moda Health/ODS/Plan F	
Deductible (Individual/Family)	Participating and Non Provider	\$2500 Per Person / \$5000 Per Family	System of Care	\$1,250 Per Person / \$3,750 Per Family
			PPO Network	
			Out of Network	
Coinsurance	Participating Provider	20%	System of Care	20%
			PPO Network	20%
			Out of Network	50%
Maximum Out of Pocket costs per Plan Year (Individual/Family)	Participating Provider	\$2,500 Per Person / \$5000 Family	System of Care	\$4,000 Per Person / \$12,000 Family **
			PPO Network	\$4,000 Per Person / \$12,000 Family **
			Out of Network	\$8,000 Per Person / \$24,000 Family **
Preventive Care Services	PacificSource		Moda Health/ODS/Plan F	
Adult, Well-child & Well-baby exams: Immunizations & Preventive Care Services	Participating Provider	\$0	System of Care	\$0
			PPO Network	\$0
			Out of Network	50%
Wellness assessment visit (one per plan year with OEGB)	Participating Provider	\$0	System of care	\$0 ¹
			PPO Network	NA
			Out of Network	NA
Other Services	PacificSource		Moda Health/ODS/Plan F	
Incentive Office Visits for asthma, heart conditions, (CHF, cholesterol & high BP) & diabetes management	Participating Provider	NA	System of Care	\$15 ^{**1}
			PPO Network	20% ^{**1}
			Out of Network	50%

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Primary Care Services			System of Care	\$30 ^{*1}
	Participating Provider	\$35	PPO Network	20%
	Non-Participating	\$35 plus 20%	Out of Network	50%
Specialist Office Visits			System of Care	20%
	Participating Provider	\$35	PPO Network	20%
	Non-Participating	\$35 plus 20%	Out of Network	50%
Additional Cost Tier ^{^^} as described in Plan Handbook			System of Care	\$500 + 20%
			PPO Network	\$500 + 20%
			Out of Network	\$500 + 50%
Other Services	PacificSource		Moda Health/ODS/Plan F	
Laboratory / X-Ray			System of Care	20%
	Participating Provider	20%	PPO Network	20%
	Non-Participating	40%	Out of Network	50%
Imaging (CT, PET & MRI, Lumbar Discographies and Sleep Studies ^{^^})			System of Care	\$100 + 20%
	Participating Provider	20%	PPO Network	\$100 + 20%
	Non-Participating	40%	Out of Network	\$100 + 50%
Viscosupplementaion ^{^^}			System of Care	\$100 + 20%
	Participating Provider		PPO Network	\$100 + 20%
	Non-Participating		Out of Network	\$100 + 50%
Upper Endoscopies ^{^^}			System of Care	\$100 + 20%
	Participating Provider		PPO Network	\$100 + 20%
	Non-Participating		Out of Network	\$100 + 50%
Durable Medical Equipment			System of Care	20%
	Participating Provider	20%	PPO Network	20%
	Non-Participating	50%	Out of Network	50%
Hearing Aids (\$4,000 benefit every 48months)			System of Care	10%
	Participating Provider		PPO Network	10%
	Non-Participating		Out of Network	50%
Maternity	PacificSource		Moda Health/ODS/Plan F	
Outpatient Maternity Care			System of Care	\$30 ^{*1}
	Participating Provider	20%	PPO Network	20%
	Non-Participating	40%	Out of Network	50%
Delivery & Routine Nursery Care			System of Care	20%
	Participating Provider	20%	PPO Network	20%
	Non-Participating	40%	Out of Network	50%

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Mental Health and Chemical Dependency	PacificSource		Moda Health/ODS/Plan F	
Mental Health Outpatient Services			System of Care	\$30 ^{*1}
	Participating Provider	\$35	PPO Network	\$30 ^{*1}
	Non-Participating	\$35 plus 20%	Out of Network	50%
Mental Health Inpatient and Residential Services			System of Care	20%
	Participating Provider	20%	PPO Network	20%
	Non-Participating	40%	Out of Network	50%
Substance Abuse Outpatient, Inpatient and Residential Services			System of Care	\$0
	Participating Provider	\$35	PPO Network	\$0
	Non-Participating	\$35 plus 20%	Out of Network	50%
Substance Abuse Inpatient and Residential Services			System of Care	\$0
	Participating Provider	20%	PPO Network	\$0
	Non-Participating	40%	Out of Network	50%
Weight Management	PacificSource		Moda Health/ODS/Plan F	
Up to four 13-week Weight Watchers Sessions per Plan Year (age restrictions may apply)				\$0
12 Health Coaching Sessions per Plan Year & Online Educational Resources				\$0
Bariatric Surgery [^] (subscribers only, not covered for dependents). See Plan Handbook for specific criteria.			Approved providers only	\$500 + 20%
Hospital, Surgical, and Rehabilitation	PacificSource		Moda Health/ODS/Plan F	
Inpatient Care			System of Care	20%
	Participating Provider	20%	PPO Network	20%
	Non-Participating	40%	Out of Network	50%
Outpatient Surgery			System of Care	20%
	Participating Provider	20%	PPO Network	20%
	Non-Participating	40%	Out of Network	50%
Outpatient Rehabilitation (physical therapy & speech therapy)			System of Care	20% (max 30 visits per Plan Year)
	Participating Provider	20%	PPO Network	20% (max 30 visits per Plan Year)
	Non-Participating	30%	Out of Network	50% (max 30 visits per Plan Year)

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Emergency and Urgency Care		PacificSource		Moda Health/ODS/Plan F	
Ambulance			20%		20%
Emergency Room (copay & amounts listed are waived if admitted)			\$100 per visit then 20%		\$100 per visit then 20%
Urgent Care Visit				System of Care	\$50 *
	Participating Provider		\$35	PPO Network	
	Non-Participating		\$35 plus 20%	Out of Network	
Tobacco Cessation		PacificSource		Moda Health/ODS/Plan F	
Telephone Consults, Web-Coaching, Patches, Gum & Prescribed Medications			\$0		Unlimited calls to Alere Wellbeing, maximum 5 calls from Alere Wellbeing per Plan Year. Patches, gum & prescribed medications are subject to prescription copays.
Alternative Care		PacificSource		Moda Health/ODS/Plan F	
Acupuncture, Chiropractic & Naturopathic Services \$2,000 Maximum Combined Benefit Cost of lab, x-rays, supplies & procedures performed in Alternative Care Provider's office applies to Benefit				System of Care	20%
	Participating Provider		Not Covered	PPO Network	20%
	Non-Participating		Not Covered	Out of Network	50%
Prescription Drugs PacificSource Pharmacy					
Type	Retail			Mail	
Incentive	30 Day Supply		\$4	90-day supply	\$10
Generic	30 Day Supply		\$10	90-day supply	\$25
Preferred Brand	30 Day Supply		\$35	90-day supply	\$87.50
Non-preferred Brand	30 Day Supply		\$60	90-day supply	\$150
Specialty Drugs	30 Day Supply		\$100 or 20% which ever is less	90-day supply	NA
Prescription Drugs Moda Health/ODS/Plan F Pharmacy					
Type	Retail			Mail	
Value	90 Day Supply		\$0	90-day supply	\$0
Generic	30/31 Day Supply		\$8	90-day supply	\$16

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Preferred Brand	30/31 Day Supply	25% up to \$50	90-day supply	25% up to \$100
Non-preferred Brand	30/31 Day Supply	50% up to \$150	90-day supply	50% up to \$300
Specialty Drugs Generic	30/31 Day Supply	\$16	90-day supply	NA
Specialty Drugs Preferred	30/31 Day Supply	25% up to \$100	90-day supply	NA
Specialty Drugs Non Preferred	30/31 Day Supply	50% up to \$300	90-day supply	NA
* Deductible Waived				
** Additional Cost Tier copayments (\$100 or \$500 as applicable) on Plans A-G do not count toward Deductible or Out of Pocket Maximum. The \$500 Bariatric Surgery copayment does not apply toward Deductible or Out of Pocket maximum on any plan except H				
*1 Must use a Moda Medical Home to received this benefit. Moda Medical Homes consist of specific local primary care providers. Visit www.modahealth.com/oebb for details.				