

SERVICE AREA

Illustrated in the ODS Provider Directory.

DEPENDENT ELIGIBILITY

Dependents are a lawful spouse or registered domestic partner pursuant to the Oregon Family Fairness Act and unmarried children under 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 in-network benefit level to apply.

LIMITATIONS

- ▶ All medical and surgical admissions must be authorized by ODS
- ▶ Mental illness paid up to a \$2,500 maximum or 20 outpatient visits in a 12-month period for inpatient/outpatient/residential services, combined
- ▶ Alcohol treatment up to a \$4,500 maximum in a 24-month period for inpatient/outpatient/residential services combined
- ▶ ODS will not pay benefits for covered expenses to the extent that you have any other coverage for those expenses
- ▶ Smoking cessation coverage limited to \$500 per person lifetime benefit
- ▶ Hearing aid coverage limited to children under age 18 with a maximum benefit of up to \$4,000 every 48 months
- ▶ Inpatient rehabilitation benefits are limited to 30 days per plan year; outpatient rehabilitation benefits are limited to 30 sessions per plan year; prior authorization is needed for up to 60 days inpatient, or 60 sessions outpatient rehabilitation for head and spinal cord injuries
- ▶ Hospice benefits are limited to \$20,000 for home care; 12 days of inpatient care; 170 hours/ three months respite care

EXCLUSION PERIODS

Six-month exclusion period applies to:

- ▶ Myringotomy with tubes
- ▶ Removal of tonsils or adenoids
- ▶ Allergies
- ▶ Sterilization
- ▶ Elective procedures (procedures that can be reasonably postponed for the exclusion period)

- ▶ Pre-existing conditions, even if they worsen or recur

24-month exclusion period applies to:

- ▶ Transplants (benefits are limited to an aggregate lifetime maximum benefit of \$250,000)

Note: Your plan's exclusion period will be shortened one day for each day you had "creditable coverage" under another health plan, provided you do not have a 63-day lapse (or longer) in coverage immediately prior to your enrollment date in our plan.

EXCLUSIONS

- ▶ Services provided by a member of the patient's immediate family
- ▶ Services or supplies that are not medically necessary
- ▶ Services and supplies for reversal of sterilization or infertility
- ▶ Services and supplies for obesity, including complications arising out of such treatment
- ▶ Surgery to alter the refractive character of the eye
- ▶ Dental examinations and treatment, except as specifically listed
- ▶ Massage or massage therapy
- ▶ Services or supplies for the treatment of sexual dysfunction or inadequacy, or those related to sex change procedures
- ▶ Treatment of personality disorders
- ▶ Experimental or investigational treatment
- ▶ Services or supplies available in whole, or in part, under any city, county, state or federal law, except Medicaid
- ▶ Charges above those considered the maximum plan allowance
- ▶ Services or supplies for which an employer is required by law to provide benefits even if you choose not to accept those benefits
- ▶ Instructional programs, including, but not limited to, those to learn to self-administer drugs or nutrition, except as specifically provided for under the outpatient diabetic instruction benefit of this plan
- ▶ Appliances or equipment primarily for comfort, convenience, cosmetics, environmental control or education
- ▶ Cosmetic/reconstructive services and supplies
- ▶ Services and supplies associated with orthognathic surgery
- ▶ Drugs for treatment of mental illness
- ▶ Chemical dependency treatment, except for alcohol treatment

