



## BENEFITS-AT-A-GLANCE

**Effective: 07/01/2015 - 12/31/2015**

**Plan Name:** Orange Ulster School Districts Health Plan  
**Type of Plan:** Indemnity with PPO Benefit; No Referral Required  
Basic hospital benefits; Medical services following calendar year deductible, co-insurance and co-pay for out-of-network providers; or PPO services with only a per-day/per service co-payment.  
**PPO Network:** Blue Cross/Blue Shield Association's BlueCard® PPO Program  
File all claims with the Blue Cross/Blue Shield Plan in the state where services are rendered.

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**Pre-Certification Requirements:** In-Patient Hospital and 2<sup>nd</sup> Surgical Opinion:  
Contact **HealthCare Strategies** (800) 764-3433  
Physical Medicine (PT, OT & Chiro):  
Contact **OptumHealth** (formerly MPN/ACN) (888) 471-0117  
Behavioral Health-Inpatient & Out-patient:  
Contact **Quantum Health Solutions** (888) 214-4001

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**Pre-Determination Requirements:** Genetic testing, fax clinical information to **201-460-3205**,  
**Attn: Pre-Determination Department**

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**Plan Office:** 1(845) 781-4890  
**Exec. Director:** Mr. Ike Lovelass  
**Claims & Eligibility:** INDECS Corporation  
1(888) 4-INDECS (446-3327)  
**Plan Document (Online):** [www.indecscorp.com](http://www.indecscorp.com)  
**Click on: INDECS Connection then select either Member or Provider Login. At this point, you must have a password or register for one.**

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**COB:** This Plan contains a Coordination of Benefit provision which complies with the State of New York COB regulations.

**Medicare Primary:** Send Medicare primary claims to Medicare. **Send secondary claims directly to INDECS Corp., PO Box 668, Lyndhurst, NJ 07071 with Medicare provider's or member's EOB.** Envoy Payer ID 84105 (INDECS Corporation)  
*Medicare secondary benefits are "out-of-network provider" benefits (below) with Medicare primary benefits being "carved-out" from Plan Out-of-Network benefits.*

***Deductible and co-insurance apply. CO-PAYS DO NOT.***

SERVICE CATEGORY	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>Annual Deductible (Ded.)</b>	None	\$300/\$800 Calendar Year (CY) -Increase to be determined- (TBD)
<b>Co-Insurance</b>	None	20% (after co-pay and CY deductible) of Usual & Customary (U&C) allowance
<b>Co-Payment (Co-pay) per day or per service</b>	See service for amount of co-pay (1)	Applies before deductible and co-insurance-see service for amount of co-pay (1)
<b>Out-of-pocket maximum (OOP) Combined</b>	N/A	Individual: \$3,300** Family: \$6,600**
<b>Medical Plan OOP Max</b>	Individual: \$2,150** Family : \$4,300**	Individual: \$2,150 ** Family \$4,300**
<b>Prescription OOP Max</b>	Individual: \$1,150** Family : \$2,300**	Individual: \$1,150 ** Family: \$2,300**
<b>Lifetime medical benefit maximum</b>	Unlimited; Except for \$25,000 lifetime limit for qualified infertility procedures*	Unlimited; Except for \$25,000 lifetime limit for qualified infertility procedures*
<b>HOSPITAL BASIC BENEFITS* (Basic benefits do not accrue toward Medical CY or Lifetime Maximums.)</b>		
Hospital Inpatient	100% up to 365 days maximum*	100% U&C,\$500 ded for each pre-cert admission; up to 365 days max*
Hospital ER	100%	100% of U&C after \$70 co-pay
Hospital Outpatient Surgery*	100% after \$35.00 co-pay*	100% of U&C after \$70.00 co-pay*
Hospital Outpatient Other (incl. Phys.Therapy*)	100% after \$35.00 co-pay	100% of U&C after \$70.00 co-pay
Rehab Hospital	100% up to 100 days maximum*	100% up to 100 days maximum*
Pre-admission testing*, Hemodialysis, Chemotherapy & radiation therapy	100% (no co-pay)	100% of U&C (no co-pay)
<b>Home Health Care &amp; SNF</b>	100% up to 180 visits per CY*	100% U&C up to 180 days per CY*
<b>Hospice &amp; Birthing Centers</b>	100%*	100% U&C*
<b>Hospital/Ambulance</b>	100% limited to \$50 per trip (basic benefit); balance to Medical Benefit	100% U&C limited to \$50 per trip: (basic benefit) balance to Medical Benefit

\*May require Pre-Certification to avoid benefit reduction. See Pre-Certification contacts listed on first page.

\*\* OOP maximum changes annually. The amounts shown reflect 50% of total calendar year OOP maximum for 1/2 calendar year of 7/1-12/31/2015.

(1) Services sent from doctor's offices to an independent lab, radiologists, or similar service providers incur an additional \$20 co-payment per service.

SERVICE CATEGORY	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>MEDICAL BENEFITS</b>		<b>↓All after CY deductible↓</b>
<b>Physician Office Visit (1)</b>	\$20 co-pay (1)	80% of U&C charges; after \$20 co-pay (1); after CY deductible
<b>Physician Inpatient Care, Surgery*, Anesthesia, Lab (1), X-Ray (1), Radiology (1), Infertility Care</b>	\$20 co-pay (1)	80% of U&C charges; after \$20 co-pay (1); after CY deductible
<b>Maternity</b> Physician Services Hospital Services*	\$20 co-pay 100%*	80% of U&C charges after \$20 co-pay (1) & calendar year deductible 100% U & C, \$500 ded per admission*
Nursery Care (Well Baby)	100%	100% U & C, \$500 ded per admission*
<b>Physical Therapy</b>	100% after \$20 co-pay per schedule*	1-15 <sup>th</sup> visit: 80% of MPN rate + \$20 co-pay 16 <sup>th</sup> + visit: 50% of MPN rate + \$20 co-pay
<b>Chiropractic Benefit</b>	100% after \$20 co-pay*	1-15 <sup>th</sup> visit: 80% of MPN rate + \$20 co-pay 16 <sup>th</sup> + visit: 50% of MPN rate + \$20 copay
<b>Home Infusion &amp; IV Therapy; Speech Therapy and Durable Medical Equipment</b>	80% after plan deductible. Rental up to purchase price.	80% of U&C after deductible. Rental up to purchase price.
<b>Mental Health</b> Inpatient	100% up to 100 days/CY*	Pre-certified - 50% U&C allowable charges, \$500 ded., 30 day maximum*
Oupatient	\$20 co-pay up to 100 visits/CY*	50% of U&C plus co-pay up to 30 visits per CY, 60 visits per lifetime*
<b>Substance Abuse</b> Inpatient	100%; up to 4 weeks per confinement; 6 weeks per calendar year*	50% of U&C charges; after \$500 deductible per admission; up to 4 weeks per confinement; 6 weeks per CY*
Outpatient	100%; up to 60 visits per CY, including 20 family visits*	50% of U&C charges; up to 60 visits per CY, including 20 family visits*

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SERVICE CATEGORY	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
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<b>WELLNESS BENEFITS: Preventive Care to Meet ACA Requirements</b>		
<b>Adult Well Care Benefits: Available to ACTIVE employees (includes pre-Medicare retirees) and their dependent spouses only.</b>		
Age 19 –65; prior to Medicare Adult Immunizations	100% One per calendar year	Covered only through In-Network Providers
<b>Routine Screenings and Examinations:</b>		
<b>Breast Cancer (Mammography)</b> Age 35-39 Age 40 and older High Risk – any age	100% for one baseline mammography 100% - one per calendar year 100% - one per calendar year	100% of U&C for one baseline mammography 100% of U&C for one per cal year 100% - one per calendar year
<b>Cervical Cancer (Pap Smears)</b>	100% One per calendar year	100% of U&C after \$20 co-payment; one per calendar year: includes exam, pap smear, lab & diagnostic services (1)
<b>Contraception Services, Implant Devices, etc.</b>	100%	80% of U&C charges after \$20 co-pay & calendar year deductible.
<b>Breast feeding consultation</b>	100% Maternity consultations pre and postpartum	100% of U&C charges after \$20 co-payment
<b>Breast pump equipment &amp; supplies</b>	100% One per pregnancy and initial supplies only	100% One per pregnancy and initial supplies only
<b>Adult Well Care Benefits: Available to retirees and spouses with Primary (pays first) Medicare coverage.</b>		
Age 65+ with Medicare primary	None	80% of U&C after deductible, one annual visit, plus eligible immunizations.

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SERVICE CATEGORY	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>WELLNESS BENEFITS Cont'd:</b>		
<b>Osteoporosis-Bone Mineral Density Measurement &amp; Testing</b> (Requirements exist for coverage-See Plan Doc)	100%	\$20 co-payment; 80% of U&C after deductible-one per CY
<b>Prostate Cancer (PSA Testing)</b> Age 50+ or 40+ with family history	100% as part of Routine Physical Exam (RPE) – one per calendar year (1)	None
<b>Colon Cancer (Colonscopy)</b> Age 50+; younger if due to family history (See Plan Doc)	One every 60 months (1)	None
<b>Child Well Care Benefits: Routine Physical Exams (PEs) include eligible immunizations.</b>		
Age 0 to 2 years old	100%;	100% of U&C
Age 2 through 5 yrs old	100%	100% of U&C
Age 6 through 18 yrs old	100%	100% of U&C
	<i>(Visitation schedule established by American Academy of Pediatrics as adopted by NYSID.)</i>	<i>(Visitation schedule established by American Academy of Pediatrics as adopted by NYSID.)</i>
Age 19 through 25	100%; one per calendar year	None (In-network only)
<b>PRESCRIPTION DRUG BENEFITS administered by Envision Rx (1-800-361-4542)</b>		
<b>Mail Order administered by Costco (1-800-607-6861)</b>		
<b>Specialty pharmacy administered by Orchard Rx (1-877-437-9012)</b>		
<b>Enrollee Co-pays:</b>		
Retail (30 day supply)	\$5 generic, \$20 preferred brand, \$40 non-preferred brand	Reimbursed to the amount the Plan would have paid had the Rx been from an in-network pharmacy
Mail-Order (90 day supply)	\$7.50 generic, \$30 preferred brand, \$60 non-preferred brand	Not covered
<b>Rx Out-of-Pocket Maximum per Calendar Year</b>		
Prescription OOP Max	N/A	Individual: \$2,300 Family: \$4,600

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