



BENEFITS-AT-A-GLANCE

Effective: 07/01/2016 - 12/31/2016

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.
Pre-Certification Requirements:	In-Patient Hospital, 2 nd Surgical Opinion, Genetic Testing and Infertility Treatment 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
Pre-Determination Requirements:	Questionable Services, fax Clinical Information to 201-460-3205, Attn: Pre-Determination Department
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 or www.ouhealth.org Click on: INDECS Connection then select either Member or Provider Login. At this point, you must have a password or register for one.
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. <i>Medicare secondary benefits are "out-of-network provider" benefits, as there is no PPO. Please be sure your provider participates with Medicare. If you are treated by a physician or provider of service who does not participate in Medicare, the charges allowed will be reduced to the Usual and Reasonable amount with any costs above that being the patient's responsibility. The Plan deductible and co-insurance apply with Medicare primary benefits being "carved-out" from the Out-of-Network Plan benefits.</i> Deductible and co-insurance apply. MEDICAL PLAN CO-PAYS DO NOT. Medicare prescription co-payments are changed to the 7/1/2016 amounts.

SERVICE CATEGORY	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Annual Calendar Year Deductible (Ded.)	None	2016: \$300 Ind/\$800 Family 2017: \$1,000 Ind/\$3,000 Family
Co-Insurance	None	20% (after co-pay and CY deductible) of Usual & Customary (U&C) allowance
Co-Payment (Co-pay) per day or per service	See service for amount of co-pay (1)	Applies before deductible and co-insurance-see service for amount of co-pay (1)
Out-of-pocket maximum (OOP) Combined **	Individual: \$6,850** Family: \$13,700**	Individual: \$6,850** Family: \$13,700**
Medical Plan OOP Max**	Individual: \$4,450** Family : \$8,900**	Individual: \$4,450** Family \$8,900**
Prescription OOP Max**	Individual: \$2,400** Family : \$4,800**	Individual: \$2,400** Family: \$4,800**
Lifetime medical benefit maximum	Unlimited*	Unlimited*
HOSPITAL BASIC BENEFITS*		
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 Hospital Outpatient Surgery*	100% after \$70 co-pay 100% after \$35.00 co-pay*	100% of U&C after \$90 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 Pre-admission testing*, Hemodialysis, Chemo- therapy & radiation therapy	100% up to 100 days maximum* 100% (no co-pay)	100% up to 100 days maximum* 100% of U&C (no co-pay)
Home Health Care & SNF	100% up to 180 visits per CY*	100% U&C up to 180 days per CY*
Hospice & Birthing Centers	100%*	100% U&C*
Hospital/Ambulance	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, per the Affordable Care Act (ACA) OOP published allowances. The 2016 Medicare primary medical out-of-pocket maximum is \$1,000 per individual and \$1,800 family.*

(1) Services sent from doctor's offices to an independent lab, radiologists, or similar service providers incur an additional \$25 co-payment per service.

SERVICE CATEGORY	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
MEDICAL BENEFITS		↓All after CY deductible↓
Physician Office Visit (1)	\$25 co-pay (1)	80% of U&C charges; after \$25 co-pay (1); after CY deductible
Physician Inpatient Care, Surgery*, Anesthesia, Lab (1), X-Ray (1), Radiology (1), Infertility Care	\$25 co-pay (1)	80% of U&C charges; after \$25 co-pay (1); after CY deductible
Maternity Physician Services Hospital Services*	\$25 co-pay 100%*	80% of U&C charges after \$25 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*
Physical Therapy	100% after \$25 co-pay per schedule*	1-15 th visit: 80% of MPN rate + \$25 co-pay 16 th + visit: 50% of MPN rate + \$25 co-pay
Chiropractic Benefit	100% after \$25 co-pay*	1-15 th visit: 80% of MPN rate + \$25 co-pay 16 th + visit: 50% of MPN rate + \$25 copay
Home Infusion & IV Therapy; Speech Therapy and Durable Medical Equipment Wigs following chemo	80% after OON plan deductible. Rental up to purchase price. 80% after deductible up to \$800	80% of U&C after deductible. Rental up to purchase price. 80% after deductible up to \$800
Mental Health Inpatient	100% up to 100 days/CY*	Pre-certified - 50% U&C allowable charges, \$500 ded., 30 day maximum*
Outpatient	\$25 co-pay up to 100 visits/CY*	50% of U&C plus co-pay up to 30 visits per CY, 60 visits per lifetime*
Substance Abuse 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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WELLNESS BENEFITS: Preventive Care to Meet ACA Requirements		
Adult Well Care Benefits: Available to ACTIVE employees (includes pre-Medicare retirees) and their dependent spouses only.		
Age 19 –65; prior to Medicare Adult Immunizations	100% One per calendar year	Covered only through In-Network Providers
Routine Screenings and Examinations:		
Breast Cancer (Mammography) 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
Cervical Cancer Screening (Pap Smears)	100% One per calendar year	100% of U&C after \$25 co-payment; one per calendar year; includes exam, pap smear, lab & diagnostic services (1)
Routine Gynecological Examinations	100% (2 per calendar year) (1); includes HPV immunization for 11 through 26 years old	100% of U&C after \$25 co-payment (2 per calendar year) (1); includes HPV immunization for 11 through 26 years old.
Contraception Services, Implant Devices, etc.	100%	80% of U&C charges after \$25 co-pay & calendar year deductible.
Breast feeding consultation	100% One per pregnancy	100% of U&C charges after \$25 co-payment
Breast pump equipment & supplies	100% of Plan's U&C One per pregnancy and initial supplies only	100% of Plan's U&C One per pregnancy and initial supplies only
Adult Well Care Benefits: Available to retirees and spouses with Primary (pays first) Medicare coverage.		
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
WELLNESS BENEFITS Cont'd:		
Osteoporosis-Bone Mineral Density Measurement & Testing (Requirements exist for coverage-See Plan Doc)	100%	\$25 co-payment; 80% of U&C after deductible-one per CY
Prostate Cancer (PSA Testing) Age 50+ or 40+ with family history	100% as part of Routine Physical Exam (RPE) – one per calendar year (1)	None
Colon Cancer (Colonscopy) Age 50+; younger if due to family history (See Plan Doc)	One every 60 months (1)	None
Child Well Care Benefits: Routine Physical Exams (PEs) include eligible immunizations.		
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)
PRESCRIPTION DRUG BENEFITS administered by EnvisionRx Options for pre-Medicare members, call 1-800-361-4542; or for Medicare Primary members, call 1-844-293-4760.		
Prescription Step Therapy Management Applies.		
Mail Order administered by Envision Pharmacies (1-866-909-5170).		
Specialty pharmacy administered by Envision Specialty (1-877-437-9012).		
Enrollee Co-pays:		
Retail (30 day supply)	\$5 generic, \$25 preferred brand, \$50 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, \$37.50 preferred brand, \$75 non-preferred brand	Not covered
Rx Out-of-Pocket Maximum per Calendar Year		
Prescription OOP Max **	Individual: \$2,400 Family: \$4,800	Individual: \$2,400 Family: \$4,800

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