BENEFITS-AT-A-GLANCE

Effective: January 1, 2017

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, 2nd 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.** ***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.* ***Deductible and co-insurance apply. MEDICAL PLAN CO-PAYS DO NOT. Medicare prescription co-payments were changed to the 7/1/2016 amounts on Page 5.***

SERVICE CATEGORY	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Pre-Medicare Primary (PMP) Calendar Year (CY) Deductible (Ded.)	None	$1,000 Individual/$3,000 Family
PMP Co-Insurance	None	20% (after co-pay and CY deductible) of Usual & Customary (U&C) allowance
PMP 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)
PMP Out-of-pocket maximum (OOP) Combined **	Individual: $7,150** Family: $14,300**	Individual: $7,150** Family: $14,300**
PMP Medical Plan OOP Max**	Individual: $4,650** Family : $9,300**	Individual: $4,650** Family : $9,300**
PMP Prescription OOP Max**	Individual: $2,500** Family : $5,000**	Individual: $2,500** Family : $5,000**
Medicare Primary Calendar Year (CY) Deductible (Ded.)	No PPO access See Out-of-Network	$300 Individual/$800 Family
Medicare Primary OOP	No PPO access	$1,000 Individual/$1,800 Family
Lifetime medical benefit maximum	Unlimited*	Unlimited*
HOSPITAL BASIC BENEFITS*		
Hospital Inpatient	100% up to 365 days max*	100% U&C,$500 ded for each pre-cert admission; up to 365 days max*
Hospital ER	100% after $70 co-pay	100% of U&C after $90 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, Chemo-therapy & radiation therapy	100% (no co-pay)	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)	100% after $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**	100% after $25 co-pay (1)	80% of U&C charges; after $25 co-pay (1); after CY deductible
Maternity Physician Services Hospital Services* Nursery Care (Well Baby)	 $25 co-pay 100%* 100%	 80% of U&C charges after $25 co-pay (1) & calendar year deductible 100% U &C, $500 deductible per admission* 100% U &C, $500 deductible per admission*
Physical Therapy	100% after $25 co-pay per schedule*	1-15th visit: 80% of MPN rate + $25 co-pay 16th + visit: 50% of MPN rate + $25 co-pay
Chiropractic Benefit	100% after $25 co-pay*	1-15th visit: 80% of MPN rate + $25 co-pay 16th + visit:50% of MPN rate + $25 copay
Home Infusion, IV Therapy; **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
Speech Therapy	$25 co-payment 80% after OON Plan deductible.	$25 co-payment 80% after OON Plan deductible.
Mental Health Inpatient	100% up to 100 days/CY*	Pre-certified - 50% U&C allowable charges, $500 deductible, 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
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 **Plus Shingles over 60**	100%	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 (Colonoscopy) 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 Age 2 through 5 yrs old Age 6 through 18 yrs old Age 19 through 25	100%; 100% 100% *(Visitation schedule established by American Academy of Pediatrics as adopted by NYSID.)* 100%; one per calendar year	100% of U&C 100% of U&C 100% of U&C *(Visitation schedule established by American Academy of Pediatrics as adopted by NYSID.)* 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).**		
Pre-Medicare Primary (PMP) & Medicare Primary Co-pays: Retail (30 day supply) Mail-Order (90 day supply)	 $5 generic, $25 preferred brand, $50 non-preferred brand $7.50 generic, $37.50 preferred brand, $75 non-preferred brand	 Reimbursed to the amount the Plan would have paid had the Rx been from an in-network pharmacy Not covered
Rx Out-of-Pocket Maximum per Calendar Year		
Prescription OOP Max **	Individual: $2,500 Family: $5,000	Individual: $2,500 Family: $5,000

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*** OOP maximum changes annually.*

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