# BENEFITS-AT-A-GLANCE
# Effective: July 1, 2017 – December 31, 2017

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|---|---|
| **Plan Name:** | **Orange Ulster School Districts Health Plan Type of Plan: Indemnity with PPO Benefit; No Referral Required**<br>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**<br>File all claims with the Blue Cross/Blue Shield Plan in the state where services are rendered. |
| **Pre-Certification Or Notice Requirements** | **In-Patient Hospital, 2nd Surgical Opinion, Genetic Testing and Infertility Treatment with pre-notice for CAT/MRI/PET/MRA imaging.**<br>Contact **HealthCare Strategies** (800) 764-3433<br>Physical Medicine (PT, OT & Chiro)<br>Contact **OptumHealth** *(formerly MPN/ACN)* ***(888) 471-0117***<br>Behavioral Health-Inpatient & Outpatient:<br>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:** | **(845) 781-4890** |
| **Exec. Director:** | **Mr. Ike Lovelass** |
| **Claims & Eligibility:** | **INDECS Corporation**<br>**(888) 4-INDECS (446-3327)** |
| **Plan Document (Online):** | **www.indecscorp.com or www.ouhealth.org**<br>**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, Medicare EOB.**<br>***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 Customary (U&C) 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.*<br>***Deductible and co-insurance apply. MEDICAL PLAN CO-PAYS DO NOT.*** |

| 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 **<br>Family: $14,300 ** | Individual: $7,150 **<br>Family: $14,300 ** |
| PMP Medical Plan OOP Max ** | Individual: $4,650 **<br>Family: $9,300 ** | Individual: $4,650 **<br>Family: $9,300 ** |
| PMP Prescription OOP Max ** | Individual: $2,500 **<br>Family: $5,000 ** | Individual: $2,500 **<br>Family: $5,000 ** |
| Medicare Primary Calendar Year (CY) Deductible (Ded.) | No PPO access<br>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, after $100 co-pay per admission * | 100% U&C, $500 deductible for each admission; up to 365 days max* |
| Hospital ER | 100% after $100 co-pay | 100% of U&C after $120 co-pay |
| Hospital Outpatient Surgery * | 100% after $50 co-pay * | 100% of U&C after $85 co-pay |
| Pre-admission testing * | 100% | 100% |
| Lab/Pathology/Radiology<br>Other (incl. PT, OT & ST *) | 100% after $50 co-pay | 100% of U&C after $85 |
| Rehab hospital | 100% up to 100 days max * | 100% up to 100 days max * |
| Hemodialysis, chemotherapy & radiation therapy | 100% (no co-pay) | 100% of U&C (no co-pay) |
| Home Health Care & SNF | 100% up to 180 visits/days per CY* | 100% U&C up to 180 visits/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 2017 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, radiologist, or similar service providers incur an additional **$50/$85 (hospital) or $25 (non-hospital)** co-payment per service, **except for Quest Laboratories**.*

*(2) Notification required.*

| 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 |
| Urgent Care Facility | 100% after $35 co-pay | 80% of U&C charges; after $35 co-pay; after CY deductible |
| Empire Live Health Online (Telemed 24/7 by computer, tablet or smart phone – in lieu of medical office visit, ER or Urgent Care Facility | 100% after $10 co-pay | N/A |
| Laboratory other than Quest | 100% after $25 co-pay (1) | 80% of U&C charges after $25 co-pay (1); after CY deductible |
| Quest Laboratory | 100% after $5 co-pay | N/A |
| Independent radiology (not hospital), X-ray, MRI, CAT scan, PET scan | $25 co-pay | 80% of U&C charges; after $25 co-pay (1); after CY deductible |
| Advanced imaging at US Imaging PPO Network (USI) requires notice to HCS (2) | 100%; no co-pay | N/A |
| Physician Inpatient Care, Surgery, Anesthesia | 100% after $25 co-pay (1) | 80% of U&C charges; after $25 co-pay (1); after CY deductible |
| Maternity<br>Physician Services<br>Hospital Services * | <br>$25 co-pay<br>100% * | <br>80% of U&C charges after $25 co-pay (1) & CY deductible |
| Hospital Nursery Care (Well-Baby) | 100% | 100% U&C, $500 deductible per admission * |
| Physical Therapy | OptumHealth (OH) PPO 100% after $25 co-pay per schedule * | 1-15th visit: 80% of OH rate + $25 co-pay<br>16th+ visit: 50% of OH rate + $25 co-pay |
| Chiropractic Benefit | OptumHealth (OH) PPO 100% after $25 co-pay | 1-15th visit: 80% of OH rate + $25 co-pay<br>16th+ visit: 50% of OH rate + $25 co-pay |
| Home Infusion, IV Therapy; Durable Med Equip (Rental up to purchase price)<br>Wigs following chemotherapy | 80% after OON Plan deductible<br><br>80% after deductible up to $800 | 80% of U&C after deductible<br><br>80% after deductible up to $800 |
| Speech Therapy (non-hospital) | $25 co-payment<br>80% after CY Plan deductible | $25 co-payment<br>80% after OON Plan deductible |
| Mental Health<br>Inpatient<br><br><br>Outpatient | <br>Quantum Health PPO;100% up to 100 days/CY *<br><br>Quantum Health PPO; $25 co-pay up to 100 visits/CY * | <br>Pre-certified – 50% U&C allowable charges, $500 deductible, 30 day maximum *<br><br>50% of U&C after $25 co-pay up to 30 visits per CY, 60 visits per lifetime * |
| Substance Abuse<br>Inpatient | Quantum Health PPO 100%; up to 4 weeks per confinement; 6 weeks per CY * | 50% of U&C charges; after $500 ded. per admission; up to 4 weeks per confinement; 6 weeks per CY * |
| Outpatient | Quantum Health PPO 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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| **WELLNESS BENEFITS: Preventive Care** | | |
| **MEDICAL BENEFITS** | | **All after CY deductible** |
| Adult Well Care Benefits: Available to ACTIVE employees (includes pre-Medicare retirees) and their dependent spouses only. | | |
| Age 19-65; prior to Medicare<br>Adult Immunizations plus Shingles over 60 | 100% | Covered only through In-Network Providers |
| Routine Screenings and Examinations: | | |
| Breast Cancer (Mammography)<br>Age 35-39 | 100% for one baseline mammography | 100% of U&C for one baseline mammography |
| Age 40 and older | 100% for one per cal year | 100% of U&C for one per cal year |
| High Risk – any age upon medical proof | 100% for one per cal year | 100% for one per cal year |
| Cervical Cancer Screening<br>(Pap Smears) | 100% (1)<br>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 cal year) (1); includes HPV immunization for 11 through 26 years old | 100% of U&C after $25 co-payment (2 per cal year) (1); incl HPV immunization for 11 thru 26 yrs old |
| Contraception Services, Implant Devices, Inc. | 100% | 80% of U&C charges after $25 co-pay and calendar year deductible |
| Breast feeding consultation | 100%<br>One per pregnancy | 100% of U&C charges after $25 co-payment |
| Breast pump equipment and 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. |
| Osteoporosis-Bone Mineral Density Measurement & Testing<br>(Requirements exist for coverage-see Plan Document) | 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 Document) | One every 60 months (1) | None |
| **Child Well Care Benefits: Routine Physical Exam (PE) include eligible immunizations.** | | |
| Age 0 to 2 years old | 100% | 100% of U&C |
| Age 2 through 5 years old | 100% | 100% of U&C |
| Age 6 through 18 years old | 100% (Visitation schedule established by American Academy of Pediatrics as adopted by NYSID.) | 100% (Visitation schedule established by American Academy of Pediatrics as adopted by NYSID.) |
| Age 19 through 25 | 100%; one per calendar year | None (In-Network only) |

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| **PRESCRIPTION DRUG BENEFITS** | | |
| PRESCRIPTION DRUG BENEFITS administered by CVS Caremark Customer Service for pre-Medicare members, call (844-345-2792).<br><br>MAIL-ORDER DRUGS administered by CVS Caremark, call (844-345-2792).<br><br>Medicare Primary members remain with the EnvisionRx Options (Part D plus OU supplemental coverage) until January 1, 2018. Call EnvisionRx at (844) 293-4760. | | |
| Active members & Pre-Medicare Primary (PMP) Retirees' Co-Pays | $5 generic,<br>$35 preferred brand,<br>$60 non-preferred brand | Mail-in claim form for reimbursement up to the amount the Plan would have paid had the Rx been from an in-network pharmacy. |
| Retail (90 day supply) at CVS Pharmacies only. | $10 generic,<br>$70 preferred brand,<br>$120 non-preferred brand | Not covered |
| Mail-Order (90 day supply) | $10 generic,<br>$70 preferred brand,<br>$120 non-preferred brand | Not covered |
| Mandatory mail-order for maintenance medications (or at CVS-90 days retail stores)<br>**Note**:<br>Mandatory generics: Must fill your Rx with generics when available or your cost will be the applicable co-pay PLUS the difference in the cost of the brand minus the cost of the generic.<br>Over-the-Counter (OTC) medication must be purchased at Members' cost when a prescription drug is available as an OTC medication. | | |
| **Rx Out-of-Pocket Maximum per Calendar Year (Actives and Pre-Medicare Prime Retirees)** | | |
| Prescription OOP Max ** | Individual: $2,500<br>Family: $5,000 | Individual: $2,500<br>Family: $5,000 |
| Medicare Primary Members remain with Part D and Envision supplemental through 12/31/17. Transfer to CVS, as of 1/1/2018. Rx benefits remain the same until December 31, 2017. | 30 day retail co-pays:<br>$5 generic,<br>$25 preferred brand,<br>$50 non-preferred brand<br><br>90 mail-order co-pays:<br>$7.50 generic,<br>$37.50 preferred brand,<br>$75 non-preferred brand | <br>N/A<br>N/A<br>N/A<br><br><br>N/A<br>N/A<br>N/A |

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