



## BENEFITS-AT-A-GLANCE

### Effective: January 1, 2018

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| <b>Plan Name:</b>                      | <b>Orange Ulster School Districts Health Plan</b> Type of Plan:<br><b>Indemnity with PPO Benefit; No Referral Required</b><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.  |
| <b>PPO Network:</b>                    | <b>Blue Cross/Blue Shield Association's BlueCard® PPO Program</b><br>File all claims with the Blue Cross/Blue Shield Plan in the state where services are rendered.<br><b>Empire Live Health Online (LHO):</b> <a href="http://www.livehealthonline.com">www.livehealthonline.com</a> ;<br><a href="mailto:customersupport@livehealthonline.com">customersupport@livehealthonline.com</a> ; (855) 603-7985   |
| <b>Pre-Certification</b>               | <b>In-Patient Hospital, 2<sup>nd</sup> Surgical Opinion, Genetic Testing and Infertility</b>   |
| <b>Or Notice Requirements</b>          | <b>Treatment with pre-notice for CAT/MRI/PET/MRA imaging.</b><br>Contact <b>HealthCare Strategies</b> (800) 764-3433<br>Physical Medicine (PT, OT & Chiro)<br>Contact <b>OptumHealth</b> ( <i>formerly MPN/ACN</i> ) (888) 471-0117<br>Behavioral Health-Inpatient & Outpatient:<br>Contact <b>Quantum Health Solutions</b> (888) 214-4001   |
| <b>Pre-Determination Requirements:</b> | Questionable Services, fax Clinical Information to <b>201-460-3205</b> ,<br><b>Attn: Pre-Determination Department.</b>   |
| <b>Plan Office:</b>                    | (845) 781-4890   |
| <b>Exec. Director:</b>                 | <b>Mr. John Staiger</b> ( <i>Interim Plan Administrator</i> )  |
| <b>Claims &amp; Eligibility:</b>       | <b>INDECS Corporation</b><br>(888) 4-INDECS (446-3327)   |
| <b>Plan Document (Online):</b>         | <a href="http://www.indecscorp.com">www.indecscorp.com</a> or <a href="http://www.ouhealth.org">www.ouhealth.org</a><br><b>Click on: INDECS Connection, then select either Member or Provider Login. At this point, you must have a password or register for one.</b>  |
| <b>COB:</b>                            | This Plan contains a Coordination of Benefit provision which complies with the State of New York COB regulations.  |
| <b>Medicare Primary:</b>               | 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><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 Customary (U&amp;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. Deductible and co-insurance apply. MEDICAL PLAN CO-PAYS DO NOT.</i> |

| 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  |
| <b>HOSPITAL BASIC BENEFITS *</b>                                |   |  |
| 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 Other (incl. PT, OT & ST *)             | 100% after \$50 co-pay  | 100% of U&C after \$85   |
| Rehab hospital  | 100% up to 100 days max, after \$100 co-pay per admission *               | 100% up to 100 days max *  |
| Hemodialysis, chemotherapy & radiation therapy                  | 100% (no co-pay)  | 100% of U&C (no co-pay)  |
| Home Health Care  | 100% up to 180 visits/days per CY*  | 100% U&C up to 180 visits/days per CY*   |
| SNF   | \$100 co-pay per admission<br>180 visits/days per CY*                     | 100% U&C up to 180 visits/days per CY* after \$500.00 deductible for each admission. |
| 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   |
|--|---|--|
| <b>MEDICAL BENEFITS</b>  |   |  |
|  |   | <b>All after CY deductible</b>   |
| 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 \$45 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 *   | \$25 co-pay<br>100% *   | 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 *                  | 1-15 <sup>th</sup> visit: 80% of OH rate + \$25 co-pay<br>16 <sup>th</sup> + visit: 50% of OH rate + \$25 co-pay |
| Chiropractic Benefit   | OptumHealth (OH) PPO 100% after \$25 co-pay                                 | 1-15 <sup>th</sup> visit: 80% of OH rate + \$25 co-pay<br>16 <sup>th</sup> + 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>80% after deductible up to \$800           | 80% of U&C after deductible<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   | Quantum Health PPO; 100% up to 100 days/CY *<br>\$100 co-pay per admission; | Pre-certified – 50% U&C allowable charges, \$500 deductible, 30 day maximum *                                    |
| Outpatient<br><br>Calendar Year Maximum Combined Counts (Network & Out-of-Network)<br><br>Lifetime Outpatient Mental Health Maximum Combined Counts (Network & Out-of-Network) | Quantum Health PPO; \$25 co-pay up to 100 visits/CY *                       | 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 *   |

| SERVICE CATEGORY   | IN-NETWORK PROVIDERS   | OUT-OF-NETWORK PROVIDERS  |
|--|--|---|
| <b>WELLNESS BENEFITS: Preventive Care</b>  |  |   |
| <b>MEDICAL BENEFITS</b>  |  | <b>All after CY deductible</b>  |
| 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<br>over 60   | 100%   | Covered only through In-Network<br>Providers  |
| Routine Screenings and Examinations:   |  |   |
| Breast Cancer (Mammography)<br>Age 35-39   | 100% for one baseline<br>mammography   | 100% of U&C for one baseline<br>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<br>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-<br>payment; one per calendar year:<br>includes exam, Pap Smear, lab &<br>diagnostic services (1) |
| Routine Gynecological Examinations   | 100% (2 per cal year) (1);<br>includes HPV immunization for<br>11 through 26 years old                 | 100% of U&C after \$25 co-payment<br>(2 per cal year) (1); incl HPV<br>immunization for 11 thru 26 yrs old                  |
| Contraception Services, Implant<br>Devices, Inc.   | 100%   | 80% of U&C charges after \$25 co-<br>pay and calendar year deductible   |
| Breast feeding consultation  | 100%<br>One per pregnancy  | 100% of U&C charges after \$25<br>co-payment  |
| Breast pump equipment and supplies   | 100% of Plan's U&C; one per<br>pregnancy and initial supplies<br>only                                  | 100% of Plan's U&C; one per<br>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<br>annual visit, plus eligible<br>immunizations.   |
| Osteoporosis-Bone Mineral Density<br>Measurement & Testing<br>(Requirements exist for coverage-see<br>Plan Document)       | 100%   | \$25 co-payment; 80% of U&C after<br>deductible; one per CY   |
| Prostate Cancer (PSA Testing) Age<br>50+ or 40+ with family history  | 100% as part of Routine<br>Physical Exam (RPE); one per<br>calendar year (1)                           | None  |
| Colon Cancer (Colonoscopy) Age<br>50+; younger if due to family history<br>(See Plan Document)                             | One every 60 months (1)  | None  |
| <b>Child Well Care Benefits: Routine Physical Exam (PE) include eligible immunizations.</b>                                |  |   |
| 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<br>established by American<br>Academy of Pediatrics as<br>adopted by NYSID.) | 100% (Visitation schedule<br>established by American Academy<br>of Pediatrics as adopted by NYSID.)                         |
| Age 19 through 25  | 100%; one per calendar year  | None (In-Network only)  |

| SERVICE CATEGORY  | IN-NETWORK PROVIDERS   | OUT-OF-NETWORK PROVIDERS  |
|---|--|---|
| <b>PRESCRIPTION DRUG BENEFITS</b>   |  |   |
| PRESCRIPTION DRUG BENEFITS administered by CVS Caremark Customer Service for pre-Medicare members, call (844-345-2792).   |  |   |
| MAIL-ORDER DRUGS administered by CVS Caremark, call (844-345-2792).   |  |   |
| SPECIALTY PHARMACY administered by CVS Caremark, call (800-237-2767)  |  |   |
| January 1, 2018 Medicare Primary members Part D coverage administered by CVS/Caremark Silver Scripts (Medicare Part D with OU Health Wrap), call 1-844-345-4579.  |  |   |
| 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. |
| Specialty Drugs   | \$35 preferred brand<br>\$60 non-preferred brand   | Not covered   |
| 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><b>Note:</b><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. |  |   |
| <b>Rx Out-of-Pocket Maximum per Calendar Year (Actives and Pre-Medicare Prime Retirees)</b>   |  |   |
| Prescription OOP Max **   | Individual: \$2,500<br>Family: \$5,000   | Individual: \$2,500<br>Family: \$5,000  |
| Medicare Primary Members Part D coverage with the OU Wrap are administered by CVS/Caremark Part D Services, LLC through the Silver Script program.  | <u>30 day retail co-pays:</u><br>\$5 generic,<br>\$25 preferred brand,<br>\$50 non-preferred brand<br><br><u>90 mail-order co-pays:</u><br>\$7.50 generic,<br>\$37.50 preferred brand,<br>\$75 non-preferred brand | N/A<br>N/A<br>N/A<br><br>N/A<br>N/A<br>N/A  |

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