



## BENEFITS-AT-A-GLANCE

### Effective: January 1, 2020

<b>Plan Name:</b>	<b>Orange Ulster School Districts Health Plan</b> <b>Type of Plan:</b> <b>Indemnity with PPO Benefit; No Referral Required</b> 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> File all claims with the Blue Cross/Blue Shield Plan in the state where services are rendered. <b>Empire Live Health Online (LHO): <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>;</b> <b><a href="mailto:customersupport@livehealthonline.com">customersupport@livehealthonline.com</a>; (855) 603-7985</b>
<b>Pre-Certification Notice Requirements</b>	<b>In-Patient Hospital, 2<sup>nd</sup> Surgical Opinion, Genetic Testing, Home or Health Care, Air Ambulance and Infertility Treatments.</b> <b>Treatment with pre-notice for CAT/MRI/PET/MRA imaging.</b> Contact <b>HealthCare Strategies</b> (800) 764-3433 Physical Medicine (PT, OT & Chiro) Contact <b>OptumHealth</b> ( <i>formerly MPN/ACN</i> ) (888) 471-0117 Behavioral Health-Inpatient & Outpatient: Contact <b>Quantum Health Solutions</b> (888) 214-4001
<b>Pre-Determination Requests:</b>	Questionable Services, fax Clinical Information to <b>201-460-3205</b> , <b>Attn: Pre-Determination Department.</b>
<b>Plan Office:</b>	<b>(845) 781-4890</b>
<b>Exec. Director:</b>	<b>Mr. Matthew Bourgeois</b> ( <i>Plan Administrator</i> )
<b>Claims &amp; Eligibility:</b>	<b>INDECS Corporation</b> <b>(888) 4-INDECS (446-3327)</b>
<b>Plan Document (Online):</b>	<b><a href="http://www.indecscorp.com">www.indecscorp.com</a> or <a href="http://www.ouhealth.org">www.ouhealth.org</a> (<i>No registration required.</i>) <b>For INDECS, 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>
<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>	<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.</b> <b><i>Medicare secondary benefits are "out-of-network provider" benefits, as there is no PPO. Please be sure your provider participates with Medicare.</i></b>
<b>Out-of-Network Claims</b>	<i>The Plan deductible and co-insurance apply with Medicare primary benefits being "carved-out" from the Out-of-Network Plan benefits. If you are treated by a physician or provider of service who does not participate in the Plan's PPOs or 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. MultiPlan and affiliated companies may reprice out-of-network claims. <b>For non-Medicare Primary Members, the OON Plan's Deductible and co-insurance apply.</b></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 ** 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
<b>HOSPITAL BASIC BENEFITS *</b>		
Hospital Inpatient	100% up to 365 days max, after \$100 co-pay per admission *	100% U&C, \$500 co-pay 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 * \$500 co-pay for each admission
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 180 visits/days per CY*	100% U&C up to 180 visits/days per CY* after \$500.00 co-pay for each admission.
Hospice & Birthing Centers	100%	100% U&C *
Land Ambulance & Air Ambulance*	100% after \$70 co-pay	100% up to U&C after \$70 co-pay

\*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 Physician Services Hospital Services *	\$25 co-pay 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 *
Infertility (1): Testing; In Vitro Fertilization (IVF); GIFT; ZIFT; AI and IUI	100% after \$25 co-pay (1) per service Maximum Lifetime Benefit (incl Specialty Drugs): 3 IVF cycles	80% of U&C charges after \$25 co-pay per service (1) & calendar year deductible Maximum Lifetime Benefit (incl Specialty Drugs): 3 IVF cycles
Infertility (2) Center of Excellence (COE)-Diamond Inst (973) 761-5600: Testing; In Vitro Fertilization (IVF); GIFT; ZIFT; AI and IUI	100% - No Deductible; No Co-Pay; 100% Plan paid Maximum Lifetime Benefit (incl Specialty Drugs): 3 IVF cycles	N/A
Infertility (3): AI/IUI	100% after \$25 co-pay	80% of U&C charges after \$25 co-pay & calendar year deductible
Infertility (4) Specialty Drugs via Preferred Pharmacy-Schrafts II (855) 724-7238: AI; IUI; IVF; GIFT & ZIFT (All other pharmacies see Prescription Drug Benefit Section for other pharmacies)	No Deductible; No Co-Pay	N/A
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 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 16 <sup>th</sup> + visit: 50% of OH rate + \$25 co-pay
Home Infusion, IV Therapy; Durable Med Equip (Rental up to purchase price) Wigs following chemotherapy	80% after OON Plan deductible 80% after deductible up to \$800	80% of U&C after deductible 80% after deductible up to \$800
Speech Therapy (non-hospital)	\$25 co-payment 80% after CY Plan deductible	\$25 co-payment 80% after OON Plan deductible

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>
Mental Health Inpatient	Quantum Health PPO; 100% up to 100 days/CY * \$100 co-pay per admission	Pre-certified – 50% U&C allowable charges, \$500 co-pay, 30 day maximum *
Outpatient  Calendar Year Maximum Combined Counts (Network & Out-of-Network)  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 Inpatient	Quantum Health PPO 100%; up to 4 weeks per confinement; 6 weeks per CY *	50% of U&C charges; after \$500 co-pay. 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 *
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	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 (Pap Smears)	100% (1) 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% 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
<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.

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>
Osteoporosis-Bone Mineral Density Measurement & Testing (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
<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 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)
<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, \$35 preferred brand, \$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 \$60 non-preferred brand	Not covered
Retail (90 day supply) at CVS Pharmacies only.	\$10 generic, \$70 preferred brand, \$120 non-preferred brand	Not covered
Mail-Order (90 day supply)	\$10 generic, \$70 preferred brand, \$120 non-preferred brand	Not covered
Mandatory mail-order for maintenance medications (or at CVS-90 days retail stores). <b>Note:</b> 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. Over-the-Counter (OTC) medication must be purchased at Members' cost when a prescription drug is available as an OTC medication.		
SERVICE CATEGORY	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS

**PRESCRIPTION DRUG BENEFITS**

**Rx Out-of-Pocket Maximum per Calendar Year (Actives and Pre-Medicare Prime Retirees)**

Prescription OOP Max **	Individual: \$2,500 Family: \$5,000	Individual: \$2,500 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> \$5 generic, \$35 preferred brand, \$60 non-preferred brand  <u>Specialty drug co-pays:</u> \$35 preferred brand, \$60 non-preferred brand  <u>90 mail-order co-pays:</u> \$10 generic, \$70 preferred brand, \$120 non-preferred brand	N/A N/A N/A  N/A N/A  N/A N/A N/A

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