

December 2020

BENEFIT ENHANCEMENTS

EFFECTIVE JANUARY 1, 2021



With 2021 around the corner, the Orange Ulster School Districts Health Plan is excited to announce several Plan benefit improvements for our members for the new year.

Durable Medical Equipment (DME)

The \$1,000 deductible for in-network DME items has been eliminated. Members will pay the lesser of a \$25 copay, or the in-network price from the provider, per item. DME items with an in-network cost greater than \$500 will require a \$25 copay and prior approval by Health Care Strategies, the OU Health Plan's pre-certification vendor, to confirm medical necessity. Please note that the \$1,000 deductible will continue to apply to out-of-network DME.

(This change does not impact Medicare primary members as they continue to have access to DME through Medicare participating providers)

Emergency Ambulance Service

The cost for an out-of-network ambulance will require a \$70 member co-pay, the same as an in-network ambulance.

This eliminates balance billing to the member from the out-of-network ambulance provider. Any member balance billed for ambulance services should contact INDECS for customer service to address with the provider.



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Hospital "In-Patient" Stays



The \$25 co-payments assessed when a doctor visits you in your room during your stay have been eliminated.

(This change does not impact Medicare primary members as they continue to have Medicare Part A and B for hospitalization and medical coverage)

COVID-19 Testing REMINDER



Members will not incur any costs or copays for COVID-19-related telemed visits or COVID-19 testing. **The Plan will cover COVID-19 telemed visits and COVID-19 testing at 100%.**

Medicare primary members should follow Medicare guidelines for COVID-19 testing.

BENEFIT ENHANCEMENTS

Effective January 1, 2021

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Mental Health Benefits

The following improvements have been made for members that utilize an out-of-network (OON) mental health provider:

- Reduced OON deductible for mental health provider office visit services from \$1,000 to \$500 per calendar year.
- Increased Plan coverage to pay 80% of usual and customary to OON mental health provider after \$500 deductible is met. The member is responsible for the remaining 20% plus any costs charged by the provider above usual and customary rate. (Plan previously paid 50% of usual and customary and the member paid the remaining 50% plus any amount over the usual and customary rate.)
- Increased maximum visits for OON mental health provider to 60 office visits per calendar year. (Plan previously provided 30 office visits per calendar year.)
- Eliminated lifetime maximum of 60 OON office visits. Members can now see an OON mental health provider up to 60 office visits per calendar year. (This change applies to Medicare primary members in that the lifetime maximum number of visits has been removed.)

Use in-network providers to maximize benefits:

- Up to 100 in-network provider visits are allowed per calendar year requiring a \$25 copay per visit without coinsurance costs for members.
- Members can call Quantum Health at (888-214-4001) for assistance finding an in-network mental health provider.

Substance Abuse Services

The following improvements have been made for members that utilize an out-of-network (OON) substance abuse service provider:

- Reduced OON deductible for substance abuse provider office visit services from \$1,000 to \$500 per calendar year.
- Increased Plan coverage to pay 80% of usual and customary to OON substance abuse service provider for office visits after \$500 deductible is met. The member is responsible for the remaining 20% plus any costs charged by the provider above usual and customary rate. (Plan previously paid 50% of usual and customary with the member responsible for the remaining 50%.)

Use in-network providers to maximize benefits:

- Up to 100 in-network provider visits are allowed per calendar year requiring a \$25 copay per visit without coinsurance costs for members.
- Members can call Quantum Health at (888-214-4001) for assistance finding an in-network substance abuse service provider.

Notes Applicable to Mental Health and Substance Abuse visits:

If a member requires BOTH mental health and substance abuse services from an out-of-network provider(s), only (1) \$500 deductible must be met.

A \$25 copay per office visit is required for an in-network or out-of-network provider.

Should you have questions regarding the changes please contact INDECS at (888) 446-3327 or the OU Health Plan at (845) 781-4890.

2021
Happy New Year

2020 was filled with unprecedented challenges and developments.

We offer our very best wishes and support to you and your families for a healthy and happy new year!