



BENEFITS-AT-A-GLANCE

Effective: January 1, 2021

This document is a “Summary” only. Actual benefit provisions can only be provided as called for in the Plan Document, as Amended.

| | |
|--|--|
| 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. Empire Live Health Online (LHO): www.livehealthonline.com ; customersupport@livehealthonline.com ; (855) 603-7985 |
| Pre-Certification Notice Requirements | In-Patient Hospital, 2nd Surgical Opinion, Genetic Testing, Home Health Care, Infertility Treatments and Durable Medical Equipment or Services over \$500 for initial service. Treatment with pre-notice for CAT/MRI/PET/MRA imaging. Contact HealthCare Strategies (800) 764-3433 Physical Medicine (PT, OT & Chiro) Contact OptumHealth (formerly MPN/ACN) (888) 471-0117 Behavioral Health-Inpatient & Outpatient: Contact Quantum Health Solutions (888) 214-4001 |
| Pre-Determination Requests: | Questionable Services, fax Clinical Information to 201-460-3205 , Attn: Pre-Determination Department. |
| Plan Office: | (845) 781-4890 |
| Exec. Director: | Mr. Matthew Bourgeois (Plan Administrator) |
| Claims & Eligibility: | INDECS Corporation (888) 4-INDECS (446-3327) |
| Plan Document (Online): | www.indecscorp.com or www.ouhealth.org (No registration required.) 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. See Amendment 2 to 2019 Plan Document. |
| 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. <i>Medicare secondary benefits are “out-of-network provider” benefits, as there is no PPO. Please be sure your provider participates with Medicare.</i> |
| Out-of-Network Claims | <i>The Plan deductible and co-insurance apply with Medicare primary benefits being “carved-out” from the Out-of-Network Plan benefits, and per service or visit co-pays do not apply.. 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&C) amount with any costs above that being the patient’s responsibility. Anthem, MultiPlan, and its affiliated companies may reprice out-of-network claims. For non-Medicare Primary Members, the OON Plan’s Deductible, co-payments and co-insurance apply.</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 |
| Outpatient Mental Health & Substance Abuse | None | Combined \$500; all per CY |
| 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, 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,* after \$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* |
| Skilled Nursing Facility | \$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 may change annually per the Affordable Care Act (ACA) OOP published allowances.

(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 \$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 Surgery, Assistance Surgery, Anesthesia, etc. | 100% after \$25 co-pay (1) | 80% of U&C charges; after \$25 co-pay (1); after CY deductible |
| Physician Inpatient Care (Consultations, Hospital Visit, 2 nd Opinion, etc.) | 100%; no co-pay | 80% of U&C No deductible or co-pay per service. |
| Maternity | | |
| Physician Services | \$25 co-pay | 80% of U&C charges after \$25 co-pay (1) & CY deductible |
| Hospital Services * | 100% * | |
| Hospital Nursery Care (Well-Baby) | 100% | 100% U&C, \$500 co-pay 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 (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 th visit: 80% of OH rate + \$25 co-pay 16 th + visit: 50% of OH rate + \$25 co-pay |
| Chiropractic Benefit | OptumHealth (OH) PPO 100% after \$25 co-pay | 1-15 th visit: 80% of OH rate + \$25 co-pay 16 th + visit: 50% of OH rate + \$25 co-pay |
| Home Infusion, IV Therapy; | 80% after OON Plan deductible | 80% of U&C after deductible |
| Wigs following chemotherapy | Actual cost up to \$800 Lifetime Max | 80% after deductible up to \$800 Lifetime Max |

*May require Pre-Certification to avoid benefit reduction. See Pre-Certification contacts listed on first page.

*OOP maximum may change annually per the Affordable Care Act (ACA) OOP published allowances.

(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 |
|---|---|---|
| Durable Medical Equipment (DME), Supplies or Services (rental up to purchase price). Requires pre-certification for all initial DME which costs in excess of \$500. * | 100%; after \$25 co-pay or actual cost of DME item, whichever is less. | 80% of U&C after CY deductible. |
| Speech Therapy (non-hospital) | \$25 co-payment 80% after CY Plan deductible | \$25 co-payment 80% after OON Plan deductible |
| WELLNESS BENEFITS: Preventive Care | | |
| MEDICAL BENEFITS | | All after CY deductible |
| 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) Combined Mental Health and Substance Abuse Calendar Year Deductible is \$500 for Outpatient Services by Out-of-Network Providers. | Quantum Health PPO; \$25 co-pay up to 100 visits/CY * | 80% of U&C after Combined Deductible up to 60 visits per CY |
| 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 | 80% of U&C charges after Combined Deductible; 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 50 | 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) |

*May require Pre-Certification to avoid benefit reduction. See Pre-Certification contacts listed on first page.

*OOP maximum may change annually per the Affordable Care Act (ACA) OOP published allowances.

(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 |
|---|---|--|
| WELLNESS BENEFITS: Preventive Care (Cont'd) | | |
| MEDICAL BENEFITS | | All after CY deductible |
| 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 |
| 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 (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) | 100% 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 NYS-DFS.) | 100% (Visitation schedule established by American Academy of Pediatrics as adopted by NY-DFS.) |
| Age 19 through 25 | 100%; one per calendar year | None (In-Network only) |

**May require Pre-Certification to avoid benefit reduction. See Pre-Certification contacts listed on first page.*

**OOP maximum may change annually per the Affordable Care Act (ACA) OOP published allowances.*

(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 |
|---|---|---|
| PRESCRIPTION DRUG BENEFITS | | |
| 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) | | |
| 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). Note: 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. | | |
| 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 |

*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.

- (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.