

**Orange Ulster School Districts’ Health Plan**

**Effective 1/1/25**

**The following information applies to Active Employees and Pre-65 Retirees**

**CLAIMS PROCESSOR:** Luminare Health Benefits - 855-656-3261

**ONLINE PORTAL**:

Our secure online portal lets you access your benefits and claims, view your EOBs,

and more. Visit [www.myLuminareHealth.com](http://www.myLuminareHealth.com) to register and log in.

**MOBILE APP**:

Need information about your health benefits while you’re on the go? You can find

a doctor, connect with Luminare Health customer service, access your

ID card, and much more using our mobile app. Download for free today from

Apple’s App Store or Google Play.

**PLAN ADMINISTRATOR:** Matt Bourgeois • Executive Director • (845) 781-4890

**NETWORK:** Anthem (Formerly Blue Cross/Blue Shield)

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**PRECERTIFICATION REQUIREMENTS:**

**HealthCare Strategies** – Call (800) 582-1535 to precertify the following services:

Inpatient Admissions • Air Ambulance • Durable Medical Equipment over $1,500 (exclusive of Hearing Aids, CPAP machines & Insulin Pumps) • Gender Dysphoria/Sex Reassignment Surgeries • Gene Therapy/CAR-T Therapy • Genetic Testing • Home Health Care • Private Duty Nursing • Transplants Infertility Treatment/Assisted Reproduction Procedures • Any Surgeries Considered Cosmetic

 Outpatient Surgery requiring precertification: Abdominoplasty, Bariatric Surgeries, Breast Surgeries, Lipectomy, Nasal Surgeries & Panniculectomy

**Quantum Health Solutions** – Call (888) 214-4001 to precertify the following inpatient Mental Health and Substance Use Disorder services:

 Partial Hospitalization • Intensive Outpatient Treatment • Inpatient Admissions • ABA Therapy

Quantum Health Solutions is able to assist with access to providers and treatment for Mental Health and Substance Use Disorder treatment. Please contact Quantum Health (888) 214-4001

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|  **MEDICAL SCHEDULE OF BENEFITS****Anthem (formerly Blue Cross Blue Shield)**  |
|  | **IN-NETWORK** | **OUT-OF-NETWORK** |
| * Payment for In-Network services is based on provider’s negotiated rate. Provider cannot balance bill charges in excess of negotiated rate.
* Payment for Out-of-Network services is based on Usual, Customary and Reasonable (UCR). Provider can balance bill charges in excess of UCR.
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| **Deductible (Per Calendar Year)** | Individual $0Family $0 | Individual $1,000Family $3,000No member will have more than a $500 calendar year deductible for treatment from an out of network Mental Health/Substance Use Disorder provider.  |
| * In-Network and Out-of-Network Deductibles are combined and cross apply
* Family Accumulation – The Individual Deductible for all family members will accumulate to the family Deductible. One family member cannot satisfy the entire family Deductible.
* Copays do not accumulate toward the Deductible.
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| **Coinsurance** | Plan Pays 100%Member Pays 0%Unless otherwise indicated | Plan Pays 75%Member Pays 25%Unless otherwise indicated |
| **Medical - Out-of-Pocket Maximum (OOPM)** Includes Medical Deductible, Copays and Coinsurance  | Individual $4,650Family $9,300 | Individual $6,200Family $12,400 |
| **Pharmacy (Rx) - Out-of-Pocket Maximum (OOPM)**Includes Prescription Deductible and Copays | Individual $2,500Family $5,000 | Individual $3,000Family $6,000 |
| **Combined (Medical+Rx) Out-of-Pocket Maximum (OOPM)**Includes Deductible, Copays and Coinsurance (Medical and Pharmacy) | Individual $7,150 Family $14,300 | Individual $9,200 Family $18,400 |
| * In-Network and Out-of-Network OOPM are combined and cross apply. Once you have reached your OOPM, the Plan will pay 100% of eligible expenses for services for the remainder of the calendar year.
* Family Accumulation – The Individual OOPM for all family members will accumulate to the family OOPM. One family member cannot satisfy the entire family OOPM.
* Prior authorization penalties and ineligible expenses do not accumulate to the OOPM.
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| **Lifetime Maximum** | Unlimited  |

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| **COVERED SERVICES** | **IN-NETWORK****Plan Pays** | **OUT-OF-NETWORK****Plan Pays** |
| **Acupuncture**50 visits per calendar year | 100% after $25 Copay per visit | 75% of U&C after Deductible and $25 copay |
| **Allergy Services*** Office Visit & Testing
* Injection & Serum
 | 100% after $25 Copay per visit100% | 75% of U&C after Deductible and $25 copay 75% of U&C after Deductible and $25 copay |
| **Ambulance Services**Air & Ground Services | 100% after $70 copay | 100% of U&C after $70 copay |
| **Ambulatory Surgical Facility** | 100% after $50 copay | 75% of U&C after Deductible and $85 copay |
| **Anesthesia** | 100% after $25 Copay per visit | 75% of U&C after Deductible and $25 copay |
| **Autism Spectrum Disorders**Applied Behavioral Analysis (ABA) | 100% after $25 Copay per visit | 75% of U&C after Deductible and $25 copay per service |
| **Bariatric Surgery*** Inpatient

Outpatient | 100% after $100 copay per admission100% after $50 copay  | 75% of U&C after Deductible and $500 copay per admission75% of U&C after Deductible and $85 copay |
| **Breast Pumps**Covered up to $300 for electric and manual pumps and $100 for initial pump supplies | 100% of Plan Allowance (Purchase on your own from anywhere and complete a claim form and attach receipt for reimbursement to Luminare after the baby is born) |
| **Cardiac Rehabilitation (Outpatient)*** Physician
* Outpatient Facility
 | 100% after $25 Copay per visit100% after $50 Copay per visit | 75% of U&C after Deductible and $25 copay 75% of U&C after Deductible and $85 copay |
| **Cardiac Scoring**(Calcium testing) | Not covered | Not covered |
| **Chemotherapy** | 100% | 75% of U&C after Deductible and $85 copay |
| **Chiropractic** | 100% after $25 Copay per visit | 75% of U&C after Deductible and $25 copay  |

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| **COVERED SERVICES** | **IN-NETWORK****Plan Pays** | **OUT-OF-NETWORK****Plan Pays** |
| **Diagnostic, X-ray and Lab (Outpatient)** Outpatient HospitalInpatient HospitalIndependent Lab/Imaging Center/OfficeQuest Diagnostics | 100% after $50 Copay per visit100%100% after $25 Copay per visit100% after $5 Copay per visit | 75% of U&C after Deductible and $85 copay75% of U&C after Deductible75% of U&C after Deductible and $25 copayN/A |
| **Durable Medical Equipment** **Supplies**(includes orthotics) | 100% after $25 Copay per order | 75% of U&C after Deductible and $25 copay per order |
| **Emergency Room**Emergency CareNon-Emergency Care | 100% after $100 copay per visit100% after $100 copay per visit | In-Network benefit applies75% of U&C after Deductible and $125 copay |
| **Hearing Aid and Exam**Hardware limited to one device up to $1,500 per ear every 3 calendar years | 100% of Plan Allowance(Can be purchased from an Anthem provider and submitted to insurance or member can purchase from any other provider such as Costco, Amazon etc., complete a claim form and attach receipt for reimbursement from Luminare.)  |
| **Home Health Care**180 visits per calendar year | 100% | 75% of U&C after Deductible |
| **Home Infusion Services** | 100% | 75% of U&C after Deductible |
| **Hospice Care** | 100% | 100% (deductible waived) |
| **Hospital*** Inpatient
* Outpatient Surgical
 | 100% after $100 copay per admission100% after $50 copay  | 75% of U&C after Deductible and $500 copay per admission75% of U&C after Deductible and $85 copay  |
| **Infertility Treatment/ Assisted Reproduction**Treatment includes office visits, testing, IVF, GIFT, ZIFT, AID AND IUI. Maximum Lifetime Benefit: 3 IVF cycles Infertility Specialty meds | 100% after $25 copay per service  | 75% of U&C after Deductible and $25 copay per service |
| Plan pays 100% for covered Infertility Specialty Medications when obtained from Schrafts II Pharmacy. Schrafts II Pharmacy 855-724-7238 |

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| **COVERED SERVICES** | **IN-NETWORK****Plan Pays** | **OUT-OF-NETWORK****Plan Pays** |
| **Maternity*** Prenatal/Postnatal
* Initial Office Visit
* Delivery
* Inpatient Facility
 | 100%100% after $25 Copay 100% after $25 Copay 100% after $100 copay per admission | 75% of U&C after Deductible and $25 copay 75% of U&C after Deductible and $25 copay 75% of U&C after Deductible 75% of U&C after Deductible and $500 copay per admission |
| **Mental Health*** Office Visit

Virtual VisitABA Therapy\** Inpatient Treatment\*
* Residential Treatment\*
* Partial Day Program\* with Intensive Outpatient Treatment
 | 100% after $25 Copay per visit100%100% after $25 Copay per visit100% after $100 copay per admission100% after $100 copay per admission100% after $100 copay per course of treatment | 75% of U&C after $500 Deductible and $25 copay75% of U&C after $500 Deductible and $25 copay75% of U&C after $500 Deductible and $500 copay per admission75% of U&C after $500 Deductible and $500 copay per admission75% of U&C after $500 Deductible and $500 copay per admission75% of U&C after $500 Deductible and $500 copay per course of treatment |
| **\*Preauthorization is required.****Contact Quantum Health at (888) 214-4001 for mental health, ABA Therapy (behavioral health) and substance use disorder services.**  |
| **Nutritionist/ Nutritional Counseling**(up to 4 visits yr) | 100% after $25 copay  | 75% of U&C after Deductible and $25 copay |
| **Occupational Therapy (Outpatient)**FacilityOffice | 100% after $50 copay $10 Copay per visit | 75% of U&C after Deductible and $85 copay75% of U&C after Deductible and $25 copay |

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| **COVERED SERVICES** | **IN-NETWORK****Plan Pays** | **OUT-OF-NETWORK****Plan Pays** |
| **Physical Therapy (Outpatient)**FacilityOffice | 100% after $50 copay $10 Copay per visit | 75% of U&C after Deductible and $85 copay75% of U&C after Deductible and $25 copay |
| **Physician Office Visits (Non-Routine)** | $25 Copay per visit | 75% of U&C after Deductible and $25 copay |
| **Physician Visits (Inpatient)** | 100% | 75% of U&C after Deductible |
| **Radiation Therapy** Outpatient FacilityOffice | 100%100%  | 75% of U&C after Deductible and $85 copay75% of U&C after Deductible and $25 copay |
| **Routine Health Maintenance:**Ob/Gyn (2x/yr)Routine PhysicalMammogramPap SmearBone DensityColonoscopy(1x every 5yrs)Prostate Screening | 100% | 75% of U&C after Deductible and $25 copay |
| **Skilled Nursing Facility**180 days per calendar year | 100% after $100 copay per admission | 75% of U&C after Deductible and $500 copay per admission |
| **Speech Therapy (Outpatient)**FacilityOffice | 100% after $50 copay100% after $25 copay | 75% of U&C after Deductible and $85 copay75% of U&C after Deductible and $25 copay |
| **Substance Use Disorder*** Office Visit
* Inpatient Treatment\*
* Residential Treatment\*
* Partial Day Program\* with Intensive Outpatient Treatment
 | $25 Copay per visit100% after $100 copay per admission100% after $100 copay per admission100% after $100 copay per course of treatment | 75% of U&C after $500 Deductible and $25 copay75% of U&C after $500 Deductible and $500 copay per admission75% of U&C after $500 Deductible and $500 copay per admission75% of U&C after $500 Deductible and $500 copay per course of treatment |
| **\*Preauthorization is required. Contact Quantum Health at (888) 214-4001 for mental health, behavioral health and substance use disorder services.** |

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| **COVERED SERVICES** | **IN-NETWORK****Plan Pays** | **OUT-OF-NETWORK****Plan Pays** |
| **Surgery** - Physician | 100% after $25 copay | 75% of U&C after Deductible and $25 copay |
| **Telehealth**

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| Virtual Visit with your PCP or Specialist in lieu of an in person office visit.  |

 | 100% | 75% of U&C after Deductible and $25 copay  |
| **Telemedicine**

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| Virtual service provided by Anthem’s Live Health Online (Telemedicine 24/7 by computer, tablet or smart phone ) |

 | 100% | N/A |
| **Transplant*** Outpatient Physician
* Inpatient Facility
* Inpatient Physician
 | 100% after $25 copay 100% after $100 copay per admission100% | 75% of U&C after Deductible and $25 copay 75% of U&C after Deductible and $100 copay per admission75% of U&C after Deductible |
| Centers of Excellence ONLY include $10,000Limit per Transplant for Transportation/Lodging/Meals | No Coverage for Transportation/Lodging/Meals |
| **Travel-International:****(For Emergency Care ONLY)** | N/A | 100% after Deductible and applicable OON Co-Pays |
| **Urgent Care** | 100% after $35 copay | 75% of U&C after Deductible and $45 copay |
| **Weight Watchers-WW**(6-month membership)Contact OUH plan office to obtain access code. | 100% after $25 copay to OUH(Member can attend in-person or virtual meetings; or use the WW app to participate on their own) | N/A |
| **Wigs**Up to $800, once every 3 years, covered for hair loss due to chemotherapy, radiation, scalp burns. or alopecia. | 100% after $25 copay per wig | 75% of U&C after Deductible and $25 copay per wig |

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| **PRESCRIPTION****SCHEDULE OF BENEFITS** |
| **Navitus Rx**Navitus Customer Service - 855-673-6504Mail Order – Costco – 800-607-6861Specialty – Lumicera – 855-847-3553www.navitus.com |
|  | **GENERIC** | **PREFERRED BRAND** | **NON-PREFERRED****BRAND** |
| **Retail Pharmacy** |  |
| 30-Day Supply | $5 Copay | $35 Copay | $60 Copay |
| 90-Day Supply | $10 Copay | $70 Copay | $120 Copay |
| **Mail Order Pharmacy** |  |
| 90-Day Supply  | $10 Copay | $70 Copay | $120 Copay |
| **Specialty Medication**  |
| 30-Day Supply | N/A | $35 Copay | $60 Copay |

Note: If you purchase a brand-name drug when a generic equivalent is available, you will pay the generic copay PLUS the difference in cost between the brand-name drug and the generic drug.

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