



Orange Ulster School Districts' Health Plan Effective 1/1/24

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

CLAIMS PROCESSOR: Luminare Health Benefits (formerly Trustmark) 1-866-893-4472

ONLINE PORTAL:

Our secure online portal lets you access your benefits and claims, view your EOBs, and more. Visit 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)

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 • Infertility Treatment/Assisted Reproduction Procedures • Transplants • Private Duty Nursing

Outpatient Surgery limited to: 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



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.		
Deductible (Per Calendar Year)	Individual \$0 Family \$0	Individual \$1,000 Family \$3,000 No 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.	
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 \$4,650 Family \$9,300	Individual \$6,450 Family \$12,900
Pharmacy (Rx) - Out-of-Pocket Maximum (OOPM) Includes Prescription Deductible and Copays	Individual \$2,500 Family \$5,000	Individual \$3,000 Family \$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 \$9,450 Family \$18,900
	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.	
Lifetime Maximum	Unlimited	



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 visit 100%	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
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 visit 100% after \$50 Copay per visit	75% of U&C after Deductible and \$25 copay 75% of U&C after Deductible and \$85 copay
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



COVERED SERVICES	IN-NETWORK Plan Pays	OUT-OF-NETWORK Plan Pays
Diagnostic, X-ray and Lab (Outpatient) Outpatient Hospital Inpatient Hospital Independent Lab/Imaging Center/Office Quest Diagnostics	100% after \$50 Copay per visit 100% 100% after \$25 Copay per visit 100% after \$5 Copay per visit	75% of U&C after Deductible and \$85 copay 75% of U&C after Deductible 75% of U&C after Deductible and \$25 copay N/A
Durable Medical Equipment Supplies (includes orthotics)	100% after \$25 Copay per piece of equipment/order	75% of U&C after Deductible and \$25 copay per piece of equipment/order
Emergency Room Emergency Care Non-Emergency Care	100% after \$100 copay per visit 100% after \$100 copay per visit	In-Network benefit applies 75% 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 a BCBS 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 admission 100% after \$50 copay	75% of U&C after Deductible and \$500 copay per admission 75% 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 Plan pays 100% for covered Infertility Specialty Medications when obtained from Schrafts II Pharmacy. Schrafts II Pharmacy 855-724-7238	75% of U&C after Deductible and \$25 copay per service



COVERED SERVICES	IN-NETWORK Plan Pays	OUT-OF-NETWORK Plan Pays
Maternity Prenatal/Postnatal Initial Office Visit Delivery Inpatient Facility	100% \$25 Copay \$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 Visit ABA Therapy* Inpatient Treatment* Residential Treatment* Partial Day Program* with Intensive Outpatient Treatment	\$25 Copay per visit 100% \$25 Copay per visit 100% after \$100 copay per admission 100% after \$100 copay per admission 100% after \$100 copay per course of treatment	75% of U&C after \$500 Deductible and \$25 copay 75% of U&C after \$500 Deductible and \$25 copay 75% of U&C after \$500 Deductible and \$500 copay per admission 75% of U&C after \$500 Deductible and \$500 copay per admission 75% of U&C after \$500 Deductible and \$500 copay per admission 75% of U&C after \$500 Deductible and \$500 copay per course of treatment
	<p style="text-align: center;">*Preauthorization is required. Contact Quantum Health at (888) 214-4001 for mental health, ABA Therapy (behavioral health) and substance use disorder services.</p>	
Morbid Obesity – Bariatric Surgery Inpatient Outpatient	100% after \$100 copay per admission 100% after \$50 copay	75% of U&C after Deductible and \$500 copay per admission 75% of U&C after Deductible and \$85 copay
Occupational Therapy (Outpatient) Facility Office	100% after \$50 copay \$10 Copay per visit	75% of U&C after Deductible and \$85 copay 75% of U&C after Deductible and \$25 copay



COVERED SERVICES	IN-NETWORK Member Pays	OUT-OF-NETWORK Plan Pays
Physical Therapy (Outpatient) Facility Office	100% after \$50 copay \$10 Copay per visit	75% of U&C after Deductible and \$85 copay 75% 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%	80% of U&C after Deductible
Radiation Therapy Outpatient Facility Office	100% 100%	75% of U&C after Deductible and \$85 copay 75% of U&C after Deductible and \$25 copay
Routine Health Maintenance: Ob/Gyn (2x/yr) Routine Physical Mammogram Pap Smear Bone Density Colonoscopy(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) Facility Office	100% after \$50 copay 100% after \$25 copay	75% of U&C after Deductible and \$85 copay 75% 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 visit 100% after \$100 copay per admission 100% after \$100 copay per admission 100% after \$100 copay per course of treatment	75% of U&C after \$500 Deductible and \$25 copay 75% of U&C after \$500 Deductible and \$500 copay per admission 75% of U&C after \$500 Deductible and \$500 copay per admission 75% of U&C after \$500 Deductible and \$500 copay per course of treatment
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COVERED SERVICES	IN-NETWORK Member Pays	OUT-OF-NETWORK Plan Pays
Surgery - Physician	100% after \$25 copay	75% of U&C after Deductible and \$25 copay
Telehealth 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 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 admission 100%	75% of U&C after Deductible and \$25 copay 75% after Deductible 75% of U&C after Deductible
Travel-International: (For Emergency Care ONLY)	Centers of Excellence ONLY include \$10,000 Limit per Transplant for Transportation/Lodging/Meals	No Coverage for Transportation/Lodging/Meals
Urgent Care	N/A	100% after Deductible and applicable OON Co-Pays
Weight Watchers-WW (6-month membership) Contact OUH plan office to obtain access code after \$25 copay to OUH.	100% after \$35 copay	75% of U&C after Deductible and \$45 copay
Wigs Covered for hair loss due to chemotherapy, radiation, scalp burns. or alopecia. Limited to 1 wig per lifetime up to \$800.	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 Covered for hair loss due to chemotherapy, radiation, scalp burns. or alopecia. Limited to 1 wig per lifetime up to \$800.	100% after \$25 copay	75% of U&C after Deductible and \$25 copay



**PRESCRIPTION
SCHEDULE OF BENEFITS**

EmpiRx
Customer Service 877-241-7123
www.empirxhealth.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.