Orange Ulster School Districts' Health Plan
Effective 1/1/23

The following information applies to Post-65 Retirees/Medicare primary members

CLAIMS PROCESSOR: Trustmark Health Benefits 1-888-604-9397

myTrustmarkBenefits ONLINE PORTAL:
Our secure online portal lets you access your benefits and claims, view your EOBs, and more. Visit www.mytrustmarkbenefits.com to register and log in.

myTrustmarkBenefits MOBILE APP:
You still need to connect with your health benefits while you're on the go. You can connect with Trustmark Health Benefits customer service, access your ID card, and 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

The benefits provided on this plan are secondary to Medicare. For covered expenses, the member responsibility after Medicare's payment will be paid by this plan after the deductible has been met if your provider participates with Medicare. If you are treated by a physician or provider of service who does not participate with Medicare, the allowable charge will be reduced to the Usual and Customary (U&C) amount then processed secondary to Medicare's payment. Members may be responsible for amounts in excess of U&C. The OU Health Plan follows Medicare guidelines for benefit coverage. Charges for Home Healthcare, Skilled Nursing Facilities, Wigs, Orthotics, Acupuncture and Routine/Well Adult Health Benefits not covered by Medicare may be considered up to the applicable OU Health benefit maximum.

MEDICAL SCHEDULE OF BENEFITS		
Deductible (Per Calendar Year)	Individual	$300
Coinsurance	Plan Pays	100%
Medical Out-of-Pocket Maximum Includes Medical Deductible, Copays and Coinsurance	Individual	$300
Prescription Out-of-Pocket Maximum Includes Prescription copays	Individual Family	$2,500 $5,000
Lifetime Maximum	Unlimited	

COVERED SERVICES	Plan Pays
Acupuncture 50 visits per calendar year	100% after Deductible
Allergy Services Office Visit & Testing Injection & Serum	 100% after Deductible 100% after Deductible
Ambulance Services Air & Ground Services	100% after Deductible
Ambulatory Surgical Facility	100% after Deductible
Anesthesia	100% after Deductible
Cardiac Rehabilitation (Outpatient) Physician Outpatient Facility	 100% after Deductible 100% after Deductible
Chemotherapy	100% after Deductible
Chiropractic	100% after Deductible
Diagnostic, X-ray and Lab (Outpatient) Outpatient Hospital Inpatient Hospital Independent Lab/Imaging Center/Office	 100% after Deductible 100% after Deductible 100% after Deductible
Durable Medical Equipment (Includes Orthotics)	100% after Deductible
Emergency Room Emergency Care Non-Emergency Care	 100% after Deductible 100% after Deductible
Hearing Aid and Exam Hardware limited to one device up to $1,500 per ear every 3 calendar years	100% after Deductible
Home Health Care 180 visits per calendar year	100% after Deductible
Home Infusion Services	100% after Deductible

COVERED SERVICES	Plan Pays
Hospice Care	100% after Deductible
Hospital Inpatient Outpatient Surgical	 100% after Deductible 100% after Deductible
Mental Health* Office Visit Inpatient Treatment Residential Treatment Partial Day Program/Intensive Outpatient Treatment	 100% after Deductible 100% after Deductible 100% after Deductible 100% after Deductible
Morbid Obesity – Bariatric Surgery Inpatient Outpatient	 100% after Deductible 100% after Deductible
Occupational Therapy (Outpatient) Facility Office	 100% after Deductible 100% after Deductible
Physical Therapy (Outpatient) Facility Office	 100% after Deductible 100% after Deductible
Physician Office Visits (Non-Routine)	100% after Deductible
Physician Visits (Inpatient)	100% after Deductible
Radiation Therapy Outpatient Facility Office	 100% after Deductible 100% after Deductible
Routine Health Maintenance	100%

COVERED SERVICES	Plan Pays
Skilled Nursing Facility 100 days per calendar year	100% after Deductible
Speech Therapy (Outpatient) Facility Office	 100% after Deductible 100% after Deductible
Substance Use Disorder* Office Visit Inpatient Treatment Residential Treatment Partial Day Program/Intensive Outpatient Treatment	 100% after Deductible 100% after Deductible 100% after Deductible 100% after Deductible
Surgery – Physician	100% after Deductible
Transplant Outpatient Physician Inpatient Facility Inpatient Physician	 100% after Deductible 100% after Deductible 100% after Deductible
Urgent Care	100% after Deductible
Wigs Covered for hair loss due to chemotherapy, radiation, scalp burns. or alopecia. Limited to 1 wig per lifetime up to $800.	100% after Deductible

PRESCRIPTION SCHEDULE OF BENEFITS			
Navitus MedicareRx **Customer Service** 866-270-3877 Medicare primary member Part D coverage administered by Navitus MedicareRx (Medicare Part D with OU wrap)			
	Tier 1 (Generics & Certain Lower Cost Brands)	**Tier 2** (Preferred Brand)	**Tier 3** (Non Preferred Brand)
Retail Pharmacy			
30-Day Supply	$5 Copay	$35 Copay	$60 Copay
90-Day Supply	$5 Copay	$70 Copay	$120 Copay
Mail Order Pharmacy			
84-90-Day Supply	$5 Copay	$70 Copay	$120 Copay
Specialty Medication			
30-Day Supply	$5 Copay	$35 Copay	$60 Copay

Note: If you request 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.

Insulin prescriptions will not exceed $35 per 30 day supply.