



## Orange Ulster School Districts' Health Plan Effective 1/1/25

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

**CLAIMS PROCESSOR:** Luminare Health Benefits 1-855-656-3261

**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 connect with Luminare Health 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 Hearing Aids, 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		
<b>Deductible (Per Calendar Year)</b>	Individual	\$300
<b>Coinsurance</b>	Plan Pays	100%
<b>Medical Out-of-Pocket Maximum</b> Includes Medicare \$257 and OUH \$43 calendar year deductible	Individual	\$300
<b>Prescription Out-of-Pocket Maximum</b> Includes Prescription copays	Individual Family	\$2,000 \$4,000
<b>Lifetime Maximum</b>	Unlimited	



COVERED SERVICES	Plan Pays
<b>Acupuncture</b> 50 visits per calendar year	100% after Deductible
<b>Allergy Services</b> Office Visit & Testing  Injection & Serum	100% after Deductible  100% after Deductible
<b>Ambulance Services</b> Air & Ground Services	100% after Deductible
<b>Ambulatory Surgical Facility</b>	100% after Deductible
<b>Anesthesia</b>	100% after Deductible
<b>Cardiac Rehabilitation (Outpatient)</b> Physician  Outpatient Facility	100% after Deductible  100% after Deductible
<b>Chemotherapy</b>	100% after Deductible
<b>Chiropractic</b>	100% after Deductible
<b>Diagnostic, X-ray and Lab (Outpatient)</b> Outpatient Hospital  Inpatient Hospital  Independent Lab/Imaging Center/Office	100% after Deductible  100% after Deductible  100% after Deductible
<b>Durable Medical Equipment</b> (Includes Orthotics)	100% after Deductible
<b>Emergency Room</b> Emergency Care  Non-Emergency Care	100% after Deductible  100% after Deductible
<b>Hearing Aid and Exam</b> Hardware limited to one device up to \$1,500 per ear every 3 calendar years	100% after Deductible  (Member can see a Medicare provider for hearing test and then purchase hearing aid(s) from any provider or Costco, Amazon, etc., complete a claim form and submit with receipt for reimbursement to Luminare)
<b>Home Health Care</b> 180 visits per calendar year	100% after Deductible
<b>Home Infusion Services</b>	100% after Deductible



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



COVERED SERVICES	Plan Pays
<b>Skilled Nursing Facility</b> 180 days per calendar year: (Medicare-100 + OUH-80)	100% after Deductible
<b>Speech Therapy (Outpatient)</b> Facility  Office	100% after Deductible  100% after Deductible
<b>Substance Use Disorder*</b> Office Visit  Inpatient Treatment  Residential Treatment  Partial Day Program/Intensive Outpatient Treatment	100% after Deductible  100% after Deductible  100% after Deductible  100% after Deductible
<b>Surgery – Physician</b>	100% after Deductible
<b>Transplant</b>  Outpatient Physician  Inpatient Facility  Inpatient Physician	100% after Deductible  100% after Deductible  100% after Deductible
<b>Travel-International: (For Emergency Care ONLY)</b>	100% after Deductible
<b>Urgent Care</b>	100% after Deductible
<b>Weight Watchers-WW</b> (6-month membership) Contact OUH plan office to obtain access code after \$25 copay to OUH.	100% after \$25 copay
<b>Wigs</b> Up to \$800, once every 3 years, covered for hair loss due to chemotherapy, radiation, scalp burns, or alopecia.	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 OUH wrap)

	<b>Tier 1</b> (Generics & Certain Lower Cost Brands)	<b>Tier 2</b> (Preferred Brand)	<b>Tier 3</b> (Non-Preferred Brand)
<b>Retail Pharmacy</b>			
30-Day Supply	\$5 Copay	\$35 Copay	\$60 Copay
90-Day Supply	\$5 Copay	\$70 Copay	\$120 Copay
<b>Mail Order Pharmacy</b>			
84-90-Day Supply	\$0 Copay	\$60 Copay	\$110 Copay
<b>Specialty Medication</b>			
30-Day Supply	\$5 Copay	\$35 Copay	\$60 Copay

	<b>Tier 1</b> (Generics & Certain Lower Cost Brands)	<b>Tier 2</b> (Preferred Brand)	<b>Tier 3</b> (Non-Preferred Brand)
Copays at Navitus Preferred Pharmacies – see attached*			
<b>Retail Pharmacy</b>			
30-Day Supply	\$0 Copay	\$30 Copay	\$55 Copay
90-Day Supply	\$0 Copay	\$60 Copay	\$110 Copay

\*Attached list for NYS – Pharmacies designated with a “P” next to their name are “Preferred Pharmacies.  
(Note - Pharmacies listed without a “P” designation are in-network but not “preferred”)

\*\*For a list of preferred pharmacies in other states, please contact Navitus customer care at 866-270-3877

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.