



Active Employees and Pre-65 Retirees

# EMPLOYEE BENEFITS GUIDE 2026





## Orange Ulster School Districts' Health Plan Effective 1/1/26

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

**CLAIMS PROCESSOR:** Sage

**PLAN ADMINISTRATOR:** Sage

**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
- 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 for assistance with access to providers for Mental Health and Substance Use Disorder treatment.

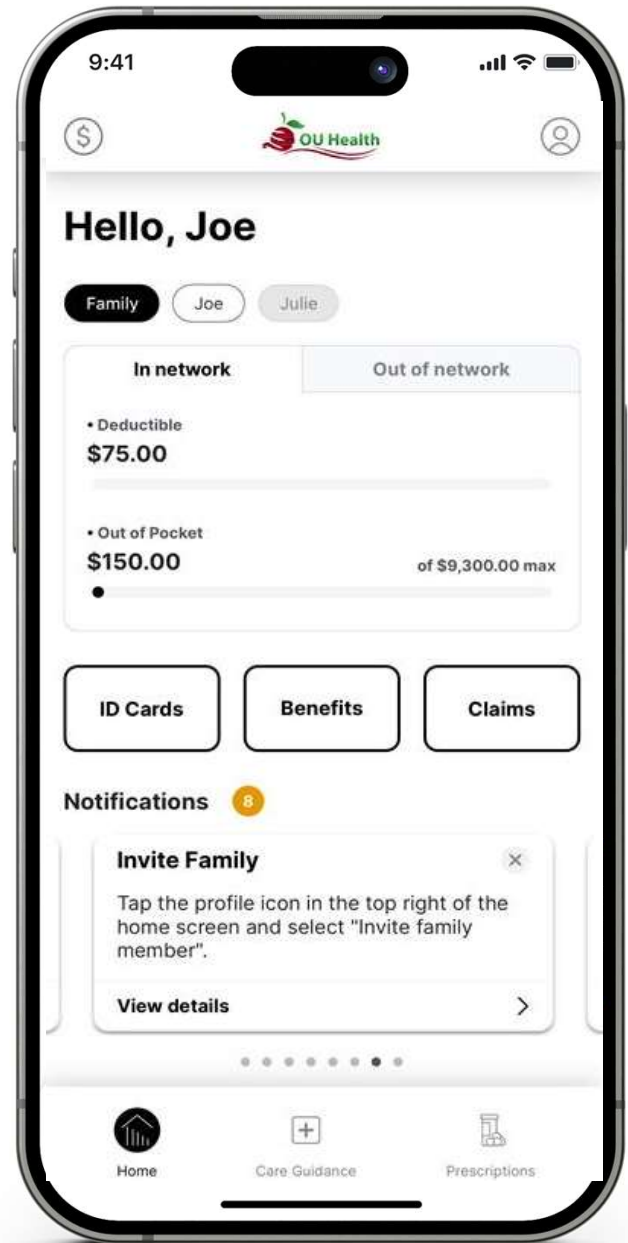
Call (888) 214-4001 to precertify the following services:

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



## Member Portal & App

- ▶ **Benefits Hero** - your free guide to all your health benefits
- ▶ **Member Portal:** Our secure online portal lets you access your benefits and claims, view your EOBs, and more. Visit [www.benefitshero.io/ouhealth](http://www.benefitshero.io/ouhealth) to register and log in.
- ▶ **Benefits Hero App:** Use to access your ID cards, plan info, claims, EOBs, and more. Download for free today from Apple's App Store or Google Play.



Download the **Benefits Hero** app for a full view into your Health Plan!





## Medical Benefits

	In Network	Out-of-Network
<b>Deductible</b> (Per Calendar Year)	Individual: \$0 Family: \$0	Individual: \$1,000 Family: \$3,000
<b>Co-Insurance</b>	Plan Pays 100%  You Pay 0%  <i>Unless otherwise indicated</i>	Plan Pays 75%  You Pay 25%  <i>Unless otherwise indicated</i> <sup>1</sup>
<b>Medical Out of Pocket Limit</b>	Individual: \$7,500 Family: \$15,000	Individual: Unlimited Family: Unlimited

<sup>1</sup> Before the deductible has been met:  
Plan Pays 25%  
You Pay 75%

- Once you have reached your **In-Network** Out-of-Pocket Limit, the plan will pay 100% of eligible expenses for services for the remainder of the calendar year.
- The In-Network Individual Out-of-Pocket Limit for all family members will accumulate to the In-Network Family Out-of-Pocket Limit.
- One family member cannot satisfy the entire In-Network family Out-of-Pocket Limit.
- Prior authorization penalties and ineligible expenses *do not* accumulate to the In-Network OOP Limit.
- The Out-of-Network Individual Deductible for all family members will accumulate to the Out-of-Network family deductible.
- One family member cannot satisfy the entire Out-of-Network family Deductible.



## Medical Benefits

Covered Medical Expenses	In Network Copay	Out of Network Copay + Coinsurance
<b>Acupuncture</b> 50 visits per calendar year	\$25 copay per visit	\$25 copay, then 25% of U&C after deductible
<b>Allergy Services</b> Office Visit	\$25 copay per visit	\$25 copay, then 25% of U&C after deductible
<b>Ambulance Services</b> Air & Ground Services	\$70 copay	\$70 copay, then 0% of U&C after deductible
<b>Anesthesia</b>	\$25 copay	\$25 copay, then 25% of U&C after deductible
<b>Bariatric Surgery</b>	\$25 Copay	\$25 copay, then 25% of U&C after deductible
<b>Chiropractic Care</b>	\$25 copay per visit	\$25 copay, then 25% of U&C after deductible
<b>Diagnostic Labs &amp; Imaging</b> Facility	\$50 copay	\$85 copay, then 25% of U&C after deductible
Independent Lab/Imaging Center	\$25 copay per visit	\$25 copay, then 25% of U&C after deductible
Quest Diagnostics	\$5 copay per visit	\$25 copay, then 25% of U&C after deductible
<b>Durable Medical Equipment</b> (includes orthotics)	\$25 copay	\$25 copay per order, then 25% of U&C after deductible
<b>Emergency Room</b> Emergency Care Non-Emergency Care	\$100 copay per visit \$100 copay per visit	In Network benefit applies \$125 copay, then 25% of U&C after deductible
<b>Hearing Aid and Exam</b> Hardware limited to one device up to \$1,500 per ear every 3 calendar years		\$0



## Medical Benefits

	<b>In Network Copay</b>	<b>Out of Network Copay + Coinsurance</b>
<b>Home Health Care</b>	\$0 copay	25% of U&C after deductible
<b>Home Infusion Services</b>	\$0 copay	25% of U&C after deductible
<b>Hospital</b> Inpatient	\$100 copay per admission	\$500 copay per admission, then 25% of U&C after deductible
Outpatient Surgical	\$50 copay	\$85 copay, then 25% of U&C after deductible
<b>Infertility Treatment/Assisted Reproduction</b> (See Details Below)	\$25 copay per service	\$25 copay per service, then 25% of U&C after deductible
<b>Maternity</b> Prenatal/Postnatal Initial Office Visit Delivery	\$0 \$25 copay \$25 copay	\$25 per admission \$25 copay 25% of U&C after deductible
<b>Mental Health</b> Office Visit	\$25 copay per visit	\$25 copay, then 25% of U&C after deductible
<b>Nutritionist</b> (up to 4 visits per year)	\$25 copay	\$25 copay, then 25% of U&C after deductible
<b>Occupational Therapy</b> Facility	\$50 copay	\$85 copay, then 25% of U&C after deductible
Office	\$10 copay per visit	\$25 copay, then 25% of U&C after deductible
<b>Physical Therapy</b> Facility	\$50 copay	\$85 copay, then 25% of U&C after deductible
Office	\$10 copay per visit	\$25 copay, then 25% of U&C after deductible

**Infertility Treatment** Includes office visits, testing, IVF, GIFT, ZIFT, AID, and IUI and specialty medications.

Plan pays 100% for covered Infertility specialty medications when obtained from Shrafts II Pharmacy 855-724-7238

Maximum Lifetime Benefit: 3 IVF Cycles

# Medical Benefits

	<b>In Network Copay</b>	<b>Out of Network Copay + Coinsurance</b>
<b>Speech Language Pathology</b> Facility	\$50 copay	\$85 copay, then 25% of U&C after deductible
Office	\$10 copay	\$25 copay, then 25% of U&C after deductible
<b>Telehealth</b> Virtual Visit with your PCP or Specialist in lieu of in person office visit	\$0	\$25 copay, then 25% of U&C after deductible
<b>Telemedicine</b> Virtual service provided by Anthem's Live Health Online (24/7 by computer, tablet, or smart phone)	\$0	N/A
<b>Urgent Care</b>	\$35 copay	\$45 copay, then 25% of U&C after deductible
<b>Weight Watchers – WW</b> (member can attend in person or virtual meetings or use the WW app to participate on their own)	\$25 copay to OUH	N/A
<b>Wigs</b>	\$0	\$0

## Prescription (Rx) Benefits

	Generic	Preferred Brand	Non-Preferred Brand
<b>Retail Pharmacy</b>			
30-Day Supply	\$5 copay	\$35 copay	\$60 copay
90-Day Supply	\$10 copay	\$70 copay	\$120 copay
<b>Mail Order Pharmacy</b>			
90-Day Supply	\$10 copay	\$70 copay	\$120 copay
<b>Specialty Medication</b>			
30-Day Supply	N/A	\$35 copay	\$60 copay

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

### Navitus Rx

- Navitus Customer Service: 855-673-6504
- Mail Order - Costco: 800-607-6861
- Specialty - Lumicera: 855-847-3553
- [www.navitus.com](http://www.navitus.com)

Visit [navitus.com/members](http://navitus.com/members) or scan the QR code to get started today.

Member portal is only available to active members. Features may vary by plan. Your out-of-pocket cost may vary based on drug costs, plan design and contracts. QR codes may identify your IP/device information. However, your personal and health information is strictly confidential and will not be captured.





sage