OU Health

Medicare Primary Members

EMPLOYEE BENEFITS GUIDE 2026







Medicare Primary Members

Medical Benefits Grid

Deductible (Per Calendar Year)	Individual $300 (Includes Medicare $283 and OUH $17 calendar year deductible)
Co-Insurance	Plan Pays 100% Member Pays 0% Unless otherwise indicated
Medical Out of Pocket Maximum	Annual Deductible
Prescription Out of Pocket Maximum Includes Prescription Copays	Individual $2,100 Family N/A
Lifetime Maximum	N/A

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 covered up to the applicable OU Health benefit.

Medical Benefits Grid

Covered Services	Plan Pays
Acupuncture 50 visits per calendar year	100% after deductible
Allergy Services Office Visit & Testing Injection & Serum	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
Chemotherapy	100% after deductible
Chiropractic	100% after deductible
Diagnostic, X-ray and Lab - Outpatient Hospital - Inpatient Hospital - Independent Lab/Imaging Center	100% after deductible
Durable Medical Equipment (includes orthotics – once per year)	100% after deductible
Emergency Room Emergency Care Non-Emergency Care	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 (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 Sage)

Medical Benefits Grid

Covered Services	Plan Pays
Home Health Care *(Medical care only)* *(Home health aide services are not a covered benefit)*	100% after deductible
Home Infusion Services	100% after deductible
Hospice Care	100% after deductible
Hospital - Inpatient - Outpatient Surgical	100% after deductible
Mental Health - Office Visit - Inpatient Treatment - Partial Day Program/ Intensive Outpatient Treatment	100% after deductible
Morbid Obesity – Bariatric Surgery - Inpatient - Outpatient	100% after deductible
Occupational Therapy (Outpatient) - Facility - Office	100% after deductible
Physical Therapy	100% after deductible
Physician Visits (Non-Routine)	100% after deductible
Physician Visits (Inpatient)	100% after deductible
Radiation Therapy (Outpatient) Facility Office	100% after deductible
Routine Health Maintenance	100%

Medical Benefits Grid

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

Prescription (Rx) Benefits

	Generic	Preferred Brand	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			
90-Day Supply	$0 copay	$60 copay	$120 copay
Specialty Medication			
30-Day Supply	$5	$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 MedicareRx

- Navitus MedicareRx Customer Service: 866-270-3877
- Mail Order - Costco: 800-607-6861
- Specialty - Lumicera: 855-847-3553
- www.navitus.com

Visit 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.


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