

Reference Guide For Orlando Health Team Member Health Plan

WHATS NEW FOR 2021?		
<ul style="list-style-type: none"> Effective January 1, 2021, the Orlando Health Team Member Health Plan will no longer require prior authorization for outpatient Mental Health, Substance Abuse, or Applied Behavioral Analysis Therapy visits. Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Therapy visit maximums increased to twenty-four (24) visits prior to requiring an authorization for additional visits. 		
PATIENTS		
VERIFY PATIENT ELIGIBILITY	CONTACT	WEBSITE
Patient benefits and covered services Request precertification for services Review medical or pharmacy coverage, guidelines and payment policies Obtain information about organ and tissue transplant network	844-614-8435	Provider.umr.com
PROVIDER CLAIMS		
Check/submit claims Provider appeals/ payments Verify patient eligibility	844-614-8435 UMR EDI 39026 PO Box 30541 Salt Lake City, UT 84130-0541	Provider.umr.com
PHARMACY		
View prescription drug list Request an exception to the prescription drug list Specialty Pharmacy Services (specialty medications administered by injection or infusion and certain oral medications)	OptumRx 844-614-8435	Provider.umr.com
OTHER		
OBA-Orlando Behavioral Administrators (Behavioral Health)	407.637.8075	
Cigna Dental	800.244.6224	www.cigna.com
EyeMed Vision	866.804.0982	www.eyemed.com
Orlando Health Network		
Request provider fee schedule Submit or inquire about professional credentialing Request a copy of your contract Update Provider Directory	Tel: 321.843.6700 Fax 321.843.6895 r-orlandohealthnetwork@orlandohealth.com	

Reference Guide For Orlando Health Team Member Health Plan

New ID cards issued for Team Member Health Plan Members

Exclusive Care Plan

UMR A UnitedHealthcare Company
Issuer (80840) 911-39026-02
Member ID: 21257311
Member: STAN SAMPLE 00 MED
Dependents: SYLVIA SAMPLE 01 MED

ORLANDO HEALTH EXCLUSIVE CARE
ORLANDO HEALTH[®]
Group Number: 76-413548

OPTUMRx
Rx BIN: 610127
Rx PCN: 01960000
Rx GRP: 01962791

\$25 PCP; \$40 SPECIALIST; \$150 ER; \$30 URGENT CARE
RX: GEN 20% (\$20 MAX); PREF 20% (\$60 MAX)
NON-PREF 20% (\$100 MAX)
SPECIALTY 20% (\$150 MAX)

5010

ORLANDO HEALTH | Network
Self-funded plan administered by UMR

This card must be presented each time services are requested.

Printed: 11-20-2019

Call UMR Care Management at the customer service number listed on this ID Card for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members: www.umar.com/orlandohealth 844-614-8435

Orlando Health Virtual Visits:
virtualvisit.orlandohealth.com

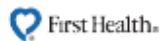
Behavioral Health (OBA): 407-637-8075

For Providers: www.umar.com 844-614-8435

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

Choice Plus Network: For use only outside the Orlando Health Network

UnitedHealthcare[®]
Choice Plus Network



ORLANDO HEALTH | Virtual Visit

Pharmacists & Members: 877-559-2955

Reference Guide For Orlando Health Team Member Health Plan

New ID cards issued for Team Member Health Plan Members- continued

Care Plus Plan

 A UnitedHealthcare Company

ORLANDO HEALTH CARE PLUS PLAN

ORLANDO HEALTH

Issuer (80840) 911-39026-02

Member ID: 21257324 Group Number: 76-413548

Member:
VICTOR SAMPLE 00 MED

Dependents:
VICKY SAMPLE 01 MED

 OPTUMRx

Rx BIN: 610127
Rx PCN: 01960000
Rx GRP: 01962791

\$30 PCP; \$50 SPECIALIST; \$250 ER; \$40 URGENT CARE
RX: GEN 20% (\$20 MAX); PREF 20% (\$60 MAX)
NON-PREF 20% (\$100 MAX)
SPECIALTY 20% (\$150 MAX)

5010

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Orlando Health Virtual Visits:
virtualvisit.orlandohealth.com

Behavioral Health (OBA): 407-637-8075

For Providers: www.umar.com 844-614-8435

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541
Choice Plus Network: For use only outside the Orlando Health Network

UnitedHealthcare®
Choice Plus Network

 First Health®

ORLANDO HEALTH | Virtual Visit

Pharmacists & Members: 877-559-2955

Reference Guide For Orlando Health Team Member Health Plan

New ID cards issued for Team Member Health Plan Members- continued

HSA Care Plan

UMR A UnitedHealthcare Company
Issuer (80840) 911-39026-02
Member ID: 21257326 Group Number: 76-413548

Member:
NORMAN SAMPLE 00 MED

ORLANDO HEALTH HSA CARE PLAN
ORLANDO HEALTH[®]
Rx BIN: 610127
Rx PCN: 01960000
Rx GRP: 01962791

ORLANDO HEALTH | Network

0710 Self-funded plan administered by UMR

This card must be presented each time services are requested.

Printed: 11-20-2019

Call UMR Care Management at the customer service number listed on this ID Card for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members:	www.umar.com/orlandohealth	844-614-8435
Orlando Health Virtual Visits:	virtualvisit.orlandohealth.com	
Behavioral Health (OBA):		407-637-8075
For Providers:	www.umar.com	844-614-8435

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541
Choice Plus Network: For use only outside the Orlando Health Network

UnitedHealthcare[®] Choice Plus Network  **ORLANDO HEALTH** | Virtual Visit

Pharmacists & Members: 877-559-2955

Reference Guide For Orlando Health Team Member Health Plan

Prior Authorizations Requirements	
<u>Services Requiring Prior Authorization</u>	Orlando Health Affiliated physicians and facilities
UMR Standard Recommendations	
Inpatient Hospitalization	YES
Inpatient Maternity stays over 48 hours for normal delivery and 96 hours for C-section	YES
Inpatient Behavioral Health (acute care)	YES
Transplant and Transplant related services	YES
Skilled Nursing Facility (extended care facilities)	YES
Residential Treatment	YES
Home Health Care	YES
Partial Hospitalization Program	YES
Intensive Outpatient Treatment	YES
Durable Medical Equipment	YES
\$500 for rental	YES
\$1500 for purchase	YES
\$1000 for prosthetics	YES
Clinical Trials	YES
Bariatric Surgery *member must be covered on medical plan for minimum of 12 consecutive months to be eligible for this benefit	YES
ABA Therapy *must establish medical necessity	YES
Botox Injections	YES
Dental Anesthesia	YES
Gender Reassignment services and surgeries	YES
Genetic Testing	YES
*Genetic Testing for Hereditary Cancer risk <i>Must receive genetic counseling provided by an Orlando Health certified genetic counselor prior to genetic testing for hereditary cancer risk screening</i>	YES
*Specialty Prenatal Genetic Lab Testing <i>Must receive genetic counseling provided by an Orlando Health certified genetic counselor prior to genetic testing for specialty prenatal genetic lab testing</i>	YES
Non-emergent Air Ambulance	YES

Reference Guide For Orlando Health Team Member Health Plan

Prior Authorizations Requirements- Continued	
<u>Services Requiring Prior Authorization</u>	Orlando Health Affiliated physicians and facilities
UMR Standard Recommendations	
Outpatient Behavioral Health	NO
Inpatient Long Term Acute Care (LTAC)	YES
Intravenous Immune Globulin (IVIG)	YES
Jaw Surgeries	YES
Nasal Surgeries	YES
Outpatient Rehabilitative therapies: Physical Therapy, Occupational Therapy and Speech Therapy *PA required after 24th visit	YES
Pediatric feeding program	YES
Pulmonary Rehabilitation	YES
Reconstructive surgeries *Excluding breast reconstruction after mastectomy or to repair burn	YES
Specialty medications that are administered in a physician's office exceed \$2,000/dose	YES
Treatment of varicose veins of the extremities (Sclerotherapy)	YES

Reference Guide For Orlando Health Team Member Health Plan

Network Labs

ORMC-North Bed Tower

52 W. Underwood St., North Tower
Orlando, FL 32806
Phone: (321) 843-9560 Fax: (321) 843-9561
Hours of Operation:
M-F, 5:30AM-5:00PM
Saturday: varies

Ambulatory Care Center

22 West Underwood St., 2nd floor
Orlando, FL 32806
Phone: (321) 841-5280 Fax: (407) 423-5169
Hours of Operation:
M-F, 6:30AM-3:00PM

Downtown Outpatient Lab

1502 Lucerne Ter
Orlando, FL 32806
Phone: (321) 841-5581 Fax: (321) 841-6586
Hours of Operation:
M-F, 6:30AM-5:00PM

Arnold Palmer Hospital for Children

92 W. Miller St., 1st Floor
Orlando, FL 32806
Phone: (321) 841-6574 Fax: (321) 841-6700
Hours of Operation: M-F, 8:00 AM – 4:30 PM
Saturday: 9:00 AM-12:30 PM
Specialty: Infants, Pediatrics

Orlando Health Heart Institute

1222 S. Orange Ave., 1st Floor
Orlando, FL 32806
Phone: (321) 843-5097 Fax: (321) 843-5109
Hours of Operation: M-F, 6:30AM-5:30PM

Dr. P. Phillips Hospital

9400 Turkey Lake Rd., 2nd Floor of Tower A
Orlando, FL 32819
Phone: (407) 351-8555 Fax: (407) 354-1233
Hours of Operation:
M-F, 6:00AM-4:00PM
Saturday, 7:00AM-1:00PM

Orlando Health Medical Pavilion- Spring Lake Outpatient Lab

7243 Della Dr., Suite E
Orlando, FL 32819
Phone: (321) 842-0020 Fax: (321) 842-0029
Hours of Operation:
M-Th, 7:00AM -5:00PM
Friday 7:00AM-2:00PM

Oviedo Outpatient Lab

1000 West Broadway St., Suite 106
Oviedo, FL 32765
Phone: (407) 359-6003 Fax: (407) 365-5714
Hours of Operation:
M-F, 7:00AM-12:00PM
12:30PM- 3:30PM

South Seminole Hospital

555 West S.R. 434, 1st Floor
Longwood, FL 32750
Phone: (407) 767-5803 Fax: (407) 767-5686
Hours of Operation: 6:00 AM-10:30 PM, 7 days a week

Leesburg Highland Lakes Outpatient Lab

26540 Ace Ave., Suite 103
Leesburg, FL 34748
Phone: (352) 314-3074 Fax: (352) 314-3077
Hours of Operation:
M-F, 6:00AM-12:00PM
12:30PM -2:30PM

Health Central Outpatient Lab

10000 W Colonial Dr.
Ocoee, FL 34761
Phone: (407) 296-1134 Fax: (407) 253-1674
Hours of Operation:
M-F, 6:30AM-5:00PM
Saturday: 8:00AM-12:00PM

South Lake Hospital Main Campus Lab

1900 Don Wickham Dr.
Clermont, FL 34711
Phone: (352) 394-4071 ext. 8181
Hours of Operation:
M-F, 6:00AM-5:00PM
Saturday, 7:00AM - 12:00PM

Reference Guide For Orlando Health Team Member Health Plan

Orlando Health Hospitals	
<p><u>Arnold Palmer Hospital for Children</u> 92 W Miller St Orlando, FL 32806 321.843.7777</p>	<p><u>Dr. P. Phillips Hospital</u> 9400 Turkey Lake Rd Orlando, FL 32819 407.351.8500</p>
<p><u>Health Central Hospital</u> 10000 W Colonial Dr Ocoee, FL 34761 407.296.1000</p>	<p><u>Orlando Regional Medical Center</u> 52 W Underwood St Orlando, FL 32806 321.841.5111</p>
<p><u>South Lake Hospital</u> 1900 Don Wickham Dr Clermont, FL 34711 352.394.4071</p>	<p><u>South Seminole Hospital</u> 555 W SR 434 Longwood, FL 32750 321.842.2000</p>
<p><u>St. Cloud Regional Medical Center</u> 2906 17th St. St. Cloud, FL 34769 407.892.2135</p>	<p><u>Winnie Palmer Hospital for Women & Babies</u> 83 W Miller St Orlando, FL 32806 321.843.1110</p>
<p><u>Orlando Health Emergency Room and Medical Pavilion - Horizon West</u> 17000 Porter Road Winter Garden, FL 34787 (407) 407-1000</p>	<p><u>Orlando Health UF Health Cancer Center</u> 1400 South Orange Avenue Orlando, FL 32806-2036 (321) 841-5111</p>
<p><u>Orlando Health South Lake Hospital Joe H. and Loretta Scott Medical Pavilion</u> 16966 Cagan Ridge Boulevard Clermont, FL 34714 (352) 536-8821</p>	<p><u>Orlando Health South Lake Hospital Emergency Room and Medical Pavilion - Blue Cedar</u> 22316 US Highway 27 Leesburg, FL 34748 (352) 536-8831</p>
<p><u>Orlando Health Emergency Room and Medical Pavilion – Osceola</u> 1001 East Osceola Parkway Kissimmee, FL 34744-1617 (321) 842-1267</p>	<p><u>Orlando Health Emergency Room and Medical Pavilion – Lake Mary</u> 380 Rinehart Road Lake Mary, FL 32746 (321) 842-0550</p>

Reference Guide For Orlando Health Team Member Health Plan

Urgent Care

CareSpot

CareSpot Urgent Care centers offer healthcare services for non-emergent medical problems that can develop unexpectedly and require immediate attention, filling the gap between primary care physicians and hospital emergency rooms.

Altamonte Springs

512 E Altamonte Dr.
Suite #1000
Altamonte Springs, FL 32701
(321) 319-0212

Apopka

3840 FL-436
Suite #1000
Apopka, FL 32703
(407) 478-3202

East Sand Lake

7751 Kingspointe Pkwy
Suite #114
Orlando, FL 32819
(407) 581-9672

Kissimmee

1414 E Osceola Pkwy
Kissimmee, FL 34744
(407) 452-3700

Lake Mary

136 Parliament Loop
Suite #1020
Lake Mary, FL 32746
(407) 333-0160

Lee Vista

8132 Lee Vista Blvd
Unit B
Orlando, FL 32829
407-204-0180

Metro West

2555 S Kirkman Rd
Orlando, FL 32811
(407) 362-2030

Ocoee

(Orlando Health Express Care)
10959 W Colonial Dr
Units 6 & 8
Ocoee, FL 34761
(407) 554-4590

South Orange

2323 S Orange Ave
Orlando, FL 32806
(407) 418-9999

Winter Springs

5355 Red Bug Lake Rd
Winter Springs, FL 32708
(321) 304-3300

Oviedo

968 W Mitchell Hammock Rd
Suite #1050
Oviedo, FL 32765
(407) 871-6639

Clermont

1615 East State Hwy 50
Suite 200
Clermont, FL 34711



Medical Coverage 2021	Exclusive Care Plan		Care Plus Plan		HSA Care Plan	
	Orlando Health Network	Out-of-Network	Orlando Health Network	UHC Choice Plus Network	Orlando Health Network	UHC Choice Plus Network
Deductible						
Single	\$250		\$1,000	\$3,000	\$3,000	\$6,750
Family	\$500		\$2,000	\$6,000	\$6,000	\$13,500
Coinsurance	0%		0%		0%	
Out-of-Pocket Maximum						
Single	\$3,000		\$3,000	\$6,750	\$3,000	\$6,750
Family	\$6,000		\$6,000	\$13,500	\$6,000	\$13,500
Office Services						
Primary Care Physician	\$25 Copay	Not Covered	\$30 Copay	50% after deductible	No Charge after deductible	No Charge after deductible
Specialist	\$40 Copay	Not Covered	\$50 Copay	50% after deductible	No Charge after deductible	No Charge after deductible
Preventive Care	No Charge	Not Covered	No Charge	50% after deductible	No Charge	No Charge after deductible
Maternity Care (Physician)	\$300 Copay	Not Covered	\$300 Copay	50% after deductible	No Charge after deductible	No Charge after deductible
Hearing Aids (\$1,000 max per year) (must be from Orlando Health Audiology Dept)	No Charge after deductible	Not Covered	No Charge after deductible	50% after deductible	No Charge after deductible	No Charge after deductible
Inpatient Hospitalization						
Inpatient Services	Deductible; then \$250 Copay per day (2 day maximum)	Not Covered	Deductible; then \$500 Copay per day (2 day maximum)	50% after deductible	No Charge after deductible	No Charge after deductible
Skilled Nursing Facility (60 days annually)	No Charge after deductible	Not Covered	No Charge after deductible	50% after deductible	No Charge after deductible	No Charge after deductible
Rehabilitation - Outpatient						
PT/OT/ST (Prior Auth after 24 visits/service)	\$25 Copay \$500 copay max per year	Not Covered	\$30 Copay \$600 copay max per year	50% after deductible	No Charge after deductible	No Charge after deductible
ABA Therapy	\$10	Not Covered	\$15	50% after deductible	No Charge after deductible	No Charge after deductible
Hospice	No Charge	Not Covered	No Charge	50% after deductible	No Charge after deductible	No Charge after deductible
Outpatient Services						
Minor Diagnostic Lab	\$20 Copay Waived if using Orlando Health lab	Not Covered	\$10 Copay OH \$25 Other	50% after deductible	No Charge after deductible	No Charge after deductible

Outpatient Services (Continued)							
Minor Diagnostic X-ray	\$20 Copay OH \$30 Other	Not Covered	\$25 Copay OH \$40 Other	50% after deductible	No Charge after deductible	No Charge after deductible	
Major Diagnostic Service	Deductible; then \$250 Copay	Not Covered	Deductible; then \$350 Copay	50% after deductible	No Charge after deductible	No Charge after deductible	
Outpatient Surgery	Deductible; then \$250 Copay	Not Covered	Deductible; then \$350 Copay	50% after deductible	No Charge after deductible	No Charge after deductible	
Cardiac Cath	Deductible; then \$250 Copay	Not Covered	Deductible; then \$350 Copay	50% after deductible	No Charge after deductible	No Charge after deductible	
Durable Medical Equipment	Purchase: \$40 Copay Rental: \$25 Copay/mo	Not Covered	Purchase: \$50 Copay Rental: \$30 Copay/mo	50% after deductible	No Charge after deductible	No Charge after deductible	
Home Health Care (120 visit annually)	\$25 Copay	Not Covered	\$30 Copay	50% after deductible	No Charge after deductible	No Charge after deductible	
Emergency Services							
Emergency Dept. Visit	\$150 Copay		Deductible; then \$250 Copay		No Charge after deductible		
Ambulance Services	\$150 Copay		\$150 Copay		No Charge after deductible		
Urgent Care Services - Care Spot	\$30 Copay	Not Covered	\$40 Copay	\$80 Copay	No Charge after deductible	No Charge after deductible	
Urgent Care Services - Other	\$60 Copay	Not Covered	\$80 Copay	\$80 Copay	No Charge after deductible	No Charge after deductible	
Convenience Care Pharmacies	Not Covered	Not Covered	Not Covered	Not Covered	No Charge after deductible	No Charge after deductible	
Telemedicine							
Orlando Health Virtual Visits	\$10 Copay	Not Covered	\$15 Copay	Not Covered	No Charge after deductible	No Charge after deductible	
Prescription Drug Coverage 2020		Exclusive Care Plan		Care Plus Plan		HSA Care Plan	
Deductible							
Single	N/A		N/A		\$3,000		
Family	N/A		N/A		\$6,000		
Coinsurance	20%		20%		0%		
Retail Pharmacy (up to 30-day supply)		In-Network		In-Network		In-Network	Out-of-Network
	Coinsurance	Maximum	Coinsurance	Maximum	No Charge after deductible	File paper claim with OptumRx	
Tier 1 Generic (In-house pharmacy)	20%	\$20	20%	\$20			
Tier 2 Preferred Brand	20%	\$60	20%	\$60			
Tier 3 Non-Preferred Brand	20%	\$100	20%	\$100			
Tier 4 Specialty	20%	\$150	20%	\$150			
Mail Order or Advantage 90 (mandatory for maintenance drugs)		In-Network		In-Network		In-Network	Out-of-Network
	Coinsurance	Maximum	Coinsurance	Minimum/Maximum	No Charge after deductible	File paper claim with OptumRx	
Tier 1 Generic (In-house pharmacy)	20%	\$50	20%	\$50			
Tier 2 Preferred Brand	20%	\$150	20%	\$150			
Tier 3 Non-Preferred Brand	20%	\$250	20%	\$250			
Tier 4 Specialty	N/A	N/A	N/A	N/A			

This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.