

# Reference Guide for Orlando Health Team Member Health Plan

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**ORLANDO**  
**HEALTH®**

Network





# Orlando Health Network

Please contact the Orlando Health Network if you want to:

- Submit or inquire about professional credentialing
- Request a copy of your contract
- Request a provider fee schedule
- Update the Provider Directory

**Contact:**  
**(321) 843-6700**  
(321) 843-6895 fax  
**OrlandoHealthNetwork@OrlandoHealth.com**

## ID Cards

ID cards were issued to Team Member Health Plan members for 2024. Below are samples of what the card should look like.

### Exclusive Care Plan

UMR

Issuer (80840) 911-39026-02

Member ID: 39110456

Group Number: 76-413548

ORLANDO HEALTH<sup>®</sup>

Member: MONICA SAMPLE 00 MED

Dependents: SPOUSE SAMPLE 01 MED

Optum Rx<sup>®</sup>

Rx BIN: 610127

Rx PCN: 01960000

Rx GRP: 01962791

ORLANDO HEALTH<sup>®</sup>

Network

Self-funded plan administered by UMR

\$30 PCP; \$50 SPECIALIST; \$250 ER; \$30 URGENT CARE

Rx GEN 20% (\$20 MAX); PREF 20% (\$60 MAX)

NON-PREF 20% (MAX \$120)

SPECIALTY 20% (\$200 MAX)

5030

### Care Plus Plan

UMR

Issuer (80840) 911-39026-02

Member ID: 39110418

Group Number: 76-413548

ORLANDO HEALTH<sup>®</sup>

Member: JOHN SAMPLE 00 MED

Dependents: SPOUSE SAMPLE 01 MED

Optum Rx<sup>®</sup>

Rx BIN: 610127

Rx PCN: 01960000

Rx GRP: 01962791

ORLANDO HEALTH<sup>®</sup>

Network

Self-funded plan administered by UMR

\$40 PCP; \$60 SPECIALIST; \$40 URGENT CARE

ER: DEDUCT APPLIES FIRST; ONCE MET THEN \$250 COPAY

Rx GEN 20% (\$20 MAX); PREF 20% (\$60 MAX)

NON-PREF 20% (\$120 MAX); SPECIALTY 20% (\$200 MAX)

5030

### HSA Care Plan

UMR

Issuer (80840) 911-39026-02

Member ID: 39113139

Group Number: 76-413548

ORLANDO HEALTH<sup>®</sup>

Member: BRANDY SAMPLE 00 MED

Dependents:

Optum Rx<sup>®</sup>

Rx BIN: 610127

Rx PCN: 01960000

Rx GRP: 01962791

ORLANDO HEALTH<sup>®</sup>

Network

Self-funded plan administered by UMR

Rx - Applies towards Deductible and OOP Max.

5030

This card must be presented each time services are requested.

Printed: 09-26-2023

Medical: Tier 1 Tier 2 Out of Net

Ded: \$500/\$1,000 \$0 \$0

OOPM: \$4,000/\$8,000\* \$4,000/\$8,000\* \$4,000/\$8,000

\*Includes pharmacy

Call UMR CARE 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: go.umar.com/OrlandoHealth 844-614-8435

Orlando Health Virtual Visits: orlandohealth.com/virtual-visit

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

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

ORLANDO HEALTH<sup>®</sup>

Virtual Visit

Pharmacists & Members: 877-559-2955

This card must be presented each time services are requested.

Printed: 09-26-2023

Medical: Tier 1 Tier 2 Out of Net

Ded: \$1,200/\$2,500 \$4,000/\$8,000 \$6,000/\$12,000

OOPM: \$4,000/\$8,000\* \$6,750/\$13,500\* \$9,000/\$18,000

\*Includes pharmacy

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

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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<sup>®</sup>

Choice Plus Network

ORLANDO HEALTH<sup>®</sup>

Virtual Visit

Pharmacists & Members: 877-559-2955

This card must be presented each time services are requested.

Printed: 09-26-2023

Medical: Tier 1 Tier 2 Out of Net

Ded: \$3,000\* \$4,000\* \$7,000

OOPM: \$5,000\* \$6,000\* \$7,000

\*Includes pharmacy

Call UMR CARE 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: go.umar.com/OrlandoHealth 844-614-8435

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UnitedHealthcare<sup>®</sup>

Choice Plus Network

ORLANDO HEALTH<sup>®</sup>

Virtual Visit

Pharmacists & Members: 877-559-2955

# Important Information

## UMR

UMR is the claims administrator for our medical plan. **Our Group Plan number is 76-413548.**

To verify coverage or benefits or to check a claim status, call our Customer Service team at **(844) 614-8435**.

**Submit claims, appeals, payment and verify patient eligibility:**

UMR

P.O. Box 30541 | Salt Lake City, UT 84130-0541

EDI Payor #: 39026

**Provider.umr.com**



## Orlando Health Network and United Healthcare Choice Plus

Orlando Health Network and United Healthcare Choice Plus are the Health Plans.

Orlando Health Network is the Tier 1 Provider. United Healthcare is the Tier 2 Provider.

To verify if a provider is in the Orlando Health Network or the United Healthcare Network:

- Call **(844) 614-8435**.
- Visit the UMR website for Orlando Health Network providers at **go.umr.com/OrlandoHealth**.
- Visit the UMR website for United Healthcare Choice Plus Network providers at **umr.com/oss/cms/UMR/Find\_a\_provider-choiceplus.html**.



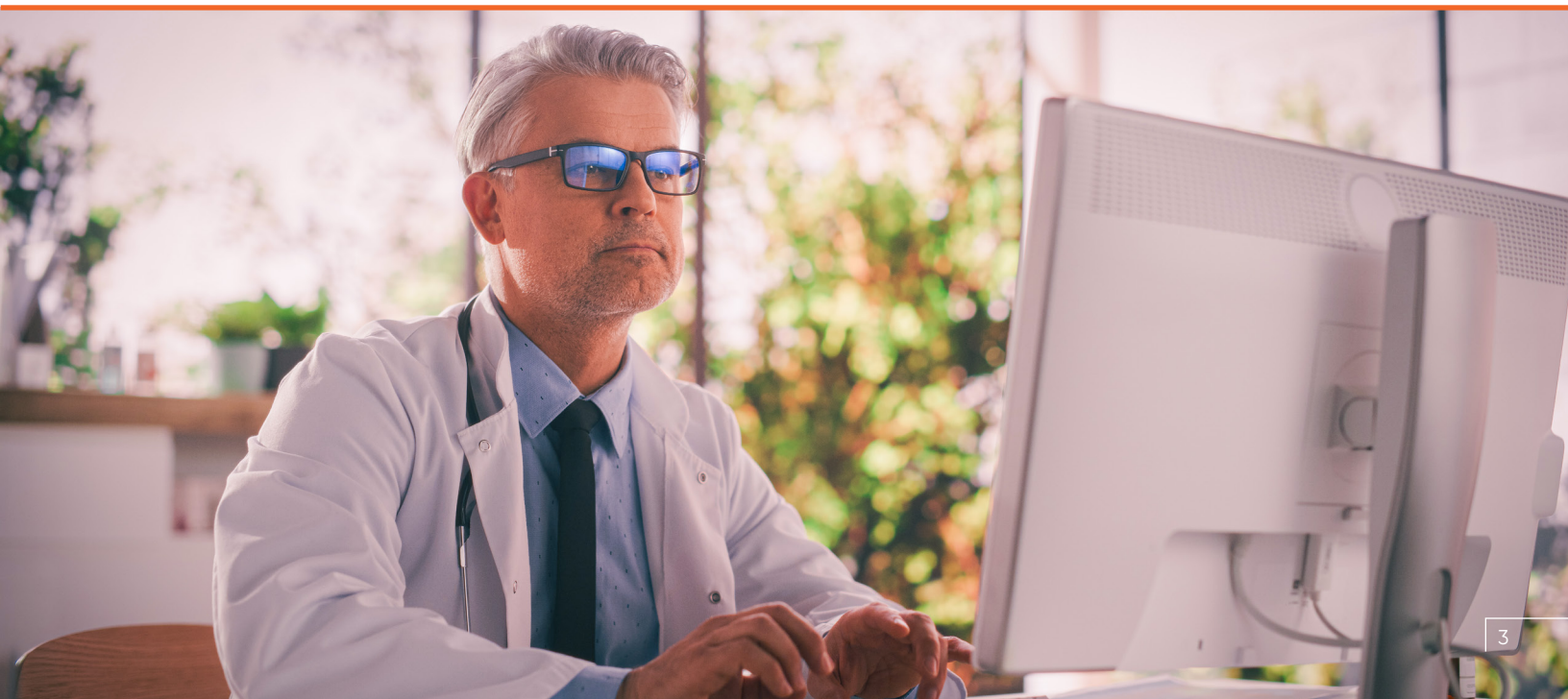
## OptumRx

OptumRx is the prescription drug vendor. Pharmacists and members can call OptumRx Customer Service at **(877) 559-2955**.

Rx BIN #: 610127

Rx PCN #: 019600000

Rx GRP #: 01962791





## Prior Authorization Requirements

The following services require prior authorization by UMR before care is provided from Orlando Health affiliated physicians and facilities.

- Applied behavior analysis (ABA) therapy (must establish medical necessity)
- Bariatric surgery (member must be covered on medical plan for minimum of 12 consecutive months to be eligible for this benefit)
- Botox injections
- Clinical trials
- Dental anesthesia
- Durable medical equipment:
  - \$500 for rental
  - \$1000 for prosthetics
  - \$1500 for purchase
- Gender reassignment services and surgeries
- Genetic testing
- Genetic testing for hereditary cancer risk (must receive genetic counseling provided by an Orlando Health certified genetic counselor prior to genetic testing for hereditary cancer risk screening)
- High-end radiology: positron emission tomography (PET), computed tomography angiography (CTA), magnetic resonance angiography (MRA) and single-photon emission computed tomography (SPECT) only
- Home health care
- Inpatient hospitalization:
  - Inpatient mental health and substance use disorder
  - Inpatient long term acute care (LTAC)
  - Inpatient maternity stays over 48 hours for normal delivery and 96 hours for cesarean delivery
  - Intensive outpatient treatment
  - Transplant and transplant related services
- Intravenous immune globulin (IVIG)
- Jaw surgeries
- Rhinoplasty, septoplasty, and other nasal structure surgeries
- Non-emergent air ambulance
- Outpatient rehabilitative therapies (prior authorization required after 24th visit):
  - Occupational therapy
  - Physical therapy
  - Speech therapy
- Partial hospitalization program
- Enteral feeding
- Pulmonary rehabilitation
- Reconstructive surgery (including breast reconstruction not due to cancer or a burn)
- Residential treatment
- Skilled nursing facility (extended care facilities)
- All specialty medications found on the following listing, regardless of place of service: **[www.umarwebapps.com/SpecialtyInjectable/](http://www.umarwebapps.com/SpecialtyInjectable/)**
- Specialty medications administered in a physician's office that exceed \$2,000 per dose (even if the medication is not found on the specialty medication listing)
- Specialty prenatal genetic lab testing (must receive genetic counseling provided by an Orlando Health certified genetic counselor prior to genetic testing for specialty prenatal genetic lab testing)
- Treatment of varicose veins of the extremities (sclerotherapy)



# Orlando Health Directory

## Bayfront Health St. Petersburg

603 7th St. South | St. Petersburg, FL 33701

**(727) 823-1234**

**BayfrontHealth.com**

## Bayfront Health Emergency Room – Crossroads

1800 66th St. North | St. Petersburg, FL 33710

## Bayfront Health Emergency Room – Pinellas Park

3070 Grand Ave. | Pinellas Park, FL 33782

## Orlando Health Arnold Palmer Hospital for Children

92 W. Miller St. | Orlando, FL 32806

**(321) 843-7777**

**ArnoldPalmerHospital.com**

## Orlando Health Dr. P. Phillips Hospital

9400 Turkey Lake Rd. | Orlando, FL 32819

**(407) 351-8500**

**OrlandoHealth.com/DrPPhillipsHospital**

## Orlando Health – Health Central Hospital

10000 W. Colonial Dr. | Ocoee, FL 34761

**(407) 296-1000**

**OrlandoHealth.com/HealthCentralHospital**

## Orlando Health Cancer Institute

1400 S. Orange Ave. | Orlando, FL 32806

**(321) 841-1869**

**OrlandoHealthCancer.com**

## Orlando Health Horizon West Hospital

17000 Porter Rd. | Winter Garden, FL 34787

**(407) 407-0000**

**OrlandoHealth.com/HorizonWestHospital**

## Orlando Health Orlando Regional Medical Center

52 W. Underwood St. | Orlando, FL 32806

**(321) 841-5111**

**OrlandoHealth.com/ORMC**

## Orlando Health South Lake Hospital

1900 Don Wickham Dr. | Clermont, FL 34711

**(352) 394-4071**

**SouthLakeHospital.com**

## Orlando Health South Seminole Hospital

555 W. State Road 434 | Longwood, FL 32750

**(407) 767-1200**

**OrlandoHealth.com/SouthSeminoleHospital**

## Orlando Health St. Cloud Hospital

2906 17th St. | St. Cloud, FL 34769

**(407) 892-2135**

**OrlandoHealth.com/StCloud**

## Orlando Health Winnie Palmer Hospital for Women and Babies

83 W. Miller St. | Orlando, FL 32806

**(321) 843-1110**

**WinniePalmerHospital.com**

## Orlando Health Emergency Room – Lake Mary

380 Rinehart Rd. | Lake Mary, FL 32746

**(321) 842-0550**

## Orlando Health Emergency Room – Osceola

1001 E. Osceola Pkwy. | Kissimmee, FL 34744

**(321) 842-1267**

## Orlando Health Emergency Room – Randal Park

10155 Dowden Rd. | Orlando, FL 32832

**(321) 842-2280**

## Orlando Health South Lake Hospital Emergency Room – Blue Cedar

22316 US Highway 27 | Leesburg, FL 34748

**(352) 536-8831**

## Orlando Health South Lake Hospital Joe H. and Loretta Scott Emergency Room – Four Corners

16966 N. Cagan Ridge Blvd. | Clermont, FL 34714

**(352) 536-8821**

## Orlando Health Emergency Room – Reunion Village

8011 Osceola Polk Line Rd. | Davenport, FL 33896

**(407) 407-0200**

# 2024 Orlando Health Medical Benefits Overview

Medical Coverage	Exclusive Care		Care Plus			HSA Care	
	In-Network	Out-of-Network	In-Network	UHC Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Single/Family	\$500/ \$1,000	N/A	\$1,250/ \$2,500	\$4,000/ \$8,000	\$6,000/ \$12,000	\$3,000/ \$6,000	\$7,000/ \$14,000
Individual Per Family Pays	\$500	N/A	\$1,250	\$4,000	\$6,000	\$6,000	\$14,000
Out of Pocket Max, Single/Family	\$4,000/ \$8,000	N/A	\$4,000/ \$8,000	\$6,750/ \$13,500	\$9,000/ \$18,000	\$5,000/ \$10,000	\$7,000/ \$14,000
General Coinsurance	0%	N/A	0%	50%	50%	20%	0%
Office Visits							
Preventive Care	\$0	Not Covered	\$0	\$0	Deductible and Coinsurance	\$0	Deductible
Virtual Visit	\$0	Not Covered	\$0	\$50 PCP \$70 Specialist	Deductible and Coinsurance	Deductible	Deductible
Primary Care Physician (PCP)	\$30	Not Covered	\$40	\$50	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Specialist	\$50	Not Covered	\$60	\$70	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Maternity Care (Physician Services)	\$300	Not Covered	\$300	\$400	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Emergency Services							
Urgent Care Services	\$30 CareSpot \$80 Others	\$100	\$40 CareSpot \$80 Others	\$80	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Emergency Department Visit	\$250*	\$250*	Deductible, then \$250*	Deductible, then \$250*	**	Deductible and Coinsurance	**
Ambulance Services	\$250	**	\$250	\$250	**	Deductible and Coinsurance	**
Outpatient Services							
Minor Diagnostics (Labs)	\$20 OH \$30 Others	Not Covered	\$25 OH \$40 Others	\$45	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Minor Diagnostics (X-rays)	\$20 OH \$30 Others	Not Covered	\$25 OH \$40 Others	\$60	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Major Diagnostics	Deductible, then \$250	Not Covered	Deductible, then \$350	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Outpatient Surgery	Deductible, then \$250	Not Covered	Deductible, then \$350	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Durable Medical Equipment (DME)	Purchase \$75 Rental \$50	Not Covered	Purchase \$75 Rental \$50	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible
Inpatient Services							
Inpatient Services	Deductible, then \$500 daily, 3 day max	Not Covered	Deductible, then \$500 daily, 3 day max	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible

\*Waived if admitted. \*\*Same as in-network, if true emergency.

# Prescription Drug Plan

	Exclusive Care and Care Plus		HSA Care	
Annual Deductible – Single/Family	N/A		\$3,000/\$6,000	\$7,000/\$14,000
	In-Network		In-Network	Out-of-Network
Prescription Drugs Retail (Up to 30-Day Supply)				
	Coinurance	Maximum		
Tier 1 Generic	20%	\$20	Deductible and Coinsurance	File claim with OptumRX
Tier 2 Preferred Brand	20%	\$60	Deductible and Coinsurance	File claim with OptumRX
Tier 3 Non-Preferred Brand	20%	\$120	Deductible and Coinsurance	File claim with OptumRX
Tier 4 Specialty – Obtain at an Onsite Orlando Health Pharmacy Only	20%	\$200	Deductible and Coinsurance	File claim with OptumRX
Prescription Drugs – Mail-Order or Advantage 90 (Mandatory for Maintenance Drugs)				
	Coinurance	Maximum		
Tier 1 Generic	20%	\$50	Deductible and Coinsurance	File claim with OptumRX
Tier 2 Preferred Brand	20%	\$150	Deductible and Coinsurance	File claim with OptumRX
Tier 3 Non-Preferred Brand	20%	\$300	Deductible and Coinsurance	File claim with OptumRX
Tier 4 Specialty Medications	N/A	N/A	N/A	N/A
Specialty Medications and Prior Authorizations				

Certain medications, including specialty medications, require a prior authorization before they will be covered by your plan. Specialty medications will be limited to a 30-day supply and must be obtained from a Scripts Specialty Pharmacy.

**If you are currently taking any specialty medications and need to request prior authorization, please call our clinical call center at (800) 711-4555.**

## Network Lab

### Orlando Regional Medical Center – Outpatient Lab

52 W. Underwood St.  
Orlando, FL 32806  
**(321) 843-9560**

Copays for Lab Services:  
Exclusive Care: \$20  
Care Plus: \$25



To learn more, visit  
**OrlandoHealthNetwork.com**

