

CROUSE HOSPITAL UNION MEDICAL PLAN COMPARISON

Covered Services	Crouse Select Plan	Crouse Super Plan
General Information - Claims Administrator - Excellus		
Calendar Year Deductible	Crouse Hospital Network: Does not apply All other providers: \$200 Individual - \$500 Family	Crouse Hospital Network: Does not apply All other providers: \$200 Individual - \$500 Family
Percentage Coinsurance	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges
Out of Pocket Maximum	\$1,000 Individual; \$3,000 family. Does not apply to Crouse Network	\$1,000 Individual; \$3,000 family. Does not apply to Crouse Network
Dependent Child Coverage	Adult Child to age 26	Adult Child to age 26
Physician/Specialist Office Visit	Plan pays 80% of allowed charges	Plan pays 100% of allowed charges.
Allergy Shots	Plan pays 80% of allowed charges	Plan pays 100% of allowed charges.
Chiropractic Services	Excellus: Plan pays 80% of allowed charges. All other providers: 80% of allowable charges after deductible	Plan pays 100% of allowed charges.
	Limited to twenty (20) visits per covered person per calendar year for in-network and out-of-network services combined	
Preventive Care		
<ul style="list-style-type: none"> ● Well Child Care/Immunizations (to age 19) ● Routine Cervical Cancer Screening ● Mamography Screenings ● Routine Prostate Cancer Screening ● Adult Physicals (Age 19 or older, exam, related screening tests and immunizations other than HPV) 	Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 100% of allowed charges after deductible	Plan pays 100% of allowed charges. Deductible does not apply
Inpatient Hospital Services		
Inpatient Acute Care General Hospital Medical/Surgical Care and Maternity Services including Newborn Nursery Care	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 100% of allowed charges for dependents under 18; Plan pays 75% of allowed charges Deductible does not apply	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 100% of allowed charges for dependents under 18; Plan pays 75% of allowed charges Deductible does not apply
Inpatient Mental Disorder Care <ul style="list-style-type: none"> ● General Hospital or Private Proprietary Psychiatric Facility ● Hospital Mental Disorder Day/Night Care Center ● Residential Treatment Facility 	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 75% of allowed charges	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 100% of allowed charges. Deductible does not apply
Preadmission Testing Testing must be rendered within 14 days Prior to admission	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 75% of allowed charges	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 100% of allowed charges. Deductible does not apply

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Outpatient Hospital Services		
Emergency Room Services - Medical Emergency - Facility Charge	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible; 100% for dependents under 18	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges. Deductible does not apply; 100% for dependents under 18
Freestanding Urgent Care	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 80% of allowed charges after deductible Out-of Network Providers: Plan pays 75% of allowed charges after deductible	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 80% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 75% of allowed charges. Deductible does not apply
Diagnostic Services X-ray, CT scans, MRI	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible; 100% when done as part of an office visit Basic X-rays covered in full when provided in a Crouse affiliated physician's office that provides this service within their office	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible
Diagnostic Machine Tests	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges. Deductible does not apply
Cardiac Rehabilitation	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 80% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 80% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible
Ambulatory Surgical Center	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 75% of allowed charges. Deductible does not apply	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 75% of allowed charges. Deductible does not apply
Physicians Services - Surgical Care		
Anesthesia	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges All other providers: Plan pays 100% of allowed charges	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges All other providers: Plan pays 100% of allowed charges
Second Opinion Consultation	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 100% of allowed charges after deductible	Plan pays 100% of allowed charges. Deductible does not apply
Rehabilitation Services		
Physical/Occupational Therapy	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible Limit to 45 visits per covered person per calendar year	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible
Additional Benefits		
Hospice Care	Plan pays 100% of allowed charges after deductible	Plan pays 100% of allowed charges. Deductible does not apply

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Durable Medical Equipment and Prosthetics/Orthotics	Excellus Network: Plan pays 100%. Deductible does not apply Out-of Network Providers: Plan pays 80% of allowed charges after deductible	Excellus Network: Plan pays 100%. Deductible does not apply Out-of Network Providers: Plan pays 80% of allowed charges after deductible
Ambulance Services	Plan pays 80% of allowable charges after deductible	Plan pays 80% of allowed charges after deductible
Treatment of Diabetes - Office Visit Please refer to Prescription Drug coverage details relating to diabetic supplies and prescription drug	Excellus Network: Plan pays 80% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible	Plan pays 100% of allowed charges.
Diagnostic Laboratory	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible
	Lab work covered in full when provided in a Crouse affiliated physician's office that provides this service within their office	
Diagnostic Pathology Tests	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 80% of allowed charges after deductible	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan 80% of allowed charges after deductible
Nutritional Counseling	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 80% of allowed charges after deductible	Crouse Hospital Network: Plan pays 100% of allowed charges Excellus Network: Plan pays 100% of allowed charges. Deductible does not apply Out-of Network Providers: Plan pays 80% of allowed charges after deductible
	Limited to six (6) visits per covered person per calendar year for in-network and out-of-network services combined	
PHARMACY		
	Crouse Employee Pharmacy	In Network Retail Pharmacy
● Generic Drug - Tier 1	\$4 co-pay	40% of allowable charges, Max 30 day supply for any drug purchased at Retail Pharmacies
● Formulary Drug - Tier 2	minimum \$4 co-pay; maximum \$30 co-pay	
● Non-Formulary or Brand Name Drug - Tier 3	\$70 co-pay - Pre-Authorization Required	
● Brand Name Diabetic Drugs & Supplies	\$10 - co-pay	
● Generic Contraceptives	No co-pay	Note - out of Network Pharmacy - NOT COVERED
● Specialty Drugs	20% with a \$100.00 cap - use of ACCREDO Specialty Pharmacy required	
	Specialty Drugs are limited to a 30 day supply: One copayment for a 1-30 day supply.	
	Maintenance Drugs are limited to a 102 day supply	
	One copayment for a 1-30 day supply	
	Two copayments for a 31-60 day supply	
	Three copayments for a 61-100 day supply	

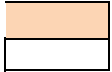
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PHARMACY (CON'T)	<p><i>The Rx plan has been designed to focus the purchase of Prescription drugs at the Crouse Hospital Pharmacy and Accredo (Specialty medications). Use of these two sources not only saves the Patient money, it significantly reduces the cost of Drugs to the plan, helping us provide a low cost Prescription Drug program to our employees and families.</i></p>	

Medical Benefits: Excellus, P.O. Box 21146, Eagan, MN 55121. Telephone number: 1-855-737-0760. Website: www.Excellusbcbs.com/crouse

Prescription Drug Benefits: Express Scripts Inc. (ESI) Please refer to the number on your Identification card.

This outline for the Crouse Hospital Employee Health Plan has been prepared to provide a brief description of health plan features in effect as of January 1, 2021. This outline is not a Summary Plan Description and should not be used as a source to confirm or deny plan coverage or benefits.



Work Retail Pharmacy

