

Crouse Hospital Non - Union Medical Plan Summary

Crouse Choice Plan-Excellus			
Covered Services	<i>Crouse Hospital Affiliates Crouse Physician Network</i>	<i>Excellus Providers</i>	<i>Out-of-Network Providers</i>
General Information - Claims Administrator Excellus			
Calendar Year		\$250 Individual	
Deductible	No Deductible	\$500 2-Person \$750 Family (three or more family members)	
Network Copayment	\$20 Co-Pay	\$45 Co-Pay (varies per event)	Does not apply
Co-insurance	Plan pay 100% of allowed charges	Plan pays 80% of allowed charges	Plan pays 70% of allowed charges
Out of Pocket Maximum	None	\$1,000 Individual \$3,000 Family	\$2,000 Individual \$6,000 Family
Dependent Child Coverage	Adult child to age 26		
Outpatient Physician Services			
Physician/Specialist Office Visit	\$20 Co-Pay	\$45 Co-Pay	Plan pays 70% of allowed charges after deductible
Allergy Shots	Plan pay 100% of allowed charges	\$45 Co-Pay	Plan pays 70% of allowed charges after deductible
Chiropractic Services	\$20 Co-Pay	\$20 Co-Pay	Plan pays 70% of allowed charges after deductible
	Limited to twenty (20) visits per covered person per calendar year for in-network and out-of-network services combined		
Preventive Care			
Well Child Care & Immunizations (to age 19)	Plan pay 100% of allowed charges	Plan pays 100% of allowed charges	Plan pays 70% of allowed charges after deductible
Routine GYN Visits/ Mammography Screenings	Plan pay 100% of allowed charges	Plan pays 100% of allowed charges	Plan pays 70% of allowed charges after deductible
Routine Adult Physical (age 19 or older) to include Exam, related screenings tests, and Immunizations other than HPV	Plan pay 100% of allowed charges	Plan pay 100% of allowed charges	Plan pays 70% of allowed charges after deductible
Prescription Drug Coverage			
Claims Administrator - ProAct	<i>Crouse Employee Pharmacy</i>	<i>Retail Pharmacy</i>	<i>Retail Pharmacy</i>
• Generic Drug - Tier 1	\$4 co-pay	40% of allowable charges; 20% of allowable charges at Kinney Drug Stores FOR EMERGENCY MEDICATIONS (pain meds and antibiotics) ONLY	
• 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		
• Specialty Drugs	20% with a \$100.00 cap - use of Nobles Speciality 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 61-90 day supply Four copayments for a 91-102 day supply		

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Inpatient Hospital Services			
Inpatient Acute Care General Hospital	Plan pays 100% of allowed charges	\$2,000 co-pay up to a maximum of \$3,000 per person per calendar year. Plan pays 100% of allowed charges for dependents under age 18	\$2,000 co-pay
Maternity Services & Newborn Nursery Care	Plan pays 100% of allowed charges	\$1,000 co-pay	\$2,000 co-pay
Inpatient Mental Health Care	Plan pays 100% of allowed charges	Plan pays 100% of allowed charges	Plan pays 70% of allowed charges after deductible
Outpatient Hospital Services			
Ambulatory Surgical Center	Plan pays 100% of allowed charges	\$500 Co-pay	Plan pays 70% of allowed charges after deductible
Urgent Care	Plan pays 100% of allowed charges	\$70 Co-pay	Plan pays 70% of allowed charges after deductible
Emergency Room Services	Plan pays 100% of allowed charges	\$100 Co-pay Plan pays 100% of allowed charges for dependents under 18	Plan pays 100% of allowed charges
Diagnostic Services X-ray, CT scans, MRI, Lab & Pathology	Plan pays 100% of allowed charges	Plan pays 80% of allowed charges after deductible	Plan pays 70% of allowed charges after deductible
Nutritional Counseling	Plan pays 100% of allowed charges	Plan pays 80% of allowed charges	Plan pays 70% of allowed charges
Limited to six (6) visits per covered person per calendar year for in-network and out-of-network services combined			
Physicians Services - Surgical Care			
Surgical Services (Inpatient or Outpatient)	Plan pays 100% of allowed charges	Plan pays 100% of allowed charges	Plan pays 70% of allowed charges after deductible
Surgical Services (Office)	Plan pays 100% of allowed charges	Plan pays 100% of allowed charges	Plan pays 70% of allowed charges after deductible
Second Opinion Consultation	Plan pays 100% of allowed charges	\$25 Co-pay	Plan pays 70% of allowed charges after deductible
Rehabilitation Services			
Physical Therapy 45 visits per covered person per calendar year	Plan pays 100% of allowed charges	Plan pays 80% of allowed charges after deductible	Plan pays 70% of allowed charges after deductible
Mental Health Care and Chemical Dependency			
Outpatient Mental Health	\$20 Co-pay	\$25 Co-pay	Plan pays 70% of allowed charges after deductible
Outpatient Chemical Dependency	\$20 Co-pay	\$25 Co-pay	Plan pays 70% of allowed charges after deductible

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Additional Benefits			
Hospice Care	Plan pays 100% of allowed charges	Plan pays 100% of allowed charges	Plan pays 70% of allowed charges after deductible
Durable Medical Equipment	Plan pays 100% of allowed charges	Plan pays 100% of allowed charges	Plan pays 70% of allowed charges after deductible
Ambulance Services	Not Available	\$100 Co-pay	Plan pays 100% of allowed charges after \$100 benefit copayment.
Diagnostic Lab/Pathology Tests	Plan pays 100% of allowed charges	Plan pays 80% of allowed charges after deductible; 100% in office	Plan pays 70% of allowed charges after deductible
Treatment of Diabetes	\$15 co-pay	\$25 co-pay	Plan pays 70% of allowed charges after deductible
Integrative Medicine			
Acupuncture* (16 visits per year)	Plan pays 50% of allowed charges up to a \$50 per visit maximum	Plan pays 50% of allowed charges up to a \$50 per visit maximum	Plan pays 50% of allowed charges up to a \$50 per visit maximum
Massage Therapy* (16 visits per year)	Plan pays 50% of allowed charges up to a \$35 per visit maximum	Plan pays 50% of allowed charges up to a \$35 per visit maximum	Plan pays 50% of allowed charges up to a \$35 per visit maximum
Hypnotherapy** (4 visits per year)	Plan pays 50% of allowed charges up to a \$50 per visit maximum	Plan pays 50% of allowed charges up to a \$50 per visit maximum	Plan pays 50% of allowed charges up to a \$50 per visit maximum

Claims Administrator

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

Prescription Drug Benefits: ProAct Pharmacy Services, Inc., 29 East Main Street, Gouverneur, NY 13642. Telephone number: 1-877-622-8033 (Monday through Friday, 7:00 - 7:00 E.S.T) (1-866-614-0127 after hours, holidays and weekends). Website: www.proactrx.com

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, 2020. This outline is not a Summary Plan Description and should not be used as a source to confirm or deny plan coverage or benefits.