

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	Crouse Hospital Network: Plan pays 100% of allowed charges All other providers: Plan pays 80% of allowed charges after deductible
Basic X-rays covered in full when provided in a Crouse affiliated physician's office that provides this service within their office		
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 Lab work 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 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 Limited to six (6) visits per covered person per calendar year for in-network and out-of-network services combined	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
Prescription Drug Coverage - Claims Administrator ProAct		
Crouse Employee Pharmacy	<i>You pay</i>	<i>You pay</i>
• Generic Drug - Tier 1	\$4 co-pay	\$4 co-pay
• Formulary Drug - Tier 2	minimum \$4 co-pay; maximum \$30 co-pay	minimum \$4 co-pay; maximum \$30 co-pay
• Non-Formulary or Brand Name Drug - Tier 3	\$70 co-pay - Pre-Authorization Required	\$70 co-pay - Pre-Authorization Required
• Brand Name Diabetic Drugs & Supplies	\$10 - co-pay	\$10 - co-pay
• Generic Contraceptives	No co-pay	No co-pay
• Specialty Drugs	20% with a \$100.00 cap - use of Nobles Speciality Pharmacy required	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	
Retail Pharmacy	40% of allowable charges; 20% of allowable charges at Kinney Drug Stores FOR EMERGENCY MEDICATIONS (pain meds and antibiotics) ONLY	40% of allowable charges; 20% of allowable charges at Kinney Drug Stores FOR EMERGENCY MEDICATIONS (pain meds and antibiotics) ONLY
• Generic Contraceptives	No co-pay	No co-pay

Claims Administrators

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.