

## Crouse Hospital Non - Union Medical Plan Summary

| <b>Crouse Choice Plan-Excellus</b>  |   |   |   |
|---|---|---|---|
| <b>Covered Services</b>   | <i>Crouse Hospital Affiliates<br/>Crouse Physician Network</i>  | <i>Excellus<br/>Providers</i>   | <i>Out-of-Network<br/>Providers</i>                             |
| <b>General Information - Claims Administrator Excellus</b>  |   |   |   |
| <b>Calendar Year</b>  |   | \$250 Individual  |   |
| <b>Deductible</b>   | No Deductible   | \$500 2-Person  |   |
|   |   | \$750 Family (three or more family members)   |   |
| <b>Network Copayment</b>  | \$15 Co-Pay   | \$40 Co-Pay (varies per event)  | Does not apply  |
| <b>Co-insurance</b>   | Plan pay 100% of allowed charges  | Plan pays 80% of allowed charges  | Plan pays 70% of allowed charges                                |
| <b>Out of Pocket Maximum</b>  | None  | \$1,000 Individual<br>\$3,000 Family  | \$2,000 Individual<br>\$6,000 Family                            |
| <b>Dependent Child Coverage</b>   | <b>Adult child to age 26</b>  |   |   |
| <b>Outpatient Physician Services</b>  |   |   |   |
| <b>Physician/Specialist Office Visit</b>  | \$15 Co-Pay   | \$40 Co-Pay   | Plan pays 70% of allowed charges after deductible               |
| <b>Allergy Shots</b>  | Plan pay 100% of allowed charges  | \$40 Co-Pay   | Plan pays 70% of allowed charges after deductible               |
| <b>Chiropractic Services</b>  | \$20 Co-Pay   | \$20 Co-Pay   | Plan pays 50% of allowed charges up to a \$50 per visit maximum |
|   | <b>Limited to twenty (20) visits per covered person per calendar year for in-network and out-of-network services combined</b> |   |   |
| <b>Preventive Care</b>  |   |   |   |
| <b>Well Child Care &amp; Immunizations (to age 19)</b>  | Plan pay 100% of allowed charges  | Plan pays 100% of allowed charges   | Plan pays 70% of allowed charges after deductible               |
| <b>Routine GYN Visits/<br/>Mammography Screenings</b>   | Plan pay 100% of allowed charges  | Plan pays 100% of allowed charges   | Plan pays 70% of allowed charges after deductible               |
| <b>Routine Adult Physical (age 19 or older) to include Exam, related screenings tests, and Immunizations other than HPV</b> | Plan pay 100% of allowed charges  | Plan pay 100% of allowed charges  | Plan pays 70% of allowed charges after deductible               |
| <b>Prescription Drug Coverage</b>   |   |   |   |
|   | <b>Crouse Employee<br/>Pharmacy</b>   | <b>In Network Retail Pharmacy</b>   | <b>Out of Network Retail Pharmacy</b>                           |
| • Generic Drug - Tier 1   | \$4 co-pay  | 40% of allowable charges, Max 30 day supply for any drug purchased at Retail Pharmacies | <b>NOT COVERED</b>  |
| • 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 ACCREDO Specialty Pharmacy required  |   |   |
|   | <b>Specialty Drugs are limited to a 30 day supply: One copayment for a 1-30 day supply.</b>                                   |   |   |
|   | <b>Maintenance Drugs are limited to a 102 day supply</b>  |   |   |
|   | 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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|   | <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> |                               |                                     |

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| <b>Inpatient Hospital Services</b>  |  |   |   |
| <b>Inpatient Acute Care<br/>General Hospital</b>  | 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                                    |
| <b>Maternity Services &amp;<br/>Newborn Nursery Care</b>  | Plan pays 100% of allowed charges                              | \$1,000 co-pay  | \$2,000 co-pay                                    |
| <b>Inpatient Mental<br/>Health Care</b>   | Plan pays 100% of allowed charges                              | Plan pays 100% of allowed charges   | Plan pays 70% of allowed charges after deductible |
| <b>Outpatient Hospital Services</b>   |  |   |   |
| <b>Ambulatory Surgical<br/>Center</b>   | Plan pays 100% of allowed charges                              | \$500 Co-pay  | Plan pays 70% of allowed charges after deductible |
| <b>Urgent Care</b>  | Plan pays 100% of allowed charges                              | \$50 Co-pay   | Plan pays 70% of allowed charges after deductible |
| <b>Emergency Room Services</b>  | Plan pays 100% of allowed charges                              | \$100 Co-pay<br>Plan pays 100% of allowed charges for dependents under 18   | Plan pays 100% of allowed charges                 |
| <b>Diagnostic Services</b><br>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 |
| <b>Basic X-rays and lab work covered in full when provided in a Crouse affiliated physician's office that provides this service within their office</b> |  |   |   |
| <b>Nutritional Counseling</b>   | Plan pays 100% of allowed charges                              | Plan pays 80% of allowed charges  | Plan pays 70% of allowed charges                  |
| <b>Limited to six (6) visits per covered person per calendar year for in-network and out-of-network services combined</b>                               |  |   |   |
| <b>Physicians Services - Surgical Care</b>  |  |   |   |
| <b>Surgical Services<br/>(Inpatient or Outpatient)</b>  | Plan pays 100% of allowed charges                              | Plan pays 100% of allowed charges   | Plan pays 70% of allowed charges after deductible |
| <b>Surgical Services<br/>(Office)</b>   | Plan pays 100% of allowed charges                              | Plan pays 100% of allowed charges   | Plan pays 70% of allowed charges after deductible |
| <b>Second Opinion<br/>Consultation</b>  | Plan pays 100% of allowed charges                              | \$25 Co-pay   | Plan pays 70% of allowed charges after deductible |
| <b>Rehabilitation Services</b>  |  |   |   |
| <b>Physical Therapy</b><br>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 |
| <b>Mental Health Care and Chemical Dependency</b>   |  |   |   |
| <b>Outpatient Mental Health</b>   | \$15 co-pay  | \$25 co-pay   | Plan pays 70% of allowed charges after deductible |
| <b>Outpatient Chemical<br/>Dependency</b>   | \$15 co-pay  | \$25 co-pay   | Plan pays 70% of allowed charges after deductible |

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| <b>Additional Benefits</b>                      |   |   |  |
| <b>Hospice Care</b>                             | Plan pays 100% of allowed charges                               | Plan pays 100% of allowed charges                                 | Plan pays 70% of allowed charges after deductible                |
| <b>Durable Medical Equipment</b>                | Plan pays 100% of allowed charges                               | Plan pays 100% of allowed charges                                 | Plan pays 70% of allowed charges after deductible                |
| <b>Ambulance Services</b>                       | Not Available   | \$100 co-pay  | Plan pays 100% of allowed charges after \$100 benefit copayment. |
| <b>Diagnostic Lab/Pathology Tests</b>           | 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                |
| <b>Treatment of Diabetes</b>                    | \$15 co-pay   | \$25 co-pay   | Plan pays 70% of allowed charges after deductible                |
| <b>Integrative Medicine</b>                     |   |   |  |
| <b>Acupuncture*</b><br>(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  |
| <b>Massage Therapy*</b><br>(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  |
| <b>Hypnotherapy**</b><br>(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](http://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.