

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 | |
| ● Formulary Drug - Tier 2 | minimum \$4 co-pay; maximum \$30 co-pay | 40% of allowable charges, Max 30 day supply for any drug purchased at Retail Pharmacies |
| ● 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, 2022. This outline is not a Summary Plan Description and should not be used as a source to confirm or deny plan coverage or benefits.