

Crouse Hospital Non - Union Medical Plan Summary

	Crouse Choice Plan-Excellus		
Covered Services	Crouse Hospital Affiliates Crouse Physician Network	Excellus Providers	Out-of-Network Providers
General Information - Claims Administrator Excellus			
Calendar Year	No Deductible	\$250 Individual	
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 50% of allowed charges up to a \$50 per visit maximum
	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			
	Crouse Employee Pharmacy	In Network Retail Pharmacy	Out of 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	NOT COVERED
• 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		
	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		
Jan - 2023			

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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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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	\$50 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
	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		
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	\$15 co-pay	\$25 co-pay	Plan pays 70% of allowed charges after deductible
Outpatient Chemical Dependency	\$15 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: 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, 2023. This outline is not a Summary Plan Description and should not be used as a source to confirm or deny plan coverage or benefits.