

CROUSE HOSPITAL UNION MEDICAL PLAN

Covered Services	Crouse Select Plan
General Information - Claims Administrator - Excellus	
Calendar Year Deductible	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
Out of Pocket Maximum	\$1,000 Individual; \$3,000 family. Does not apply to Crouse Network
Dependent Child Coverage	Adult Child to age 26
Physician/Specialist Office Visit	Plan pays 80% of allowed charges
Allergy Shots	Plan pays 80% of allowed charges
Chiropractic Services	Excellus: Plan pays 80% of allowed charges.
	All other providers: 80% of allowable 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	
<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
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
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
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
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
Freestanding Urgent Care	Crouse Hospital Network: Plan pays 100% of allowed charges

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	<p>Excellus Network: Plan pays 80% of allowed charges after deductible</p> <p>Out-of Network Providers: Plan pays 75% of allowed charges after deductible</p>
<p>Diagnostic Services X-ray, CT scans, MRI</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>All other providers: Plan pays 80% of allowed charges after deductible; 100% when done as part of an office visit</p> <p>Basic X-rays covered in full when provided in a Crouse affiliated physician's office that provides this service within their office</p>
<p>Diagnostic Machine Tests</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>All other providers: Plan pays 80% of allowed charges after deductible</p>
<p>Cardiac Rehabilitation</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>Excellus Network: Plan pays 80% of allowed charges</p> <p>All other providers: Plan pays 80% of allowed charges after deductible</p>
<p>Ambulatory Surgical Center</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>All other providers: Plan pays 75% of allowed charges.</p> <p>Deductible does not apply</p>
Physicians Services - Surgical Care	
<p>Anesthesia</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>Excellus Network: Plan pays 100% of allowed charges</p> <p>All other providers: Plan pays 100% of allowed charges</p>
<p>Second Opinion Consultation</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>All other providers: Plan pays 100% of allowed charges after deductible</p>
Rehabilitation Services	
<p>Physical/Occupational Therapy</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>All other providers: Plan pays 80% of allowed charges after deductible</p> <p>Limit to 45 visits per covered person per calendar year</p>
Additional Benefits	
<p>Hospice Care</p>	<p>Plan pays 100% of allowed charges after deductible</p>
<p>Durable Medical Equipment and Prosthetics/Orthotics</p>	<p>Excellus Network: Plan pays 100%. Deductible does not apply</p> <p>Out-of Network Providers: Plan pays 80% of allowed charges after deductible</p>
<p>Ambulance Services</p>	<p>Plan pays 80% of allowable charges after deductible</p>
<p>Treatment of Diabetes - Office Visit Please refer to Prescription Drug coverage details relating to diabetic supplies and prescription drug</p>	<p>Excellus Network: Plan pays 80% of allowed charges</p> <p>All other providers: Plan pays 80% of allowed charges after deductible</p>
<p>Diagnostic Laboratory</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>All other providers: Plan pays 80% of allowed charges after deductible</p> <p>Lab work covered in full when provided in a Crouse affiliated physician's office that provides this service within their office</p>
<p>Diagnostic Pathology Tests</p>	<p>Crouse Hospital Network: Plan pays 100% of allowed charges</p> <p>Excellus Network: Plan pays 100% of allowed charges.</p>

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	Deductible does not apply Out-of Network Providers: Plan pays 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
PHARMACY	
	Crouse Employee Pharmacy
• Generic Drug - Tier 1	\$4 co-pay
• 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 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
PHARMACY (CON'T)	<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>

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, 2024. This outline is not a Summary Plan Description and should not be used as a source to confirm or deny plan coverage or benefits.