

Medical and Prescription Drug Programs

The Crown Plan offers employees a comprehensive, high-quality Medical Program as well as a Prescription Drug Program. The Medical Program features a network of doctors and specialists who have agreed to provide services at a discounted price. You can see providers outside of the network, but if you use the in-network providers, you will pay less. The information below is a summary of coverage only. Visit go.umar.com/crown or contact the Insurance Department at **1-800-884-0227** for detailed Medical Program summaries.

Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you** are responsible.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Annual Medical & Prescription Drug Out-of-Pocket Maximum (Individual/Family)	Salary Based: <\$150,000: \$3,500/\$7,000 \$150,000+: \$4,500/\$9,000	Salary Based: <\$150,000: \$7,000/\$14,000 \$150,000+: \$9,000/\$18,000
MEDICAL		
Annual Deductible (Individual/Family)	Salary Based: <\$150,000: \$500/\$1,000 \$150,000+: \$1,500/\$3,000	Salary Based: <\$150,000: \$1,000/\$2,000 \$150,000+: \$3,000/\$6,000
Coinsurance	20% after deductible	40% after deductible
Physician Services		
Doctor's Office Visit	\$20 copay	40% coinsurance after ded.
Specialist Office Visit	\$40 copay	40% coinsurance after ded.
Preventive Care	0%	40% coinsurance after ded.
Lab & X-Ray Services	20% coinsurance after ded.	40% coinsurance after ded.
Freestanding Lab (E.G., LabCorp, Quest)	0%	40% coinsurance after ded.
Hospital Services		
Inpatient	20% coinsurance after ded.	40% coinsurance after ded.
Outpatient	20% coinsurance after ded.	40% coinsurance after ded.
Urgent Care	\$50 copay	40% coinsurance after ded.
Emergency Care	20% coinsurance after in-network deductible	
PRESCRIPTION DRUGS		
Annual Deductible	None	
Retail (30-Day Supply)		
Generic	20% coinsurance	
Preferred Brand	30% coinsurance	
Non-preferred Brand	50% coinsurance	
Mail Order (90-Day Supply) Available Via Mail or a CVS Pharmacy		
Generic	20% (up to \$40)	
Preferred Brand	30% (up to \$100)	
Non-preferred Brand	50% (up to \$200)	
Specialty Drugs	50% (up to \$200)	
Specialty Drugs Qualifying For Copay Assistance Program	\$0 copay or 30% coinsurance if an individual opts out	
MONTHLY PAYCHECK DEDUCTIONS		
Employee Only	\$0	
Employee + 1	\$160	
Employee + 2	\$320	
Employee + 3 or More	\$480	
Surcharges		
Tobacco Surcharge	\$100 per Employee and/or Spouse	
Working Spouse Surcharge	\$150	

NOTE: Deductibles, copays, and coinsurance paid under either the Medical and/or Prescription Drug Programs accumulate toward the same annual out-of-pocket maximums. Costs for exceeding reasonable and customary charges may apply for all out-of-network benefits. All employees and spouses have the opportunity to avoid the tobacco surcharge by participating in an approved tobacco cessation program or complying with the medical waiver requirements as outlined in the Summary Plan Description.

Other Programs

Teladoc – Teladoc gives you access 24 hours a day, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. With just a \$10 copay, it's an affordable option for acute medical problems.

UMR Nurse Line & CARE Management - UMR nurses are available 24 hours a day, 7 days a week at no cost to you. Call the nurse line to get help choosing the right health care setting or ask questions about health issues or symptoms. For more complex conditions such as serious injuries, long-term illness or pregnancies, the UMR CARE nurses can help you navigate your benefits alongside your health care needs by working with you, your doctors, and other medical advisors.

Digital Physical Therapy – Hinge Health is a **FREE** service that connects you with a licensed physical therapist and health coach through their website or mobile app. The Hinge Health team develops a personalized care plan to help you prevent or relieve joint and muscle pain anytime, anywhere.

Wellness Coaching & Nutrition Counseling – Ramp Health can help you achieve your health goals by providing ongoing guidance to lower cholesterol, manage stress, lose weight, improve diet and exercise, manage high blood pressure, and much more. Connect with a health coach or registered dietitian for personalized support at no cost to you.

Diabetes Management – Those with diabetes or prediabetes can receive free, expert guidance from a **Ramp Health Certified Diabetes Care and Education Specialist (CDCES)**. A CDCES can help you prevent, delay or manage diabetes by reducing risks and developing self-care skills. For Type 2 diabetics, the **UMR Level 2 Program** provides more comprehensive support at no cost. Qualified members receive a continuous glucose monitor and access to clinicians specializing in diabetes care.

Tobacco Cessation – The Prescription Drug Program covers generic nicotine patches, gums, lozenges and certain prescription medications at no cost to you. Simply present your prescription, which is required even for over-the-counter products, and CVS Caremark ID card to the pharmacist. You can also contact the Employee Assistance Program for personalized coaching on your journey to becoming tobacco-free.

NOTE: The Medical Program covers certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at www.umar.com.

Dental Program

Dental coverage is important to your overall health and wellness. You can enroll in the dental program through UMR for yourself and your family. The dental program features a network of dentists and specialists who have agreed to provide services at a discounted price. If you use these in-network providers, you may pay less because of these discounts. The information below is a summary of coverage only. You may go online at go.umar.com/crown or contact the Insurance Department at 1-800-884-0227 for dental program summaries that offer detailed information about your coverage, limitations, and exclusions.

Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you** are responsible.

BENEFIT	IN- AND OUT-OF-NETWORK
Annual Maximum Benefit	\$2,000 per person
Annual Deductible (Individual/Family)	\$50/\$100
Preventive Services	0%
Basic Services	20% coinsurance after deductible
Major Services	50% coinsurance after deductible
Orthodontia Lifetime Maximum	\$1,000 per person
MONTHLY PAYCHECK DEDUCTIONS	
Employee Only	\$0
Employee + 1	\$10
Employee + 2	\$20
Employee + 3 or More	\$30

NOTE: Costs for exceeding reasonable and customary charges may apply for all out-of-network benefits.

Vision Care Program

Crown offers you and your dependents the vision care program through UMR. This information is only a summary of your vision coverage; go to go.umar.com/crown for more information about the vision care program. The cost for your vision coverage is included in your medical program premium.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam	\$10 copay	Up to \$75
Lenses	\$10 copay	Up to \$50-\$90 (varies based on type)
Frames	\$130 allowance	Up to \$55
Contact Lenses Instead of Glasses		
Conventional/Disposable	Formulary: \$10 copay Non-Formulary: \$200 allowance	Up to \$130
Medically Necessary	Fully covered	Up to \$210
FREQUENCY		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact Lenses Instead of Glasses	Every 12 months	

NOTE: ID Card not required for vision services. Additional cost may apply for lens upgrades such as anti-reflective coating or progressive lenses.

Terms to Know

Coinsurance – The percentage of total costs that you pay out-of-pocket for covered expenses after your deductible.

Copayment (Copay) – The set fee you pay out-of-pocket for certain services, such as a doctor's office visit.

Deductible – The amount you pay out-of-pocket before the health plan starts to pay its share of covered expenses.

Network – The preferred doctors, pharmacists, and/or other health care providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing. Also called in-network.

Out-of-Pocket Maximum – The most you pay each year out-of-pocket for covered expenses. Once this maximum is reached, the Medical Program pays 100% of covered expenses.

Preventive Care – Services you receive to stay healthy. These include annual physicals, wellness screenings, and well-baby care.

