



Crown Health Care Program Rate Sheet – 2024

Monthly Health Care Contribution Rates

Crown is pleased to make employee health care coverage available with **NO PREMIUM** required. Employees pay a premium to enroll family members. Tobacco and working spouse surcharges also apply as outlined below.

The Health Care Program coverage you elect must be consistent for all family members. For example, an employee cannot enroll in the Medical and Dental Programs while a spouse elects the Dental Program only.

Monthly rates	Employee Only	EE + 1	EE+ 2	EE +3 or More
Medical, Rx & Vision Programs	\$0	\$130	\$260	\$390
Dental Program	\$0	\$10	\$20	\$30

Surcharges	Monthly Amount
Tobacco surcharge: applies to employees and spouses enrolled in the Medical Program who are tobacco users.	Employee: \$70 Spouse: \$70
Working Spouse surcharge: applies to spouses who have access to medical coverage through another employer but waive that coverage.	Spouse: \$100

Primary vs. Secondary Coverage

Primary coverage means the insurance to which you submit claims for payment first.

Secondary coverage means the member has medical coverage elsewhere and may submit any remaining unpaid amounts for possible payment after the primary coverage source has processed the claim. The Crown Health Care Program provides no prescription drug benefits for members enrolled with secondary coverage. See the Maintenance of Benefits provision in your Health and Welfare Benefits Summary Plan Description book for more information.

If your **spouse** is enrolled in other employer medical coverage and coverage with Crown, Crown automatically provides secondary coverage and the working spouse surcharge will not apply. If your **child** has other employer medical coverage and coverage with Crown, Crown will follow the birthday rule to determine the primary and secondary payer. The parent with the earlier birth month and date (not year) provides the child’s primary insurance.

Annual Medical Program Deductibles

Your Base Wages	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Under \$150,000	\$500	\$1,000	\$1,000	\$2,000
\$150,000 or more	\$1,500	\$3,000	\$3,000	\$6,000

The deductible does not apply when you receive in-network preventive care or in-network office visits that have a \$20 or \$40 copayment only.

The Prescription Drug Program has no deductible.

The Dental Program has a separate deductible of \$50 individual / \$100 family.

Annual Medical Program Out-of-Pocket Limits

Your Base Wages	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Under \$150,000	\$2,000	\$4,000	\$4,000	\$8,000
\$150,000 or more	\$3,000	\$6,000	\$6,000	\$12,000

Once your deductible, copayments and coinsurance costs reach the above limit, the Crown Plan pays 100% of your covered medical expenses for the rest of the year. This limit does not include prescription drug, dental and vision costs.

The Prescription Drug Program has a separate out-of-pocket limit of \$2,500 individual / \$5,000 family.