

### Drexel University Online Plan Comparison

	<b>Keystone POS Plus 7B, Current to 8-31-18</b>	<b>Keystone POS \$3500/\$20/40/70%, Eff. 9-1-18*</b>
Office Visit Copay, PCP	\$20 per visit, No deductible	\$20 per visit, No deductible
Office Visit Copay, Specialist	\$40 per visit, No deductible	\$40 per visit, No deductible
Deductible	\$3,500, 3-times family maximum, calendar year	\$3,500, 2-times family maximum, contract year*
Coinsurance, Insured	30%	30%*
Out-of-Pocket Maximum	\$6,600, 2-times family maximum	\$7,350, 2-times family maximum
Inpatient Hospital Services	Subject to deductible & coinsurance	Subject to deductible & coinsurance*
Emergency Room Copay	Subject to deductible & coinsurance	\$250 copay After deductible*
Urgent Care Center Copay	Subject to deductible & coinsurance	\$85 copayment, No deductible*
Ambulance Service	Subject to deductible & coinsurance	Subject to deductible & coinsurance*
Therapy Visits	\$40 copay per visit, No deductible	\$40 copay per visit, No deductible
Durable Medical Equipment	Covered at 50%, After deductible	Covered at 70% After deductible*
Mental Health Care Copay	\$40 per visit, No deductible	\$40 per visit, No deductible
Prescription Plan Copays	\$20 generic, \$40 Brand, \$60 non-Formulary	\$5/\$20 generic, \$40 Brand, \$60 non-Formulary
Vision Coverage	\$100 Biennial Benefit	\$100 Biennial Benefit

	<b>IBC Personal Choice PPO Plus 4B, Current to 8-31-18</b>	<b>IBC PPO \$30/60/400, Eff. 9-1-18</b>
Office Visit Copay, PCP	\$30 per visit	\$30 per visit
Office Visit Copay, Specialist	\$50 per visit	\$60 per visit
Deductible	\$0	\$0
Coinsurance, Insured	N/A	N/A
Out-of-Pocket Maximum	\$7,150, 2-times family maximum	\$7,350, 2-times family maximum
Inpatient Hospital Services	\$400/day copay, capped at 5-days	\$400/day copay, capped at 5-days
Emergency Room Copay	\$150 copay	\$300 copay
Urgent Care Center Copay	\$105 Copay	\$100 copayment
Ambulance Service	100% covered	\$60 copay
Therapy Visits	\$50 copay per visit	\$60 copay per visit
Durable Medical Equipment	Covered at 50%	Covered at 50%
Mental Health Care Copay	\$50 per visit	\$60 per visit
Prescription Plan Copays	\$10 generic, \$20 Brand, \$35 non-Formulary	\$5/\$10 generic, \$20 Brand, \$35 non-Formulary**
Vision Coverage	\$100 Biennial Benefit	\$100 Biennial Benefit

\*DUO employees are responsible for the first \$500, then DUO reimburses the balance of the deductible and coinsurance on the POS plan

\*\*Please refer to the Value Formulary Rx brochure to review any changes in the IBC Rx plan.