

Benefits/Services	Keystone Point-of-Service (POS)*			Personal Choice - Basic Option (BC)			Personal Choice - High Option (HC)			HDHP with HSA		
	Drexel Preferred	Keystone Network	Self-Referred Care	Drexel Preferred	In-Network	Out-of-Network	Drexel Preferred	In-Network	Out-of-Network	Drexel Preferred	In-Network	Out-of-Network
Deductible - Single/Family	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$0 / \$0	\$300 / \$600	\$1,000 / \$2,000	\$0 / \$0	\$0 / \$0	\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Co-Insurance	Not applicable	Not applicable	70% / 30%	Not applicable	90% / 10%	70% / 30%	Not applicable	Not applicable	80% / 20%	100% / 0%	80% / 20%	50% / 50%
Out-of-Pocket Limit - Single/Family	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$9,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$6,450 / \$12,900	\$10,000 / \$20,000
Physician Office Visits - Primary Care	\$0 Copay	\$20 Copay	70% after deductible	\$0 Copay	\$20 Copay	70% after deductible	\$0 Copay	\$15 Copay	80% after deductible	100% no deductible	80% after deductible	50% after deductible
Physicians Office Visit - Specialist	\$10 Copay	\$40 Copay	70% after deductible	\$0 Copay	\$30 Copay	70% after deductible	\$10 Copay	\$25 Copay	80% after deductible	100% after deductible	80% after deductible	50% after deductible
Routine Physical	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	80% no deductible	Covered 100%	Covered 100%	50% no deductible
GYN Exam	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	80% no deductible	Covered 100%	Covered 100%	50% no deductible
Pediatric Immunizations	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	80% no deductible	Covered 100%	Covered 100%	50% no deductible
Mammography	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	80% no deductible	Covered 100%	Covered 100%	50% no deductible
Pap Smear	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	70% no deductible	Covered 100%	Covered 100%	80% no deductible	Covered 100%	Covered 100%	50% no deductible
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	100% after deductible	100% after deductible	100% after deductible
Hospitalization	\$0 at Hahnemann or St. Chris (\$240 copay reimbursed)	\$100/day; max of 5 copays/admission	70% after deductible	\$0 at Hahnemann or St. Chris (\$240 copay reimbursed)	90% after deductible	70% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	50% after deductible
Outpatient Surgery	100% after deductible	\$50 Copay	70% after deductible	100% after deductible	90% after deductible	70% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	50% after deductible
Outpatient Lab	100% after deductible	100% after deductible	70% after deductible	100% after deductible	100% no deductible	70% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	50% after deductible
Outpatient X-Ray/Radiology	100% after deductible	\$20 Copay	70% after deductible	100% after deductible	90% after deductible**	70% after deductible**	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	50% after deductible
Routine Radiology/Diagnostic	100% after deductible	\$80 copay	70% after deductible	100% after deductible	90% after deductible**	70% after deductible**	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	50% after deductible
MR/IMRA, CT/CTA Scan, PET Scan	100% after deductible	\$80 copay	70% after deductible	100% after deductible	90% after deductible**	70% after deductible**	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible	50% after deductible
Maternity												
First OB Visit	\$10 Copay	\$20 Copay	70% after deductible	\$10 Copay	\$20 Copay	70% after deductible	\$10 Copay	\$15 Copay	80% after deductible**	100% after deductible	80% after deductible	50% after deductible
Hospital	\$0 at Hahnemann or St. Chris (\$240 copay reimbursed)	\$100/day; max of 5 copays/admission	70% after deductible	100%	90% after deductible	70% after deductible	100% after deductible	Covered 100%	80% after deductible**	100% after deductible	80% after deductible	50% after deductible
Mental Health												
Inpatient	Only available in the KHPE Network	\$100 day; max of 5 copays/admission	70% after deductible	Only available in the PC Network	90% after deductible**	70% after deductible**	Only available in the PC Network	100% after deductible**	80% after deductible**	Only available in the KHPE Network	80% after deductible	50% after deductible
Outpatient	Only available in the KHPE Network	\$40 Copay**	70% after deductible	Only available in the PC Network	\$30 Copay	70% after deductible**	Only available in the PC Network	\$25 Copay	80% after deductible**	Only available in the KHPE Network	80% after deductible	50% after deductible
Substance Abuse												
Detoxification	Only available in the KHPE Network	\$100 day; max of 5 copays/admission	70% after deductible	Only available in the PC Network	90% after deductible**	70% after deductible**	Only available in the PC Network	100% after deductible**	80% after deductible**	Only available in the PC Network	80% after deductible	50% after deductible
Inpatient	Only available in the KHPE Network	\$100 day; max of 5 copays/admission	70% after deductible	Only available in the PC Network	90% after deductible**	70% after deductible**	Only available in the PC Network	100% after deductible**	80% after deductible**	Only available in the PC Network	80% after deductible	50% after deductible
Outpatient	Only available in the KHPE Network	\$40 Copay**	70% after deductible	Only available in the PC Network	\$30 Copay	70% after deductible	Only available in the PC Network	\$25 Copay	80% after deductible**	Only available in the PC Network	80% after deductible	50% after deductible
Prescriptions												
Out-of-Pocket Limit - Single/Family			Retail - 30 day supply \$2,000 / \$4,000			Mail Order - 90 day supply \$2,000 / \$4,000				Retail - 30 day supply Combined w/ medical		Mail Order - 90 day supply Combined w/ medical
			Generic \$10			\$20						\$10 retail or \$20 mail; after deductible
			Formulary \$30			\$60						\$30 retail or \$60 mail; after deductible
			Non-Formulary \$50			\$100						\$50 retail or \$100 mail; after deductible

\*Not available in all areas

\*\*Refer to Summary Plan Description for annual, admission, and/or lifetime limits

This comparison chart is a summary of benefits only. In the event of a discrepancy between this document or plan document, the insurance contract or plan document will rule

Includes University HSA Contribution: \$500/\$1,000