

Benefits/Services	Keystone Point-of-Service (POS) <sup>1</sup>			Personal Choice - Basic Option (BC)		Personal Choice - High Option (HC)	
	Drexel/Tenet Preferred	Keystone Network	Self-Referral Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible - Single/Family	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$300 / \$600	\$750 / \$1,500	\$0 / \$0	\$500 / \$1,000
Co-Insurance	Not Applicable	Not Applicable	70% / 30%	90% / 10%	70% / 30%	Not Applicable	80% / 20%
Out-of-Pocket Limit - Single / Family	\$1,500 / \$3,000	\$2,000/\$4,000	N/A	\$1,000 / \$2,000	\$3,000 / \$6,000	Not Applicable	\$3,000 / \$6,000
Physician Office Visits - Primary Care Physician Office Visits - Specialist	\$0 Copay \$10 Copay	\$20 Copay \$40 Copay	70% after deductible 70% after deductible	\$20 Copay \$30 Copay	70% after deductible 70% after deductible	\$15 Copay \$25 Copay	80% after deductible 80% after deductible
Routine Physical GYN Exam Pediatric Immunizations Mammography Pap Smear	Covered 100% Covered 100% Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100% Covered 100% Covered 100%	70% no deductible 70% no deductible 70% no deductible 70% no deductible 70% no deductible	Covered 100% Covered 100% Covered 100% Covered 100% Covered 100%	70% after deductible 70% no deductible 70% no deductible 70% no deductible 70% no deductible	Covered 100% Covered 100% Covered 100% Covered 100% Covered 100%	80% after deductible 80% no deductible 80% no deductible 80% no deductible 80% no deductible
Emergency Room	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)	\$40 Copay (waived if admitted)	\$40 Copay (waived if admitted)	\$25 Copay (waived if admitted)	\$25 Copay (waived if admitted)
Hospitalization	\$0 at Hahnemann or St. Chris (\$240 copay reimbursed)	\$100/day; max of 5 copays per admission	70% after deductible	90% after deductible	70% after deductible	100%	80% after deductible
Outpatient Surgery	100%	\$50 Copay	70% after deductible	90% after deductible	70% after deductible	100%	80% after deductible
Outpatient Lab	100%	100%	70% after deductible	100%, no deductible	70% after deductible	100%	80% after deductible
Outpatient X-Ray/Radiology Routine Radiology/Diagnostic	Covered 100%	\$20 Copay	70% after deductible	90% after deductible**	70% after deductible**	100%**	80% after deductible**
MRI/MRA, CT/CTA Scan, PET Scan	Covered 100%	\$80 Copay	70% after deductible	90% after deductible**	70% after deductible**	100%**	80% after deductible**
Maternity First OB visit Hospital	\$10 Copay \$0 at Hahnemann or St. Chris (\$240 copay reimbursed)	\$20 Copay \$100/day; max of 5 copays per admission	70% after deductible 70% after deductible	\$20 Copay 90% after deductible	70% after deductible 70% after deductible	\$15 Copay 100%	80% after deductible 80% after deductible
Mental Health Inpatient Outpatient	Only available in the Keystone Network Only available in the Keystone Network	\$100/day; max of 5 copays per admission \$40 Copay**	70% after deductible 70% after deductible	90% after deductible** \$30 Copay, no deductible	70% after deductible** 70% after deductible**	100%** \$25 Copay	80% after deductible** 80% after deductible**
Substance Abuse Detoxification Inpatient Outpatient	Only available in the Keystone Network Only available in the Keystone Network Only available in the Keystone Network	\$100/day; max of 5 copays per admission \$100/day; max of 5 copays per admission \$40 Copay**	70% after deductible 70% after deductible 70% after deductible	90% after deductible** 90% after deductible** \$30 Copay, no deductible	70% after deductible 70% after deductible 70% after deductible	100% after deductible** 100% after deductible** \$25 Copay	80% after deductible** 80% after deductible** 80% after deductible**
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Drug			Retail - 30 Day Supply		Mail Order - 90 Day Supply		
Same benefits offered for all three plans		Generic Formulary Non-Formulary	\$5 \$15 \$30		\$10 \$30 \$60		

<sup>1</sup> Not available in all areas \*\* Refer to the 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 and any applicable insurance contract or plan document, the insurance contract or plan document will rule.