



2027 Retiree Plan Design Comparison

High-Level Benefits Comparison

	2026 Drexel University Retiree Plan		2027 Drexel University Retiree Plan		Exceptions, Exclusions, Enhancements, & Clarifications
Carrier	Blue Medicare Advantage (BMA)		Independence Blue Cross (IBX)		
Plan Name	PPO Plan 10L		Blue Medicare Advantage RetireSecure PPO		
Covered Medical Benefits	In Network	Out of Network	In Network	Out of Network	
Annual Medical Deductible	\$0	\$0	\$0	\$0	
Maximum Out-of-Pocket (does not include prescription drugs)	\$6,700	\$10,000	\$6,700	\$10,000	
Inpatient Hospital Care	\$250 copay per day 1-5 per admission	20% coinsurance per admission	\$250 copay per day 1-5 per admission	20% coinsurance per admission	
Outpatient Surgery - (Outpatient Hospital Facility or Ambulatory Surgical Center visit)	\$100 copay per visit	20% coinsurance per visit	\$100 copay per visit	20% coinsurance per visit	
Outpatient Surgery - Observation Room	\$100 copay per visit	20% coinsurance per visit	\$100 copay per visit	20% coinsurance per visit	
Physician Services - Primary Care Physician (PCP)	\$10 copay per visit	20% coinsurance per visit	\$10 copay per visit	20% coinsurance per visit	
Physician Services - Specialist	\$40 copay per visit	20% coinsurance per visit	\$40 copay per visit	20% coinsurance per visit	
Video Doctor Visits (LiveHealth Online)	\$0 copay for video visits using livehealth online	Not Covered	\$0 copay for video doctor visits using Teladoc	Not Covered	New Vendor Virtual Telemedicine Provider: Teladoc Teladoc the Virtual Care telemedicine vendor providing virtual healthcare services that offer convenient, confidential access to quality board-certified, U.S.-licensed doctors. Members will access Teladoc by toll-free phone, secure video chat, or through their secure website/mobile platform available 24 hours a day.
Annual Wellness Visit	\$0 copay per visit	20% coinsurance per visit	\$0 copay per visit	20% coinsurance per visit	

Inpatient Services

	2026 Drexel University Retiree Plan		2027 Drexel University Retiree Plan	
Benefits	In Network	Out of Network	In Network	Out of Network
Inpatient Services/ Psychiatric Hospital	\$250 copay per day, for days 1-5 per admission	20% coinsurance per admission	\$250 copay per day, for days 1-5 per admission	20% coinsurance per admission
Skilled Nursing Facility (SNF) Care	\$0 copay for days 1-20 per benefit period \$40 copay per day for days 21-100 per benefit period	20% coinsurance for days 1-100 per benefit period	\$0 copay for days 1-20 per benefit period \$40 copay per day for days 21-100 per benefit period	20% coinsurance for days 1-100 per benefit period
Home Health agency care	\$0 copay per visit	20% coinsurance per visit	\$0 copay per visit	20% coinsurance per visit
Hospice care (Part A and B services are paid for by Original Medicare)	\$40 copay for the one time only consultation 1 visit per lifetime	20% coinsurance for the one time only consultation 1 visit per lifetime	\$40 copay for the one time only consultation 1 visit per lifetime	20% coinsurance for the one time only consultation 1 visit per lifetime

Outpatient Services

	2026 Drexel University Retiree Plan		2027 Drexel University Retiree Plan	
Covered Medical Benefits	In Network	Out of Network	In Network	Out of Network
Chiropractic services	\$15 copay per visit	20% coinsurance per visit	\$15 copay per visit	20% coinsurance per visit
Acupuncture for chronic low back pain	\$10 copay per visit	20% coinsurance per visit	\$10 copay per visit	20% coinsurance per visit
Podiatry Services	\$10 copay per visit	20% coinsurance per visit	\$10 copay per visit	20% coinsurance per visit
Outpatient Mental Health Care - Professional Individual Therapy Visit	\$40 copay per visit	20% coinsurance per visit	\$40 copay per visit	20% coinsurance per visit
Outpatient Mental Health Care - Professional Group Therapy Visit	\$40 copay per visit	20% coinsurance per visit	\$40 copay per visit	20% coinsurance per visit
Outpatient Mental Health Care - Professional Partial Hospitalization Visit	\$40 copay per visit	20% coinsurance per visit	\$40 copay per visit	20% coinsurance per visit
Ambulance	\$75 copay per one-way trip for ambulance services	\$75 copay per one-way trip for ambulance services	\$75 copay per one-way trip for ambulance services	\$75 copay per one-way trip for ambulance services
Emergency care	\$100 copay per visit copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$100 copay per visit copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$100 copay per visit copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$100 copay per visit copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Urgently Needed Services	\$50 copay per visit copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$50 copay per visit copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$50 copay per visit copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$50 copay per visit copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Outpatient Rehabilitation Services - Physical, Occupational & Speech Therapy Visits	\$40 copay per visit	20% coinsurance per visit	\$40 copay per visit	20% coinsurance per visit
Cardiac rehabilitation services	\$0 copay per visit	20% coinsurance per visit	\$0 copay per visit	20% coinsurance per visit
Pulmonary rehabilitation services	\$35 copay per visit	20% coinsurance per visit	\$35 copay per visit	20% coinsurance per visit
Durable Medical Equipment and Related Supplies	10% coinsurance per purchase	10% coinsurance per purchase	10% coinsurance per purchase	10% coinsurance per purchase

Diabetes Management

	2026 Drexel University Retiree Plan		2027 Drexel University Retiree Plan		Exceptions, Exclusions, Enhancements, & Clarifications
	In Network	Out of Network	In Network	Out of Network	
Blood Glucose Test Strips, Lancet Devices, Lancets & Glucose Control Solutions	\$0 copay per purchase for freestyle® and accu-chek® \$10 per purchase for all other brands when purchased through the pharmacy	10% coinsurance per purchase	\$0 coinsurance applies to Medicare-covered diabetic test strips from our preferred brands Accu-Chek and Contour Other testing strip brands not covered	10% coinsurance per purchase	New Preferred Diabetic Testing Strip Brands for 2027 Accu-Chek and Contour Purchases must be paid through Pharmacy Test strips from other vendors will not be covered No copayment for lancets and solutions, insulin pumps and related supplies. Any network vendor may be used to purchase these supplies. In limited circumstances; the plan will cover glucose monitors/strips from other vendors (e.g., voice activated meters)
Training & Supplies - Blood Glucose Monitor	\$0 copay per purchase for freestyle® (made by abbott) and accu-chek® (made by roche diagnostics) \$10 per purchase for all other brands when purchased through the pharmacy	10% coinsurance per purchase	\$0 coinsurance applies to Medicare-covered diabetic glucose monitors from our preferred brands Accu-Chek and Contour. \$0 copay applies to plan-specified continuous glucose monitors at retail pharmacy, Freestyle Libre and Dexcom.	10% coinsurance per purchase	New Preferred Glucose Monitor Brands for 2027 Accu-Chek and Contour. Monitors from other vendors will not be covered. All other glucose monitors must be purchased at a DME supplier at 10% coinsurance. In limited circumstances; we will cover glucose monitors/strips from other vendors (e.g., voice activated meters) NOTE: Continuous glucose monitors, other than Flash Libre, must be obtained from a DME supplier
Therapeutic Shoes	\$0 copay per purchase	10% coinsurance per purchase	\$0 copay per purchase	10% coinsurance per purchase	
Self-Management Training	\$0 copay per visit	20% coinsurance per visit	\$0 copay per visit	20% coinsurance per visit	

Other Services

	2026 Drexel University Retiree Plan		2027 Drexel University Retiree Plan	
	In Network	Out of Network	In Network	Out of Network
Outpatient Diagnostic Tests, Therapeutic Services & Supplies – X-rays and Simple Diagnostic Tests	\$0 copay per visit	20% coinsurance per visit	\$0 copay per visit	20% coinsurance per visit
Outpatient Diagnostic Tests, Therapeutic Services & Supplies - Complex Diagnostic Tests and Radiology services	\$80 copay per visit	20% coinsurance per visit	\$80 copay per visit	20% coinsurance per visit
Hearing services Medicare-covered diagnostic hearing and balance evaluations	\$40 copay per visit	20% coinsurance per visit	\$40 copay per visit	20% coinsurance per visit
Vision Care - Medicare Covered – Exams (diagnose & treat diseases of the eye) - Specialist	\$40 copay per visit	20% coinsurance per visit	\$40 copay per visit	20% coinsurance per visit
Vision Care - Medicare Covered - Glasses/Contacts following Cataract Surgery	20% coinsurance per surgery	20% coinsurance per surgery	20% coinsurance per surgery	20% coinsurance per surgery
Prescription Drugs Covered Under Medical Plan (Part B Drugs) - Medicare Covered Part B Drug	20% coinsurance for part b drugs	20% coinsurance for part b drugs	20% coinsurance for part b drugs	20% coinsurance for part b drugs

Hearing/Vision/Foot Care Services

	2026 Drexel University Retiree Plan		2027 Drexel University Retiree Plan		Exceptions, Exclusions, Enhancements, & Clarifications
	In Network	Out of Network	In Network	Out of Network	
Routine hearing services	\$0 copay for routine hearing exams 1 exam every calendar year \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$699 copay for advanced digital hearing aids \$999 for premium digital hearing aids 1 per ear every calendar year TruHearing	\$0 copay for routine hearing exams 1 exam every calendar year \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network \$70 maximum benefit every calendar year combined in-network and out-of-network \$699 copay for advanced digital hearing aids \$999 for premium digital hearing aids 1 per ear every calendar year TruHearing	\$0 copayment for routine hearing exam 1 routine hearing exam every year No copayment for hearing aid fitting and evaluations Unlimited hearing aid fitting and evaluations for the first year \$699 copayment for an Advanced digital hearing aid, per aid \$999 copayment for a premium digital hearing aid, per aid	95% coinsurance	Routine hearing services and aids are covered when provided by a TruHearing provider Hearing services and aids received from non-participating TruHearing providers and not scheduled through TruHearing will not be covered Routine benefit embedded Routine hearing services do not count toward the annual MOOP
Routine vision services	\$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$0 copay for eyewear \$100 maximum benefit every two calendar years combined in-network and out-of-network \$0 copay for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network Blue View Vision	\$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of-network \$100 reimbursement for eyewear, maximum benefit every two calendar years combined in-network and out-of-network 100% reimbursement for non-elective contact lenses 1 pair every two calendar years combined in-network and out-of-network Blue View Vision	\$0 copayment for routine eye exam \$200 allowance every year for eyewear (glasses and lenses) purchased from Visionworks \$100 allowance every year for all other eyewear (glasses and lenses) purchased at a network Davis Vision provider \$100 allowance every year for contacts lenses in lieu of routine eyewear (frames and lenses)	Exam: not covered All other vision services: 80% coinsurance	New Vision Provider: Davis Vision Frequency: 1 routine eye exam every year/ 1 pair of eyeglass frames and lenses or one pair of contact lenses are covered every year If eyewear is purchased from the Davis Vision Collection the eyeglass frames and lenses are covered in full. Eyewear does not include lens options such as tints, progressives, transition lenses, polish, and insurance. Routine benefit embedded Routine vision services (exam and eyewear) do not count toward the annual MOOP
Routine foot care	\$10 copay per visit 12 visits per year combined in-network and out-of-network	20% coinsurance per visit 12 visits per year combined in-network and out-of-network	\$10 copay per visit 12 visits per year combined in-network and out-of-network	20% coinsurance per visit 12 visits per year combined in-network and out-of-network	New process established At home podiatry exception process, follows home health copay

Additional Programs & Services

	2026 Drexel University Retiree Plan		2027 Drexel University Retiree Plan		Exceptions, Exclusions, Enhancements, & Clarifications
	In Network	Out of Network	In Network	Out of Network	
Health and Wellness Education Programs	\$0 copay for the silversneakers fitness benefit Tivity Health	Not covered	\$0 copay for One Pass fitness benefit	Not covered	New Vendor: OnePass Members receive a physical and mental fitness program through a plan specific vendor with the goal of improving general health and wellbeing. Members must use a One Pass network gym/fitness center and enroll in the One Pass program Gym memberships and services received from non-One Pass fitness centers will be denied
24/7 NurseLine	\$0 copay for 24/7 nursesline	\$0 copay for 24/7 nursesline	\$0 copay for 24/7 nursesline	\$0 copay for 24/7 nursesline	
Foreign Travel - Emergency Outpatient Care	\$100 copay for emergency care copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$100 copay for emergency care copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$100 copay for emergency care copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$100 copay for emergency care copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	New Vendor: Worldwide Emergency through Global Core (refer to ELV EOC for specific language)
Foreign Travel - Urgently Needed Services	\$50 copay for urgently needed services copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$50 copay for urgently needed services copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$50 copay for urgently needed services copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	\$50 copay for urgently needed services Copoly waived if the member is admitted to the hospital within 72 hours for the same condition.	
Foreign Travel - Inpatient Care	\$250 copay per day for days 1-5 per admission 60 days per lifetime	\$250 copay per day for days 1-5 per admission 60 days per lifetime	\$250 copay per day for days 1-5 per admission 60 days per lifetime	\$250 copay per day for days 1-5 per admission 60 days per lifetime	
Healthy Meals	\$0 copay for healthy meals 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total). GA Foods	\$0 copay for healthy meals 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total). GA Foods	Not Covered	Not Covered	Not Covered for 2027
Caregiver Support Services			\$0 training, education, resources for caregivers	\$0 training, education, resources for caregivers	New Benefit Enhancement: Available through Carallel

Prescription Drug

Benefit	DrexelUniversity_2026_PA_PP_E3_ECDN_NoDed_10-15-30	2027 Drexel University
Formulary	E3	ST - Open Standard
Deductible	\$0 per calendar year individual	\$0 per calendar year individual
CMS defined drug out-of-pocket limit	\$2,100 per calendar year	\$2,400 per calendar year
Preferred Retail		
Preferred Generic		\$0 copay per prescription
Generic	\$5 copay per prescription	\$5 copay per prescription
Preferred Drugs	\$5 copay per prescription	\$5 copay per prescription
Non Preferred Drugs	\$20 copay per prescription	\$20 copay per prescription
Specialty		\$20 copay per prescription
Standard Retail		
Preferred Generic		\$0 copay per prescription
Generic	\$10 copay per prescription	\$10 copay per prescription
Preferred Drugs	\$15 copay per prescription	\$15 copay per prescription
Non Preferred Drugs	\$30 copay per prescription	\$30 copay per prescription
Specialty		\$30 copay per prescription
Retail 90		
Preferred Generic		\$0 copay per prescription
Generic	\$30 copay per prescription	\$30 copay per prescription
Preferred Drugs	\$45 copay per prescription	\$45 copay per prescription
Non Preferred Drugs	\$90 copay per prescription	\$90 copay per prescription
Specialty		N/A
Mail Order Program		
Preferred Generic		\$0 copay per prescription 90 days per prescription
Generic	\$5 copay per prescription 90 days per prescription	\$5 copay per prescription 90 days per prescription
Preferred Drugs	\$5 copay per prescription 90 days per prescription	\$5 copay per prescription 90 days per prescription
Non Preferred Drugs	\$20 copay per prescription 90 days per prescription	\$20 copay per prescription 90 days per prescription
Specialty		\$20 copay per prescription 30 days per prescription