Personal Choice

PHO

Drexel HSA Qualified HDHP

Personal Choice® , our popular Preferred Provider Organization (PPO), gives you freedom of choice by allowing you to choose your own doctors and hospitals. You can maximize your coverage by accessing your care through Personal choice's large network of hospitals, doctors and specialists, or by accessing care through preferred providers that participate in the BlueCard® PPO program. Of course, with Personal Choice, you have the freedom to select providers who do not participate in the Personal Choice network or BlueCard PPO program. However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

With Personal Choice...

- You do not need to enroll with a primary care physician
- You never need a referral

Benefits	In-Network PHO Network	Personal Choice Network	Out-of-Network ..
DEDUCTIBLE**			
Individual	$1,500	$2,000	$5,000
Family	$3,000	$4,000	$10,000
COINSURANCE	100%, after deductible	80%, after deductible	50%, after deductible
OUT-OF-POCKET MAXIMUM* PHO and Personal Choice Networks Combined			
Individual	$6,450	$6,450	$10,000
Family	$12,900	$12,900	$20,000
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited
DOCTOR'S OFFICE VISITS			
Primary Care Services	100%, after deductilble	80% after deductible	50%, after deductible
Specialist Services	100%, after deductible	80% after deductible	50%, after deductible
PREVENTIVE CARE FOR ADULTS AND CHILDREN	100%, No deductible	100% No deductible	50%, No deductible
PEDIATRIC IMMUNIZATIONS	100%, No deductible	100%, No deductible	50%, NO deductible
ROUTINE GYNECOLOGICAL EXAM/PAP *1 routine exam/pap test per calendar year for women of any age*[3]	100% No deductible	100% No deductible	50%, NO deductible
MAMMOGRAM	100%, No deductible	100%, No deductible	50%, NO deductible
NUTRITION COUNSELING FOR WEIGHT MANAGEMENT *6 visits per calendar year*[3]	100% No deductible	100%, No deductible	50%, after deductible
OUTPATIENT LABORATORY/PATHOLOGY	100%, after deductible	80%, after deductible	50%, after deductible
MATERNITY			
First OB Visit	100%, after deductible	80% after deductible	50%, after deductible
Hospital	100%, after deductible	80%, after deductible	50%, after deductible[5]
INPATIENT HOSPITAL SERVICES			
Facility	100%, after deductible	80%, after deductible	50%, after deducitble
Physician/Surgeon	100%, after deductible	80%, after deductible	50%, after deductible
INPATIENT HOSPITAL DAYS	Unlimited	Unlimited	70[4]

3 Combined all tiers

4 Copayment waived if readmitted within 90 days of discharge for any condition.

5 Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.

* In-network out-of-pocket maximum includes copayments, coinsurance and deductible. Out-of-network out-of-pocket maximum includes coinsurance only.

** Single deductible and out-of-pocket maximum amount shown applies for self-only contracts. For family contracts (an individual enrolled with one or more dependents), in-network benefits are subject to the family deductible amount which can be met by any combination of family members. However, no family member will be subject to more than the single out-of-pocket maximum shown above. Benefits are covered at the indicated percentage for that service until the single maximum out-of-pocket or the family maximum out-of-pocket is met. The in-network family out-of-pocket amount can be met by any combination of family members.

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

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Benefits	In-Network PHO Network	Personal Choice Network	Out-of-Network ..
OUTPATIENT SURGERY			
Facility	100%, after deductible	80%, after deductible	50%, after deductible
Physician/Surgeon	100%, after deductible	80%, after deductible	50%, after deductible
EMERGENCY ROOM	100%, after PHO Network deductible	100%, after PHO Network deductible	100%, after PHO Network deductible
URGENT CARE CENTER	100% at St. Chris Pediatric Urgent Care	80% after deductible	50%, after deductible
AMBULANCE			
Emergency	100%, after PHO Network deductible	100%, after PHO Network deductible	100%, after PHO Network deductible
Non-Emergency	100%, after deductible	80%, after deductible	50%, after deductible
OUTPATIENT X-RAY/RADIOLOGY *(Copayment not applicable when service performed in ER or office setting)*			
Routine Radiology/Diagnostic	100%, after deductible	80%, after deductible	50%, after deductible
MRI/MRA, CT/CTA Scan, PET Scan	100%, after deductible	80% after deductible	50%, after deductible
THERAPY SERVICES			
Physical and Occupational 30 visits maximum per calendar year[3]	100%, after deductible	80% after deductible	50%, after deductible
Cardiac Rehabilitation 36 visits maximum per calendar year[3]	100%, after deductible	80% after deductible	50%, after deductible
Pulmonary Rehabilitation 36 visits maximum per calendar year[3]	100%, after deductible	80% after deductible	50%, after deductible
Speech 20 visits per calendar year[3]	100% after deductilble	80% after deductible	50%, after deductible
Orthoptic/Pleoptic 8 sessions lifetime maximum[3]	100%, after deductible	80% after deductilble	50%, after deductible
SPINAL MANIPULATIONS, including CHIROPRACTIC CARE *20 visits per calendar year[3]*	Provider is only available in Personal Choice Network	80% after deductilble	50%, after deductible
INJECTABLE MEDICATIONS			
Standard Injectables	100%, after deductible	80%, after deductible	50%, after deductible
Biotech/Specialty Injectables	100%, after deductible	80% after deductilble	50%, after deductible
CHEMO/RADIATION	100%, after deductible	80%, after deductible	50%, after deductible
DIALYSIS	100%, after deductible	80%, after deductible	50%, after deductible
OUTPATIENT PRIVATE DUTY NURSING *360 hours maximum per calendar year[3]*	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible
SKILLED NURSING FACILITY *120 days maximum per calendar year[3]*	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible[5]
HOME HEALTH CARE	100%, after deductible	80%, after deductible	50%, after deductible
HOSPICE	100%, after deductible	80%, after deductible	50%, after deductible
DURABLE MEDICAL EQUIPMENT	Provider is only available in Personal Choice Network	80%, after deductible	50%. after deductible
PROSTHETICS	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible
MENTAL HEALTH CARE			
Outpatient	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible
Inpatient	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible[5]
SERIOUS MENTAL ILLNESS			
Outpatient	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible
Inpatient	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible[5]
ALCOHOL AND DRUG ABUSE TREATMENT			
Detoxification	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible[5]

3 Combined all tiers

5 Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

Benefits	In-Network PHO Network	Personal Choice Network	Out-of-Network ..
ALCOHOL AND DRUG ABUSE TREATMENT (Continued) Outpatient/Partial Services	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible
Inpatient Rehabilitation	Provider is only available in Personal Choice Network	80%, after deductible	50%, after deductible[5]

5 Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.

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What Is Not Covered?

- Services not medically necessary
- Services or supplies which are experimental or investigative except routine costs associated with clinical trials
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-member recipients
- Alternative therapies/complementary medicine
- Dental care, including dental implants, and nonsurgical treatment of temporomandibular joint syndrome (TMJ)
- Music therapy, equestrian therapy and hippotherapy
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction resulting from injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- Routine physical exams for non-preventive purposes such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Service or supplies payable under Military, Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Vision care (except as specified in a group contract)
- Self-injectable drugs
- Hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Cranial prostheses including wigs intended to replace hair
- Assisted fertilization techniques such as in-vitro fertilization, GIFT, and ZIFT
- Services billed by non-licensed provider
- Inpatient private duty nursing
- Maintenance of chronic conditions

This summary represents only a partial listing of the benefits and exclusions of the Personal Choice Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member handbook carefully for a complete listing of the terms, limitations and exclusions of the program. If you need more information, please call 1-800-626-8144 (outside Philadelphia) or 215-557-7577 (if calling within the Philadelphia area).

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to http://www.ibx.com/preapproval or call the phone number that is listed on the back of your identification card.