

# Drexel University Medical Plan Comparison Chart - 2019

| 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 - Sing             | \$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 -              | \$10 Copay   | \$40 Copay                           | 70% after deductible                     | \$10 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 copay after deductible (for true emergency) | \$100 copay after deductible (for true emergency) | \$100 copay after deductible (for true emergency) |
| 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 Routine     | 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                              |
| 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                              |
| Maternity                              |  |                                      |  |  |                                  |  |                                    |                                  |                                  |   |   |   |
| First                                  | \$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                              |
| OB Visit                               | \$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                              |
| Hospital                               |  |                                      |  |  |                                  |  |                                    |                                  |                                  |   |   |   |
| 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 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                              |
| 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       |   |   |

Includes University Health Savings Account Contribution: \$500/\$1,000

\*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