Stationary Engineers Medical Plan Comparison Chart

Benefits/Services	Keystone Point-of-Service (POS)*			Personal Choice - Basic Option (BC)			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 Contribution to Spending Account	Flexible Spending Account: $1,000			Flexible Spending Account: $1,000			Health Savings Account: $1,000		
Deductible - Single/Family	$0 / $0	$0 / $0	$500 / $1,500	$0 / $0	$300 / $600	$1,000 / $2,000	$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%	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	$6,450 / $12,900	$6,450 / $12,900	$10,000 / $20,000
Physician Office Visits - Primary Care Physicians Office Visit - Specialist	$0 Copay $10 Copay	$20 Copay $40 Copay	70% after deductible 70% after deductible	$0 Copay $10 Copay	$20 Copay $30 Copay	70% after deductible 70% after deductible	100% no deductible 100% after deductible	80% after deductible 80% after deductible	50% after deductible 50% 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%	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%	Covered 100% Covered 100% Covered 100% Covered 100% Covered 100%	50% no deductible 50% no deductible 50% no deductible 50% no deductible 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 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	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	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	80% after deductible	50% after deductible
Outpatient X-Ray/Radiology Routine Radiology/Diagnostic MRI/MRA, CT/CTA Scan, PET Scan	 100% after deductible 100% after deductible	 $20 Copay $80 copay	 70% after deductible 70% after deductible	 100% after deductible 100% after deductible	 90% after deductible** 90% after deductible**	 70% after deductible** 70% after deductible**	 100% after deductible 100% after deductible	 80% after deductible 80% after deductible	 50% after deductible 50% 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/admission	 70% after deductible 70% after deductible	 $10 Copay 100%	 $20 Copay 90% after deductible	 70% after deductible 70% after deductible	 100% after deductible 100% after deductible	 80% after deductible 80% after deductible	 50% after deductible 50% after deductible
Mental Health Inpatient Outpatient	 Only available in the KHPE Network Only available in the KHPE Network	 $100 day; max of 5 copays/admission $40 Copay**	70% after deductible 70% after deductible	 Only available in the PC Network Only available in the PC Network	 90% after deductible** $30 Copay	 70% after deductible** 70% after deductible**	 Only available in the PC Network Only available in the PC Network	 80% after deductible 80% after deductible	 50% after deductible 50% after deductible
Substance Abuse Detoxification Inpatient Outpatient	 Only available in the KHPE Network Only available in the KHPE Network Only available in the KHPE Network	 $100 day; max of 5 copays/admission $100 day; max of 5 copays/admission $40 Copay**	 70% after deductible 70% after deductible 70% after deductible	 Only available in the PC Network Only available in the PC Network Only available in the PC Network	 90% after deductible** 90% after deductible** $30 Copay	 70% after deductible** 70% after deductible** 70% after deductible	 Only available in the PC Network Only available in the PC Network Only available in the PC Network	 80% after deductible 80% after deductible 80% after deductible	 50% after deductible 50% 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