

Benefits/Services	Drexel University- Keystone Point of Service			Drexel University Personal Choice - Basic Option			Drexel University Personal Choice - High Option		
	Drexel Preferred (Tier 1)	In-Network	Out-of-Network	Drexel Preferred (Tier 1)	In-Network	Out-of-Network	Drexel Preferred (Tier 1)	In-Network	Out-of-Network
Employer Health Savings Account Contribution	N/A			N/A			N/A		
International Travel	Covers Emergency Medical Care Only			Blue Cross Blue Shield Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583			Blue Cross Blue Shield Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583		
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
Co-Insurance	100%/ 0%	100%/ 0%	70%/30%	100%/ 0%	90% / 10%	70% / 30%	100%/ 0%	100%/ 0%	80% / 20%
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	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Primary Care Physican Visit	Covered 100%	\$20 Copay	Covered at 70% after deductible	\$0 Copay	\$20 Copay	70% after deductible	\$0 Copay	\$15 Copay	Covered at 80% after deductible
Specialist Visit	\$10 Copay	\$40 Copay	Covered at 70% after deductible	\$10 Copay	\$30 Copay	70% after deductible	\$10 Copay	\$25 Copay	Covered at 80% after deductible
Preventive Services (routine physical, GYN exam, pediatric immunizations, mammography, pap smear)	Covered 100%	Covered 100%	Covered at 70% , no deductible	Covered 100%	Covered 100%	70%; no deductible	Covered 100%	Covered 100%	80%; 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)
Hospitalization	\$240/admission	\$100/day; max of 5 copays/admission	Covered at 70% after deductible	Covered 100%	Covered at 90% after deductible	Covered at 70% after deductible	Covered 100%	Covered 100%	Covered at 80% after deductible
Outpatient Surgery	Covered 100%	\$50 Copay	Covered at 70% after deductible	Covered 100%	Covered at 90% after deductible	Covered at 70% after deductible	Covered 100%	Covered 100%	Covered at 80% after deductible
Outpatient Lab	Covered 100%	Covered 100%	Covered at 70% after deductible	Covered 100%	Covered at 90% after deductible	Covered at 70% after deductible	Covered 100%	Covered 100%	Covered at 80% after deductible
Outpatient X-Ray/Routine & Diagnostic Radiology	Covered 100%	\$20 Copay	Covered at 70% after deductible	Covered 100%	Covered at 90% after deductible	Covered at 70% after deductible	Covered 100%	Covered 100%	Covered at 80% after deductible
MR/MRA, CT/CTA Scan, PET Scan	Covered 100%	\$80 Copay	Covered at 70% after deductible	Covered 100%	Covered at 90% after deductible	Covered at 70% after deductible	Covered 100%	Covered 100%	Covered at 80% after deductible
Maternity- First OB Visit	\$10 Copay	\$20 Copay	Covered at 70% after deductible	\$10 Copay	\$20 Copay	Covered at 70% after deductible	\$10 Copay	\$15 Copay	Covered at 80% after deductible
Maternity- Hospital	\$240/Admission	\$100/day; max of 5 copays/admission	Covered at 70% after deductible	Covered 100%	Covered at 90% after deductible	Covered at 70% after deductible	Covered 100%	Covered 100%	Covered at 80% after deductible
Mental Health- Inpatient	Not Available	\$100/day; max of 5 copays/admission	Covered at 70% after deductible	Not Available	Covered at 90% after deductible	Covered at 70% after deductible	Not Available	Covered 100%	Covered at 80% after deductible
Mental Health- Outpatient	Not Available	\$40 Copay	Covered at 70% after deductible	Not Available	\$30 Copay	Covered at 70% after deductible	Not Available	\$25 Copay	Covered at 80% after deductible
Substance Abuse-Detoxification	Not Available	\$100/day; max of 5 copays/admission	Covered at 70% after deductible	Not Available	Covered at 90% after deductible	Covered at 70% after deductible	Not Available	Covered 100%	Covered at 80% after deductible
Sustance Abuse- Inpatient	Not Available	\$100/day; max of 5 copays/admission	Covered at 70% after deductible	Not Available	Covered at 90% after deductible	Covered at 70% after deductible	Not Available	Covered 100%	Covered at 80% after deductible
Sustance Abuse- Outpatient	Not Available	\$40 Copay	Covered at 70% after deductible	Not Available	\$30 Copay	Covered at 70% after deductible	Not Available	\$25 Copay	Covered at 80% after deductible
Prescription Drug Benefits	Retail - 30 day supply / Mail - 90 day supply			Retail - 30 day supply / Mail - 90 day supply			Retail - 30 day supply / Mail - 90 day supply		
Generic	\$10 retail / \$20 mail			\$10 retail / \$20 mail			\$10 retail / \$20 mail		
Preferred	\$30 retail / \$60 mail			\$30 retail / \$60 mail			\$30 retail / \$60 mail		
Non-preferred	\$50 retail / \$100 mail			\$50 retail / \$100 mail			\$50 retail / \$100 mail		
Speciality	N/A			N/A			N/A		