2022 MEDICAL & PRESCRIPTION DRUG PLANS AT-A-GLANCE

	POINT OF SERVICE			PERSONAL CHOICE PPO - BASIC			CDHP WITH HSA		
BENEFIT DESCRIPTION	**TIER 1 NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**TIER 1 NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**TIER 1 NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
IS A REFERRAL NEEDED TO SEE A SPECIALIST?	Yes			No			No		
EMPLOYER HEALTH SAVINGS ACCOUNT CONTRIBUTION	No			No			Individual: $500 / Family: $1,000		
INTERNATIONAL TRAVEL	Covers Emergency Medical Care Only			BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583			BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583		
DEDUCTIBLE (INDIVIDUAL/FAMILY)	None	None	$500 / $1,500	None	$300 / $600	$1,000 / $2,000	$1,500 / $3,000	$2,000 / $4,000	$5,000 / $10,000
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/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
PREVENTIVE CARE SERVICES	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 50%
PRIMARY CARE PHYSICIAN (PCP)	No charge	$20 copay	Plan pays 70%*	No charge	$20 copay	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
MDLive	N/A	No charge	N/A	N/A	No Charge	N/A	N/A	$56 copay	N/A
SPECIALIST OFFICE VISIT	$10 copay	$40 copay	Plan pays 70%*	$10 copay	$30 copay	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
OUTPATIENT SERVICES (SURGERY)	No charge	$50 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
INPATIENT SERVICES	$240 copay per admission	$100/day copay; max of 5 copays/admission	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge*	:Plan pays 80%*	Plan pays 50%*
DIAGNOSTIC LABORATORY	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
DIAGNOSTIC X-RAY	No charge	$20 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
IMAGING (MRI, CT-SCAN)	No charge	$80 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
EMERGENCY ROOM	$100 copay	$100 copay	Covered at in-network level	$100 copay	$100 copay	Covered at in-network level	No charge*	Plan pays 80%*	Covered at in-network level
URGENT CARE CENTER	No charge	$35 copay	Plan pays 70%*	No charge	$35 copay	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
OUTPATIENT SERVICES FOR MENTAL HEALTH/BEHAVIORAL/SUBSTANCE ABUSE	Not available	$40 copay	Plan pays 70%*	Not available	$30 copay	Plan pays 70%*	Not available	Plan pays 80%*	Plan pays 50%*
PRESCRIPTION DRUG BENEFITS									
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)	**Generic:** $10 copay **Preferred Brand:** $30 copay **Non-Preferred Brand:** $50 copay			**Generic:** $10 copay **Preferred Brand:** $30 copay **Non-Preferred Brand:** $50 copay			**Generic:** $10 copay* **Preferred Brand:** $30 copay* **Non-Preferred Brand:** $50 copay*		
MAIL ORDER (UP TO A 90-DAY SUPPLY)	**Generic:** $20 copay **Preferred Brand:** $60 copay **Non-Preferred Brand:** $100 copay			**Generic:** $20 copay **Preferred Brand:** $60 copay **Non-Preferred Brand:** $100 copay			**Generic:** $20 copay* **Preferred Brand:** $60 copay* **Non-Preferred Brand:** $100 copay*		

* The plan year deductible must be satisfied before the plan will pay for services.

For more details about the Medical and Prescription Drug plans available, please see the following section of this guide.

PHOTOS COURTESY OF DREXEL UNIVERSITY

PHOTOS COURTESY OF DREXEL UNIVERSITY