

TEMPLE UNIVERSITY

TUHNA/PASNAP

*PART-TIME
BENEFITS SUMMARY*

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HEALTH INSURANCE

- Options:** Personal Choice (PPO) Preferred Provider Organization /
CVS/CareMark Drug Program
- Keystone Health Plan East (HMO) Health Maintenance Organization /
CVS/CareMark Drug Program
- Eligibility:** Begins on the first day of the month following employment.
- Includes Coverage for:** Employee, spouse and unmarried legally dependent biological, adopted, and
stepchildren to age 19; to age 23 if a full time student
- Full Time Student verification is required for dependent children over the age
of 19.
- Pre-existing conditions:** None
- Employee Contribution:** **Personal Choice**
- Single Coverage** \$89.62 per month is required single coverage
- Employee and Dependent(s) Coverage**
- Employee pays the single employee contribution plus the difference in
premium between the single and employee and dependent(s) premium. Total
monthly cost is \$1,001.07. Employee Contributions are on a pre-tax basis.
- Keystone Health Plan East**
- Single Coverage** \$85.30 per month is required single coverage
- Employee and Dependent(s) Coverage**
- Employee pays the single employee contribution plus the difference in
premium between the single and employee and dependent(s) premium. Total
monthly cost is \$897.29. Employee Contributions are on a pre-tax basis.

Personal Choice

Personal Choice is a Preferred Provider Organization (PPO), which allows you the freedom of choice. You may choose in-network providers or out-of-network providers. The covered benefit level is based on your choice of providers.

In Network Deductible: None

Out of Network Deductible: Annual deductible \$100 individual
\$300 per employee and dependent(s).

In-Patient Hospitalization

- Semi-private room, dietary service & nursing service
- Maternity benefits
- Nervous and mental, drug addiction or alcoholism for 30 days
- Diagnostic studies: x-ray and laboratory Examinations
- Emergency treatment
- Surgical operations
- Radiation & chemotherapy
- Diagnostic studies (x-rays, EKG, ECG, etc.)

In Network: Covered 100%

Out of Network: Covered 100%

Emergency Room

In Network: \$25 copay, waived if admitted

Out of Network: \$25 copay, waived if admitted

Mental Health - In-Patient

In Network: Covered 100% for 30 days

Out of Network: Covered 100% for 30 day

Mental Health - Outpatient

In Network: Covered 100% after copay for up to 30 visits per year.
Copay: Visit 1-9 \$5
Visit 10-30 \$15

Out of Network: Covered 50% of allowable charges after deductible
Limit of 30 visits per year

Personal Choice

Office Visits

Primary Care and Specialty Care
Adult Preventative Care
Physical Exams
Annual OB/Gyn Exam
Pap Tests/Mammogram
Well Baby Care
Preventative Care
Immunizations

In Network: Covered 100% with \$10 copay

Out of Network: Covered 80% of allowable charges after deductible

Prescription Drugs – During Inpatient Hospitalization

In Network: Covered 100%

Out of Network: Covered 100%

BlueCard PPO Program

Personal Choice members have access to in-network coverage anywhere in the United States when they use providers that participate in the BlueCard PPO Network. Some services may require pre-authorization.

To locate a BlueCard PPO provider, contact Personal Choice customer service at 215-557-7577 within the Philadelphia area or 1-800-626-8144 outside the Philadelphia area. These phone numbers are listed on the back of the Personal Choice card. For additional information, you may also visit their website at www.ibx.com

Keystone Health Plan East

Keystone Health Plan is a Health Maintenance Organization(HMO), which requires you to choose a primary care physician. All medical services must be performed by or authorized by your primary care physician with a written referral. The covered benefit level is 100% less your co-payment.

In-Patient Hospitalization

Covered 100%

Semi-private room, dietary service & nursing service

Maternity benefits

Nervous and mental, drug addiction or alcoholism for 30 days

Diagnostic studies: x-ray and laboratory

Examinations

Emergency treatment

Surgical operations

Radiation & chemotherapy

Diagnostic studies (x-rays, EKG, ECG, etc.)

Emergency Room

All emergency room care must be reported to Keystone Health Plan East and your Primary care physician within 48 hours of the incident for coverage.

\$35 copay, waived if admitted

Mental Health - In-Patient

Covered 100% for 35 days

Mental Health - Outpatient

20 visits per year

\$25 copay per visit

Keystone Health Plan East

Office Visits

Covered 100% with \$10 copay

Primary Care
Adult Preventative Care
Physical Exams
Annual OB/Gyn Exam
Pap Tests/Mammogram
Well Baby Care
Preventative Care
Immunizations

Specialist Visits

Written referral from primary doctor required
Covered 100% with \$15 copay

Vision Care

Covered 100% with \$15 copay
Once every two calendar years
Including screening, eye exams and refractions through
Davis Vision Participating Providers

Prescription Drugs – During Inpatient Hospitalization

In Network: Covered 100%

Out of Network: Covered 100%

To contact Keystone Health Care East customer service, call 215-241-3367 within the Philadelphia area, or 1-800-275-2583 outside the Philadelphia area. For additional information, you may also visit their website at www.ibx.com

PRESCRIPTION BENEFITS

- Plan:** CVS/CareMark
- Eligibility:** Begins on the first day of full-time employment. You must be enrolled in one of the Health Insurance plans.
- Includes Coverage for:** Employee, spouse and unmarried legally dependent biological, adopted, and stepchildren to age 19; to age 23 if a full time student.
- Employee Contribution:** Included in the health insurance employee contribution.
- Plan:** Employee pays \$5.00 co-payment for generic prescription drugs, \$10.00 co-payment for brand name drugs when prescription card is presented to the pharmacy.
- If prescription card is not presented to the pharmacy you must file a claim for direct reimbursement.

Exceptions and Limitations:

The Plan does not include coverage for:

- Drugs available without prescription.
- All injectable and immunizing agents, except insulin.
- Any drug administered by a physician
- Therapeutic devices or appliances regardless of their intended use.

Limitation on quantity per prescription:

A 31 day supply or 100 doses whichever is less.

Refill Limitation:

Prescriptions may be refilled a maximum of 5 times in any six month period upon written authorization of the prescriber. No prescription may be refilled after six(6) months from the date of issue.

All prescriptions for narcotics and controlled substances are subject to local and federal laws imposing quantity limitations.

Prior authorization is required for specific drugs.

To Contact CVS/CareMark customer service call 1-800-966-5772. For additional information, you may also visit their website at www.caremark.com

Temple University's carrier number for TUHNA/PASNAP is 4103. Your group number is 8015.

DENTAL INSURANCE

United Concordia Dental Plan Concordia FLEX

Eligibility: Begins on the first day of the month following employment

Includes Coverage for: Employee, spouse and unmarried legally dependent biological, adopted, and stepchildren to age 19; to age 23 if a full time student

Employee Contribution \$5.18 per month is required single coverage

Employee and Dependent(s) Coverage

Employee pays the single employee contribution plus the difference in premium between the single and employee and dependent(s) premium. Total monthly cost is \$53.98. Employee Contributions are on a pre-tax basis.

<u>TYPE</u>	<u>DESCRIPTION</u>	<u>PLAN/PAYS</u>
Diagnostic & Preventive Services	Exams, X-Rays, Cleanings	100% UCR
Basic Services	Basic Restorative Endodontics, Repairs, Simple Extractions	100% UCR
Major Restorative	Inlays, Onlays, Crowns	50%

Orthodontic Treatment is limited to dependent children under the age of 19.

Orthodontics 50% UCR

Annual Basic and Major Services Maximum benefit: **\$2,000**

Lifetime Orthodontic Maximum benefit: **\$2,000**

Temple University's group number for TUHNA/PASNAP is 256061000

VISION CARE

Temple University Ophthalmology

Eligibility: Begins on the first day of full-time employment.

Includes Coverage for: Employee, spouse and unmarried legally dependent biological, adopted, and stepchildren to age 19; to age 23 if a full time student.

Domestic Partner – Coverage is available for employees with certification that he/she is a member of a domestic partnership in accordance with Temple University's policy.

Full Time Student verification is required for dependent children over the age of 19.

Employee Contribution: None

Plan: Vision evaluation and provision of eyeglasses once every two years. Employees and their eligible dependents *must* have their eye exam performed by the Temple University Department of Ophthalmology in order to receive benefit coverage for the exam. Employees then have the option to choose a standard pair of frames and lenses for free, or different frames and specialty lenses and pay the additional cost. In lieu of eyeglasses, some employees may elect to receive a \$25 allowance for the purchase of contact lenses.

Exam: A vision care exam consists of an evaluation of refractive error (glasses) and an exam of the eye that includes an exam of the anterior part of the eye, the optic nerve and the central retina. Such an exam is designed to detect cornea problems, cataracts, glaucoma and macular degeneration. Advances in examination techniques often permit these exams to be done without dilating the pupil. If necessary, a dilated exam for a peripheral retinal exam or for diabetes may be done during the vision care appointment, but a follow up medical exam may be required.

The University Department of Ophthalmology provides eye exams and eyeglasses at the Health Sciences Campus:

Temple University Physicians' (TUP) Optical Boutique

Temple Hospital, Parkinson Pavilion, 6th Floor

Suite 640

3401 North Broad Street

Philadelphia, PA 19140

215-707-3185

Employees calling to make an appointment for themselves or a dependent will need the employee's TUID number for verification of eligibility.