

Temple University offers full-time undergraduates, graduate students and students of the Law School, Dental School and Pharmacy School three health insurance plan options:

#### ***CompSelect - \$145.74 per month\****

The CompSelect plan offers students basic medical coverage with an annual calendar year deductible of \$500 (\$1,000 for a family coverage plan) and a co-insurance level of 75% for most services. What this means is that you pay the first \$500 of eligible expenses once every calendar year (beginning on January 1<sup>st</sup>). After you meet your deductible, the plan will pay 75% of the "UCR" (the Usual, Customary and Reasonable amount which will be accepted as payment in full by a participating Blue Shield provider). You are responsible for 25% of the UCR up to your out-of-pocket coinsurance maximum, which is \$3,000 (\$6,000 for a family coverage plan). After you have met the out-of-pocket maximum, the plan will pay 100% of the UCR for most eligible expenses.

You are also entitled to four (4) non-routine doctor visits per year with a \$10 co-pay before having to pay your deductible, although any additional treatment provided at the visit will be subject to the deductible provisions.

In addition, the plan offers prescription coverage with a \$15 co-pay for generic drugs and a \$35 co-pay for brand name formulary drugs (a list of formulary drugs can be found in the plan documents list on our website). The co-pay for non-formulary brand name drugs is \$50.

#### ***Keystone Low Option Point-of-Service Plan - \$252.56 per month\****

The Keystone plan offers students comprehensive medical, prescription, dental and vision coverage. The Keystone plan has no deductible. Under the plan, all medical care begins with your Primary Care Physician (PCP). When you need specialist services, you must be referred by your PCP who will give you a written referral for specific care.

Co-pays for the low option Keystone plan are \$20 for PCP office visits and \$40 for specialist office visits. Prescription co-pays are \$15 for generic drugs and \$35 for brand name formulary drugs (a list of formulary drugs can be found in the plan documents list on our website). The co-pay for non-formulary brand name drugs is \$50.

In addition, the plan offers preventative dental coverage through a network of approved dental providers (a list of dental providers can be found in the plan documents list on our website). Routine eye exams every two calendar years are covered (at the specialist co-pay rate) and select eyeglasses provided by participating providers (a list of vision providers can be found in the plan documents list on our website) may be covered or you may be eligible for \$35 reimbursement for eyewear purchased from a non-participating provider.

#### ***Keystone High Option Point-of-Service Plan - \$312.01 per month\****

The Keystone plan offers students comprehensive medical, prescription, dental and vision coverage. The Keystone plan has no deductible. Under the plan, all medical care begins with your Primary Care Physician (PCP). When you need specialist services, you must be referred by your PCP who will give you a written referral for specific care.

Co-pays for the high option Keystone plan are \$10 for PCP office visits and \$15 for specialist office visits. Prescription co-pays are \$15 for generic drugs and \$20 for brand name drugs.

In addition, the plan offers preventative dental coverage through a network of approved dental providers (a list of dental providers can be found in the plan documents list on our website). Routine eye exams every two calendar years are covered (at the specialist co-pay rate) and select eyeglasses provided by participating providers (a list of vision providers can be found in the plan documents list on our website) may be covered or you may be eligible for \$35 reimbursement for eyewear purchased from a non-participating provider.

*\*Rate for student only coverage*

# Temple University Student Health Insurance Comparison Chart

## CompSelect - Blue Cross & Blue Shield

## Keystone Point-of-Service Low Option

## Keystone Point-of-Service High Option

Benefit	Participating Provider	Non-Participating Provider	Referred Care	Self-Referred Care	Referred Care	Self-Referred Care
<b>Deductible</b>						
Individual	\$500	\$500	None	\$1,500	None	\$500
Family	\$1,000	\$1,000	None	\$4,500	None	\$1,500
<b>Coinsurance Limit</b>						
Individual	\$3,000	\$3,000	None	\$10,000	None	\$3,000
Family	\$6,000	\$6,000	None	\$30,000	None	\$6,000
<b>Lifetime Maximum Benefit</b>	\$1,000,000	\$1,000,000	Unlimited	\$500,000	Unlimited	70%
<b>Annual Copayment Maximum</b>						
Individual	\$3,000	\$3,000	\$3,000	Not Applicable	\$1,500	Not Applicable
Family	\$6,000	\$6,000	\$6,000	Not Applicable	\$3,000	Not Applicable
<b>Preventative Care</b>						
Office Visits	Not Covered	Not Covered	\$20 Copayment	50% after deductible	\$10 Copayment	70% after deductible
Pediatric Immunizations	Not Covered	Not Covered	100%	50% (no deductible)	100%	70% (no deductible)
<b>Primary Care Physician</b>						
Office Visits	\$10 Copayment, 4 illness visits per year, not subject to deductible (includes PCP and Specialist visits)	75% of UCR*	\$20 Copayment	50% after deductible	\$10 Copayment	70% after deductible
<b>Specialty Care</b>						
Office Visits	\$10 Copayment, 4 illness visits per year, not subject to deductible	75% of UCR*	\$40 Copayment	50% after deductible	\$15 Copayment	70% after deductible
Routine Gyn/Pap	100% of UCR*	100% of UCR*	\$20 Copayment	50% (no deductible)	\$15 Copayment	70% (no deductible)
Routine Eye Exam	Not Covered	Not Covered	\$40 Copayment (every two calendar years)	Not Covered	\$15 Copayment (every two calendar years)	Not Covered

# Temple University Student Health Insurance Comparison Chart

Benefit	<i>CompSelect - Blue Cross &amp; Blue Shield</i>		<i>Keystone Point-of-Service Low Option</i>		<i>Keystone Point-of-Service High Option</i>	
	Participating Provider	Non-Participating Provider	Referred Care	Self-Referred Care	Referred Care	Self-Referred Care
<b>Laboratory Services</b>	50% of UCR*	50% of UCR*	Covered 100%	50% after deductible	Covered 100%	70% after deductible
<b>X-Ray/Radiology Services</b>						
Routine Radiology/Diagnostic	50% of UCR*	50% of UCR*	\$40 Copayment	50% after deductible	Covered 100%	70% after deductible
MRI/MRA, CT/CTA, PET	50% of UCR*	50% of UCR*	\$80 Copayment	50% after deductible	Covered 100%	70% after deductible
Routine Mammography	50% of UCR*	50% of UCR*	Covered 100%	50% (no deductible)	Covered 100%	70% (no deductible)
<b>Maternity</b>						
First OB Visit	75% of UCR*	75% of UCR*	\$20 Copayment	50% after deductible	\$15 Copayment	70% after deductible
Hospital	75% of UCR*	75% of UCR*	\$250 Copayment per day, maximum of 5 Copayments per admission	50% after deductible	\$240 Copayment per admission	70% after deductible
<b>Inpatient Hospitalization Services</b>	75% of UCR*	75% of UCR*	\$250 Copayment per day, maximum of 5 Copayments per admission	50% after deductible	\$240 Copayment per admission	70% after deductible
<b>Inpatient Hospital Days</b>	70	70	Unlimited	70	Unlimited	120
<b>Emergency Room</b>	75% of UCR*	75% of UCR*	\$100 Copayment (not waived if admitted)	\$100 Copayment (not waived if admitted)	\$35 Copayment (waived if admitted)	\$35 Copayment (waived if admitted)
<b>Outpatient Surgery</b>	75% of UCR*	75% of UCR*	\$125 Copayment (facility)	50% after deductible	\$100 Copayment (facility)	70% after deductible
<b>Outpatient Therapy Services</b>	75% of UCR*	75% of UCR*	\$40 Copayment	50% after deductible	Covered 100%	70% after deductible
<b>Spinal Manipulation</b>	75% of UCR*	75% of UCR*	\$40 Copayment	50% after deductible	Covered 100%	70% after deductible
<b>Orthoptic/Pleoptic</b> (8 sessions per lifetime)	75% of UCR*	75% of UCR*	\$40 Copayment	50% after deductible	Covered 100%	70% after deductible
<b>Chemo/Radiation/Dialysis</b>	75% of UCR*	75% of UCR*	Covered 100%	50% after deductible	Covered 100%	70% after deductible
<b>Skilled Nursing Facility</b>	75% of UCR* (up to 30 days)	75% of UCR* (up to 30 days)	\$125 Copayment per day, maximum of 5 Copayments per admission (up to 120 days)	50% after deductible (up to 60 days)	Covered 100% (up to 180 days)	70% after deductible (up to 240 days)

# Temple University Student Health Insurance Comparison Chart

## CompSelect - Blue Cross & Blue Shield

## Keystone Point-of-Service Low Option

## Keystone Point-of-Service High Option

Benefit	Participating Provider	Non-Participating Provider	Referred Care	Self-Referred Care	Referred Care	Self-Referred Care
<b>Hospice and Home Health Care</b>	Not Covered	Not Covered	Covered 100%	70% after deductible	Covered 100%	70% after deductible
<b>Durable Medical Equipment</b>	75% of UCR*	75% of UCR*	Covered 50%	50% after deductible (\$2,500 benefit maximum per year)	Covered 100% when authorized by PCP	70% after deductible
<b>Prosthetics</b>	75% of UCR*	75% of UCR*	Covered 50%	50% after deductible	Covered 100% when authorized by PCP	70% after deductible
<b>Mental Health</b>						
Inpatient	75% of UCR*, 30 days per calendar year	75% of UCR*, 30 days per calendar year	\$250 Copayment per day, maximum of 5 Copayments per admission, 30 days per calendar year	50% after deductible, 20 days per calendar year	\$240 Copayment per admission, 35 days per calendar year	70% after deductible, 30 days per calendar year
Outpatient	50% of UCR*, 30 visits per calendar year	50% of UCR*, 30 visits per calendar year	\$40 Copayment per visit; 20 visits per calendar year	50% after deductible, 20 visits per calendar year	\$25 Copayment per visit; 20 visits per calendar year	50% after deductible, 60 visits per calendar year up to \$30 per visit maximum
<b>Serious Mental Health (SMI)</b>						
Inpatient	75% of UCR*, 30 days per calendar year	75% of UCR*, 30 days per calendar year	\$250 Copayment per day, maximum of 5 Copayments per admission, 30 days per calendar year	50% after deductible, 30 days per calendar year	\$240 Copayment per admission, 30 days per calendar year	70% after deductible, 30 days per calendar year
Outpatient	50% of UCR*, 30 visits per calendar year	50% of UCR*, 30 visits per calendar year	\$40 Copayment per visit; 60 days/visits per calendar year	50% after deductible, 60 days/visits per calendar year	\$25 Copayment per visit; 60 days/visits per calendar year	50% after deductible, 60 days/visits per calendar year up to \$30 per visit maximum

# Temple University Student Health Insurance Comparison Chart

## CompSelect - Blue Cross & Blue Shield

## Keystone Point-of-Service Low Option

## Keystone Point-of-Service High Option

Benefit	Participating Provider	Non-Participating Provider	Referred Care	Self-Referred Care	Referred Care	Self-Referred Care
<b>Substance Abuse</b>						
Detoxification	75% of UCR*, 7 days per admission (4 admissions per lifetime)	75% of UCR*, 7 days per admission (4 admissions per lifetime)	\$250 Copayment per day, maximum of 5 Copayments per admission, 7 days per admission (4 admissions per lifetime)	50% after deductible, 7 days per admission (4 admissions per lifetime)	7 outpatient visits/sessions per episode covered with a \$25 Copayment (4 outpatient episodes per lifetime); 7 inpatient days per admission covered with a \$240 Copayment per admission (4 admissions per lifetime)	70% after deductible, 7 days per episode (4 admissions per lifetime)
<b>Substance Abuse</b>						
Inpatient Rehabilitation	75% of UCR*, 30 days per calendar year	75% of UCR*, 30 days per calendar year	\$250 Copayment per day, maximum of 5 Copayments per admission, 30 days per calendar year, 90 day lifetime maximum	50% after deductible, 30 days per calendar year, 90 day lifetime maximum	\$240 Copayment per admission, 30 days per calendar year, 90 day lifetime maximum	70% after deductible, 30 days per calendar year, 90 day lifetime maximum
Outpatient Rehabilitation	75% of UCR*, 60 days per calendar year	75% of UCR*, 60 days per calendar year	\$40 Copayment per visit; 60 visits per calendar year, 120 visit lifetime maximum	50% after deductible, 60 visits per calendar year, 120 visit lifetime maximum	\$15 Copayment per visit; 60 visits per calendar year, 120 visit lifetime maximum	70% after deductible, 30 visits per calendar year, 120 visit lifetime maximum
<b>Prescription Drugs</b>						
Generic	\$15	30% Reimbursed	\$15	30% Reimbursed	\$15	\$15
Brand Name Formulary	\$35	30% Reimbursed	\$35	30% Reimbursed	\$20	\$20
Brand Name Non-Formulary	\$50	30% Reimbursed	\$50	30% Reimbursed	\$20	\$20

## Temple University Student Health Insurance Comparison Chart

Benefit	<i>CompSelect - Blue Cross &amp; Blue Shield</i>		<i>Keystone Point-of-Service Low Option</i>		<i>Keystone Point-of-Service High Option</i>	
	Participating Provider	Non-Participating Provider	Referred Care	Self-Referred Care	Referred Care	Self-Referred Care
<b>Value Dental Program</b>						
Office Visits	Not Covered	Not Covered	\$5 Copayment	Not Covered	\$5 Copayment	Not Covered
Oral Examinations (once in six months)	Not Covered	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered
Fluoride Treatment (once in six months for children under 19)	Not Covered	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered
Cleanings (once in six months)	Not Covered	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered
<b>Corrective Eyewear Benefits</b>						
Available every two years	Not Covered	Not Covered	Select Frames Covered 100%	\$35 Reimbursed	Select Frames Covered 100%	\$35 Reimbursed

\*Coinsurance begins only after the deductible has been paid.

*This comparison is for informational purposes only and represents only a partial listing of benefits and exclusions of the plans. Read your group contract/member handbook and/or self-referred group health benefits booklet/certificate carefully to determine which health care services are covered. Benefits and exclusions may be further defined by medical policy. This plan/these plans may not cover all your health care expenses. If you need more information, please call Independence Blue Cross at 1-888-516-8309.*