Temple University Student Health Insurance
International, Undergraduate, Graduate, Dental, Law and Pharmacy
Plan Options 2010-2011

Service	Keystone POS High Option Referred Care	Keystone POS Self-Referred Care	Keystone POS Low Option Referred Care	Keystone POS Self-Referred Care	Basic Personal Choice In-Network	Personal Choice Out of Network
Deductible						
Individual	$0	$500	$0	$1,500	$500	$1,000
Family	$0	$1,500	$0	$4,500	$1,000	$2,000
Out-of-Pocket Maximum						
Individual	None	$3,000	None	$10,000	$3,000	$6,000
Family	None	$6,000	None	$30,000	$6,000	$12,000
Lifetime Maximum	Unlimited	$1,000,000	Unlimited	$500,000	$1,000,000	$1,000,000
Office Visit Fees						
Primary Care Services	$10 co-payment	70% after deductible	$20 co-payment	50% after deductible	$10 copay, 4 visits/year (primary care and speciality care combined); thereafter visits are covered 75%, after deductible	50%, after deductible
Specialist Services	$15 co-payment	70% after deductible	$40 co-payment	50% after deductible		50%, after deductible
Pediatric Immunization	100%	70% no deductible	100%	50% no deductible	100%, no deductible	50%, no deductible
Routine GYN Exam	$15 co-payment	70% no deductible	$20 co-payment	50% no deductible	100%, no deductible	50%, no deductible
Mammogram	100%	70% no deductible	100%	50% no deductible	60%, no deductible	50%, no deductible
Outpatient Labatory/Pathology	100%	70% after deductible	100%	50% after deductible	50%, after deductible	50%, after deductible
Maternity						
First OB Visit	$15 co-payment	70% after deductible	$20 co-payment	50% after deductible	75%, after deductible	50%, after deductible
Hospital	$240 co-payment per admission	70% after deductible	$250/day; max of 5 copays/admission	50% after deductible	75%, after deductible	50%, after deductible
Hospital Coverage						
Inpatient Hospital Services	$240 co-payment per admission	70% after deductible	$250/day; max of 5 copays/admission	50% after deductible	75%, after deductible	50%, after deductible
Inpatient Hospital Days	Unlimited	120 Days	Unlimited	70 Days	70 Days	70 Days
Outpatient Surgery	$100 co-payment	70% after deductible	$125 co-payment	50% after deductible	75%, after deductible	50%, after deductible
Emergency Room	$35 co-payment (waived if admited)	$35 co-payment (waived if admited)	$100 co-payment (not waived if admitted)	$100 co-payment (waived if admited)	75%, after deductible	75%, after deductible
Ambulance	100%	70% after deductible	100%	50% after deductible	100%, after deductible	50%, after deductible
Outpatient X-Ray/Radiology						
Routine Radiology/Diagnostic	100%	70% after deductible	$40 co-payment	50% after deductible	50%, after deductible	50%, after deductible
MRI,CT/CTA scan, PET scan	100%	70% after deductible	$80 co-payment	50% after deductible	50%, after deductible	50%, after deductible
Therapy Services						
Physical and Occupational	100% up to 60 consecutive days/condition	70% after deductible	$40 co-payment 30 visits per calendar year	50% after deductible	75%, after deductible (Up to an aggregate $1000 max)	50%, after deductible
Cardiac Rehabilitation	100% up to 60 consecutive days/condition	70% after deductible	$40 co-payment 36 visits per calendar year	50% after deductible	75%, after deductible (Up to an aggregate $1000 max)	50%, after deductible
Pulmonary Rehabilitation	100% up to 60 consecutive days/condition	70% after deductible	$40 co-payment 36 visits per calendar year	50% after deductible	75%, after deductible (Up to an aggregate $1000 max)	50%, after deductible
Speech	100% up to 60 consecutive days/condition	70% after deductible	$40 co-payment 20 visits per calendar year	50% after deductible	75%, after deductible (Up to an aggregate $1000 max)	50%, after deductible
Spinal Manipulations	100% up to 60 consecutive days/condition	70% after deductible	$40 co-payment 20 visits per calendar year	50% after deductible	75%, after deductible 20 visits per calendar year	50%, after deductible
Injectible Medications						
Standard Injectibles	100%	70% after deductible	100%	50% after deductible	75%, after deductible	50%, after deductible
BioTech/Speciality Injectibles	100%	70% after deductible	$100 co-payment	50% after deductible	75%, after deductible	50%, after deductible
Chemo/Radiation/Dialysis	100%	70% after deductible	100%	50% after deductible	75%, after deductible	50%, after deductible

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Outpatient Private Duty Nursing	100%	70% after deductible	85%	50% after deductible	75%, after deductible	50%, after deductible
Skilled Nursing Facility	100% (up to 180 Days)	70% after deductible (up to 240 days)	$125/day; max of 5 copays/admission (up to 120 days per calendar year)	50% after deductible (60 days per calendar year)	75%, after deductible 30 days per benefit peroid	50%, after deductible
Hospice and Home Health Care	100%	70% after deductible	100%	50% after deductible	75%, after deductible	50%, after deductible
Durable Medical Equiptment	100%	70% after deductible	50%	50% after deductible ($2500 benefit max per calendar year)	75%, after deductible	50%, after deductible
Prosthetic	100%	70% after deductible	50%	50% after deductible	75%, after deductible	50%, after deductible
Mental Health Care						
Outpatient	$15 co-payment	70% after deductible	$40 co-payment	50% after deductible	$10 copay, 4 visits/year (primary care and speciality care combined); thereafter visits are covered 75%, after deductible	50%, after deductible
Inpatient	$240 co-pay per admission	70% after deductible	$250/day max of 5 copays/admission	50% after deductible	75% after deductible	50%, after deductible
Serious Mental Illness Care						
Outpatient	$15 co-payment	70% after deductible	$40 co-payment	50% after deductible	$10 copay, 4 visits/year (primary care and speciality care combined); thereafter visits are covered 75%, after deductible	
Inpatient	$240 co-pay per admission		$250/day max of 5 copays/admission	50% after deductible	75% after deductible	50%, after deductible
Substance Abuse Treatment						
Outpatient/Partial Facility Visits Rehabilitation/Detoxification	$15 co-payment	70% after deductible	$40 co-payment	50% after deductible	$10 copay, 4 visits/year (primary care and speciality care combined); thereafter visits are covered 75%, after deductible	50%, after deductible
Inpatient Rehabilitation	$240 co-pay per admission	70% after deductible	$250/day; max of 5 copays/admission	50% after deductible	75% after deductible	50%, after deductible
Inpatient Detoxification	$240 co-pay per admission	70% after deductible	$250/day; max of 5 copays/admission	50% after deductible	75% after deductible	50%, after deductible
Prescription Drugs	$15/$20	Not covered; except in emergency situations	$15/$35/$50	30% of drugs retail cost for the total amount dispensed	$15/$35/$50	30% of drugs retail cost for the total amount dispensed
Dental Rider						
Dental Visits	$5 co-payment	70% after deductible	$5 co-payment	70% after deductible	Not Available	Not Available
Oral Examination & Diagnosis	Once every six months		Once every six months			
Prophylaxis (Cleaning)	Once every six months		Once every six months			
Topical Flouride Application	Limited to children to age 19 every six months		Limited to children to age 19 every six months			
Vision Rider						
Vision Examination	$15 co-payment once every 2 calendar years	70% after deductible	$40 co-payment once every 2 calendar years	70% after deductible	Not Available	Not Available
Prescription Lenses and Frames	Standard lenses and frames (participating provider) $35 reimbursment (non-participating provider)	70% after deductible	Standard lenses and frames (participating provider) $35 reimbursment (non-participating provider)	70% after deductible	Not Available	Not Available