

**TEMPLE UNIVERSITY STUDENT HEALTH INSURANCE  
MEDICAL SCHOOL STUDENTS  
KEYSTONE POS PLAN vs. PERSONAL CHOICE PPO PLAN COMPARISON**

SERVICE	KEYSTONE POS REFERRED CARE	KEYSTONE POS SELF-REFERRED CARE	PERSONAL CHOICE IN-NETWORK	PERSONAL CHOICE OUT OF-NETWORK
<b>DEDUCTIBLE</b>				
INDIVIDUAL	\$0	\$500	\$0	\$1,500
FAMILY	\$0	\$1,500	\$0	\$4,500
<b>OUT-OF-POCKET MAXIMUM</b>				
INDIVIDUAL	NONE	\$3,000	NONE	\$10,000
FAMILY	NONE	\$6,000	NONE	\$30,000
<b>LIFETIME MAXIMUM</b>	UNLIMITED	\$1,000,000	UNLIMITED	\$500,000
<b>OFFICE VISITS FEES</b>				
PRIMARY CARE SERVICES	\$10 CO-PAYMENT	70% AFTER DEDUCTIBLE	\$15 CO-PAYMENT	50% AFTER DEDUCTIBLE
SPECIALIST SERVICES	\$15 CO-PAYMENT	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT	50% AFTER DEDUCTIBLE
PEDIATRIC IMMUNIZATIONS	100%	70% AFTER DEDUCTIBLE	100%	50% NO DEDUCTIBLE
ROUTINE GYN EXAM	\$15 CO-PAYMENT	70% (NO DEDUCTIBLE)	\$15 CO-PAYMENT	50% NO DEDUCTIBLE
MAMMOGRAM	100%	70% (NO DEDUCTIBLE)	100%	50% NO DEDUCTIBLE
<b>OUTPATIENT LABORATORY/PATHOLOGY</b>	100%	70% AFTER DEDUCTIBLE	100%	50% AFTER DEDUCTIBLE
<b>MATERNITY</b>				
FIRST OB VISIT	\$15 CO-PAYMENT	70% AFTER DEDUCTIBLE	\$15 CO-PAYMENT	50% AFTER DEDUCTIBLE
HOSPITAL	\$240 CO-PAYMENT PER ADMISSION	70% AFTER DEDUCTIBLE	\$100/DAY:MAXIMUM OF 5 CO-PAYMENTS/ADMISSION	50% AFTER DEDUCTIBLE
<b>HOSPITAL COVERAGE</b>				
INPATIENT HOSPITAL SERVICES	\$240 CO-PAYMENT PER ADMISSION	70% AFTER DEDUCTIBLE	\$100/DAY:MAXIMUM OF 5 CO-PAYMENTS/ADMISSION	50% AFTER DEDUCTIBLE
INPATIENT HOSPITAL DAYS	UNLIMITED	70% AFTER DEDUCTIBLE	UNLIMITED	70 DAYS
OUTPATIENT SURGERY	\$100 CO-PAYMENT	70% AFTER DEDUCTIBLE	\$50 CO-PAYMENT	50% AFTER DEDUCTIBLE
<b>EMERGENCY ROOM</b>	\$35 CO-PAYMENT (WAIVED IF ADMITTED)	\$35 CO-PAYMENT (WAIVED IF ADMITTED)	\$100 CO-PAYMENT (WAIVED IF ADMITTED)	\$100 CO-PAYMENT (WAIVED IF ADMITTED)
<b>AMBULANCE</b>	100%	70% AFTER DEDUCTIBLE	100%	50% AFTER DEDUCTIBLE
<b>OUTPATIENT X-RAY/RADIOLOGY</b>				
ROUTINE RADIOLOGY/DIAGNOSTIC	100%	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT	50% AFTER DEDUCTIBLE
MRI/MRA,CT/CTA SCAN, PET SCAN	100%	70% AFTER DEDUCTIBLE	\$60 CO-PAYMENT	50% AFTER DEDUCTIBLE

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<b>THERAPY SERVICES</b>				
PHYSICAL AND OCCUPATIONAL	100% UP TO 60 CONSECUTIVE DAYS/CONDITION	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT 30 VISIT PER CALENDAR YEAR	50% AFTER DEDUCTIBLE
CARDIAC REHABILITATION	100% UP TO 60 CONSECUTIVE DAYS/CONDITION	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT 36 VISIT PER CALENDAR YEAR	50% AFTER DEDUCTIBLE
PULMONARY REHABILITATION	100% UP TO 60 CONSECUTIVE DAYS/CONDITION	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT 36 VISIT PER CALENDAR YEAR	50% AFTER DEDUCTIBLE
SPEECH	100% UP TO 60 CONSECUTIVE DAYS/CONDITION	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT 20 VISITS PER CALENDAR YEAR	50% AFTER DEDUCTIBLE
SPINAL MANIPULATIONS	100% UP TO 60 CONSECUTIVE DAYS/CONDITION	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT 20 VISITS PER CALENDAR YEAR	50% AFTER DEDUCTIBLE
<b>INJECTABLE MEDICATION</b>				
STANDARD INJECTABLES	100%	70% AFTER DEDUCTIBLE	100%	50% AFTER DEDUCTIBLE
BIOTECH/SPECIALTY INJECTABLES	100%	70% AFTER DEDUCTIBLE	\$75 CO-PAYMENT	50% AFTER DEDUCTIBLE
CHEMO/RADIATION/DIALYSIS	100%	70% AFTER DEDUCTIBLE	100%	50% AFTER DEDUCTIBLE
<b>OUTPATIENT PRIVATE DUTY NURSING SKILLED NURSING FACILITY</b>	100% 180 DAYS	70% AFTER DEDUCTIBLE	90% \$50/DAY: MAXIMUM OF 5 CO-PAYMENTS/ADMISSION	50% AFTER DEDUCTIBLE
HOSPICE AND HOME HEALTH CARE	100%	70% AFTER DEDUCTIBLE	100%	50% AFTER DEDUCTIBLE
DURABLE MEDICAL EQUIPMENT	100%	70% AFTER DEDUCTIBLE	70%	50% AFTER DEDUCTIBLE \$2,500 BENEFIT MAXIMUM PER CALENDAR YEAR
PROSTHETIC	100%	70% AFTER DEDUCTIBLE	70%	50% AFTER DEDUCTIBLE

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<b>MENTAL HEALTH CARE</b>				
OUTPATIENT	\$25 CO-PAYMENT 20 VISITS PER CALENDAR YEAR	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT 20 VISITS PER CALENDAR YEAR	50% AFTER DEDUCTIBLE
INPATIENT	\$240 CO-PAYMENT PER ADMISSION 35 DAYS PER CALENDAR YEAR	70% AFTER DEDUCTIBLE	\$100/DAY:MAXIMUM OF 5 CO-PAYMENTS/ADMISSION 30 DAYS PER CALENDAR YEAR	50% AFTER DEDUCTIBLE UP TO 20 DAYS PER CALENDAR YEAR
<b>SERIOUS MENTAL ILLNESS CARE</b>				
OUTPATIENT 60 VISITS PER CALENDAR YEAR	\$25 CO-PAYMENT 60 VISITS PER CALENDAR YEAR	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT 60 VISITS PER CALENDAR YEAR	50% AFTER DEDUCTIBLE
INPATIENT 30 DAYS PER CALENDAR YEAR	\$240 CO-PAYMENT PER ADMISSION 30 DAYS PER CALENDAR YEAR	70% AFTER DEDUCTIBLE	\$100/DAY:MAXIMUM OF 5 CO-PAYMENTS/ADMISSION 30 DAYS PER CALENDAR YEAR	50% AFTER DEDUCTIBLE
<b>SUBSTANCE ABUSE TREATMENT</b>				
OUTPATIENT/PARTIAL FACILITY VISITS	\$15 CO-PAYMENT PER VISITS 60VISIT PER CALENDAR YEAR 120 VISITS LIFETIME MAXIMUM	70% AFTER DEDUCTIBLE	\$30 CO-PAYMENT 60VISIT PER CALENDAR YEAR 120 VISITS LIFETIME MAXIMUM	50% AFTER DEDUCTIBLE
REHABILITATION	\$240 CO-PAYMENT PER ADMISSION 30 DAY PER CALENDAR YEAR 120 DAY LIFETIME MAXIMUM	70% AFTER DEDUCTIBLE	\$100/DAY:MAXIMUM OF 5 CO-PAYMENTS/ADMISSION 30 DAY PER CALENDAR YEAR 90 DAY LIFETIME MAXIMUM	50% AFTER DEDUCTIBLE
DETOXIFICATION	\$240 CO-PAYMENT PER ADMISSION 7 DAYS PER ADMISSION 4 ADMISSIONS LIFETIME MAXIMUM	70% AFTER DEDUCTIBLE	\$100/DAY:MAXIMUM OF 5 CO-PAYMENTS/ADMISSION 7 DAYS PER ADMISSION 4 ADMISSIONS LIFETIME MAXIMUM	50% AFTER DEDUCTIBLE
<b>PRESCRIPTION DRUGS</b>	\$15/\$20	70% AFTER DEDUCTIBLE	\$10/\$20/\$50	\$10/\$20/\$50
<b>DENTAL RIDER</b>				
DENTAL VISITS ORAL EXAMINATION & DIAGNOSIS PROPHYLAXIS (CLEANINGS) TOPICAL FLUORIDE APPLICATION	\$5 CO-PAYMENT ONCE EVERY SIX MONTHS ONCE EVERY SIX MONTHS LIMITED TO CHILDREN TO AGE 19 EVERY SIX MONTHS	70% AFTER DEDUCTIBLE	NOT AVAILABLE	NOT AVAILABLE
<b>VISION RIDER</b>				
VISION EXAMINATION	\$15 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 REIMBURSEMENT (NON-PARTICIPATING PROVIDER)	70% AFTER DEDUCTIBLE	NOT AVAILABLE	NOT AVAILABLE

\* Dental and Vision rider only available with Keystone POS