

# **Temple University Student Health Insurance**

09/01/2024 to 08/31/2025

# Student Health Insurance

## Open Enrollment:

- **Begins: August 01, 2024**
- **Ends: September 30, 2024**

## Coverage Period:

- **September 1, 2024**
- **August 31, 2025**

**Enrollment: on-line via TUportal**



# Student Health Insurance

## Plan Options

## Monthly Premium

- |   |                 |
|---|-----------------|
| ➤ <b>Personal Choice High Option (PPO)<br/>Select Drug Program</b>      | <b>\$542.97</b> |
| ➤ <b>Personal Choice Deductible Option (PPO)<br/>Value Drug Program</b> | <b>\$495.38</b> |
| ➤ <b>Keystone Premium Option (POS)<br/>Select Drug Program</b>          | <b>\$514.17</b> |

*All plans include:  
Dental & Vision*

# PPO and POS plans

## **(PPO) Preferred Provider Organization– Personal Choice**

- **Choice of In-network and out-of-network doctors and hospitals**
- **BlueCard Program provides access to doctors and hospitals within the U.S.**
- **BlueCard Worldwide Program provides access to doctors and hospitals**
- **Blue Cross Blue Shield Global Core provides members access to doctors and hospital in more than 200 countries and territories around the world.**

## **(POS) Point of Service Provider – Keystone**

- **Requires primary care physician**
- **Written referral for specialty care**
- **Only Emergency care outside of network**

# Personal Choice High Option

## In-Network Deductible

Single/Family

\$0/\$0

## Out-of-Network Deductible

Single/Family

\$1,500/\$4,500

## Out of Pocket Maximum

\$6,600/\$13,200

## Out of Pocket Maximum

\$10,000/\$30,000

## In-network Coinsurance

\$0

## Out-of-Network Coinsurance

After deductible plan pays 50% of eligible charges and you pay the other 50% of eligible charges.

# Personal Choice Deductible Plan

## In-Network Deductible

Single/Family

\$250/\$500

## Out-of-Network Deductible

Single/Family

\$5,000/\$10,000

## Out of Pocket Maximum

\$7,900/\$15,800

## Out of Pocket Maximum

\$10,000/\$20,000

## In-network Coinsurance

After deductible plan pays 80% of eligible charges and you pay the other 20% of eligible charges.

## Out-of-Network Coinsurance

After deductible plan pays 50% of eligible charges and you pay the other 50% of eligible charges.

# Keystone Premium Plan

## In-Network Deductible

Single/Family

\$0/\$0

## Out-of-Network Deductible

Single/Family

\$1,500/\$4,500

## Out of Pocket Maximum

\$6,600/\$13,200

## Out of Pocket Maximum

\$10,000/\$30,000

## In-network Coinsurance

\$0

## Out-of-Network Coinsurance

After deductible plan pays 50% of eligible charges and you pay the other 50% of eligible charges.

# Copayment Structures

Service	Personal Choice	Personal Choice Deductible	Keystone Premium
Office Visit	\$20	\$20	\$15
Specialist Visit	\$40	\$40	\$30
Therapy Services	\$40	\$40	\$30
Routine Radiology	\$40	\$40	\$30
MRI/CT Scan	\$80	\$80	\$60
Outpatient Surgery	\$75	20% after deductible	\$50



# Copayment Structures

Service	Personal Choice	Personal Choice Deductible	Keystone Premium
Outpatient Lab	100%	\$40	100%
Urgent Care	\$70	\$85	\$70
ER Room	\$100	\$250 after deductible	\$100
Inpatient Hospitalization (Co-pay varies)	\$150/day max/5 per admission \$750	80% after deductible	\$100/day Max/5 per admission \$500
Outpatient Surgery (co-pay varies)	\$75	\$80% after deductible	\$50
Ambulance	100%	80% after deductible	100%

# Select Drug Program - Future-Scripts

Select Drug program is included with the following plans:

- **Personal Choice High Option**
- **Keystone Premium plan**

<u>Drug Type</u>	<u>Copayment</u>	<u>Day Supply</u>
➤ <b>Generic Formulary</b>	<b>\$15</b>	<b>30 day</b>
➤ <b>Preferred brand</b>	<b>\$35</b>	<b>30 day</b>
➤ <b>Brand name</b>	<b>\$50</b>	<b>30 day</b>

**Mail Order Program - 90 day supply through mail order program – pay 2 copayments for 3 months supply**

# Value Drug Program – Future Scripts

Value Drug Program is included with the following option:

- **Personal Choice Deductible Plan**

<u>Drug Type</u>	<u>Co-payment</u>
Tier 1 Low Cost Generic	\$5
Tier 2 Generic Drug	\$15
Tier 3 Preferred Drug	\$35
Tier 4 Non-Preferred Drug	\$50
Tier 5 Self - Administered Specialty Drugs	50% up to \$500
Dispensing Limits - 30 days at pharmacy	

**Mail Order Program - 90 day supply through mail order program – pay 2 copayments for 3 months supply**

# Vision Plan

## Service

- **Routine eye exam – every 24 months**
- **Discount frames & lenses**

# UCCI Dental Plan

- **Oral Exam (once every 6 months)**
- **Cleanings (once every 6 months)**

***Discounts available for other dental care***

# ID cards and Payment

- ▶ **Monthly bills are mailed directly to you from Blue Cross**
- ▶ **All correspondence from Blue Cross is mailed to the address you provide during the enrollment process**
- ▶ **You will receive a Health Insurance Identification card along with your first bill**
- ▶ **Monthly premiums are due the 1<sup>st</sup> of the month**

# Payment Options

- ▶ **By Check made payable to Blue Cross and mailed to the address on the bill**
- ▶ **Blue Cross's walk-in services center located at 1919 Market Street, Philadelphia, PA. 19107**
- ▶ **Direct payment from your bank**

# Payment Options

## **Direct payment from your bank:**

- ▶ **Payments are set up through your bank from your checking account**
- ▶ **You must contact your bank to arrange for this option and provide the following details:**
  - **Account number on the Blue Cross bill**
  - **Payable to Blue Cross**
  - **Amount to be paid (premium due)**

**Payments are processed via Automated Clearing House (ACH) process.**



# Blue Cross Member Portal - Resources

Register online at [www.ibxpress.com](http://www.ibxpress.com)  
to gain access to your Blue Cross account.

- ▶ Find a doctor
- ▶ Print a Temporary ID card
- ▶ View Claims History
- ▶ Access Personal Health Record

# Student Health Insurance – Resources

## Blue Cross Contact:

**Blue Cross Customer Service: 888-516-8309**

**Blue Cross Member Portal: [www.lbxpress.com](http://www.lbxpress.com)**

## **Student Insurance Website:**

**<https://careers.temple.edu/hr-resources/our-functional-areas/benefits-administration/health-insurance-plans/student-health>**

## Temple University Contact:

- **E-mail: [studentinsurance@temple.edu](mailto:studentinsurance@temple.edu)**