

TEMPLE UNIVERSITY

PART-TIME

Health Insurance Summary

HEALTH INSURANCE

Personal Choice \$30 – High Deductible Plan

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. You pay either a copayment or the plan pays a percentage of the eligible charges after the deductible is satisfied. You should refer to the actual IBC plan for details.

Benefit	In-Network	Out-of-Network
Deductible		
Individual	\$2,000	\$2,000
Family	\$6,000	\$6,000
After deductible, plan pays	90% unless otherwise noted	70% of allowance
Out-of-Pocket-Maximum		
Individual	\$4,400- medical and prescription	Not applicable
Family	\$13,200-medical and prescription	
Doctor’s Office Visits		
Primary Care	\$30 copayment*	70% of allowance after deductible
Specialist Services	\$40 copayment*	70% of allowance after deductible
In-Patient Hospital Services		
Facility	90% after deductible	100% after deductible
Physician/Surgeon	90% after deductible	70% of allowance after deductible
Emergency Treatment	\$100 copayment, no deductible. Waived only if admitted	\$100 copayment; waived only if admitted
Urgent Care Center	\$50 copayment, no deductible. Waived at Temple ReadyCare.	70% after deductible

*As a benefit to Temple University employees, Temple University Health System (TUHS) and Temple University Physicians (TUP) will waive applicable office copayments services for current employees and their dependents with medical insurance coverage under the Temple University benefit program. This will apply to all TUP, Fox Chase and TPI physicians.

A list of Temple providers may be found at

<http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm>

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 <http://www.ibx.com/index.jsp>.

BlueCard WorldWide Program

Personal Choice members have access to doctors and hospital in more than 200 countries and territories around the world. To locate a BlueCard WorldWide doctor or hospital, call the BlueCard Worldwide service Center at 1-800-810-2583 24 hours a day, seven days a week. For additional information, you may also visit their website at <http://www.bcbs.com/coverage/bluecard/bluecard-worldwide.html>.

CVS/Caremark PRESCRIPTION PLAN

Eligibility: You must be enrolled in one of the Health Insurance plans.

Includes Coverage for: Employee, spouse and biological, adopted and stepchildren under the age of 26 are eligible for health and prescription drug coverage.

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.

Employee Contribution: Included in the health insurance employee contribution.

Highlighted Plan Provisions: (Please refer to the actual CVS/Caremark plan for detailed provisions)

Drug Type	You Pay Retail Pharmacy	You Pay Mail-Order Pharmacy (up to 90 day supply)
Tier 1 – Generic Drugs	10%	2 co-payments for 3 months supply
Tier 2 – Preferred brand-name drugs	20%	2 co-payments for 3 months supply
Tier 3 – Non-preferred brand –name drugs	30%	2 co-payments for 3 months supply

- Mandatory Mail Order for Maintenance drugs – Maintenance long term drugs that are used on a regular basis and listed on CVS/Caremark’s Maintenance Drug List must be filled either through mail order or at a CVS pharmacy. Members will receive the discounted pricing of 3 months’ supply for the price of 2 months’ co-pay.
- Generic Step Therapy –Generic alternatives, within the same therapeutic class, must be used as first line therapy before certain targeted brand drugs are covered. If you are using a brand drug, please discuss this new requirement with your physician to ensure that your drug is covered.
- Dispense as Written (DAW) 1 – If your health provider requires a brand drug when a generic substitution is available you will be charged a penalty in the amount of the difference in cost between the generic and brand drug plus your co-pay. This only applies when a multi-source brand medication is dispensed by physician or customer request over available generic equivalents. If you are using a brand drug, please discuss this new requirement with your physician to ensure that your drug is covered.
- Exclusive Specialty – Employees taking specialty drugs may fill their script at a local CVS ONLY or have the physician send the prescription directly to the specialty pharmacy for home delivery.

Exceptions and Limitations: The plan does not include coverage for:

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

Prior Authorization: The plan requires prior authorization for specific drugs. To contact CVS/Caremark customer service, call 1-800-966-5772, or visit www.caremark.com. Temple University’s carrier number is 4103. Your group number is 8004.