

Bryn Mawr College Medical Plan Comparison November 1, 2024

Personal Choice PPO

Preferred Provider Organization (PPO). Coverage is 100% after a \$15 copay for primary doctors (and telehealth) and \$25 for specialists in the Personal Choice network. Copay prescription plan (\$20 generic, \$50 Preferred Brand, \$100 Non-Preferred Brand) includes a mail-order option with copay savings. Emergencies are covered at 100% after a \$200 copay that is waived if admitted. Urgent care centers are covered after a \$50 copay and there is a \$20 imaging copay. Approved in-network hospitalization is covered at 100% after a flat \$250 copay and outpatient surgery is covered at 100% after a \$100 copay. Out-of-network benefits are covered at 70% of allowed charges after a \$500 deductible. Routine vision exam and glasses/contact lens reimbursement every two years.

Advantages

- f* Option of staying within or leaving the network
- f* No assignment to a primary care physician
- f* No need to obtain specialist referrals
- f* Lower office visit, imaging and outpatient surgery copays than the Keystone plans
- f* Hospital copay is lower than the Keystone plans for any hospitalization exceeding one day
- f* Out-of-network benefits are better than the HDHP, with a lower deductible and higher coinsurance
- f* Unlike Keystone plans, coverage is available when the employee is residing outside of the Philadelphia area
- f* Access to national network through Blue Cross PPO program
- f* Provides in-network benefits outside of the U.S. through the Blue Cross Blue Shield Global Core program, although the network is limited

Disadvantages

- f* Most expensive premium cost
- f* Higher deductible and lower coinsurance than Keystone POS for out-of-network care
- f* Higher hospital copay than Keystone plans for single day admissions
- f* Durable medical equipment is subject to a \$25 copay per rental period, versus none on the Keystone plans

Personal Choice PPO High Deductible Health Plan

The HDHP plan uses the Personal Choice network. However, unlike the Personal Choice PPO plan, the HDHP provides no coverage for in-network services until a plan year (November 1 – October 31) deductible has been met. The plan year deductibles are \$1,650 for single coverage and \$3,300 for family coverage. Routine vision exam and glasses/contact lens reimbursement (every two years) and preventive services (as defined by health care reform) are not subject to the plan year deductible.

