

**GWYNEDD MERCY COLLEGE  
MEDICAL PLAN COMPARISON  
EFFECTIVE NOVEMBER 01, 2010 THROUGH OCTOBER 31, 2011**

COVERAGES	PERSONAL CHOICE C4F502 \$20/40/60 Rx without Deductible \$75 Biennial Vision		KEYSTONE DIRECT POS C4F402 \$20/40/60 Rx without Deductible \$100 Biennial Vision		KEYSTONE HMO Custom 515 \$15/35/50 Rx \$100 Biennial Vision
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>
Deductible Individual/Family	\$0/\$0	\$1,500/\$4,500	\$0/\$0	\$1,500/\$4,500	NONE
Out-of-Pocket Maximum Individual/Family	N/A	\$10,000/\$30,000	\$3,000/\$6,000	\$10,000/\$30,000	\$2,000/\$4,000
Lifetime Maximum	Unlimited	\$500,000	Unlimited	\$500,000	Unlimited
Coinsurance	Varies	50% after Deduct.	100%	50% after Deduct.	100%
Primary Care Office Visit	\$30 Copay	50% after Deduct.	\$30 Copay	50% after Deduct.	\$25 Copay
Specialist Office Visit	\$50 Copay	50% after Deduct.	\$50 Copay	50% after Deduct.	\$35 Copay
Maternity Care	\$30 Copay, 1st Visit	50% after Deduct.	\$30 Copay, 1st Visit	50% after Deduct.	\$35 Copay, 1st Visit
Pediatric Immunizations	100% after \$30 Copay	50%, NO Deduct.	100% after \$30 Copay	50%, NO Deduct.	100% after \$25 Copay
Routine Gyn Exam/Pap	\$30 Copay	50%, NO Deduct.	\$30 Copay	50%, NO Deduct.	\$35 Copay/100%
Routine Mammography	100%	50%, NO Deduct.	100%	50%, NO Deduct.	100%
Inpatient Hospital	\$400 Copay/Day Max. \$2,000 Admin.	50% after Deduct.	\$250 Copay/Day, Max. \$1,250/Admin.	50% after Deduct.	\$500 Copay/Admin.
Inpatient Hospital Days	Unlimited	70	Unlimited	70	Unlimited
Emergency Room	\$150 Copay (WAIVED if Admitted)		\$150 Copay (WAIVED if Admitted)		\$150 Copay (WAIVED if Admitted)
Outpatient Laboratory/Radiology	100% Lab/ \$50 for Routine Radiology/Diagnostic; \$100 MRI/MRA, CT/PET Scans	50% after Deduct.	100% Lab/ \$50 for Routine Radiology/Diagnostic; \$100 MRI/MRA, CT/PET Scans	50% after Deduct.	100%
Injectable Medications	100% Standard*; \$125 Copay Biotech/Specialty	50% after Deduct.	100% Standard*; \$125 Copay Biotech/Specialty	50% after Deduct.	100%
Outpatient Surgery	\$200 Copay	50% after Deduct.	\$125 Copay	50% after Deduct.	\$250 Copay/Admin. (Facility) \$25 Copay (Physician)
Restorative Services	\$50 Copay	50% after Deduct.	\$50 Copay	50% after Deduct.	100%
Therapy: Physical, Speech and Occupational	\$50 Copay 20 Visits/Cal. Yr. 50% after Deduct.	50% after Deduct.	\$50 Copay 20 Visits/Cal. Yr. 50% after Deduct.	50% after Deduct.	100%
Cardiac Rehabilitation Therapy	\$50 Copay 36 Visits/Cal. Yr.	50% after Deduct.	\$50 Copay 36 Visits/Cal. Yr.	50% after Deduct.	100%
Pulmonary Rehabilitation	\$50 Copay 36 Visits/Cal. Yr.	50% after Deduct.	\$50 Copay 36 Visits/Cal. Yr.	50% after Deduct.	100%
Chemotherapy/Radiation	100%	50% after Deduct.	100%	50% after Deduct.	100%
Outpatient Private Duty Nursing	80%	50% after Deduct.	85%	50% after Deduct.	\$10 Copay/Visit 60 Visits in a 90 Day Period
Skilled Nursing Facility	\$200 Copay/Day Max. \$1,000/Admin. 120 Days/Cal. Yr.	50% after Deduct.	\$125 Copay/Day, Max. \$625/Admin. 120 Days/Cal. Yr.	50% after Deduct. 60 Days/Cal. Yr.	100% 180 Days/Cal. Yr.
Durable Medical Equipment and Prosthetics	50%	50% after Deduct. (\$2,500 Benefit Max./Cal. Yr.)	50%	50% after Deduct. (\$2,500 Benefit Max./Cal. Yr.)	100%
Inpatient Psychiatric (Days)	\$400 Copay/Day Max. \$2,000 Admin.	50% after Deduct.	\$250 Copay/Day, Max. \$1,250/Admin.	50% after Deduct.	\$500 Copay/Admin.
Outpatient Psychiatric (Visits)	\$50 Copay	50% after Deduct.	\$50 Copay	50% after Deduct.	\$35 Copay
Inpatient Serious Mental Illness (Days)	\$400 Copay/Day Max. \$2,000 Admin.	50% after Deduct.	\$250 Copay/Day, Max. \$1,250/Admin.	50% after Deduct.	\$500 Copay/Admin.
Outpatient Serious Mental Illness (Visits)	\$50 Copay	50% after Deduct.	\$50 Copay	50% after Deduct.	\$35 Copay
Substance Abuse-Detox	\$400 Copay/Day Max. \$2,000 Admin.	50% after Deduct.	\$250 Copay/Day, Max. \$1,250/Admin.	50% after Deduct.	\$500 Copay/Admin.
Substance Abuse - Inpatient Rehab	\$400 Copay/Day Max. \$2,000 Admin.	50% after Deduct.	\$250 Copay/Day, Max. \$1,250/Admin.	50% after Deduct.	\$500 Copay/Admin.
Substance Abuse - Outpatient & Partial	\$50 Copay	50% after Deduct.	\$50 Copay	50% after Deduct.	\$35 Copay

**PLEASE NOTE: With KPOS Direct - you must select a Primary Care Physician but can access most care in-network or out-of-network without a referral. Referrals are still required for X-Rays, Podiatry, Spinal Manipulations and Physical/Occupational Therapies.**

**FOR SUMMARY PURPOSES ONLY.  
FOR PLAN DETAILS, PLEASE REFER TO PLAN BOOKLET.**