Albright College Benefit Plan Options

AmeriHealth Administrators ICHP PPO - Base Plan
In Network Benefits
Office visit is $25 co-pay
Prescription drug benefit for pharmacy is $25 generic/$50 brand/$75 non formulary
Mail Order (provides up to a 90 day supply), same as the above pharmacy charges
$500 Deductible is applicable for any basic services other than State-mandated benefits
After the deductible is satisfied, each Subscriber pays 20% of the first $5,000; eligible expenses are then covered 100%. Maximum out of pocket expense $1,500 per individual, $3,500 per family
Out of Network Benefits
$500 deductible, 80/20 coinsurance

AmeriHealth Administrators ICHP PPO - Mid Plan
In Network Benefits
Office visit is $25 co-pay
Prescription drug benefit for pharmacy is $20 generic/$40 brand/$60 non formulary
Mail Order (provides up to a 90 day supply), same as the above pharmacy charges
$500 Deductible is applicable for any basic services other than State-mandated benefits
After the deductible is satisfied, 100% coverage for hospital facility charges, diagnostic services, surgery, anesthesia, 80% for ambulance, durable medical equipment, home health care and mental health care
Out of Network Benefits
$500 deductible, 80/20 coinsurance

AmeriHealth Administrators ICHP PPO - Premier Plan
In Network Benefits
Office visit is $15 co-pay, deductible coinsurance waived
Prescription drug benefit for pharmacy is $15 generic/$30 brand/$50 non formulary
Mail Order (provides up to a 90 day supply), same as the above pharmacy charges
100% coverage for hospital facility charges, diagnostic services, surgery, anesthesia
$500 deductible applicable to: ambulance, durable medical equipment, home health care and mental health care
Then 80% for ambulance, durable medical equipment, home health care and mental health care
Out of Network Benefits
$500 deductible/80/20 coinsurance

Albright College Medical Waiver Reimbursement Plan
All employees who elect NOT to participate in the basic medical coverage may elect this option. This allows the employee to submit for payment those eligible medical expenses NOT covered by their other insurance carriers, based upon Albright College’s current medical plan descriptions. This plan covers only the employee and does not include reimbursement for dental and vision expenses. The reimbursement amount shall not exceed $1,500.00 between date of election through May 31st.

Citizens Security Dental Insurance Plan
$1000.00 per person combined dental expense limit per calendar year.
Low Option – 100% coverage for basic diagnostic, preventative, and 90% of minor restorative services.
High Option – 100% coverage for basic diagnostic, preventative, 90% of minor restorative services and 50% major restorative services.

Avesis Vision Care
In-Network eye exam free and full or discounted coverage on eyewear and contact lenses, Out-of-Network reimbursements.

NOTE: This is a summary and not a benefit policy statement. Please consult individual benefit packets for plan details.