



## UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM SCHEDULE OF BENEFITS

| DETAILS OF COVERAGE  | In-Network  | Out-of-Network   |
|--|---|--|
| <b>Available Providers</b>   | Must choose PENN Behavioral Health network providers. Pre-certification needed 1-888-321-4433   | May choose any qualified provider<br>All care must be approved by Pre-certification 1-888-321-4433   |
| <b>Mental Health Benefits</b>  | Combined benefit for In-Network and Out-of-Network  |  |
| <ul style="list-style-type: none"> <li><b>Inpatient</b></li> </ul>                                 | <ul style="list-style-type: none"> <li>100% coverage for up to thirty-five (35) days per year when medically necessary and pre-certified by PBH (no co-payment). All care not pre-certified will receive 70% of the UCR charge as determined by PBH. ***</li> </ul> | <ul style="list-style-type: none"> <li>70% of the UCR charge as determined by PBH after a \$240 per admission co-payment for up to thirty-five (35) days per year when medically necessary and pre-certified by PBH. All care not pre-certified will receive 50% of the UCR charge, as determined by PBH after a \$240 per admission co-payment for up to thirty-five (35) days per year when medically necessary.***</li> </ul> |
|  | Lifetime Maximum 120 days combined benefit for In-Network and Out-of-Network  |  |
| <b>Partial Days</b>  | Thirty (30) Partial Hospital Days per year when Medically Necessary and Pre-certified,<br>Available when exchanged two (2) for one (1) Inpatient Days   |  |
| <b>Specialized Treatment</b>   | <ul style="list-style-type: none"> <li>Members using network providers may receive ECT when requested by PBH Network provider and pre-certified by PBH. The Exchange is one (1) Inpatient day for one (1) ECT session</li> </ul>                                    | <ul style="list-style-type: none"> <li>Not covered</li> </ul>  |
| <ul style="list-style-type: none"> <li><b>Outpatient</b></li> </ul>                                | <ul style="list-style-type: none"> <li>\$15 co-payment for up to twenty (20) visits per year when medically necessary and pre-certified by PBH. All care not pre-certified will receive 50% of the UCR charge as determined by PBH. ***</li> </ul>                  | <ul style="list-style-type: none"> <li>70% of the UCR charge as determined by PBH, for up to twenty (20) visits per year when medically necessary and pre-certified by PBH. All care not pre-certified will receive 50% of the UCR charge, as determined by PBH for up to twenty (20) visits per year when medically necessary. ***</li> </ul>   |
| <b>Exchange of Benefits</b>  | Members diagnosed with a Serious Mental Illness may exchange one (1) Mental Health Inpatient day for up to four (4) outpatient visits for a maximum of 40 visits  | Not Applicable   |
| <b>Specialized Treatment</b>   | Members using network providers may receive ECT when requested by PBH Network provider and pre-certified by PBH. The Exchange is one (1) Inpatient day for one (1) ECT session  | Not Covered  |
| <b>Testing</b>   | Members using network providers may receive psychological testing when requested by PBH Network provider and pre-certified by PBH   | Not Covered  |
| <b>Chemical Dependency Benefits</b>  | Combined benefit for In-Network and Out-of-Network  |  |
|  | The thirty (30) days is a combined benefit for both detoxification and residential treatment  |  |
| <ul style="list-style-type: none"> <li><b>Inpatient</b></li> </ul>                                 | <ul style="list-style-type: none"> <li>100% coverage for up to 30 days per year when medically necessary and pre-certified by PBH. All care not pre-certified will receive 50% of the UCR charge as determined by PBH. ***</li> </ul>                               | <ul style="list-style-type: none"> <li>70% of the UCR charge as determined by PBH after a \$240 per admission co-payment for up to thirty (30) days per year when medically necessary and pre-certified by PBH. All care not pre-certified will receive 50% of the UCR charge, as determined by PBH after a \$240 per admission co-payment for up to thirty (30) days per year when medically necessary. ***</li> </ul>          |
|  | Lifetime Maximum 120 days combined benefit for In-Network and Out-of-Network  |  |
| <b>Partial Days</b>  | Thirty (30) Partial Hospital Days per year when Medically Necessary and Pre-certified,<br>Available when exchanged two (2) for one (1) Inpatient Days   |  |
| <ul style="list-style-type: none"> <li><b>Outpatient and acute intensive outpatient</b></li> </ul> | <ul style="list-style-type: none"> <li>\$15 co-payment for up to thirty (30) visits per year when medically necessary and pre-certified by PBH. All care not pre-certified will receive 50% of the UCR charge as determined by PBH. ***</li> </ul>                  | <ul style="list-style-type: none"> <li>70% of the UCR charge as determined by PBH, for up to thirty (30) visits per year when medically necessary and pre-certified by PBH. All care not pre-certified will receive 50% of the UCR charge, as determined by PBH for up to twenty (20) visits per year when medically necessary. ***</li> </ul>   |
| <b>Exchange of Benefits</b>  | Members using network providers may exchange one (1) Substance Abuse Inpatient day for up to two (2) outpatient visits for a maximum of 30 visits   | Not Applicable   |

\*\*\* The participant is responsible for payment of charges beyond Usual, Customary and Reasonable (UCR) or Negotiated rates for all Out-of-Network services.