

University of Pennsylvania PENNCare/Personal Choice PPO Plan FY12



Behavioral Healthcare Benefits for Active Members

	FY2012 PENNCare/Personal Choice PPO Plan		
	In-Network (PBH Staff)	In-Network (PBH Regional Network)	Out-of-Network
Mental Health	Combined Benefit for Staff or Regional or Out-of-Network Benefits		
Acute Inpatient*	Deductible, 90% Unlimited Days	Deductible, 90% Unlimited Days	Deductible, 60% Unlimited Days
Acute Partial Hospitalization*	Deductible, 90% Unlimited Days	Deductible, 90% Unlimited Days	Deductible, 60% Unlimited Days
Acute Intensive Outpatient*	Deductible, 90% Unlimited Visits	Deductible, 90% Unlimited Visits	Deductible, 60% Unlimited Visits
Outpatient Non-Office Visit (Diagnostic Testing)*	100% Unlimited visits per year	100% Unlimited visits per year	Deductible, 60% Unlimited Visits
Outpatient Office Visit	100% after \$20 copay Unlimited visits	100% after \$20 copay Unlimited visits	Deductible, 60% Unlimited Visits
Lifetime Maximum	None		None
Annual Deductibles ¹	\$100/\$300	\$100/\$300	\$500/\$1,500
Annual Out of Pocket Maximums (for both MH and CD combined) (including Deductible) ^{1 and 2}	\$1,000/\$3,000	\$1,000/\$3,000	\$3,500/\$10,500
Emergency Room	\$100 (waived if admitted to hospital)		
Chemical Dependency	Combined Benefit for Staff or Regional or Out-of-Network Benefits		
Detoxification*	Deductible, 90% Unlimited Days	Deductible, 90% Unlimited Days	Deductible, 60% Unlimited Days
Acute Inpatient Residential Rehabilitation*	Deductible, 90% Unlimited Days	Deductible, 90% Unlimited Days	Deductible, 60% Unlimited Days
Acute Partial Hospitalization*	Deductible, 90% Unlimited Days	Deductible, 90% Unlimited Days	Deductible, 60% Unlimited Days
Acute Intensive Outpatient*	Deductible, 90% Unlimited Visits	Deductible, 90% Unlimited Visits	Deductible, 60% Unlimited Visits
Outpatient Non-Office Visit (Diagnostic Testing)*	100% Unlimited visits per year	100% Unlimited visits per year	Deductible, 60% Unlimited Visits
Lifetime Maximum	None		None
Annual Deductibles ¹	\$100/\$300	\$100/\$300	\$500/\$1,500
Annual Out of Pocket Maximums (for both MH and CD combined) (including Deductible) ^{1 and 2}	\$1,000/\$3,000	\$1,000/\$3,000	\$3,500/\$10,500
Emergency Room	\$100 (waived if admitted to hospital)		
Autism	Combined Benefit for Staff or Regional or Out-of-Network Benefits		
Acute Inpatient*	Deductible, 90% Unlimited Days	Deductible, 90% Unlimited Days	Deductible, 60% Unlimited Days
Acute Partial Hospitalization*	Deductible, 90% Unlimited Days	Deductible, 90% Unlimited Days	Deductible, 60% Unlimited Days
Acute Intensive Outpatient*	Deductible, 90% Unlimited Days	Deductible, 90% Unlimited Days	Deductible, 60% Unlimited Days
Outpatient Non-Office Visit (Diagnostic or Psychological Testing)* Also Includes ABA or Other Rehabilitative services*	100% Unlimited visits per year	100% Unlimited visits per year	Deductible, 60% Unlimited Visits
Outpatient Office Visit	100% after \$20 copay Unlimited visits	100% after \$20 copay Unlimited visits	Deductible, 60% Unlimited Visits
Lifetime Maximum	None		None
Annual Deductibles ¹	\$100/\$300	\$100/\$300	\$500/\$1,500
Annual Out of Pocket Maximums (for both MH and CD combined) (including Deductible) ^{1 and 2}	\$1,000/\$3,000	\$1,000/\$3,000	\$3,500/\$10,500
Emergency Room	\$100 (waived if admitted to hospital)		

· Precertification is Required to match Medical/Surgical Requirements

¹ Shared deductible and out of pocket maximum with the medical benefit

² It is the responsibility of the member to demonstrate that the Annual Out of Pocket Maximum (medical and mental health/chemical dependency) has been reached for reimbursement