

# University of Pennsylvania

## UPHS POS & PENNCare/Personal Choice PPO plans

All services must be pre-certified*	FY2009 UPHS POS and PENNCare Personal Choice PPO plans		
	In-Network (PBH Staff)	In-Network (PBH Regional Network)	Out-of-Network
<b>Mental Health</b>	<b>Combined Benefit for Staff or Regional or Out-of-Network Benefits</b>		
Inpatient	100% after \$150 copay per admission Up to 30 days per year (inclusive of all other days)	100% after \$150 copay per admission Up to 30 days per year (inclusive of all other days)	80% of UCR Up to 30 days per year (inclusive of all other days)
Outpatient	\$15 copay Unlimited visits per year	\$25 copay Up to 60 visits per year (inclusive of all other visits)	70% of UCR Up to 30 visits per year (inclusive of all other visits)
Lifetime Maximum	None		
Exchange of Benefits (For members diagnosed with a "Serious Mental Illness", or other cases as might be indicated for clinical consideration, that requires additional outpatient care that is authorized)	Up to 30 inpatient days for up to 60 additional outpatient  The definition of SMI used will be that of the PA Mental Health Parity Act of 1998. SMI means any of the following mental illnesses as defined by the American Psychiatric Association in the most recent edition of the Diagnostic and Statistical Manual: schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depressive disorder, panic disorder, anorexia nervosa, bulimia nervosa, schizo-affective disorder and delusional disorder.		
Total Visits with Exchange	Unlimited	120 visits per year	90 visits per year
Authorization for Additional Care (Possible for Individuals with "Serious Mental Illness" or other cases as might be indicated for clinical consideration).	When benefit usage approaches exhaustion in cases with authorized diagnosis of "serious mental illness" (according to Pennsylvania State Parity Diagnostic Categories) or such other cases as might be indicated for clinical consideration, process of benefit extension review for treatment plan evaluation will be initiated for possible extension of benefit eligibility.		
<b>Chemical Dependency</b>	<b>Combined Benefit for Staff or Regional or Out-of-Network Benefits</b>		
Detox and Medically Managed Intensive Rehab: Inpatient	100% after \$150 copay Up to 7 days per admission for detox and 30 days for rehabilitation per year (inclusive of all other days)	100% after \$150 copay Up to 7 days per admission for detox and 30 days for rehabilitation per year (inclusive of all other days)	80% of UCR Up to 7 days per admission for detox and 30 days for rehabilitation per year (inclusive of all other days)
Inpatient Residential Care	100% after \$150 copay Up to 30 days per year (inclusive of all other days)	100% after \$150 copay Up to 30 days per year (inclusive of all other days)	80% of UCR Up to 30 days per year (inclusive of all other days)
Outpatient and Acute Intensive Outpatient	\$15 copay Unlimited visits per year	\$25 copay Up to 60 visits per year (inclusive of all other visits)	70% of UCR Up to 30 visits per year (inclusive of all visits)
Lifetime Maximum	None		
Exchange of Benefits (For members diagnosed with the need for additional outpatient care that is authorized)	Up to 30 of the inpatient days for up to 60 additional outpatient visits		
Total Days with Exchange	Unlimited outpatient visits	120 outpatient visit	90 outpatient visit

\*Exception—Covered Persons (or designees) are responsible for notifying the designated agent of an emergency admission or visit for themselves or a Dependent within two (2) business days of the admission or visit, or as soon as reasonably possible, as determined by the Contract Administrator.