



## THE UNIVERSITY OF PENNSYLVANIA SCHEDULE OF BENEFITS FOR RETIREES

### Details of Coverage

### PENNCare/Personal Choice Plan

	In-Network	Out-of-Network
<b>Available Providers</b>	In-Network (PENNCare and Personal Choice Networks – Must choose PBH Network Providers.	Self-Referred/Out of Network May choose any qualified provider.
<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 (30) days per year when medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>70% coverage of UCR as determined by PBH for up to thirty (30) days per year when medically necessary.**</li> </ul>
<b>Lifetime Maximums</b>	No Lifetime Maximum	
<ul style="list-style-type: none"> <li><b>Outpatient</b></li> </ul>	<ul style="list-style-type: none"> <li>100% coverage for up to twenty (20) visits per year after a \$20 co-pay per visit and when medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>70% coverage of the UCR as determined by PBH, for up to twenty (20) visits per year when medically necessary.**</li> </ul>
<b>Exchange of Benefits</b>	<ul style="list-style-type: none"> <li>Members may exchange, (for those with SMI) based on medical necessity, up to ten (10) inpatient days, on the basis of four (4) for one (1) for additional outpatient visits.***</li> </ul>	<ul style="list-style-type: none"> <li>Members may exchange, (for those with SMI) based on medical necessity, up to ten (10) inpatient days, on the basis of four (4) for one (1) for additional outpatient visits.***</li> </ul>
<b>Total visits with Exchange</b>	<ul style="list-style-type: none"> <li>60 visits per year</li> </ul>	<ul style="list-style-type: none"> <li>60 visits per year</li> </ul>
<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>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>
<b>Testing</b>	<ul style="list-style-type: none"> <li>Members using network providers may receive psychological testing when requested by PBH Network provider and pre-certified by PBH</li> </ul>	Not Covered
<b>Chemical Dependency Benefits</b>	Combined benefit for In-Network and Out-of-Network*	
<ul style="list-style-type: none"> <li><b>Inpatient Detoxification</b></li> </ul>	<ul style="list-style-type: none"> <li>100% coverage for up to seven (7) days per admission and when medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>70% coverage of UCR as determined by PBH for up to seven (7) days per admission when medically necessary.**</li> </ul>
<b>Lifetime Maximum</b>	Lifetime Maximum of four (4) admissions*	
<ul style="list-style-type: none"> <li><b>Inpatient hospital and non-hospital residential care</b></li> </ul>	<ul style="list-style-type: none"> <li>100% coverage for up to thirty (30) days per year when medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>70% coverage of UCR as determined by PBH for up to thirty (30) days per year when medically necessary.**</li> </ul>
<b>Non-Detox Lifetime Maximum</b>	Lifetime Maximum of ninety (90) days inpatient and 120 visits outpatient*	
<ul style="list-style-type: none"> <li><b>Outpatient and acute intensive outpatient</b></li> </ul>	<ul style="list-style-type: none"> <li>100% coverage after \$20 co-pay for up twenty (20) sessions or equivalent partial hospitalization visits per year when medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>70% coverage of the UCR charge as determined by PBH, for up to twenty (20) sessions or equivalent partial hospitalization visits per year when medically necessary.**</li> </ul>
<b>Exchange of Benefits</b>	<ul style="list-style-type: none"> <li>Members may exchange, based on medical necessity, up to twenty (20) inpatient days, on the basis of one (1) for two (2) additional outpatient visits</li> </ul>	<ul style="list-style-type: none"> <li>Members may exchange, based on medical necessity, up to twenty (20) inpatient days, on the basis of one (1) for two (2) additional outpatient visits</li> </ul>
<b>Lifetime Maximum</b>	Lifetime Maximum of One Hundred and Twenty (120) visits*	
<b>Total visits with Exchange</b>	<ul style="list-style-type: none"> <li>60 visits per year</li> </ul>	<ul style="list-style-type: none"> <li>60 visits per year</li> </ul>

\* The maximum number of days or visits covered for each benefit type is combined for all in-network and out-of-network services.

\*\* The participant is responsible for payment of charges beyond Usual, Customary and Reasonable or Negotiated rates for all out-of-network services

\*\*\* The definition of severe mental illness used will be that of the PA Mental Health Parity Act of 1998 which means any of the following illnesses 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, schizo-affective disorder, and delusional disorder