

University Of Pennsylvania (PRE-65 RETIREE) PENNCare/Personal Choice PPO plan for CY 2012 (WITH PARITY PROVISIONS)

	CY2012 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		
Inpatient	100% after \$250 copay per admission Unlimited days per year	100% after \$250 copay per admission Unlimited days per year	Deductible, 65% Unlimited days per year
Outpatient	100% after \$30 copay Unlimited visits per year	100% after \$30 copay Unlimited visits per year	Deductible, 65% Unlimited visits per year
Lifetime Maximum	None		\$1,500.00
Annual Deductibles	None	None	\$500/\$1,500
Annual Out of Pocket Maximums (for both MH and CD combined)	\$1,000/\$2,000 ¹	\$1,000/\$2,000 ¹	\$3,500/\$10,500
Emergency Room	\$75 (waived if admitted to hospital)		
Chemical Dependency	Combined Benefit for Staff or Regional or Out-of-Network Benefits		
Detox and Medically Managed Intensive Rehab: Inpatient	100% after \$250 copay per admission 365 days per year	100% after \$250 copay per admission 365 days per year	Deductible, 65% Unlimited days per year
Inpatient Residential Care	100% after \$250 copay per admission 365 days per year	100% after \$250 copay per admission 365 days per year	Deductible, 65% Unlimited days per year
Outpatient and Acute Intensive Outpatient	100% after \$30 copay Unlimited visits per year	100% after \$30 copay Unlimited visits per year	Deductible, 65% Unlimited visits per year
Lifetime Maximum	None		\$1,500.00
Annual Deductibles	None	None	\$500/\$1,500
Annual Out of Pocket Maximums (for both MH and CD combined)	\$1,000/\$2,000 ¹	\$1,000/\$2,000 ¹	\$3,500/\$10,500
Emergency Room	\$75 (waived if admitted to hospital)		

¹ Copay maximum