

University of Pennsylvania Health System PENNCare PPO and Point of Service (Aetna QPOS and Keystone) Plans for FY2012 – Effective 7/1/11

	FY2011 PENNCare PPO and Point of Service (Aetna QPOS and Keystone) plans		
	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*	Covered	Covered	Deductible, 70% Unlimited days per year
Acute Partial Hospitalization*	Covered	Covered	Deductible, 70% Unlimited days per year
Acute Intensive Outpatient*	Covered	Covered	Deductible, 70% Unlimited visits per year
Outpatient Office Visit	\$10 co-payment per session Unlimited visits per year	\$10 co-payment per session Unlimited visits per year	Deductible, 70% Unlimited visits per year
Outpatient Non-Office Visit (Diagnostic Testing)*	100% Unlimited visits per year	100% Unlimited visits per year	Deductible, 70% Unlimited visits per year
Emergency Room	\$25 (waived if admitted to hospital)		
Annual Out of Pocket Maximums (for both MH and CD combined)	N/A	N/A	\$2,500 Individual \$5,000 Family
Annual Deductibles	None	None	\$300 Individual \$600 Family
Lifetime Maximum	No Lifetime Maximum		
Specialized Treatment*	Members using network providers may receive ECT when requested by PBH Network Providers and certified by PBH	Members using network providers may receive ECT when requested by PBH Network Providers and certified by PBH	Members using out of network providers may receive ECT when requested by Out of Network Providers and certified by PBH
Chemical Dependency	Combined Benefit for Staff or Regional or Out-of-Network Benefits		
Detoxification and Rehab: Inpatient or Inpatient Residential Care (a combined benefit for both detoxification and residential treatment –non hospital)	Covered	Covered	Deductible, 70% Unlimited days per year
Partial Hospitalization*	Covered	Covered	Deductible, 70% Unlimited days per year
Acute Intensive Outpatient*	Covered	Covered	Deductible, 70% Unlimited visits per year
Outpatient Office Visit	\$10 co-payment per session Unlimited visits per year	\$10 co-payment per session Unlimited visits per year	Deductible, 70% Unlimited visits per year
Outpatient Non-Office Visit (Diagnostic Testing)*	100% Unlimited visits per year	100% Unlimited visits per year	Deductible, 70% Unlimited visits per year
Emergency Room	\$25 (waived if admitted to hospital)		
Annual Out of Pocket Maximums (for both MH and CD combined)	N/A	N/A	\$2,500 Individual \$5,000 Family
Annual Deductibles	None	None	\$300 Individual \$600 Family
Lifetime Maximum	No Lifetime Maximum		

* Precertification Required

Legal Disclaimer: The descriptions in this chart are not intended to be complete, accurate statements of every benefit. There may be differences between these descriptions and the actual plan document; where details differ, the plan document shall apply. Employees are advised that plans are amended from time to time; it is the employee's responsibility to inquire about the effect of such changes with the plan. For clarity regarding details of your Mental Health/Chemical Dependency coverage and those services requiring precertification, please contact Penn Behavioral Health at 1-888-321-4433.