

University of Pennsylvania Health System PENNCare PPO and Point of Service (Aetna QPOS and Keystone) Plans for FY2011 – Effective 7/1/10

	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		
Inpatient	Covered	Covered	Deductible, 70% Unlimited days per year
Partial Hospital Days	Covered	Covered	Deductible, 70% Unlimited days per year
Outpatient	Covered	Covered	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		\$2,000,000
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
Testing	Members using network providers may receive psychological testing when requested by PBH Network Providers and certified by PBH	Members using network providers may receive psychological testing when requested by PBH Network Providers and certified by PBH	Members using out of network providers may receive psychological testing when requested by Out of Network Providers and certified by PBH
Chemical Dependency	Combined Benefit for Staff or Regional or Out-of-Network Benefits		
Detox 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 Hospital Days	Covered	Covered	Deductible, 70% Unlimited days per year
Outpatient and Acute Intensive Outpatient	Covered	Covered	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		\$2,000,000

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.