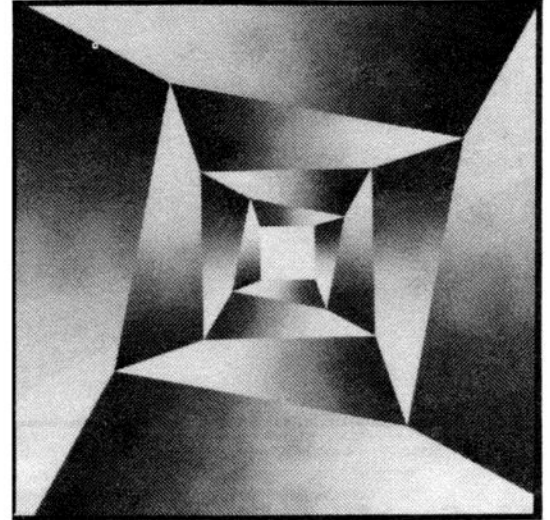


Pennflex

Open Enrollment Month begins with the fourth annual Open Enrollment Representatives Day on April 1. The groups and services that will be present are listed below. A comparison chart on pages II and III shows the Medical Plans features followed by the 1987-88 rates on page IV. The Dental Plan comparison and rates also appear on page IV.

Enrollment materials will be distributed at the Information Sessions scheduled by each school or department and at those listed in the box below right. All election forms must be received in the Benefits Office by April 15.



Health and Dental Representatives' Day April 1

All faculty and staff are invited to attend the University's fourth annual Open Enrollment Representatives' Day: 11 a.m.-2:30 p.m. on Wednesday, April 1, at the Faculty Club. Representatives from each of the health and dental plans the University offers will be present to discuss the details of their plans and answer questions. Members of the Benefits Office staff will be available to discuss Pennflex and to help complete enrollment forms. Other University services will also be represented.

The following is a complete list of the organizations and services that will be present on April 1:

- Blue Cross/Blue Shield
- HMO PA & NJ
- HealthAmerica
- Greater Delaware Valley HMO
- John Hancock HealthPlan Inc.
- HIP of NJ
- Penn Faculty Practice Plan
- Prudential Dental
- Equicore Life Insurance
- Penn Plus
- Penn's Wellness Program
- Public Safety
- Fire & Occupational Safety
- Comprehensive Travel Program
- Faculty/Staff Assistance Program
- Department of Recreation
- Glucose and Body Fat Testing
- CPR Demonstrations
- Southeastern PA. High Blood Pressure Control Program

and information on the University's Guaranteed Mortgage Program, Credit Union and the advantages of having your paycheck direct deposited.

PENNFLEX

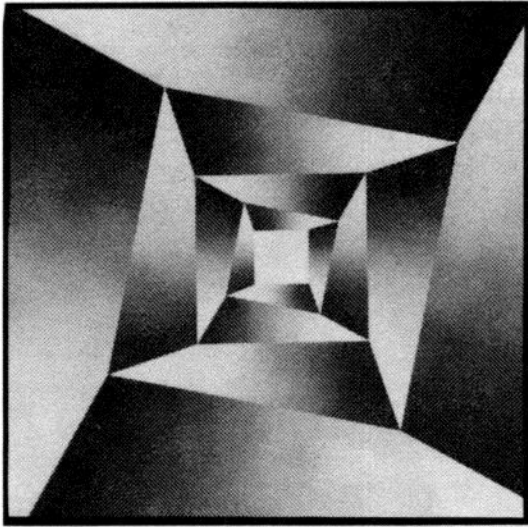
Make-up Information Sessions

Full-time faculty and staff who are unable to attend the Pennflex information sessions scheduled for their school or department are invited to attend one of the following open sessions:

Wednesday, April 1	12:30-2 p.m.	Room 110, Annenberg School
Thursday, April 2	noon-1:30 p.m.	Room 108, Annenberg School
Monday, April 6	11:30-1 p.m.	Room 109, Annenberg School
Tuesday, April 7	noon-1:30 p.m.	Room 108, Annenberg School
Wednesday, April 8	12:30-2 p.m.	Room 110, Annenberg School
Thursday, April 9	noon-1:30 p.m.	Room 108, Annenberg School

Any faculty or staff member participating in Pennflex who is not able to attend an information session can pick up an enrollment kit from the Benefits Office, 116 Franklin Building.

**The Pennflex Hotline
Ext. FLEX
is available 9 a.m.-5 p.m.
Monday through Friday
to answer questions about
the new flexible benefits plan.**



Group Medical Insurance and Health Maintenance

Medical Benefits

Plan Name	Comprehensive	Blue Cross/Blue Shield 100
Type of Plan	One plan covering hospitalization, medical and surgical services. Plan pays 80% of covered expenses after a \$200 deductible is met (\$400 per family). Maximum out-of-pocket expense (excluding copayments for outpatient mental care) is \$1,200 for individual coverage and \$3,400 for family coverage. Coverages subject to deductibles and copayments are identified by a dot (•).	Hospitalization, medical, surgical expense and major medical insurance. Generally pays for medically necessary treatment in or by Blue Cross-approved providers.
Service Area and Emergencies	Guaranteed benefits in any approved hospital—services of any physician up to the "Usual and Customary Rate" (UCR) charged for that treatment.	Guaranteed benefits in any approved hospital—services of any physician up to UCR.
Inpatient Hospital	• Unlimited days, semi-private room.	Up to 120 days, semi-private room with \$5/day co-payment for first ten days.
Outpatient Treatment	Covered in full at hospital for accident or medical emergency. Home health care covered in full. No deductibles or copayment required.	Covered at hospital within 72 hours of accident or medical emergency—\$5 co-payment.
Physician Visits: Hospital Office Home	• Covered up to UCR. • Covered up to UCR. • Covered up to UCR.	Covered in full. 80% covered after \$100 annual deductible. 21 visits covered if applicant subscriber is totally disabled, \$25 deductible.
Physician Care: Surgery Anesthesia Consultants	• Covered up to UCR for inpatient. Covered at 100% UCR for outpatient. • Covered up to UCR • Covered up to UCR	Covered up to UCR. Covered up to UCR. Covered up to UCR.
Laboratory, X-rays and Tests	Covered in full up to UCR for diagnostic purposes only. No deductibles or coinsurance required.	Covered in full for diagnostic purposes only.
Maternity	• Covered up to UCR.	Covered up to UCR.
Preventive Medicine, Physical Exams	Not covered.	Not covered.
Eye, Ear Exams	Not Covered.	Not covered.
Second Surgical Opinions	Covered at 100% UCR. No deductibles or coinsurance required.	Covered at 80% UCR after \$100 annual deductible.
Mental Inpatient: Hospital and Physician	Coverage for 30 days per benefit period. Maximum coverage limited to \$100,000 lifetime, including outpatient care.	Coverage for 30 days. Maximum coverage limited to \$25,000 lifetime, including outpatient care.
Mental Outpatient: Physician	50% UCR, up to \$1,250 per year. Coverage limited to \$10,000 lifetime.	Up to 50 visits per year. \$12.50 per visit. Maximum coverage limited to \$25,000 lifetime, including inpatient care.
Dependent Definition	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student.

(Note: "UCR" means the "Usual and Customary Rate" for a particular medical service in a given geographic area.)

Programs

John Hancock HealthPlan	HealthAmerica	Health Maintenance Organization of Pennsylvania/New Jersey	Delaware Valley HMO; Greater Delaware Valley Health Care, Inc.	Health Insurance Plan of N.J.
A group practice HMO comprised of medical professionals providing care from several centers.	A group practice HMO comprised of medical professionals providing care from several centers.	An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.	An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.	A group practice HMO comprised of medical professionals providing care from a center or from a network of private physicians.
Five Delaware Valley counties and Burlington, Camden and Gloucester Counties. Emergency treatment anywhere covered in full.	Five Delaware Valley counties in PA, plus parts of NJ. Emergency treatment anywhere covered in full.	Five Delaware Valley counties and two Lehigh Valley counties in PA, eight counties in New Jersey. Emergency treatment anywhere covered in full after \$15 co-pay.	Delaware County, Philadelphia County, contiguous areas. Montgomery and Chester counties. Emergency treatment anywhere—\$15 co-pay.	Burlington, Camden and Gloucester counties. Emergency treatment anywhere covered in full.
No maximum limit.	No maximum limit.	No maximum limit.	No maximum limit.	No maximum limit.
Covered in full.	Covered in full.	Covered in full. \$5 co-payment for physician services in emergency cases.	Covered in full.	Covered in full.
Covered in full. Covered in full.	Covered in full. Covered in full.	Covered in full. Covered \$2 co-pay per visit.	Covered in full. Covered \$3 co-pay per visit.	Covered in full. Covered in full.
Covered in full.	Covered in full.	Covered \$5 co-pay per visit.	Covered \$5 co-pay per visit.	Covered \$5 co-pay per visit.
Covered in full.	Covered in full.	Covered in full.	Covered in full.	Covered in full.
Covered in full. Covered in full.	Covered in full. Covered in full.	Covered in full. Covered in full.	Covered in full. Covered in full.	Covered in full. Covered in full.
Covered in full.	Covered in full.	Covered in full.	Covered in full.	Covered in full.
Covered in full.	Covered in full.	Covered in full.	Covered in full.	Covered in full.
Covered (including refractions). Hearing aids and glasses not covered.	Covered (including refractions). Hearing aids and glasses not covered.	Covered (including refractions). Hearing aids not covered. \$35 allowed for contacts or eyeglasses.	Covered (including refractions) for all ages. Hearing aids not covered. \$50 allowed for eyeglasses or contacts.	Covered—including refractions (\$5 co-pay). Hearing aids and glasses not covered.
N/A	N/A	Covered in full if requested.	N/A	N/A
30 days per benefit year.	45 days per year.	35 days per year.	30 days per year.	30 days per year.
30 visits per year. 0-6 visits. Covered in full. 7-15 visits. \$10 co-pay per visit. 16-30 visits. \$25 co-pay per visit. Additional visits. A standard fee.	30 visits per year first three visits covered in full. Next 27—co-pay \$10 per visit.	20 visits per year. Two visits no co-pay, next three—ten—\$10 co-pay. Next ten—\$25 co-pay.	20 visits per year, one—three no co-pay, four—ten 25% co-pay, 11-20 50% co-pay.	20 visits per year, first ten—no co-pay, next ten—\$10 co-pay.
Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student.

Health Plan Rates 1987-88

These charts represent the health and dental plan rates for the 1987-88 plan year. These new rates will be reflected in weekly and monthly deductions in the JUNE payroll cycle and apply to health plan coverage effective July 1, 1987. Faculty and staff contributions will be sheltered under section 125 of the IRS code. That means that contributions are subtracted from gross salary before Federal Withholding and Social Security taxes are calculated. These subscriber rates, as shown below, are deducted from the paychecks. If the monthly subscriber contribution is multiplied by 12 it equals the amount shown on the Pennflex Personal Report as the annual cost for the coverage. For Pennflex enrollment purposes, all costs are presented as annual amounts. As shown on the Enrollment Form, a person who chooses less life insurance than the amount he/she is currently eligible for, can then apply their excess flexdollars toward their medical and dental subscriber contributions.

Group Medical Insurance and Health Maintenance Programs

Premium Rates for Subscribers and Dependents
Effective July 1, 1987 Through June 30, 1988

	Comprehensive	BC/BS 100	John Hancock Health Plan	HealthAmerica	HMO-PA	HMO-NJ	Delaware Valley HMO	Health Insurance Plan of NJ
Total Monthly Rate—Single	\$ 66.75	\$ 78.50	\$ 69.25	\$ 76.50	\$ 73.10	\$ 69.20	\$ 75.48	\$ 69.45
University Contribution (Full-time Faculty & Staff)	60.50	60.50	60.50	60.50	60.50	60.50	60.50	60.50
Subscriber Contribution (Monthly Pay Deduction)	6.25	18.00	8.75	16.00	12.60	8.70	14.98	8.95
Subscriber Contribution (Weekly Pay Deduction)	1.45	4.15	2.01	3.69	2.90	2.00	3.45	2.06
Total Monthly Rate—Family	\$193.90	\$228.10	\$189.05	\$193.05	\$201.00	\$183.70	\$210.60	\$185.42
University Contribution (Full-time Faculty & Staff)	166.50	166.50	166.50	166.50	166.50	166.50	166.50	166.50
Subscriber Contribution (Monthly Pay Deduction)	27.40	61.60	22.55	26.55	34.50	17.20	44.10	18.92
Subscriber Contribution (Weekly Pay Deduction)	6.32	14.21	5.20	6.12	7.96	3.96	10.17	4.36

Dental Plan Comparison and Rates 1987-88

Type of Service or Treatment

Percentage Paid

	PFPP	Prudential
Diagnostics (exams, x-rays)	100%	100%
Preventive (teeth cleaning, fluoride)	100%	2 visits/year, reimbursements limited
Restorative (fillings)	100%	90%
Oral Surgery (extractions)	100% (NOTE: Some oral surgery may be covered under your medical plan)	100%
Endodontics (root canal therapy)	90%	80%
Periodontics (gum disorders)	90%	80%
Prosthodontics (bridges, false teeth)	60%	50%
Crowns and Restorations (gold crowns, restorations, caps)	60%	50%
Orthodontics (teeth straightening, for children under age 19 only)	60% up to \$1,250 100% above \$1,250	50% up to \$1,000 lifetime maximum per person

Monthly Premium Rates Effective July 1, 1987 through June 30, 1988

	Penn Faculty Practice Plan	Prudential Plan
Total Rate—Single:	\$16.64	\$16.64
University Contribution	16.64	16.64
Subscriber Contribution (Monthly Pay Deduction)	-0-	-0-
Subscriber Contribution (Weekly Pay Deduction)	-0-	-0-
Total Rate—Family:	46.81	51.77
University Contribution	29.42	29.42
Subscriber Contribution (Monthly Pay Deduction)	17.39	22.35
Subscriber Contribution (Weekly Pay Deduction)	4.01	5.15