

Open Enrollment Extended

We have been experiencing delays with the U.S. Mail service and many University faculty and staff report that they have not yet received their Pennflex information packets. Because of these delays, we will be extending the Open Enrollment period through the end of April. The U.S. Postal Service Office at 30th Street assures us that the packages have gone out to the local offices. Please call Rita Doyle, Manager, Benefits at Ext. 8-1333 if you have not received your packet *by April 15*. We apologize for any inconvenience and concern this may have caused the University community.

Health and Dental Plan Rates, 1988-89

The rapidly rising costs of health care nationwide are reflected to some degree in our premium rates for the 1988-89 Plan Year. Blue Cross/Blue Shield 100 rates will rise by 8%; the Comprehensive Plan increase will be 6%. More significant rate increases are visible in some of the new premium rates for HMO coverage. For example, Maxicare participants will experience the effects of a 25% rate hike this year. Some of the other HMOs will rise between 5-12%. Premiums for family coverage under both dental plans will increase by 10% in 1988-89. See pages B and C for a comparison of group medical insurance and health maintenance programs. On page D are the premium rates for health and dental plans as well as the comparison of dental plans.

The University is at present looking into several ways of controlling medical costs, such as Preferred Provider Organizations (PPOs) and managed care programs. We will keep you advised of our progress in the pages of this and other University publications.

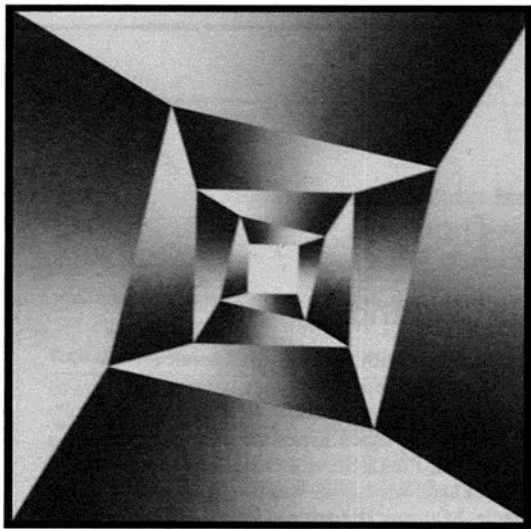
While it is true that tax-sheltering of subscribers' contributions for medical and dental coverage reduces the actual effects of rate increases on faculty and staff paychecks, clearly it continues to be most important for participants in any of the University's plans to look very carefully at their coverages. Ask these questions:

- Am I satisfied with the service my plan provides?
- Is the value of the coverage proportional to the cost?
- Can another plan offer more for my benefits dollar?

If your answer to any of these questions leads you to the decision to change your medical or dental plan, April is your once-a-year opportunity to do so. If you have any questions or concerns about your coverages, the staff in the Benefits Office will be happy to discuss them with you. The Benefits Office is located on the 5th floor of 3401 Walnut Street, Ext. 8-7281.

—Rita Doyle, Manager, Benefits Office

Comparison of Group Medical Insurance



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 expenses (excluding copayments for outpatient mental care) is \$1,200 for individual coverage and \$3,400 for family coverage. <i>Coverages subject to deductibles and copayments are identified by a dot (-).</i>	Hospitalization, medical, surgical expenses 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 copayment 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 copayment.
Physician Visits:		
Hospital	• Covered up to UCR.	Covered in full.
Office	• Covered up to UCR.	80% covered after \$100 annual deductible.
Home	• Covered up to UCR. • Balances over UCR not covered.	21 visits covered if applicant subscriber is totally disabled, \$25 deductible.
Physician Care:		
Surgery	• Covered up to UCR for inpatient. Covered at 100% UCR for outpatient.	Covered up to UCR.
Anesthesia	• Covered up to UCR.	Covered up to UCR.
Consultants	• 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 copayment 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 for listed procedures. No deductibles or copayment 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. Maximum coverage limited to \$100,000 lifetime, including inpatient care.	Up to 50 visits per year. \$12.50 per visit. Maximum coverage limited to \$25,000 lifetime, including inpatient care.
Dependent Definitions	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student, to end of plan year.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student, to end of plan year.
Prescriptions	Covered at 80% UCR after deductible.	Covered at 80% UCR after \$100 deductible.
Dental Care	N/A	N/A

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

Insurance and Health Maintenance Programs

John Hancock HealthPlan	MAXICARE	Health Maintenance Organization of Pennsylvania/New Jersey	Delaware Valley HMO; Greater Delaware Valley Health Care, Inc.	Health Insurance Plan of N.J.
A group network model HMO comprised of medical professionals providing care in a group office setting, or individual physicians practicing in their own offices.	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 N.J. 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 copay.	5 Delaware Valley counties in PA, plus state of Delaware.	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 copayment 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 copay per visit.	Covered in full. Covered \$3 copay per visit.	Covered in full. Covered in full.
Covered in full.	Covered in full.	Covered \$5 copay per visit.	Covered \$5 copay per visit.	Covered \$5 copay 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). Discount on glasses or contacts of \$20.00 or 20% at participating optical shops. Hearing aids 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 copay). Hearing aids and glasses not covered.
Covered in full but not required.	N/A	Covered in full if requested.	Covered in full if requested.	N/A
30 days per benefit year.	45 days per year.	35 days per year.	30 days per year.	30 days per year.
20 visits per year. 1-2 visits. Covered in full. 3-10 visits. \$10 copay per visit. 11-20 visits. \$25 copay per visit. Additional visits. A standard fee.	30 visits per year. First three visits covered in full. Next 27—\$10 copay per visit.	20 visits per year. Two visits no copay, next three-ten \$10 copay. Next ten \$25 copay.	20 visits per year, one-three no copay, four-ten 25% copay, 11-20 50% copay.	20 visits per year, first ten—no copay, next ten—\$10 copay.
Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student, to end of month.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student, to end of month.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student, to end of month.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student, to end of month.	Spouse and unmarried dependent children to age 19 or to age 23 if a full-time student, to end of month.
N/A	N/A	N/A	\$50 deductible per person, \$500 maximum per family.	80% reimbursement after \$100 deductible, per person.
N/A	N/A	N/A	Office visits, fluoride treatments, are some services covered in full. Other services with copayment.	Annual dental exam, cleaning, X-rays, and fluoride treatment covered in full.

Group Medical Insurance and Health Maintenance Programs

Premium Rates for Subscribers and Dependents

Effective July 1, 1988 Through June 30, 1989

	Comprehensive	BC/BS 100 Maj.Med.	Hancock	MAXICARE	HMO-PA	HMO-NJ	Delaware Valley HMO	HIP of NJ
Total Monthly Rate—Single	\$ 70.55	\$ 84.85	\$ 72.75	\$ 95.16	\$ 82.25	\$ 77.75	\$ 80.91	\$ 77.91
University Contribution (Full-time Faculty & Staff)	65.35	65.35	65.35	65.35	65.35	65.35	65.35	65.35
Subscriber Contribution (Monthly Pay Deduction)	5.25	19.50	7.42	29.83	16.92	12.42	15.58	12.58
Subscriber Contribution (Weekly Pay Deduction)	1.21	4.50	1.71	6.88	3.90	2.86	3.60	2.91
Total Monthly Rate—Family	\$205.25	\$247.30	\$198.50	\$241.75	\$225.91	\$206.33	\$222.16	\$207.66
University Contribution (Full-time Faculty & Staff)	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00
Subscriber Contribution (Monthly Pay Deduction)	30.25	72.33	23.50	66.75	50.92	31.33	47.17	32.67
Subscriber Contribution (Weekly Pay Deduction)	6.98	16.70	5.43	15.41	11.75	7.23	10.89	7.54

Dental Plan Comparison and Rates 1988-89

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%	100%
		(NOTE: Some oral surgery may be covered under your medical plan)
Endodontics (root canal therapy)	90%	80%
Periodontics (gum disorders)	90%	80%
Prostodontics (bridges, false teeth)	60%	50%
Crowns and Restorations (gold crowns, restorations, caps)	60%	50%
Orthodontics (teeth straightening, for children under age 19 only)	60%	50% up to \$1,000 lifetime maximum per person

Monthly Premium Rates Effective July 1, 1988 through June 30, 1989

	Penn Faculty Practice Plan	Prudential Plan
Total Rate—Single:	\$18.41	\$18.41
University Contribution	18.41	18.41
Subscriber Contribution (Monthly Pay Deduction)	-0-	-0-
Subscriber Contribution (Weekly Pay Deduction)	-0-	-0-
Total Rate—Family:	51.59	57.09
University Contribution	32.41	32.41
Subscriber Contribution (Monthly Pay Deduction)	19.17	24.67
Subscriber Contribution (Weekly Pay Deduction)	4.43	5.70