

Open Enrollment

Open Enrollment time is here. Most of you will be receiving your Pennflex Open Enrollment package by the end of this week.

The package will include: the Pennflex 1989-90 booklet highlighting the new plan year changes; the new plan year health rate sheet; an enrollment form which must be completed and returned by *April 17*; and, if you have more than one year of service as of December 31, 1988, a personalized Annual Benefits Statement.

Open Enrollment allows you to take a closer look at your current benefits and make changes that throughout the plan year can only be made if you experience a "life event" such as marriage, divorce, or birth of a child.

If you have been contemplating switching your HMO, reducing your life insurance amount, or increasing your Dependent Care Expense Account contribution, this is the time to act.

The Annual Open Enrollment Health Fair sponsored by the Human Resources Benefits Office will be held this year on *April 3* at the Faculty Club's Alumni Hall from noon to 2 p.m. If you are unable to attend the Fair and need assistance with Open Enrollment, the Benefits Office is also sponsoring additional mini Question & Answer sessions. For further information, call the Benefits Office at Ext. 8-7281.

Once again, you must submit your enrollment form by *April 17*. If an enrollment form is not received, all of your benefits will remain the same as last year *except* for the Medical and Dependent Care Expense Accounts. All payroll contributions for the Health and Dependent Care Expense Accounts will cease effective July 1, 1989 if no enrollment form is received.

If you misplace your Pennflex package or if you are a new employee, in which case you will not be receiving one, you may obtain the Pennflex package at the following locations.

Benefits Office: 3401 Walnut Street, 5th floor

Benefits Office: 316 Blockley Hall

Dental School: 1st floor, General Office

Morris Arboretum: Gates Hall

New Bolton Center: Administrative Services

Scheie Eye Institute: Patricia Vickers, Annex Building

School of Engineering: 285 Towne Building

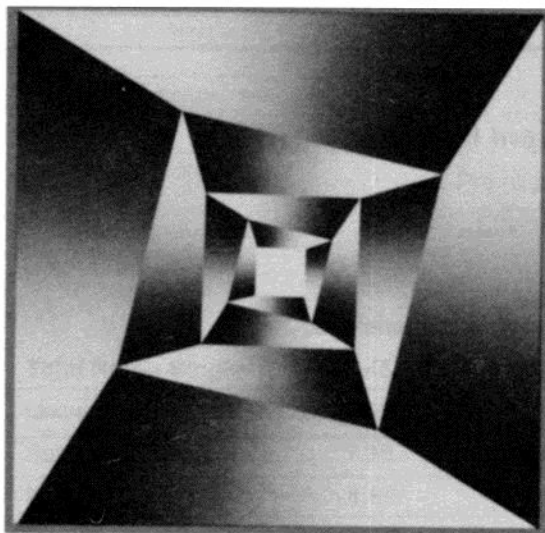
Steinberg/Dietrich: Administrative Services, Suite 1040

Veterinary School: Dean's Office, Room 130

Veterinary Hospital: Room 2003

Also, contact the Benefits Office if you have any questions or concerns about your coverages.

—Benefits Office, Human Resources



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 Office Home	• Covered up to UCR. • Covered up to UCR. • Covered up to UCR. • Balances over UCR not covered.	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 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 100% 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.	50% UCR up to \$2,000 annual maximum. Lifetime maximum limited to \$25,000, 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.)

ce and Health Maintenance Programs

John Hancock HealthPlan	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.	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 and three 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.
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 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 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 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.	Covered in full if requested.	Covered in full if requested.	Covered in full but not required.
30 days per benefit 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.	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, covered in full.
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 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	\$50 deductible per person, \$500 maximum per family.	80% reimbursement after \$100 deductible, per person.
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. 25% dental discount on other dental services.

Group Medical Insurance and Health Maintenance Programs

Premium Rates for Subscribers and Dependents

Effective July 1, 1989 through June 30, 1990

	Comprehensive	BC/BS/ Maj Med	Hancock	HMO-PA	HMO-NJ	DelawareValley HMO	HIP of NJ
Total Rate—Single	88.48	108.23	82.48	95.23	107.32	100.32	97.90
University Contribution	81.15	81.15	81.15	81.15	81.15	81.15	81.15
Subscr. Cont.-Monthly	7.33	27.08	1.33	14.08	26.17	19.17	16.7
Subscr. Cont.-Weekly	1.69	6.25	.31	3.25	6.04	4.42	3.87
Total Rate—Family	240.17	286.42	225.25	261.58	283.42	250.17	260.92
University Contribution	200.50	200.50	200.50	200.50	200.50	200.50	200.50
Subscr. Cont.-Monthly	39.67	85.92	24.75	61.08	82.92	49.67	60.42
Subscr. Cont.-Weekly	9.15	19.83	5.71	14.10	19.13	11.46	13.94

Dental Plan Comparison and Rates 1989-90

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%
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%	50% up to \$1,000 lifetime maximum per person

Monthly Premium Rates

Effective July 1, 1989 through June 30, 1990

	Prudential	Penn Faculty Practice Plan
Total Rate—Single	19.33	19.33
University Contribution	19.33	19.33
Subscr. Contribution-Monthly	0	0
Subscr. Contribution-Weekly	0	0
Total Rate—Family	59.95	54.20
University Contribution	34.03	34.03
Subscr. Contribution-Monthly	25.92	20.17
Subscr. Contribution-Weekly	5.98	4.65