



Open Enrollment 92: March 30 - April 15

Open Enrollment is here! Most of you will be receiving your Pennflex Open Enrollment packet in the mail by the end of March.

The packet will include:

- Pennflex 1992-93 booklet describing the Pennflex plans and highlighting changes.
- Medical/Dental Plan Rate Sheet
- a Personal Report
- a personalized Pennflex Enrollment Form
- a personalized Benefits Statement (if you were hired before July 1, 1991)

Check the inside pocket of your Pennflex Booklet for more details on what to find in your Open Enrollment packet and how to use it.

Open Enrollment provides an opportunity to take a closer look at your current benefits and make any necessary changes. If you have been thinking about switching your medical plan, reducing your life insurance or increasing your contributions to the Dependent Care Pre-tax Expense Account, this is the time to act.

The annual Benefits Fair sponsored by Human Resources/Benefits will be held this year on Wednesday, April 1 at the Faculty Club from 11:30 am - 2 pm. If you are unable to attend the Fair or need further assistance with Open Enrollment, the Benefits Staff is also sponsoring Question and Answer Sessions throughout campus. Call the Pennflex Hotline, 898-0852 for further information.

You must submit your Pennflex Enrollment Form(s) by April 15. If a completed Enrollment Form is not received by April 15, all of your benefit coverages will remain the same as last year EXCEPT for the Health Care and Dependent Care Pre-tax Expense Accounts—all payroll contributions to the pre-tax expense accounts will cease effective July 1, 1992.

If you misplace your Pennflex Open Enrollment packet, or if you are a new employee, in which case you will not be receiving one, you may obtain a Pennflex packet at either the main Benefits Office: 3401 Walnut St, Suite 527A or the Medical School Benefits Office at 316 Blockley Hall.

Call the Pennflex Hotline if you have any questions regarding enrollment or your coverages: 898-0852.

—Human Resources/Benefits

Open Enrollment Events for Faculty and Staff

To register for all Wellness workshops, call 898-1356.

Tuesday, March 31

Exercise Program, noon-1 pm, Houston Hall Rm 305. An introduction to the benefits of diet and exercise as a way of life. Discussion and demonstration on how to begin your own exercise program. Exercises include toning and aerobics. Wear comfortable clothing.

Wednesday, April 1

Benefits Fair, 11:30am - 2pm, Faculty Club.
— Talk to Public Safety and Fire & Occupational Safety representatives

- Meet with Medicare and Social Security
- Make your 1992-93 Pennflex decisions

Learn more about:

- Tuition benefits
- Pre-tax Expense Accounts
- HUP's Healthlink
- Discount prescriptions at HUP Pharmacy
- Retirement Plan options
- Faculty/Staff Assistance Program
- Your 1992-93 Pennflex options

Thursday, April 2

Benefits Question & Answer Session, 11:30 am - 2 pm, New Bolton Center. Stop in to speak with medical and dental plan representatives. Members

of the Benefits Staff will also be available to answer your questions, help with your Pennflex enrollment forms and accept your completed enrollment forms.

Diet and Cancer, noon - 1 pm, Houston Hall Rm 305. Learn what diet choices can improve your chances and make a healthier you.

Friday, April 3

Benefits Question & Answer Session, 11:30am - 2pm, Dental School Lobby.

Monday, April 6

Benefits Question & Answer Session, 11:30am - 2pm, Stemmler Building, Dunlop Lobby.

Tuesday, April 7

Social Security & Medicare Information, noon - 1 pm, Houston Hall Rm 305. This program will answer the "Who, What, When and How" questions on Social Security and Medicare benefits.

Wednesday, April 8

Stress Awareness Workshop, noon-1 pm, Houston Hall Rm 305. Coping with job stress—workshop goal will be to eliminate the stress that affects our physical and psychological well-being.

Eating Healthy, 1 pm - 2 pm, Houston Hall Rm 305. Be informed on recent FDA changes

in labeling and learn to identify fats and sodium on food labels.

Thursday, April 9

Infertility/Conception, noon-1 pm, Houston Hall Rm 305. A discussion on preserving fertility in order to prepare for a healthy conception.

Friday, April 10

Campus Walking Route, noon-1 pm, The But-ton (in front of Van Pelt Library). Put on your walking shoes and try out a one-mile walk around the campus.

Monday, April 13

Childhood Immunization, noon-1 pm, Houston Hall Rm 305. A discussion on the recommended schedule of immunizations according to the American Pediatric Association. A review of what inoculations protect against diseases, the importance of immunization and a look at new approaches in disease control.

Tuesday, April 14

Emergency First Aid, noon-1 pm, Houston Hall Rm 305. Learn CPR and how to respond to an emergency situation—bleeding, stroke or seizure.

Chart 2—Basic Coverage

Blue Cross Plans

Plan Name (Pennflex Option)	Comprehensive (1)	Blue Cross/Blue Shield 100/ Major Medical (2)	Greater Atlantic Health Service (3)
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 if you use participating Blue Shield doctors. Coverages subject to deductibles and copayments are identified by a star (★). Non-participating Blue Shield providers may bill you for any balance that exceeds UCR.	Hospitalization, medical, surgical expenses and major medical insurance. Generally pays for medically necessary treatment in or by Blue Cross approved providers and participating Blue Shield providers. Balances over UCR may be forwarded to Major Medical for consideration. Benefits under Major Medical will be paid at 100% once \$2,000 out-of-pocket annual maximum for covered expenses per individual is satisfied up to lifetime maximum of \$1,000,000.	A group network model HMO comprised of medical professionals providing care in a group office setting or individual physicians practicing in their own offices.
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... BC/BS	Five Delaware Valley counties. Burlington, Camden and Gloucester county residents may enroll and access Phila. service area physicians and hospitals. Emergency treatment anywhere covered in full after \$25 copay. Copay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.
Inpatient Hospital	★ Unlimited days, semi-private room.	Up to 120 days, semi-private room with \$5/day copayment for first ten days... BC	No maximum limit.
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. Hospital Charges... BC Physician Charges... BS	Covered in full. \$25 copay for emergency services waived if admitted to hospital.
Physician Visits:			
Hospital	★ Covered up to UCR	Covered up to UCR... BS	Covered in full.
Office	★ Covered up to UCR	80% covered after \$200 annual deductible... MM	Covered in full.
Home	★ Covered up to UCR	21 visits covered if applicant subscriber is unable to work on the date of service. \$25 deductible... BS	Covered in full. Physical therapy up to 20 visits per plan year.
Physician Care:			
Surgery	★ Covered up to UCR for inpatient. Covered at 100% UCR for outpatient.	Covered up to UCR... BS	Covered in full.
Anesthesia	★ Covered up to UCR	Covered up to UCR... BS	Covered in full.
Consultants	★ Covered up to UCR	Covered up to UCR... BS	Covered in full.
Laboratory, X-rays and Tests	Covered in full up to UCR for diagnostic purposes only. No deductibles or copayment required.	Outpatient hospital charges covered in full for most diagnostic purposes only, after \$5 copay... BC Non-hospital charges covered up to UCR... BS Physician charges covered up to UCR... BS	Covered in full.
Maternity	★ Covered up to UCR	Covered up to UCR... BS	Covered in full.
Preventive Medicine, Physical Exams	Not covered.	Not covered.	Covered in full. Immunizations are covered. Medications requiring prescription are not covered.
Eye, Ear Exams	Routine examinations are not covered.	Routine examinations are not covered.	Covered (including refractions). Discount on glasses or contacts of \$20 or 20% at participating optical shops. Hearing aids are not covered.
Second Surgical Opinions	Covered at 100% UCR for listed procedures. No deductibles or copayment required.	Covered at 100%UCR... BS	Covered in full but not required.
Mental Inpatient: Hospital and Physician	★ Coverage for 30 days per plan year. Covered at 80% UCR. Maximum coverage limited to \$100,000 lifetime, including outpatient care.	Coverage for 30 days. Renewed after 365 days from discharge. Maximum coverage limited to \$25,000 lifetime, including outpatient care... BC/BS/MM	Up to 30 days per plan year with plan approval
Mental Outpatient: Physician	50% UCR, up to \$1,250 per plan year. Services must be rendered by a licensed physician or psychologist. Maximum coverage limited to \$10,000 lifetime for outpatient treatment.	50% UCR up to \$2,000 per plan year. Services must be rendered by a licensed physician or psychologist. Lifetime maximum limited to \$25,000, including inpatient care... MM	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.
Drug and Alcohol Treatment	The benefits provided under all the plans comply with Pennsylvania State Law; however, there are variations to the levels of benefits provided under each plan. Refer to Plan Booklets for specific detailed information. Plan Booklets can be obtained from the Benefits Office.		
Prescriptions	★ Covered at 80% UCR	Covered at 80% UCR after \$200 deductible... MM	10% discount at participating pharmacies.
Dental Care	N/A	N/A	Annual routine dental exam and cleaning—\$20 copay. Up to 20% discount on established fees for all other services.

(Note: "UCR" means the "Usual and Customary Rate" for a particular medical service in a given geographic area. Note: **BC**=Blue Cross; **BS**=Blue Shield; **MM**=Major Medical. These abbreviations indicate under which category, in most instances, the benefits are covered and the type of Blue Cross form needed for claim submission. Under the Comprehensive Plan, the claim form is the same for all benefits.)

Health Maintenance Organizations (HMOs)

U.S. Healthcare HMO of Pennsylvania (5)	U.S. Healthcare HMO of New Jersey (6)	Health Insurance Plan of N.J. (8)	Keystone Health Plan East, Independence Blue Cross and Pennsylvania Blue Shield's HMO (9)
An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated	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.	An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.
Five Delaware Valley counties and three Lehigh Valley counties in PA, all counties in Delaware. Emergency treatment anywhere covered in full after \$15 copay. Copay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.	All counties in New Jersey. Emergency treatment anywhere covered in full after \$15 copay. Copay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.	Burlington, Camden and Gloucester counties. Emergency treatment anywhere covered in full. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.	Philadelphia, Bucks, Chester, Delaware and Montgomery counties. Emergency treatment covered in full after \$15 copay. Copay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.
No maximum limit for medically necessary covered services. Semi-private or private room if medically necessary.	No maximum limit for medically necessary covered services. Semi-private or private room if medically necessary.	No maximum limit.	No maximum limit.
Covered in full if referred by primary care physician. \$5 copayment for physician services and \$15 copayment for hospital services in emergency cases.	Covered in full if referred by primary care physician. \$10 copayment for physician services and \$15 copayment for hospital services in emergency cases.	Covered in full. \$2 copayment for physician services in emergency cases.	Covered in full. \$2 copayment for physician services and \$15 copayment for hospital services in emergency cases.
Covered in full.	Covered in full with referral.	Covered in full.	Covered in full.
Covered \$2 copay per visit.	Covered \$5 copay per visit.	Covered in full	Covered with a \$2 copayment.
Covered \$5 copay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence	Covered \$5 copay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence	Covered in full. Physical therapy is limited to 60 days, short-term basis only, per occurrence.	Covered with a \$5 copayment. Physical therapy is limited to 60 days, short-term basis only, per occurrence.
Covered in full with referral from primary care physician.	Covered in full with referral.	Covered in full.	Covered in full.
Covered in full with referral from primary care	Covered in full.	Covered in full.	Covered in full.
Covered in full with referral from primary care physician.	Outpatient \$5 copay. Inpatient no copay.	Covered in full.	Covered in full.
Covered in full with referral from primary care physician.	Covered with \$5 copay with referral from primary care physician.	Covered in full.	Covered in full.
Covered in full from effective date.	Covered in full from effective date after \$5 copay for the first OB visit and no charge for hospital admissions. If outpatient testing, \$5 copay per visit.	Covered in full.	Covered in full.
Physical exams and immunizations are covered in full with \$2 copay. Medications requiring prescription are not covered.	Physical exams and immunizations are covered with \$5 copay. Medications requiring prescription are not covered.	Covered in full.	Covered in full. Immunizations are covered. Medications requiring prescription are not covered.
No referral required for direct access eye exams per HMO schedule. Covered (including refractions) in full with \$2 copay. \$35 allowed for contacts or prescription eyeglasses every two years. Ear exams covered in full. Hearing aids not covered.	Covered (including refractions) with \$5 copay. \$35 allowed for contacts or eyeglasses every two years. Ear exams covered with \$5 copay. Hearing aids not covered.	Covered (including refractions). Eyeglasses and contact lenses available to members at a discount at participating optical shops. Hearing aids not covered.	Eye examinations are covered in full once every two years. Members are reimbursed \$35 once every two years toward the purchase of eyeglasses or contact lenses. Ear exams are covered in full. Hearing aids are not covered.
Covered in full if requested, but not required.	Covered with \$5 copay if requested, but not required.	Covered in full but not required.	Covered in full.
35 inpatient days per year with plan approval.	35 inpatient days per year with plan approval.	30 days per year.	30 inpatient days combined with drug rehabilitation.
20 visits per year. Two visits no copay, next three-ten visits \$10 copay. Next ten visits \$25 copay.	Covered 20 visits per year with \$25 copay per visit.	20 visits per year, covered in full.	Up to 20 outpatient visits covered. First two visits covered in full. Remaining 18 visits covered with a \$25 copayment, or 50% of allowable charges, whichever is less.
The benefits provided under all the plans comply with Pennsylvania State Law; however, there are variations to the levels of benefits provided under each plan. Refer to Plan Booklets for specific detailed information. Plan Booklets can be obtained from the Benefits Office.			
N/A	N/A	\$5 copay for generic and \$10 copay for non-generic at participating pharmacies.	N/A
No referral required for preventive dental for children under 12. Two visits per year for cleaning, fluoride, and exam, \$2 copay per visit.	No referral required for preventive dental for children under 12. Two visits per year for cleaning, fluoride, and exam, \$5 copay.	Each family member receives one exam every 6 months, \$5 copay per visit. One cleaning per year, \$5 copay per visit.	Preventive dental coverage. Two visits per year for cleaning, scaling, and fluoride treatments.

(Note: With the exception of the Blue Cross/Blue Shield Plan 100/Major Medical Plan (Option 2), all medical and dental plans are administered on a July 1st plan year basis. Under Option 2 the Blue Cross and Blue Shield categories are administered on a calendar year basis and the Major Medical category on a July 1st plan year basis.

HUMAN RESOURCES

**July 1, 1992 to
June 30, 1993**

		SINGLE					FAMILY				
		TOTAL MONTHLY RATE	UNIVERSITY CONTRIBUTION		EMPLOYEE CONTRIBUTION		TOTAL MONTHLY RATE	UNIVERSITY CONTRIBUTION		EMPLOYEE CONTRIBUTION	
			MONTHLY PAID	WEEKLY PAID	MONTHLY PAID	WEEKLY PAID		MONTHLY PAID	WEEKLY PAID	MONTHLY PAID	WEEKLY PAID
MEDICAL PLAN	Option No.										
BC Comprehensive	1	\$113.22	\$112.72	\$26.01	\$.50	\$.12	\$292.58	\$281.58	\$64.98	\$11.00	\$2.54
BC/BS 100	2	161.05	112.72	26.01	48.33	11.15	414.08	281.58	64.98	132.50	30.58
Greater Atlantic	3	117.55	112.72	26.01	4.83	1.12	332.67	281.58	64.98	51.09	11.79
HMO PA	5	130.97	112.72	26.01	18.25	4.21	337.08	281.58	64.98	55.50	12.81
HMO NJ	6	175.88	112.72	26.01	63.16	14.58	466.33	281.58	64.98	184.75	42.63
HIP of NJ	8	162.72	112.72	26.01	50.00	11.54	411.92	281.58	64.98	130.34	30.08
Keystone	9	131.47	112.72	26.01	18.75	4.33	330.67	281.58	64.98	49.09	11.33
DENTAL PLAN	Option No.										
Penn Faculty Practice Plan	1	23.84	23.84	5.50	0	0	66.09	37.59	8.67	28.50	6.58
Prudential Dental	2	20.90	20.90	4.82	0	0	64.84	37.59	8.67	27.25	6.29

Dental Assistance Plan Comparison and Rates, 1992-93

Type of Service or Treatment	Percentage Paid	
	PFPP	Prudential
Diagnostics (exams, x-rays)	100%	100%
Preventive (teeth cleaning)	100%	2 visits/plan year; (July 1-June 30) reimbursements limited
Restorative (fillings)	100%	90%
Oral Surgery (extractions) (Note: Some oral surgery may be covered under your medical plan)	100%	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%	50% up to \$1,000 lifetime maximum per person

* Note that if you change from one dental assistance plan to the other, certain treatments that have already begun under the first plan will continue to be covered by that plan. However, for orthodontia treatment, if banding has begun prior to July 1992, and if you change plans, neither the new plan nor the old plan will provide coverage for the remaining expenses.