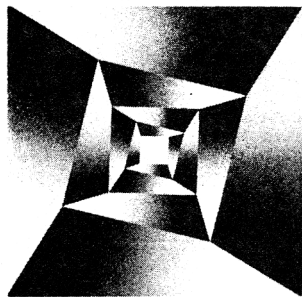


HUMAN RESOURCES

Open Enrollment 93: March 30 - April 16



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

- Pennflex 1993-94 booklet describing the Pennflex plans and highlighting changes
- Medical/Dental Assistance Plans Rate Sheet
- Personal Report listing your Pennflex options
- Personalized Pennflex Open Enrollment Form
- Personalized Benefits Statement (if you were hired before July 1, 1992)

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

Open Enrollment provides a once-a-year opportunity to review 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 Thursday, April 1 at the Faculty Club with expanded hours: 10:30 a.m.-2:30 p.m. If you need further assistance with Open Enrollment, the Benefits Staff is also sponsoring Question and Answer Sessions throughout campus. Highlighting the Open Enrollment Wellness events will be a presentation given by Dr. Constance M. Carino—a nationally known speaker on wellness and health care issues, entitled *Wellness: The Mind-Body Connection*. See listing below for more details.

You must submit your Pennflex Enrollment Form(s) by April 16. For your convenience, a drop-off box will be located in the Funderburg Information Center at 3401 Walnut Street. If a completed Enrollment Form is *not* received by April 16, 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, 1993.

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 the main Benefits Office: 3401 Walnut Street, 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

No registration is required for these events.

Tuesday, March 30 *Social Security & Medicare Information*, noon-1 p.m., Houston Hall, Harrison Room. This program will answer the “Who, What, When and How” questions on Social Security and Medicare benefits.

Wednesday, March 31 *Wellness: The Mind-Body Connection*, noon-1 p.m., Houston Hall, Smith-Penniman Room. This event features Constance M. Carino—a nationally known speaker on wellness and health care issues. Staying well and becoming well after illness is explained through new discoveries of how the mind and body work together. The ideas behind the wellness model for health will be discussed.

Thursday, April 1 *Benefits Fair*, 10:30 a.m.-2:30 p.m., Faculty Club.

- Talk to Public Safety and Fire & Occupational Safety representatives.
- Meet with Medicare and Social Security
- Make your 1993-94 Pennflex elections

Learn more about:

- Tuition benefits
- Pre-tax Expense Accounts
- Penn Health Physician Service
- Discount prescriptions at HUP pharmacy
- Retirement Plan options
- Faculty/Staff Assistance Program
- Your 1993-94 Pennflex options

Friday, April 2 *Blue Cross—At Your Service*, noon-1 p.m., Houston Hall, Smith-Penniman Room. Direct your questions to a panel of Blue Cross/Blue Shield representatives and get the answers you need!

Monday, April 5 *HMOs—At Your Service*, noon-1 p.m., Houston Hall, Smith-Penniman Room. Direct your HMO questions to a panel of plan representatives from all the HMO plans Penn offers. Compare coverages among these HMOs before choosing your Pennflex option.

Tuesday, April 6 *Campus Walking Route*, noon-1 p.m., The Button (in front of Van Pelt Library). Put on your walking shoes and try out a one-mile walk around campus.

Wednesday, April 7 *Benefits Question & Answer Session*, 11:30 a.m.-2 p.m., 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 form(s) and accept your completed Pennflex forms.

Emergency First Aid, noon-1 p.m., Houston Hall Auditorium. Learn CPR and how to respond in an emergency situation such as bleeding, stroke, choking or seizure.

Thursday, April 8 *Benefits Question & Answer Session*, 11:30 a.m.-2 p.m., Stemmler Building, Dunlop Lobby.

Fitness & Fun, noon-1 p.m., Hutchinson Gymnasium. Find out about the facilities and programs available for fitness and recreation at Penn's Hutchinson Gym.

Friday, April 9 *Campus Walking Route*, noon-1 p.m., The Button (in front of Van Pelt Library).

Monday, April 12 *Quick Healthy Snacks When Eating on the Run*, noon-1 p.m., Houston Hall, Smith-Penniman Room. Do you find it challenging to make healthy choices when you're working and eating on the run? Come learn about how you can make better choices even if you do not have time to plan.

Tuesday, April 13 *Lead Poisoning and Children*, noon-1 p.m., Houston Hall, Smith-Penniman Room. The effects of low-level lead poisoning in the environment are discussed. Learn how children get lead poisoning and what the medical community does to screen for it!

Wednesday, April 14 *Benefits Question & Answer Session*, 11:30 a.m.-2 p.m., Dental School Lobby.

Nutrition Pyramid, noon-1 p.m., Houston Hall, Smith-Penniman Room. Find out what the new food guidelines are and where fats and starches should be placed in your dieting pyramid.

Thursday, April 15 *Coping With Job Stress Workshop*, noon-1 p.m., Houston Hall, Ben Franklin Room Workshop goal will be to eliminate stress that affects our physical and psychological well-being.

Friday, April 16 *Prostate/Testicular Cancer*, noon-1 p.m., Houston Hall, Bishop White Room. Prostate cancer is the most common cancer in men and the second leading cause of cancer-related deaths in men. Testicular cancer is the most common cancer in men under age 35. It is almost always curable when detected at an early stage. Strategies for early detection and treatment methods will be discussed.

BLUE CROSS PLANS			
Plan Name	Comprehensive	Blue Cross/Blue Shield 100/Major Medical	Greater Atlantic Health Service
(Pennflex Option)	(1)	(2)	(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 copays for outpatient mental care) is \$1,200 for individual coverage and \$3,400 for family coverage if you use participating Blue Shield providers. Coverages subject to deductibles and copays 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, Customary and Reasonable" (UCR) rate 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. Pre-Certification for any admission other than maternity or emergency admission is required.	Up to 120 days, semi-private room with \$5/day copay for first ten days... BC Pre-Certification for any admission other than maternity or emergency admission is required.	No maximum limit.
Outpatient Treatment	Covered in full at hospital for accident or medical emergency. Home health care covered in full. No deductibles or copay required.	Covered at hospital within 72 hours of accident or medical emergency-\$5 copay. 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. No deductibles or copay required.	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 copay 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	Routine childhood immunizations for dependent children under age 18 are covered. Office visits are not covered.	Routine childhood immunization for dependent children under age 18 are covered. Office visits are not covered.... BS	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 copay 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.
Mental, 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. Permissible under state laws, three of the HMO plans - Greater Atlantic, HIP/Rutgers, and Keystone - may exclude chronic mental disorders that do not respond to short-term treatment. 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 35% discount on established fees for all other services.

(Note: "UCR" means the "Usual, Customary and Reasonable" allowance 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/Delaware (5) / (10)	U.S. Healthcare HMO of New Jersey (6)	HIP/ Rutgers Health Plan (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 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.	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 \$35 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 \$35 copay. Copay waived if admitted to hospital. Primary care physician must be notified within 24 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 hours of treatment, otherwise expenses not covered.	Philadelphia, Bucks, Chester, Delaware and Montgomery counties. Emergency treatment covered in full after \$35 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 service. Semi-private or private room if medically necessary.	No maximum limit for medically necessary covered service. Semi-private or private room if medically necessary.	No maximum limit.	No maximum limit.
Covered in full if referred by primary care physician. \$10 copay for physician services and \$35 copay for hospital services in emergency cases.	Covered in full if referred by primary care physician. \$10 copay for physician services and \$35 copay for hospital services in emergency cases.	Covered in full. \$5 copay for physician services in emergency cases and \$25 copay for hospital services in emergency cases.	Covered in full. \$5 copay for physician services and \$35 copay for hospital services in emergency cases.
Covered in full with referral. Covered \$5 copay per visit. Covered \$5 copay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence.	Covered in full with referral. Covered \$5 copay per visit. Covered \$5 copay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence.	Covered in full. Covered with a \$5 copay. Covered with a \$5 copay. Physical therapy is limited to 60 days, short-term basis only, per occurrence.	Covered in full. Covered with a \$5 copay. Covered with a \$10 copay. Physical therapy is limited to 60 days, short-term basis only, per occurrence.
Covered with referral from primary care physician. Covered in full with referral from primary care physician. Outpatient \$5 copay. Inpatient no copay. Referral from primary care physician.	Covered in full with referral . Covered in full with referral . Covered with \$5 copay with referral from primary care physician.	Outpatient \$5 copay. Inpatient no copay. Covered in full. Covered with \$5 copay.	Covered in full. Covered in full. Covered in full.
Covered with \$5 copay with referral from primary care physician.	Covered with \$5 copay with referral from primary care physician.	Outpatient \$5 copay.	Covered in full.
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 from effective date after \$5 copay for the first OB visit and no charge for hospital admissions. If outpatient testing, \$5 copay per visit.	\$5 copay for each office visit.	Covered in full from the effective date after \$5 copay for the first OB visit.
Physical exams and immunizations are covered in full with \$5 copay. Medications requiring prescription are not covered.	Physical exams and immunizations are covered with \$5 copay. Medications requiring prescription are not covered.	Covered with \$5 copay.	Covered with \$5 copay. Immunizations are covered. Medications requiring prescription are not covered.
No referral required for direct access eye exams per HMO schedule. Covered (including refraction) with \$5 copay. \$35 allowed for contacts or prescription eyeglasses every two years. Ear exams covered with \$5 copay. Hearing aids not covered.	No referral required for direct access eye exams per HMO schedule. 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 with \$5 copay (including refractions). \$35 reimbursement for eyeglasses and contact lenses when purchased at a discount at participating optical shops. Hearing aids not covered. Hearing tests are covered with \$5 copay.	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 with \$5 copay. Hearing aids not covered.
Covered with \$5 copay if requested, but not required.	Covered with \$5 copay if requested, but not required.	Covered in full but not required.	Covered with \$5 copay, but not required.
35 inpatient days per year with plan approval.	35 inpatient days per year with plan approval.	30 days per year for crisis intervention.	35 inpatient days per year with plan approval.
Covered 20 visits per year with \$25 copay per visit.	Covered 20 visits per year with \$25 copay per visit.	20 visits per benefit year, with \$5 copay for short term condition and/or crisis intervention.	Up to 20 outpatient visits covered. Each visit covered with a \$25 copay, 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. Permissible under state laws, three of the HMO plans – Greater Atlantic, HIP/Rutgers, and Keystone – may exclude chronic mental disorders that do not respond to short-term treatment. 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
Only children under 12 covered. No referral required for preventive dental . Two visits per year for cleaning, fluoride, and exam, \$5 copay per visit.	Only children under 12 covered. No referral required for preventive dental . 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.	Only children under 12 covered. Preventive dental coverage. Two visits per year for cleaning, scaling, and fluoride treatments with \$2 copay.

(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.)

Medical & Dental Plan Rate Sheet

**July 1, 1993 to
June 30, 1994**

		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	\$126.14	\$125.14	\$28.88	\$1.00	\$.23	\$324.55	\$312.55	\$72.13	\$12.00	\$2.77
BC/BS 100	2	178.81	125.14	28.88	53.67	12.38	459.63	312.55	72.13	147.08	33.94
Greater Atlantic	3	129.89	125.14	28.88	4.75	1.10	367.72	312.55	72.13	55.17	12.73
HMO PA	5	135.72	125.14	28.88	10.58	2.44	349.22	312.55	72.13	36.67	8.46
HMO NJ	6	181.31	125.14	28.88	56.17	12.96	470.47	312.55	72.13	157.92	36.44
HIP/Rutgers Health Plan	8	183.64	125.14	28.88	58.50	13.50	464.97	312.55	72.13	152.42	35.17
Keystone	9	133.98	125.14	28.88	8.84	2.04	344.88	312.55	72.13	32.33	7.46
HMO DE (U.S. Healthcare)	10	159.31	125.14	28.88	34.17	7.88	426.13	312.55	72.13	113.58	26.21
DENTAL PLAN	Option No.										
Penn Faculty Practice Plan	1	24.79	24.79	5.72	0	0	68.76	37.59	8.67	31.17	7.19
Prudential Dental	2	20.90	20.90	4.82	0	0	64.84	37.59	8.67	27.25	6.29

Dental Assistance Plans Comparison Chart

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 under prior to July 1993, and if you change plans, neither the new plan nor the old plan will provide coverage for the remaining expenses.

Major Changes to 1993-94 Pennflex

- Medical/dental/dependent life insurance premiums have changed.
- Blue Cross 100 Plan: the deductible for family coverage is now \$400.
- Blue Cross Comprehensive and Blue Cross 100 Plans: Childhood immunizations are now covered for dependents under 18. Pre-Certification is now required for most hospital admissions. (More details will be forthcoming about pre-admission certification.)
- HMO/PA, HMO/DE, HIP/Rutgers Health Plan and Keystone Health Plan: co-pays have changed for certain services. Refer to Chart 2 on page 10 in the Pennflex booklet for details.