

Open Enrollment 94: April 4—April 18

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 1994-95 booklet describing the Pennflex plans and highlighting changes
- Medical/Dental Assistance Plan Rate Sheet
- Personal Report listing your Pennflex options
- Personalized Pennflex Open Enrollment Form
- Personalized Pennflex Medical Plan Enrollment & Change Form
- Personalized Benefits Statement (if you were hired before July 1, 1993)

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 on Wednesday, April 6, at the Faculty Club: 10:30 a.m.-2:30 p.m. If you need further assistance with Open Enrollment, the Benefits Staff is

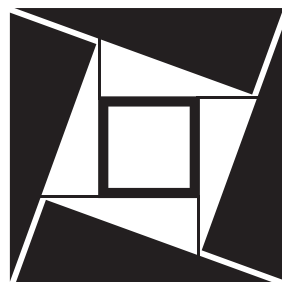
also sponsoring Question and Answer Sessions throughout campus. Highlighting the Open Enrollment events will be a presentation by Dr. Peter Vaughan, Associate Dean, School of Social Work, entitled Relationships: The Family-University Connection. See below.

You must re-enroll all family members for medical coverage. Enrollment Form(s) must be submitted by April 18.

For your convenience, a drop-off box will be located in the Funderburg Information Center at 3401 Walnut Street. As in previous years, contributions to the Pre-Tax Expense Accounts will cease effective July 1, 1994 if Enrollment Forms are not received by April 18.

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

Monday, April 4 *Open Enrollment Begins:* Call the Pennflex Hotline: 898-0852 through April 18 with questions or attend a Benefits Q & A Session. Benefits specialists will be at each of the sessions to answer your questions or assist you in completing enrollment forms. Bring your Pennflex packet along. (see listings on April 7, 12 & 14).

Tuesday, April 5 *Relationships: The Family-University Connection;* Dr. Peter B. Vaughan, Associate Professor/Associate Dean, School of Social Work; noon-1 p.m., Ben Franklin Room, Houston Hall. It has been proven over the years that there is a correlation between the quality of one's work and family life. Discord or discontent in either will certainly have some effect on the other. Come learn about the unique connection between the University and the family and the critical role each plays to promote harmony and to ensure success both at home and at work.

Wednesday, April 6 *Benefits Fair;* 10:30 a.m.-2:30 p.m., Faculty Club.

- Talk to medical, dental and retirement plan carriers
- Meet with Social Security and Medicare Representatives
- Make your 1994-95 Pennflex decisions

Learn more about:

- Domestic partner benefits
- Tuition benefits
- Penn Special Delivery
- Discounts prescriptions at HUP pharmacy
- The Faculty/Staff Assistance Program
- 1994-95 Pennflex options



Thursday, April 7 *Benefits Questions & 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.

Selecting a Day Care Provider; Leslie Trimble, Coordinator, Family Resource Center; noon-1 p.m., Ben Franklin Room, Houston Hall. Choosing the appropriate child care provider can be an exasperating and stressful experience. Learn about your child care options and other related family and work issues.

Friday, April 8 *Social Security/Medicare;* noon-1 p.m., Smith-Penniman Room, Houston Hall. This program will answer the "Who, What, When and How" questions on Social Security and Medicare.

Monday, April 11 *What's New In Benefits;* Benefits Staff, noon-1 p.m., Ben Franklin Room, Houston Hall. Come learn about the University's policy on domestic partner benefits. Who qualifies? What's available? What documentation will be needed?

Tuesday, April 12 *Benefits Question & Answer Session;* 11:30 a.m.-2 p.m., Dental School Lobby. Stop in to speak with medical and dental plan representatives and members of the Benefits Staff.

Caregiving and Coping Strategies; noon-1 p.m., Room 305, Houston Hall. Caring for someone with a serious illness can deplete personal coping mechanisms and cause stress. Come to this workshop to talk to other caregivers about your experience and learn some new strategies. This will also be an opportunity to give the University ideas about your special needs as a caregiver.

Wednesday, April 13 *Quick Healthy Meals For The Working Family;* noon-1 p.m., Room 305, Houston Hall. Do you find it challenging to make healthy choices for your family when you're working and eating on the run? Come learn about how you can prepare quick healthy meals even if you do not have time to plan.

Thursday, April 14 *Benefits Questions & Answer Session;* 11:30 a.m.-2 p.m., Stemmler Hall, Dunlop Lobby. Stop in to speak with medical and dental plan representatives and members of the Benefits Staff.

Using Your Benefits Package as a Financial Planning Tool; Benefits Staff, noon-1 p.m., Room 305, Houston Hall. Come learn about the role your employee benefits play in your financial well-being. For example, are you maximizing your contributions to the Tax Deferred Annuity program? Do I have enough life insurance to care for family in the event of my death? What benefits will I receive at retirement and what I need to supplement it? These and other questions will be addressed in this session.

Friday, April 15 *Effects of Divorce on Children;* Herb Cohen, Licensed Marriage & Family Therapist, noon-1 p.m., Room 305, Houston Hall. The stress of divorce can be overwhelming for the adults involved; but, what about the children? Find out what are some of the warning signs of this stress on children as well as what can be done to make this life change less of an emotional burden for the children.

Monday, April 18 *Open Enrollment Ends:* The last day to submit Open Enrollment forms. The coverages you elect will be effective July 1, 1994.

Balancing Home & Worklife Stresses; noon-1 p.m., Room 305, Houston Hall. Recently, increased concern has been expressed regarding the ways in which an employee's non-work activities can directly affect his or her job performance. The interface between work and family responsibilities can cause anxiety and stress. This workshop will focus on identification of some of your home and worklife stresses and plotting a course to help balance these stresses. A major part of this workshop will focus on resources and support strategies.

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 family aggregate). 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 Pennsylvania Blue Shield providers. 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 Pennsylvania Blue Shield providers. Balances over UCR may be forwarded to Major Medical for consideration. Benefits under Major Medical are 1) first paid at 80% once the \$200 deductible (\$400 family aggregate) is met and then 2) paid at 100% once \$2,000 out-of-pocket annual maximum for covered expenses per individual is satisfied. Major Medical has a lifetime maximum of \$1,000,000 per individual.	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) fee 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. Covered up to 80% UCR; subject to \$200 deductible. Pre-Certification is required for any admission other than maternity or emergency admission.	Up to 120 days, semi-private room. Covered up to 100% UCR with \$5/day copay for first ten days... BC Additional hospital days benefits available under Major Medical (MM). Pre-Certification is required for any admission other than maternity or emergency admission.	No maximum limit.
Hospital Emergency Room Treatment	Covered in full within 72 hours of accident or medical emergency. No deductibles or copay required.	Covered in full within 72 hours of accident or medical emergency. Hospital Charges... BC Physician Charges: covered up to 100% UCR ... BS	Covered in full. \$25 copay for emergency services waived if admitted to hospital.
Physician Visits:			
Hospital	Covered up to 80% UCR; subject to \$200 deductible.	Covered up to 100% UCR... BS	Covered in full with referral.
Office	Covered up to 80% UCR; subject to \$200 deductible.	*Covered up to 80% UCR; subject to \$200 deductible... MM	Covered with \$5 copay.
Home	Covered up to 80% UCR; subject to \$200 deductible.	*Covered up to 80% UCR; subject to \$200 deductible... MM *Special BS benefits if employee is unable to work.	Covered with \$5 copay. Physical therapy up to 20 visits per plan year, \$10 copay per visit.
Physician Care:			
Surgery	Covered up to 80% UCR for inpatient; subject to \$200 deductible. Covered at 100% UCR for outpatient. No deductible or copay required.	Covered up to 100% UCR... BS	Outpatient \$25 copay. Inpatient no copay. Referral required.
Anesthesia	Covered up to 80% UCR; subject to \$200 deductible.	Covered up to 100% UCR... BS	Covered in full.
Consultants	Covered up to 80% UCR; subject to \$200 deductible.	Covered up to 100% UCR... BS	Outpatient \$5 copay. Inpatient no copay. Referral required.
Laboratory, X-rays and Tests	Covered up to 100% UCR. No deductible or copay required.	Outpatient hospital charges covered up to 100% UCR after \$5 copay... BC Non-hospital charges covered up to 100% UCR... BS Physician charges covered up to 100% UCR... BS	Covered with \$5 copay.
Maternity	Covered up to 80% UCR; subject to \$200 deductible.	Global fee covered up to 100% UCR... BS (Global fee: pre-natal, delivery and post-natal care)	Covered with \$5 copay for each visit and no copay for inpatient care. For outpatient testing, \$5 copay per visit.
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 with \$5 copay. Immunizations are covered.
Eye, Ear Exams	Routine examinations are not covered.	Routine examinations are not covered.	Covered with \$5 copay (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 certain procedures. No deductibles or copay required.	Covered up to 100% UCR... BS	Covered with \$5 copay but not required.
Mental Inpatient: Hospital and Physician	Coverage for 30 days per plan year. Covered up to 80% UCR; subject to \$200 deductible. Maximum coverage limited to \$100,000 lifetime, including outpatient care.	Coverage for 30 days. Covered up to 100% UCR with \$5 copay. Additional hospital days under Major Medical. Maximum coverage under Major Medical limited to \$25,000 lifetime, including outpatient care... BC/BS/MM	Up to 30 days per year with plan approval.
Mental Outpatient: Physician	50% UCR, up to \$1,250 per plan year; subject to \$200 deductible. 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; subject to \$200 deductible. Services must be rendered by a licensed physician or psychologist. Lifetime maximum limited to \$25,000, including inpatient care... MM	Covered up to 20 visits per year with \$25 copay per visit.
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 up to 80% UCR; subject to \$200 deductible.	Covered up to 80% UCR; subject to \$200 deductible... MM	80% coverage at participating pharmacies after \$50/\$100 (single/family) deductible. Oral contraceptives covered.
Dental Care	N/A	N/A	Annual routine dental exam and cleaning-first visit \$20 copay; second-\$30 copay. Up to 40% 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 (HMO's)

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 in full with referral. Covered \$5 copay per visit.	Covered in full with referral. Covered with \$5 copay.	Covered in full with referral. Covered with \$5 copay.
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 with \$5 copay. Physical therapy is limited to 60 days, short-term basis only, per occurrence.	Covered with \$10 copay. 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 from primary care physician. Outpatient \$5 copay. Inpatient no copay. Referral from primary care physician.	Covered in full with referral . Covered in full .	Outpatient \$5 copay. Inpatient no copay. Referral required. Covered in full. Covered with \$5 copay. Inpatient no copay. Referral required.	Covered in full with referral. Covered in full. Covered in full with referral.
Covered with \$5 copay with referral from primary care physician.	Covered with \$5 copay with referral from primary care physician.	Outpatient \$5 copay. Referral required.	Covered in full with referral.
Covered in full from effective date after \$5 copay for the first OB visit and no charge for hospital admissions. For 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. For outpatient testing, \$5 copay per visit.	Covered with \$5 copay for each office visit. No charge for hospital admissions. For outpatient testing, \$5 copay per visit.	Covered in full from the effective date after \$5 copay for the first OB visit and no charge for hospital admissions. For outpatient testing, \$5 copay per 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. Hearing exams covered with \$5 copay. Hearing aids are 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. Hearing exams covered with \$5 copay. Hearing aids are 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 are 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 are 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 up to 20 visits per year with \$25 copay per visit.	Covered up to 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 annual exam, no charge. One cleaning per year, \$5 copay per visit.	Each family member covered. No referral required. Two visits per year for cleaning, scaling, and fluoride treatments: copays vary.

PENNFLEX



Medical & Dental Plan Rate Sheet

July 1, 1994 to June 30, 1995

		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										
BC Comprehensive	1	\$136.18	\$135.18	\$31.20	\$1.00	\$0.23	\$349.55	\$337.55	\$77.90	\$12.00	\$2.77
BC/BS 100	2	193.10	135.18	31.20	57.92	13.37	496.38	337.55	77.90	158.83	36.65
GreaterAtlantic	3	145.68	135.18	31.20	10.50	2.42	393.22	337.55	77.90	55.67	12.85
HMO PA	5	140.10	135.18	31.20	4.92	1.13	358.55	337.55	77.90	21.00	4.85
HMO NJ	6	166.68	135.18	31.20	31.50	7.27	436.72	337.55	77.90	99.17	22.88
HIP/Rutgers Health Plan	8	200.85	135.18	31.20	65.67	15.15	508.47	337.55	77.90	170.92	39.44
Keystone	9	138.68	135.18	31.20	3.50	.81	356.97	337.55	77.90	19.42	4.48
HMO DE (U.S. Healthcare)	10	180.27	135.18	31.20	45.09	10.40	487.72	337.55	77.90	150.17	34.65
Dental Plan	Option										
Penn Faculty Practice Plan	1	25.78	25.78	5.95	0	0	71.51	37.59	8.67	33.92	7.83
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

As the following chart indicates, the PFPP generally pays a higher percentage of the costs of your treatment. The Prudential Plan offers freedom of choice as to where you receive your care.

PENNFLEX OPTION Service or Treatment	PFPP 1	Prudential 2
	Percentage Paid	
Diagnostics (exams, x-rays)	100%	100% R&C*
Preventive (teeth cleaning)	100%	2 visits/plan year, (7/1-6/30) reimbursements limited
Restorative (fillings)	100%	90% R&C*
Oral Surgery (extractions) (NOTE: Some oral surgery may be covered under your medical plan.)	100%	100% R&C*
Endodontics (root canal therapy)	90%	80% R&C*
Periodontics (gum disorders)	90%	80% R&C*
Prosthodontics (bridges, false teeth)	60%	50% R&C*
Crowns and Restorations (gold crowns, restorations, caps)	60%	50% R&C*
Orthodontics** (teeth straightening, children under age 19 only)	60%	50% up to \$1,000 lifetime maximum per person R&C*
Plan Year Benefits Maximum	none	\$1000 per person

* R&C- A Reasonable & Customary charge is the charge usually made by the provider when there is no dental coverage and which does not exceed the prevailing charge in the area for dental care of a comparable nature, by a person of similar training and experience.

** 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, 1994, and if you change plans, neither the new plan nor the old plan will provide coverage for the remaining expenses.

*** A same-sex domestic partner is defined on page 7. Contact the Benefits Office for additional information: Domestic Partner Benefits Fact Sheet and the University's Certification of Domestic Partnership.

Major changes to 1994-1995 Pennflex



- You must re-enroll all family members for medical coverage.
- Medical/dental/dependent life insurance premiums have changed.
- Greater Atlantic has a \$5 copay for non-emergency room physician visits and prescription benefits are available at participating pharmacies.
- Expansion of dependent definition to include same-sex domestic partner benefits. All Pennflex plans except Blue Cross Plan 100 will recognize the new category of dependent.
- Under current tax law, employee contributions for domestic partner benefits are fully taxable, that is contributions must be made on an after-tax basis. Imputed income will be applied to University contributions made or benefits paid.