

Open Enrollment '95: April 10–21

Open Enrollment is here! Most of you will be receiving your Pennflex Open Enrollment packet in the mail during the first week in April. This packet will include:

- Pennflex 1995-96 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, 1994)

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 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 Thursday, April 13 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 & Answer Sessions throughout campus. Highlighting

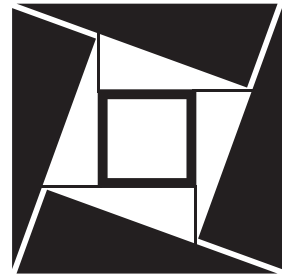
the Open Enrollment events will be a presentation by Carol Bennett-Speight, director of the Faculty/Staff Assistance Program, entitled: *Stress Management in a Changing Environment* to be held on April 11. See below for details.

Also, a new medical plan option has been added: PENN Care. The Benefits Staff will hold seminars on April 17 & 18 to discuss this new medical plan. See below for details.

Enrollment Form(s) must be submitted by April 21. 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, 1995 if Enrollment Forms are not received by April 21.

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 in the main Benefits Office: 3401 Walnut Street, Suite 527A or the Medical School Benefits Office at 316 Blockley Hall.

Call the Pennflex Hotline beginning April 10 if you have any questions regarding enrollment or your coverages: 898-0852.



Open Enrollment Events for Faculty and Staff

Monday, April 10 *Open Enrollment Begins.* Call the Pennflex Hotline: 898-0852 through April 21 with questions or attend a Benefits Question & Answer 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 12, 19 & 20).

Tuesday, April 11 *Stress Management In A Changing Environment;* Carol Bennett-Speight, director, Faculty/Staff Assistance Program, noon-1 p.m., Houston Hall, Room 305. Change is a fact of life. But today's rapid rate of change can be at times overwhelming. Job transitions, single parenting, aging parents—today's common stresses at work and home may leave you feeling uncertain, confused and, at times, angry. You can't always control change, but you can control your response to it and you can choose a constructive action plan. This keynote presentation will examine our changing environment and ways to manage the stress of change.

Wednesday, April 12 *Benefits Questions & Answer Session;* New Bolton Center, 11 a.m.-2 p.m. 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.

Stress: The Change and The Challenge; HIP Health Plan of New Jersey, noon-1 p.m., Houston Hall, Smith-Penniman Room. One hour, in a lifetime, is a mere "drop in the bucket." How much can you learn in an hour that will make life fuller, less stressful, and more enjoyable? Each of us must decide that for ourselves—because we are responsible for our own well-being! Give yourself the gift of one hour, this hour.

Thursday, April 13 *Benefits Fair;* 10:30 a.m.-2:30 p.m., Faculty Club, Alumni Hall.

- Make your 1995-96 Pennflex decisions
- Talk to medical, dental and retirement plan carriers
- Meet with Social Security and Medicare representatives

Learn more about:

- PENN Care
- Tuition benefits
- Your 1995-96 Pennflex options
- Penn Special Delivery
- The Faculty/Staff Assistance Program
- Retirement plan options



Friday, April 14 *Fitness Tips;* U.S. Healthcare, noon-1 p.m., Houston Hall, Smith-Penniman Room. Armand Tecco, a certified physiologist, will speak about starting and maintaining a qualified fitness program. He will offer fitness tips and answers to the most commonly asked questions. There will be time available for questions and answers.

Monday, April 17 *What's New In Benefits;* Benefits Staff, noon-1 p.m. & 1-2 p.m., Houston Hall, Room 305. Come learn about the University's newest medical plan option "PENN Care." How does this plan compare to the other medical plan options, including the Blue Cross/Blue Shield Plans? Who are the network physicians?

Tuesday, April 18 *Social Security & Medicare;* noon-1 p.m., Houston Hall, Room 305. This program will answer the "Who, What, When and How" questions on Social Security and Medicare.

What's New In Benefits; Benefits Staff, 1-2 p.m., Houston Hall, Room 305. Come learn about the University's newest medical plan option "PENN Care." How does this plan compare to the other medical plan options, including the Blue Cross/Blue Shield Plans. Who are the network physicians?

Wednesday, April 19 *Benefits Questions & Answer Session;* Stemmler Hall, Dunlop Lobby, 11:30 a.m.-2 p.m. Stop in to speak with medical and dental plan representatives and members of the Benefits Staff.

Quick Healthy Meals For The Working Family; Lisa Hark, coordinator, Nutrition Education Program, Penn School of Medicine, noon-1 p.m., Houston Hall, Smith-Penniman Room. 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 20 *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.

University Transitions: A Survivor's Guide; Carol Bennett-Speight and Alan Bell, noon-1 p.m., Houston Hall, Smith-Penniman Room. "Downsizing", "reorganization", "refocusing": The University is going through transitions that may affect you and your department. Change can leave you feeling uncertain, confused, stressed out. Learn how to develop supports and new skills that can help you survive the transition.

Friday, April 21 *Open Enrollment Ends .* This is the last day to submit Open Enrollment forms. The coverage you elect will be effective July 1, 1995.

Relaxation Technique; Greater Atlantic Health Service, noon-1 p.m., Houston Hall, Room 305. Learn relaxation and stress management techniques through visualization, concentration and attention skill training.


PLAN FEATURES		BLUE CROSS PLANS		HEALTH MAINTENANCE ORGANIZATION PLANS	
Plan Name	Comprehensive	Blue Cross/Blue Shield 100/Major Medical	Greater Atlantic Health Service	U.S. Healthcare HMO of Pennsylvania/Delaware	U.S. Healthcare HMO of Maryland
(Pennflex Option)	(1)	(2)	(3)	(5) / (10)	(6)
Type of Plan	<p>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 co-pays 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.</p> <p>Note: "UCR" means the "Usual, Customary and Reasonable" Allowance for a particular medical service in a given geographic area. Under The Comprehensive Plan, the claim form is the same for all benefits.</p>	<p>Hospitalization, medical, surgical expenses and major medical insurance. Generally pays for medically necessary treatment in or by Blue Cross approved providers and participating PA Blue Shield providers. Balances over UCR may be forwarded to Major Medical (MM) for consideration. Benefits under MM 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. MM has a lifetime maximum of \$1,000,000 per individual.</p> <p>BC = Blue Cross BS = Blue Shield MM = Major Medical</p> <p>The abbreviations indicate under which category, in most instances, the benefits are covered and the type of Blue Cross form needed for claim submission.</p>	<p>Effective 7/1/95 the plan is a "point of service" plan. The benefits described below are for the group network model HMO comprised of medical professionals providing care in a group office setting, or individual physicians practicing in their own offices.</p> <p>Out-of-network benefits available for non-primary care and non-emergency hospitalization. Out-of-network benefits paid at 75% of UCR after a deductible of \$250 for single / \$500 for family. You are responsible for the remaining 25% of the UCR rate and any charges in excess of the UCR rate. Lifetime maximum for out-of-network benefits is \$1 million.</p>	<p>An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.</p>	<p>An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.</p>
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 co-pay. Co-pay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered. (No out-of-network benefits.)	Philadelphia, Bucks, Chester, Delaware, Montgomery, Berks, Lancaster, Dauphin, and Lehigh Valley counties. New Castle, Kent, and Sussex counties in Delaware. Emergency treatment covered in full after \$35 co-pay. Co-pay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.	All covered services. Emergency treatment covered in full after \$25 co-pay. Co-pay 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 co-pay 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.	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.
Hospital Emergency Room Treatment	Covered in full within 72 hours of accident or medical emergency. No deductibles or co-pay 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 co-pay for emergency services waived if admitted to hospital.	Covered in full. \$10 co-pay at primary physician's office and \$35 co-pay at hospital.	Covered in full. \$10 co-pay at primary physician's office and \$35 co-pay at hospital.
Physician Visits: Hospital	Covered up to 80% UCR; subject to \$200 deductible.	Covered up to 100% UCR... BS	Covered in full with referral.	Covered in full with referral.	Covered in full with referral.
	Office	*Covered up to 80% UCR; subject to \$200 deductible... MM	Covered with \$5 co-pay.	Covered \$5 co-pay per visit.	Covered \$5 co-pay per visit.
	Home	*Covered up to 80% UCR; subject to \$200 deductible... MM <i>*Special BS benefits if employee is unable to work.</i>	Covered with \$10 co-pay. Physical therapy up to 20 visits per plan year, \$10 co-pay per visit.	Covered \$5 co-pay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence.	Covered \$5 co-pay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence.
Physician Care: Surgery	Covered up to 80% UCR for inpatient; subject to \$200 deductible. Covered at 100% UCR for outpatient. No deductible or co-pay required. Covered up to 80% UCR; subject to \$200 deductible.	Covered up to 100% UCR... BS	Outpatient \$25 co-pay. Inpatient no co-pay. Referral required.	Covered in full with referral from primary care physician.	Covered in full with referral from primary care physician.
	Anesthesia	Covered up to 100% UCR... BS	Covered in full.	Covered in full with referral from primary care physician.	Covered in full with referral from primary care physician.
	Consultants	Covered up to 100% UCR... BS	Outpatient \$5 co-pay. Inpatient no co-pay. Referral required.	Covered in full with \$5 co-pay. Inpatient no co-pay. Referral from primary care physician.	Covered in full with \$5 co-pay. Inpatient no co-pay. Referral from primary care physician.
Laboratory, X-rays and Tests	Covered up to 100% UCR. No deductible or co-pay required.	Outpatient hospital charges covered up to 100% UCR after \$5 co-pay... BC Non-hospital charges covered up to 100% UCR... BS Physician charges covered up to 100% UCR... BS	Covered with \$5 co-pay.	Covered with \$5 co-pay with referral from primary care physician.	Covered with \$5 co-pay with referral from primary care physician.
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 co-pay for each visit and no co-pay for inpatient care. For outpatient testing, \$5 co-pay per visit.	Covered in full from effective date after \$5 co-pay for the first OB visit and no charge for hospital admissions. For outpatient testing, \$5 co-pay per visit.	Covered in full from effective date after \$5 co-pay for the first OB visit and no charge for hospital admissions. For outpatient testing, \$5 co-pay per visit.
Preventive Medicine, Physical Exams	Routine childhood immunizations for dependent children under age 18 are covered. Office visits are not covered. One routine Pap smear and gynecological exam per year.	Routine childhood immunization for dependent children under age 18 are covered. Office visits are not covered. One routine Pap smear and gynecological exam per year.... BS	Covered with \$5 co-pay. Immunizations are covered.	Physical exams and immunizations are covered in full with \$5 co-pay. Medications requiring prescription are not covered.	Physical exams and immunizations are covered in full with \$5 co-pay. Medications requiring prescription are not covered.
Eye, Ear Exams	Routine examinations are not covered.	Routine examinations are not covered.	Covered with \$5 co-pay (including refractions). Discount on glasses or contacts of \$20 or 20% at participating optical shops. Hearing aids are not covered.	No referral required for direct access eye exams per HMO schedule. Covered (including refraction) with \$5 co-pay. \$35 allowed for contacts or prescription eyeglasses every two years. Hearing exams covered with \$5 co-pay. Hearing aids are not covered.	No referral required for direct access eye exams per HMO schedule. Covered (including refraction) with \$5 co-pay. \$35 allowed for contacts or prescription eyeglasses every two years. Hearing exams covered with \$5 co-pay. Hearing aids are not covered.
Second Surgical Opinions	Covered at 100% UCR for certain procedures. No deductibles or co-pay required.	Covered up to 100% UCR... BS	Covered with \$5 co-pay but not required.	Covered with \$5 co-pay if requested, but not required.	Covered with \$5 co-pay if requested, 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 co-pay. 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.	Up to 35 inpatient days per 365 day period with plan approval.	Up to 35 inpatient days per 365 day period 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 co-pay per visit.	Covered up to 20 visits per 365 day period with \$25 co-pay per visit.	Covered up to 20 visits per 365 day period with \$25 co-pay 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 – the Comprehensive, the Blue Cross/Blue Shield 100/Major Medical, and the Greater Atlantic Health Service plans – do not cover treatment for drug and alcohol abuse.				
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.	N/A	N/A
Dental Care	N/A	N/A	Annual routine dental exam and cleaning-first visit \$20 co-pay; second-\$30 co-pay. Up to 40% discount on established fees for all other services.	Only children under 12 covered. No referral required for preventive dental. Two visits per year for cleaning, fluoride, and exam, \$5 co-pay per visit.	Only children under 12 covered. No referral required for preventive dental. Two visits per year for cleaning, fluoride, and exam, \$5 co-pay per visit.

ANCE ORGANIZATIONS (HMOs)			UNIVERSITY PENN CARE	
Healthcare HMO of New Jersey	HIP Health Plan of NJ (8)	Keystone Health Plan East, Independence Blue Cross and Pennsylvania Blue Shield's HMO (9)	PENN Care (11)	
individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.	A mixed model HMO comprised of medical professionals providing care from a center or from a network of private medical offices.	An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.	PENN Care allows you to use HUP and CHOP and the University of Pennsylvania Health System (CPUP, CCA) and CHOPA (Faculty only) with \$10 co-pays for most services. This network is designated as the Preferred Provider network. The plan provides Non-Preferred Provider benefits—the Blue Cross Comprehensive Plan (Option 1 on this chart) level of benefits for those services not provided by or available through a Preferred Provider . Combined lifetime plan maximum is \$2,000,000.	
			Preferred Provider	Non-Preferred Provider Plan pays 80% of covered expenses after a \$200 deductible is met (\$400 family aggregate). Maximum out-of-pocket expenses (excluding co-pays 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.
Emergency services in New Jersey. Emergency treatment covered in full after \$35 co-pay. Co-pay waived if admitted to hospital. Primary care physician must be notified within 24 hours of treatment, otherwise expenses not covered.	All counties in New Jersey except Sussex, Warren, Cumberland & Cape May. Emergency treatment anywhere covered in full after \$25 co-pay. 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 co-pay. Co-pay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.	Hospital services at HUP and CHOP. Physician services from CPUP, CCA, or CHOPA (Faculty Only). Emergency room for hospital and doctor's charges covered at 100%. For emergency admission at other hospitals, you are required to call HUP's Managed Care Office at (215) 662-7575 or 1-800-789-PENN within 24 hours of admission to determine eligibility and consideration for 100% coverage.	Guaranteed benefits in any approved hospital-services of any physician up to the "Usual, Customary and Reasonable" (UCR) fee charged for that treatment.
No maximum limit for medically necessary covered services. Semi-private or private room if medically necessary.	No maximum limit for medically necessary service.	No maximum limit for medically necessary service.	Covered with no limit on the number of days. A private room is accommodated when available.	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.
Covered in full if referred by primary care physician. Co-pay at primary physician's office and \$35 co-pay at hospital.	Covered in full. \$5 co-pay for physician services in emergency cases and \$25 co-pay for hospital services in emergency cases.	Covered in full. \$5 co-pay for physician services and \$35 co-pay for hospital services in emergency cases.	Covered at 100% at HUP and CHOP.	Covered in full within 72 hours of accident or medical emergency. No deductibles or co-pay required.
Covered in full with referral.	Covered in full with referral.	Covered in full with referral.	Covered. Includes consultation and concurrent medical care by CPUP, CCA, CHOPA (Faculty Only).	Covered up to 80% UCR; subject to \$200 deductible.
Covered \$5 co-pay per visit.	Covered with \$5 co-pay.	Covered with \$5 co-pay.	Covered with \$10 co-pay. Limited to Preferred Providers. Preferred Provider not available. See benefits under Non-Preferred Provider.	Covered up to 80% UCR; subject to \$200 deductible.
Covered \$5 co-pay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence.	Covered with \$5 co-pay. Physical therapy is limited to 60 days, short-term basis only, per occurrence.	Covered with \$10 co-pay. Physical therapy is limited to 60 days, short-term basis only, per occurrence.		Covered up to 80% UCR; subject to \$200 deductible.
Covered in full with referral.	Covered in full. Referral required.	Covered in full with referral.	Covered 100% for inpatient. Covered with \$10 co-pay for outpatient. Limited to Preferred Provider.	Covered up to 80% UCR for inpatient; subject to \$200 deductible. Covered at 100% UCR for outpatient. No deductible or co-pay required.
Covered in full.	Covered in full.	Covered in full.	Covered 100% for inpatient. Limited to Preferred Provider.	Covered up to 80% UCR; subject to \$200 deductible.
Covered in full with \$5 co-pay. Inpatient no co-pay. Referral from primary care physician.	Covered with \$5 co-pay. Inpatient no co-pay. Referral required.	Covered in full with referral.	Covered 100% for inpatient. Covered with \$10 co-pay for outpatient.	Covered up to 80% UCR; subject to \$200 deductible.
Covered with \$5 co-pay with referral from primary physician.	Outpatient \$5 co-pay. Referral required.	Covered in full with referral.	Covered 100% at HUP and CHOP.	Covered up to 100% UCR. No deductible or co-pay required.
Covered in full from effective date after \$5 co-pay for first OB visit and no charge for hospital admissions. Outpatient testing, \$5 co-pay per visit.	Covered with \$5 co-pay for each office visit. No charge for hospital admissions. For outpatient testing, \$5 co-pay per visit. Free car seat in 8th month of pregnancy.	Covered in full from the effective date after \$5 co-pay for the first OB visit and no charge for hospital admissions. For outpatient testing, \$5 co-pay per visit.	Covered in full, with \$10 co-pay for initial visit, including pre-/post-natal care. Limited to Preferred Provider.	Covered up to 80% UCR; subject to \$200 deductible.
Routine medical exams and immunizations are covered with no co-pay. Medications requiring prescription are not covered.	Covered with \$5 co-pay, includes immunizations, 4 routine podiatry visits per year.	Covered with \$5 co-pay. Immunizations are covered. Medications requiring prescription are not covered.	Covered with \$10 co-pay. Limited to Preferred Provider.	Routine childhood immunizations for dependent children under age 18 are covered. Office visits are not covered. One routine Pap smear and gynecological exam per year.
Referral required for direct access eye exams per schedule. Covered (including refractions) with \$5 co-pay. \$35 allowed for contacts or eyeglasses every two years. Hearing exams covered with \$5 co-pay. Hearing aids are not covered.	Covered with \$5 co-pay (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 co-pay.	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 co-pay. Hearing aids are not covered.	Routine examinations are covered with \$10 co-pay. Limited to Preferred Provider.	Routine examinations are not covered.
Covered with \$5 co-pay if requested, but not required.	Covered with \$5 co-pay but not required.	Covered with \$5 co-pay but not required.	Covered in full with \$10 co-pay. Limited to Preferred Provider.	Covered at 100% UCR for certain procedures. No deductibles or co-pay required.
Up to 35 inpatient days per 365 day period with plan approval.	Up to 30 days per 365 day period for crisis intervention.	Up to 35 inpatient days per 365 day period with plan approval.	Plan maximums combined with Non-Preferred Provider. Covered in full for adults at HUP limited to 30 days in a benefit period.	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 and any benefits provided by a Preferred Provider.
Covered up to 20 visits per 365 day period with \$25 co-pay per visit.	Up to 20 visits per benefit year, with \$5 co-pay for short term condition and/or crisis intervention.	Up to 20 outpatient visits covered. Each visit covered with a \$25 co-pay, or 50% of allowable charges, whichever is less.	Plan maximums combined with Non-Preferred Provider. Covered at 50% UCR up to \$1,250 a plan year.	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, including any benefits provided by a Preferred Provider.
Greater Atlantic, HIP/Health Plan of NJ, 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.			After detoxification, hospital treatment covered at HUP. Preferred Provider not available for detoxification and day care program.	
	\$5 co-pay for generic and \$10 co-pay for non-generic at participating pharmacies. Includes oral contraceptives, insulin, related needles, syringes.	N/A	No Preferred Provider. See Benefits under Non-Preferred Provider.	Covered up to 80% UCR; subject to \$200 deductible.
Children under 12 covered. No referral required for preventive dental. Two visits per year for cleaning, fluoride, and exam, \$5 co-pay.	Each family member receives one annual exam, no charge. One cleaning per year, \$5 co-pay per visit.	Each family member covered. No referral required. Two visits per year for cleaning, scaling, and fluoride treatments: co-pays vary.	N/A	N/A



Medical & Dental Plan Rate Sheet

July 1, 1995 to June 30, 1996

PENNFLEX 		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	\$129.35	\$135.18	\$31.20	\$5.83CR	\$1.34CR	\$332.05	\$337.55	\$77.90	\$5.50CR	\$1.27CR
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	141.51	135.18	31.20	6.33	1.46	382.05	337.55	77.90	44.50	10.27
HMO PA	5	132.60	135.18	31.20	2.58CR	0.59CR	339.38	337.55	77.90	1.83	0.42
HMO NJ	6	161.27	135.18	31.20	26.09	6.02	422.72	337.55	77.90	85.17	19.65
HIP/Health Plan of NJ	8	181.00	135.18	31.20	45.82	10.57	459.00	337.55	77.90	121.45	28.03
Keystone	9	124.85	135.18	31.20	10.33CR	2.38CR	321.30	337.55	77.90	10.33CR*	2.38CR*
HMO DE	10	178.60	135.18	31.20	43.42	10.02	486.63	337.55	77.90	149.08	34.40
PENN Care	11	129.35	135.18	31.20	5.83CR	1.34CR	332.05	337.55	77.90	5.50CR	1.27CR
CR: Credit (No retroactive credit adjustments will be made)							* Credit limited to Single premium credit.				
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 % Paid	Prudential 2 % 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)	100%	100% R&C *
(NOTE: Some oral surgery may be covered under your medical plan.)		
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% R&C * up to \$1,000 lifetime maximum per person
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, 1995, and if you change plans, neither the new plan nor the old plan will provide coverage for the remaining expenses. For the Penn Faculty Practice Plan: There is a 24-month waiting period for orthodontic services if a dependent age 5 or older is not enrolled within the initial 31-day enrollment period.

Major Changes to 1995-96 Pennflex

- Premiums for most of the medical plans and dependent life insurance have decreased; but the University contributions remain the same. As a result your cost this year may not only decrease, but also generate additional flexdollar credits. The cost of life insurance has decreased for employees under age 65 and increased for employees age 65 and over.
- Flexdollar amounts have also changed since flexdollars are based not only on the employee's age and salary but also on the cost of life insurance.
 - The dental plan premiums remain the same.
 - A new medical plan—PENN Care (Option 11)—has been added which reduces out-of-pocket expenses to \$10 co-pays per visit for most services rendered by the Hospital of the University of Pennsylvania (HUP) Preferred Provider network. The PENN Care plan provides a similar level of benefits as the BC Comprehensive Plan (Option 1) for those services not provided by or not available through the HUP Preferred Provider network.
 - Effective July 1, 1995 the prescription benefits available to Blue Cross and PENN Care subscribers may be provided through a pharmaceutical card company rather than through Blue Cross. Employees will be notified in June if such a change occurs.
 - Effective July 1, 1995 Greater Atlantic is a "point-of-service" plan providing certain out-of-network benefits. For additional information about this new plan, contact Greater Atlantic at 1-800-959-2181.
 - Other changes appear in shaded boxes throughout the Pennflex booklet.