

University of Pennsylvania Benefits Enrollment Guide 2022-2023

*Open
Enrollment*

Monday, April 18
through
Friday, April 29



Penn
UNIVERSITY of PENNSYLVANIA

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BEFORE YOU ENROLL

This guide will help you understand your benefit options so you can make informed decisions about the benefits that are right for you and your family. The information in this guide describes the benefits available to full-time faculty and staff for the plan year beginning July 1, 2022 and ending June 30, 2023. The elections you make during an enrollment period stay in effect for the entire plan year unless you experience a qualifying life event change.

ENROLL OR CHANGE YOUR ELECTIONS

Log in at Workday@Penn at www.workday.upenn.edu then select *All Apps*, then *Benefits*.

Eligibility

You and your dependents are eligible for the benefits described in this enrollment guide.

Eligibility for certain benefits may vary based on employment status.

If you add a dependent during your enrollment period, you will be required to provide documentation certifying the eligibility of your dependents according to Penn's plan rules. Detailed information about the documentation process can be found at www.hr.upenn.edu/health-eligibility-and-dependents.

Eligible dependents include:

- Your spouse
- Your biological and/or adopted children and stepchildren up to the end of the month in which they turn age 26. (Your spouse's biological and/or adopted children are eligible if they meet the age and dependent criteria.)
- Your children age 26 or older who are incapable of self-support due to a mental or physical condition that existed prior to age 26 and who were eligible for coverage as dependents prior to age 26.

Changing Your Elections

Penn's plan year runs July 1–June 30. You can make changes to your elections only during the annual Open Enrollment period or when you experience a qualifying life event.

Open Enrollment is held annually, and any changes made during this period become effective for the following plan year, beginning July 1.

Qualifying events include the birth or adoption of a child, marriage, divorce or separation, death of a dependent, and change in your dependent's eligibility for benefits.

Keep in mind that the IRS limits the types of changes you can make for such events. If you experience a qualifying life event, log in to Workday@Penn to change your coverage. Please note you must make any changes within 30 days of the event or you must wait until the next Open Enrollment period.

Your Contributions

Your contributions for medical, dental, vision, and flexible spending accounts are made with pre-tax dollars. You pay for employee and dependent life insurance with after-tax dollars. All contributions are taken from your paycheck in the month for which your benefits are effective. Your pay must support your contributions for the benefits elected.

AFTER YOU ENROLL

After you've enrolled, print or save the confirmation statement. Review this statement to make sure all of your information is correct.

Medical Coverage

Penn provides comprehensive medical coverage for you and your family. You may choose from four medical plan options. For more information about plan coverage details, see the Key Medical Plan Features charts beginning on page 7.

PennCare/ Personal Choice PPO

This Preferred Provider Organization (PPO) plan administered by Independence Blue Cross has three components. You may receive your care through any provider you choose at any time, but your out-of-pocket costs are based on which component of the plan you're using at that time. You don't need a Primary Care Provider (PCP) or referrals for this plan.

- **PennCare Network Providers:** For healthcare providers who are part of or affiliated with the Penn Medicine network, preventive care services are covered at 100%. Most other services are covered at 90% after a deductible; you pay only 10% of the covered charges. Your behavioral health network is Quest.
- **Personal Choice Preferred Providers:** For healthcare providers who are part of the Personal Choice network, preventive care services are covered at 100% and provider office visits are covered at 100% after copays. Most other services are covered at 80% after a deductible; you pay 20% of the covered charges.
- **Non-Preferred Providers:** For healthcare providers who are not part of either the PennCare or Personal Choice networks, most services—including preventive care—are covered at 60% after a deductible; you pay 40% of the covered charges.

Aetna Choice POS II

Administered by Aetna, this POS plan offers more

freedom; you don't need a Primary Care Provider (PCP) or referrals for this plan, even when using in-network providers. The Aetna Choice POS II plan has two components: in-network or out-of-network.

You may receive your care through any provider you choose at any time, but your out-of-pocket costs are based on which component of the plan you're using at that time.

- **In-Network Providers:** For healthcare providers who are part of the Aetna Choice POS II network, preventive care services are covered at 100%. Provider office visits are covered at 100% after copays. Most other services are covered at 80% after a deductible; you pay 20% of the covered charges.
- **Out-of-Network Providers:** For healthcare providers who are not part of the Aetna Choice POS II network, most services—including preventive care—are covered at 60% after a deductible and you pay 40% of the covered charges.

Keystone/ AmeriHealth HMO

This is a managed care plan administered by Independence Blue Cross. You must select and coordinate your care through a network Primary Care Physician (PCP). You must obtain referrals from your PCP if you need to see other network providers for care. This plan does not provide coverage if you go outside the HMO network of providers. It is also not available for participants residing outside of the greater Philadelphia region. Preventive care services are covered at 100%. Office visits and most outpatient services are covered at 100% after copays. Most other services are covered at 90% after a deductible.

Medical Coverage, continued

Aetna High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)*

This plan is designed to give you more choice and control over how you spend your healthcare dollars. Administered by Aetna, it has two components: in-network or out-of-network. You may receive your care through any provider you choose at any time, but your out-of-pocket costs are based on which component of the plan you're using at that time. You don't need to pre-select a Primary Care Provider (PCP) or referrals for this plan.

As the name implies, this plan carries a high deductible, and you need to meet that deductible before the plan begins paying benefits. This applies to all services, including prescription drugs and office visits. However, the deductible does not apply to in-network preventive care and preventive generic prescription drugs.

- **This plan has an HSA:** a tax savings vehicle that you can contribute to via payroll deduction and use the money to offset the cost of care. What's more, Penn will also contribute money to the HSA on your behalf—\$1,000 for employee-only coverage or \$2,000 if you cover any dependents.
- **In-Network Providers:** For healthcare providers who are part of the Aetna HDHP network, preventive care services are covered at 100%. Provider office visits are covered at 100%. All other eligible services are covered at 90% after a deductible; you pay 10% of the covered charges.
- **Out-of-Network Providers:** For healthcare providers who are not part of the Aetna HDHP network. Most services, including preventive care, are covered at 60% after a deductible; you pay 40% of the covered charges.

* The Aetna High Deductible Health Plan with Health Savings Account is not available to Visiting Scholars or members of Locals 54, 115 and 590.





USING UPHS PROVIDERS

No matter which medical plan you're enrolled in, most University of Pennsylvania Health System (UPHS) providers will be in-network and available for most of your healthcare needs. In-network providers for behavioral health may differ depending on which plan you're in. Please check with your providers to see if they're in-network for your plan. Go to www.pennmedicine.org/providers for more information.

Medical, Dental, and Vision Rates for 2022-2023

Review the rates charts for your medical, dental, and vision benefits plans for eligible full-time faculty and staff. You can also visit www.hr.upenn.edu/openenrollment to access plan summaries, benefit comparison charts, contribution charts, and online provider directories. For more specific plan questions, contact plan providers directly using the *Health & Welfare Benefits Contact Information* at the end of this guide.

Medical

Full-time Weekly Paid (per pay period)

Health Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
PennCare / Personal Choice	\$51.46	\$128.77	\$86.54	\$159.92
Aetna Choice POS II	\$35.31	\$90.92	\$60.00	\$113.08
Keystone / AmeriHealth HMO	\$24.23	\$65.08	\$40.85	\$80.31
Aetna HDHP	\$23.08	\$60.23	\$38.77	\$75.23

Full-time Monthly Paid (per pay period)

Health Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
PennCare / Personal Choice	\$223.00	\$558.00	\$375.00	\$693.00
Aetna Choice POS II	\$153.00	\$394.00	\$260.00	\$490.00
Keystone / AmeriHealth HMO	\$105.00	\$282.00	\$177.00	\$348.00
Aetna HDHP	\$100.00	\$261.00	\$168.00	\$326.00

Dental

Full-time Weekly Paid (per pay period)

	Penn Family Plan	MetLife Dental
Employee	\$9.19	\$6.31
Employee + Spouse	\$18.02	\$12.60
Employee + Child(ren)	\$20.32	\$13.89
Employee + Family	\$28.66	\$18.93

Full-time Monthly Paid (per pay period)

	Penn Family Plan	MetLife Dental
Employee	\$39.81	\$27.34
Employee + Spouse	\$78.09	\$54.62
Employee + Child(ren)	\$88.05	\$60.18
Employee + Family	\$124.20	\$82.03

Vision

Full-time Weekly Paid (per pay period)

	Davis Vision	VSP Plan	VSP Choice Plan
Employee	\$1.09	\$1.64	\$2.47
Employee + Spouse	\$2.36	\$3.54	\$5.34
Employee + Child(ren)	\$1.77	\$2.66	\$4.02
Employee + Family	\$3.00	\$4.51	\$6.81

Full-time Monthly Paid (per pay period)

	Davis Vision	VSP Plan	VSP Choice Plan
Employee	\$4.73	\$7.10	\$10.71
Employee + Spouse	10.21	\$15.33	\$23.13
Employee + Child(ren)	\$7.65	\$11.53	\$17.40
Employee + Family	\$13.01	\$19.55	\$29.50

PennCare/Personal Choice

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Deductible**	\$150 individual/\$450 family	\$350 individual/\$1,050 family	\$500 individual/\$1,500 family
Out-of-Pocket Maximum**			
Copay, coinsurance, and deductible	\$1,000 individual/\$3,000 family	\$2,500 individual/\$7,200 family	\$3,500 individual/\$10,500 family
Maximum Lifetime Benefit**	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
Primary care	\$20 copay	\$25 copay	40% after deductible
Specialist	\$40 copay	\$50 copay	40% after deductible
Retail Clinic	N/A	\$30 copay	40% after deductible
Urgent Care Center	N/A	\$50 copay	40% after deductible
Preventive Screenings			
Routine physicals	\$0 copay	\$0 copay	40% no deductible
Routine dermatology	With diagnosis code Z12.83 Screening for Neoplasm of the skin		
Routine hearing screenings	\$0 copay	\$0 copay	40% no deductible
Pediatric immunizations	\$0 copay for children under 18	\$0 copay for children under 18	40% no deductible for children under 18
Annual GYN exam/Pap smear	\$0 copay	\$0 copay	40% no deductible
Mammography	\$0 copay	\$0 copay	40% no deductible
Pregnancy Services			
First OB visit	\$40 copay	\$50 copay	40% after deductible
Prenatal care	\$0 copay	\$0 copay	40% after deductible
Delivery and hospital inpatient services	10% after deductible	20% after deductible	40% after deductible
Laboratory/pathology	\$25 copay	\$25 copay	40% after deductible
X-rays/radiology	10% after deductible	20% after deductible	40% after deductible
Fertility Services			
In vitro fertilization (\$30,000 lifetime max at HUP only)*	\$40 copay for first visit; then 10% after deductible	Not covered	Not covered
Outpatient Services			
Surgery	10% after deductible	20% after deductible	40% after deductible
Laboratory/pathology	\$25 copay	\$25 copay	40% after deductible
X-rays/radiology	10% after deductible	20% after deductible	40% after deductible

* Precertification needed for certain services

** Covers medical and behavioral health/substance abuse services

Key Medical Plan Features

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Hospitalization (<i>semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing</i>)	10% after deductible	20% after deductible	40% after deductible; limited to 70 days
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Ambulance	\$0 copay for emergency; 10% after deductible for non-emergency	\$0 copay for emergency; 20% after deductible for non-emergency	\$0 copay for emergency; 40% after deductible for non-emergency
Therapy Services *** (<i>physical, speech and occupational; 60 visits per year</i>)	\$30 copay	\$40 copay	40% after deductible
Spinal Manipulation*** (<i>60 visits per year</i>)	Not available	\$50 copay	40% after deductible
Home Health Care***	10% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment	Provider not currently available	20% after deductible	40% after deductible
Hearing Aids (<i>requires prior authorization</i>)	Up to \$4,000 per person every 3 years	Up to \$4,000 per person every 3 years	Up to \$4,000 per person every 3 years
Behavioral Health and Substance Abuse			
	In Network-Quest Penn Preferred Providers	In Network-Quest Quest Regional Providers	Out-of-Network
Outpatient	\$20 copay per visit; unlimited visits if medically necessary	\$25 copay per visit; unlimited visits if medically necessary	40% after deductible, deductible waived for routine therapy; unlimited visits if medically necessary
Inpatient	10% after \$150 individual/\$450 family deductible; unlimited days if medically necessary	10% after \$150 individual/\$450 family deductible; unlimited days if medically necessary	40% after \$500 individual/\$1,500 family deductible; unlimited days if medically necessary

* Precertification needed for certain services

** Gender confirmation surgery coverage available under all plans

*** Visit maximums are a combination of in-network and out-of-network services

Aetna Choice & Keystone/AmeriHealth

	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Deductible**	\$300 individual/\$900 family	\$800 individual/\$2,400 family	\$100 individual/\$200 family
Out-of-Pocket Maximum**			
Copay, coinsurance, and deductible	\$1,200 individual/\$3,600 family	\$2,400 individual/\$7,200 family	\$1,200 individual/\$2,400 family
Maximum Lifetime Benefit**	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
Primary care	\$30 copay	40% after deductible	\$25 copay
Specialist	\$50 copay	40% after deductible	\$45 copay with referral
Retail Clinic	\$30 copay	40% after deductible	\$25 copay
Urgent Care Center	\$50 copay	40% after deductible	\$50 copay
Preventive Screenings			
Routine physicals	\$0 copay	40% after deductible	\$0 copay
Routine eye exams	\$0 copay	40% after deductible	\$45 copay***
Routine hearing screenings	\$0 copay	40% after deductible	\$0 copay for hearing screenings
Pediatric immunizations	\$0 copay	40% after deductible	\$0 copay
Annual GYN exam/Pap smear	\$0 copay	40% after deductible	\$0 copay
Mammography	\$0 copay	40% after deductible	\$0 copay
Pregnancy Services			
First OB prenatal visit	\$0 copay	40% after deductible	\$35 copay
Prenatal care	\$0 copay	40% after deductible	\$0 copay
Delivery and hospital inpatient services	20% after deductible	40% after deductible	10% after deductible
Laboratory/pathology	\$30 copay	40% after deductible	\$25 copay
X-rays/radiology	\$50 (routine ¹) or \$100 (complex ²)	40% after deductible	\$50 (routine ¹) or \$100 (complex ²) copay with referral
Fertility Services			
In vitro fertilization (\$30,000 lifetime max at HUP only)*	\$50 copay for first visit; then 20% after deductible	N/A	\$45 copay for first visit; then 10% after deductible
Outpatient Services			
Surgery	20% after deductible	40% after deductible	10% after deductible
Laboratory/pathology	\$30 copay	40% after deductible	\$25 copay
X-rays/radiology	\$50 (routine ¹) or \$100 (complex ²) copay with referral	40% after deductible	\$45 (routine ¹) or \$100 (complex ²) copay with referral

* Precertification needed for certain services and medical devices

** Covers medical and behavioral health/substance abuse services

*** \$45 allowed for contacts or prescription eyeglasses every two years (Keystone); see member handbook for vision exam benefit schedule

¹ Routine radiology procedures are those that do not require prior authorization (e.g., chest x-ray)

² Complex radiology procedures are those that require prior authorization (e.g., MRI, CT scan, PET scan)

Key Medical Plan Features

	Aetna Choice POS II*		Keystone/AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Hospitalization (<i>semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing</i>)	20% after deductible	40% after deductible	10% after deductible with referral; no limit if medically necessary
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Ambulance	20% after deductible	40% after deductible	\$0 copay for emergencies; 10% after deductible for non-emergencies
Therapy Services*** (<i>physical, speech and occupational; 60 visits per year</i>)	\$40 copay	40% after deductible	\$35 copay
Spinal Manipulation*** (<i>60 visits per year</i>)	\$50 copay	40% after deductible	\$45 copay
Home Health Care***	20% after deductible	40% after deductible	10% after deductible with coordination by patient management department
Durable Medical Equipment	20% after deductible	40% after deductible	10% after deductible when medically necessary; pre-approval required
Hearing Aids (<i>requires prior authorization</i>)	Up to \$4,000 per person every 3 years	Up to \$4,000 per person every 3 years	Up to \$4,000 per person every 3 years
Behavioral Health and Substance Abuse			
	In-Network (Aetna Behavioral Health Network)	Out-of-Network	Keystone HMO providers (Magellan Network)
Outpatient	\$30 copay per visit; unlimited visits if medically necessary	40% after deductible, deductible waived for routine therapy; unlimited visits if medically necessary	\$25 copay per visit; unlimited visits if medically necessary
Inpatient	20% after deductible; unlimited days if medically necessary	40% after deductible; unlimited days if medically necessary	10% after deductible per admission with referral; unlimited days if medically necessary

* Precertification needed for certain services

** Gender confirmation surgery coverage available under all plans

*** Visit maximums are a combination of in-network and out-of-network services

Aetna High Deductible Health Plan with HSA

Aetna High Deductible Health Plan with HSA*		
	In-Network	Out-of-Network
Deductible**	\$1,500 individual/\$3,000 family	\$1,500 individual/\$3,000 family
HSA Seed	\$1,000 employee/\$2,000 family	
Out-of-Pocket Maximum**		
Copay	N/A	N/A
Coinsurance and deductible	\$3,000 individual/\$6,000 family	\$3,000 individual/\$6,000 family
Maximum Lifetime Benefit***	Unlimited	Unlimited
Doctor's Office Visits		
Primary care	10% after deductible	40% after deductible
Specialist	10% after deductible	40% after deductible
Urgent Care Center/Retail Clinic	10% after deductible	40% after deductible
Preventive Screenings		
Routine physicals	\$0 copay	40% after deductible
Routine eye exams	\$0 copay	40% after deductible
Routine hearing screenings	\$0 copay	40% after deductible
Pediatric immunizations	\$0 copay	40% after deductible
Annual GYN exam/Pap smear	\$0 copay	40% after deductible
Mammography	\$0 copay	40% after deductible
Pregnancy Services		
First OB prenatal visit and prenatal care	\$0 copay	40% after deductible
Delivery and hospital inpatient services	10% after deductible	40% after deductible
Laboratory/pathology	10% after deductible	40% after deductible
X-rays/radiology	10% after deductible	40% after deductible
Fertility Services		
In vitro fertilization (\$30,000 lifetime max at HUP only)	10% after deductible	N/A

Key Medical Plan Features

Aetna High Deductible Health Plan with HSA* (continued)		
	In-Network	Out-of-Network
Outpatient Services		
Surgery	10% after deductible	40% after deductible
Laboratory/pathology	10% after deductible	40% after deductible
X-rays/radiology	10% after deductible	40% after deductible
Hospitalization (semi-private room, board, surgery**** and anesthesia, specialists' care and diagnostic testing)	10% after deductible	40% after deductible
Emergency Room	10% after deductible	10% after deductible
Ambulance	10% after deductible	40% after deductible
Therapy Services† (physical, speech and occupational; 60 visits per year)	10% after deductible	40% after deductible
Spinal Manipulation† (60 visits per year)	10% after deductible	40% after deductible
Home Health Care†	10% after deductible	40% after deductible
Durable Medical Equipment	10% after deductible	40% after deductible
Hearing Aids (subject to prior authorization)	10% after deductible	10% after deductible
Behavioral Health and Substance Abuse		
Providers	Aetna Network	Out-of-Network
Outpatient	10% after deductible	40% after deductible
Inpatient	10% after deductible	40% after deductible

* Precertification needed for certain services

** Covers medical, behavioral health/substance abuse and prescription drug services

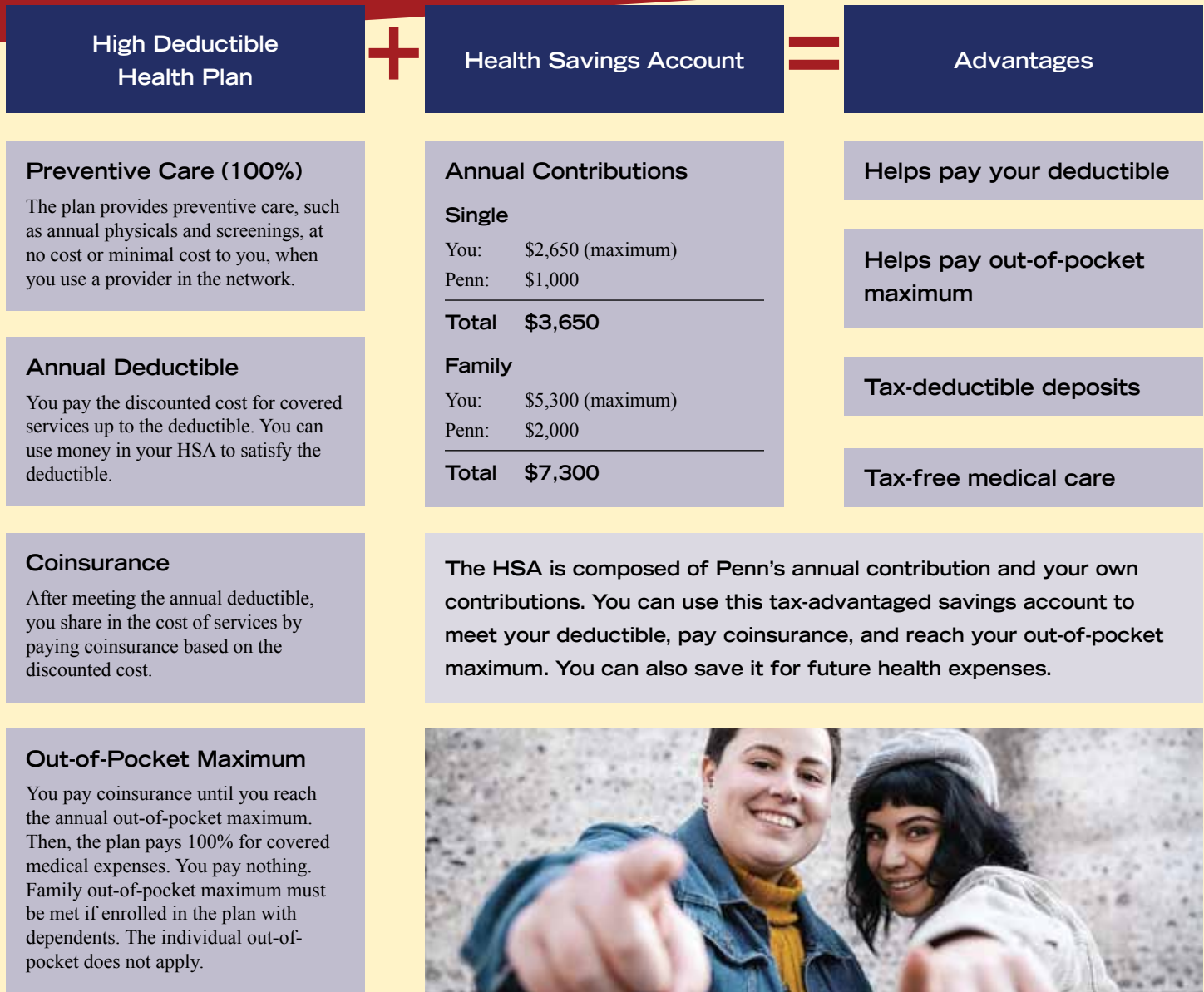
*** Covers medical and behavioral health/substance abuse services

**** Gender confirmation surgery coverage available under all plans

† Visit maximums are a combination of in-network and out-of-network services

High Deductible Health Plan with HSA

Here's how the HDHP and the HSA work together to help protect you from big medical bills and meet your healthcare-related expenses.



When you enroll in the High Deductible Health Plan (HDHP), you may establish a Health Savings Account (HSA).

The HSA is a pre-tax savings account you can use now to pay for eligible healthcare expenses for you and your eligible dependents, as well as save to pay for future healthcare expenses.

The Health Savings Account Feature

The HSA provides a triple tax advantage: money goes in tax-free, grows tax-free and is tax-free when used to pay for eligible medical expenses. At the end of the plan year, unused money in your HSA rolls over to the next year. Once your balance reaches \$500, you can invest your account in a selection of investment funds through HealthEquity. You can also take the money in the HSA if you leave Penn or retire. Once money is in the account, it's yours to keep or use toward eligible medical plan expenses.

The Health Savings Account is administered through WageWorks with HealthEquity as the custodial bank. Please be sure to accept the HealthEquity terms and conditions if you are enrolling for the first time.

Failure to do so will result in WageWorks being unable to open an account on your behalf with HealthEquity and delay the receipt of your employer contribution.

For 2022 the maximum amount you can contribute to an HSA is \$2,650 for single coverage and \$5,300 for family coverage. Penn will contribute \$1,000 for single coverage or \$2,000 for family coverage to your HSA.

- If you are age 55 or older, you can contribute an additional \$1,000 per year.
- Penn's contribution amount and any post-tax contributions must be counted toward the HSA limits.
- If you reach the pre-tax maximum in any year, you must stay in the Aetna HDHP for the following plan year. If you fail to do this, you'll be subject to IRS tax penalties.
- Money must be in an HSA account to receive reimbursement.
- Anyone may make post-tax contributions to your account.

Note: Expenses for dependents not claimed on your tax return are ineligible for reimbursement under the HSA.

If you enroll in the Aetna HDHP with HSA plan, you will be enrolled in a Health Savings Account. IRS regulations do not permit you to be enrolled in a Health Savings Account (HSA) and a Health Care Flexible Spending Account (FSA) at the same time. If you select the Aetna HDHP and you're currently enrolled in the Health Care Flexible Spending Account (FSA), you must exhaust your FSA dollars before your HSA account can be opened.

Important HSA Rules

- You may not be enrolled in any other health coverage plan, including Medicare or union plans (i.e., no secondary coverage under a spouse).
- You cannot participate in the Health Care Flexible Spending Account if you elect the Aetna HDHP with HSA. Also, your spouse cannot have a health care pre-tax spending account.
- There is no individual deductible or out-of-pocket maximum when enrolled in the plan with dependents. The family deductible must be met first before the plan begins to pay at 90%. Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the plan year.

Prescription Drug Coverage

The Prescription Drug Plan is administered by CVS/caremark for all medical plans. Maintenance medication and 90-day retail pick up options are available at CVS pharmacies. You may use CVS/caremark Mail Service to receive maintenance medications at your address of choice. Please note: the plan structure for prescription coverage depends on which medical plan you select.

PennCare/Personal Choice, Aetna and Keystone/AmeriHealth plans

For these three plans, the amount you pay for prescription drugs depends on how you use your coverage and the type of prescription you fill (generic, brand name with or without a generic equivalent, or a maintenance medication).

- When you purchase a prescription at a retail pharmacy, you'll pay less if you use a participating in-network pharmacy.
- If you're able to take a generic drug, you'll save money—not only will you pay a lower coinsurance amount, but that lower coinsurance is a percentage of a lower base price for the drug.
- You can use the CVS/caremark Mail Service for long-term maintenance medications. The mail order program offers several advantages including home delivery, three-month supplies, and lower minimum and maximum coinsurance amounts.

Aetna High Deductible Health Plan with HSA

When you enroll in the Aetna High Deductible Health Plan (HDHP), the amount you pay for prescription drugs varies only based on whether your prescription is a preventive generic drug or some other drug type. When you take generic preventive drugs, you're not subject to the deductible; for all other drugs, you must reach your deductible before the plan begins to pay benefits.



Prescription Drug Coverage, continued

PennCare/Personal Choice, Aetna, and Keystone/AmeriHealth plans				
	Generics	Brand Names with No Generic Equivalent	Brand Names with Generic Equivalent*	Specialty***
Coinsurance; Minimum and Maximum Payment				
Non-Maintenance				
30-day supply (any network retail pharmacy)	10%; \$20 max	30%; \$100 max	10%+; \$15 min/ \$100 max*	N/A
Maintenance				
30-day supply (any network retail pharmacy, up to 3 fills)**	10%; \$20 max	30%; \$100 max	10%+; \$15 min/ \$100 max*	30%; \$15 min/ \$100 max
30-day supply (any network retail pharmacy, after 3 fills)**	20%; \$40 max	60%; \$150 max	20%+; \$30 min/ \$200 max*	N/A
90-day supply (CVS pharmacies or CVS Mail Service)	10%; \$40 max	20%; \$100 max	10%+; \$30 min/ \$200 max*	30%; \$20 min/ \$100 max
Annual Out-of-Pocket Maximum	\$2,000 individual/\$6,000 family*			

Aetna High Deductible Health Plan (HDHP) with HSA	
Annual Deductible†	\$1,500 individual/\$3,000 family
Annual Out-of-Pocket Maximum†	\$3,000 individual/\$6,000 family
Preventive Generic Drugs (any retail or mail order, maintenance or non-maintenance)	10%, no deductible
Preventive Brand Name Drugs (with or without generic equivalent, any retail or mail order, maintenance or non-maintenance)	10% after deductible
Non-Preventive Drugs (generic or brand, with or without generic equivalent, any retail or mail order, maintenance or non-maintenance)	10% after deductible

* For brand names with a generic equivalent, you pay a percentage of the brand name cost PLUS the cost difference between brand name and generic. The cost difference between brand name and generic does not count toward the minimums and maximums.

** After three 30-day fills, you will pay double the normal coinsurance amount, as well as double the minimum and maximum coinsurance payments. You can save money by ordering 90-day supplies through the CVS/caremark Mail Service program or at CVS pharmacies.

*** Specialty drugs can be dispensed at CVS Pharmacies, CVS Specialty Mail Service, pharmacies at the Hospital of University of Pennsylvania, Penn Presbyterian Medical Center, Pennsylvania Hospital and Penn Medicine Radnor.

† Amounts you pay toward medical and behavioral health/substance abuse services also count toward the deductible and out-of-pocket maximum. After the out-of-pocket maximum is reached, all covered prescription drugs are paid at 100%.



Penn Supports Your Well-being

The University fosters a culture that supports both physical health and mental health. For more information, visit www.hr.upenn.edu/wellness-worklife.

Penn Healthy You

The Penn Healthy You program offers benefits-eligible faculty and staff a variety of resources to support your overall well-being, including the *Be in the Know* campaign and Virgin Pulse wellness platform.

Be in the Know

Be in the Know, Penn's annual wellness campaign, runs from July 1 through June 30. Each year is a fresh opportunity to engage in your health and well-being, while earning a variety of rewards. You can earn up to \$300 by completing qualifying healthy activities at home, at work, and online with Virgin Pulse.

For complete *Be in the Know* campaign details, visit www.hr.upenn.edu/beintheknow.

Wellness Events and Activities

Penn provides a variety of opportunities to support your overall well-being. You can join fitness classes, financial wellness seminars, resilience workshops, nutrition coaching and cooking demos, yoga and more.

Discover upcoming events and programs at www.hr.upenn.edu/registration.

Virgin Pulse Wellness Platform

The Virgin Pulse wellness platform offers an exciting array of programs and resources to optimize your well-being and *Be in the Know* experience.

Build healthy habits and stay connected with your colleagues. Virgin Pulse offers rewards, including gift cards, wellness items, and charitable donations.

Get started at <https://join.virginpulse.com/penn>, plus download the Virgin Pulse mobile app for wellness resources on the go.

MindWell at Penn

Taking care of your mental health is as essential as maintaining your physical health. For an overview of Penn services that foster emotional well-being and mental health awareness, visit www.hr.upenn.edu/mindwellatpenn.

Employee Assistance Program

All Penn benefits-eligible faculty and staff have 24/7 access to trained clinicians via the Employee Assistance Program (EAP). EAP intake and in-network counseling is free for you and your immediate family members.

The EAP offers an array of confidential counseling services to help you manage emotional and mental health challenges, including in-person, telehealth, and text support.

- Call **1-866-799-2329** for consultation and appointment scheduling
- Email eapinfo@healthadvocate.com
- Visit www.hr.upenn.edu/eap

You, your spouse, dependent children, and your parents and parents-in-law, can all take advantage of this service. Each family member is eligible to receive up to eight free counseling sessions per distinct problem, per fiscal year depending upon medical needs.

If your clinical needs require treatment beyond the short-term scope of EAP, you may be referred to a care provider in your health plan network.

Visit www.hr.upenn.edu/eap for details.

Behavioral Health Coverage

Behavioral health benefits include the categories of mental health and substance abuse benefits. The behavioral health benefits included in each plan allow you to maximize your mental health and substance abuse benefits by utilizing in-network providers such as psychiatrists, psychologists, psychiatric nurses or social workers, therapists, or other clinicians.

Behavioral health benefits are integrated into each of the medical plans; however, they do not use the same networks. Benefits allow for a range of treatment options, from individual and family counseling to

substance abuse programs and inpatient treatment facilities.

Coverage for autism diagnosis and treatment is provided for all members enrolled in one of the University of Pennsylvania, Independence Blue Cross or Aetna plans. Benefits are based on medical necessity and are reviewed for the appropriateness of the treatment plan, which may vary due to the age of the patient.

To find the behavioral health network for your Penn plan, log into Workday@Penn at www.workday.upenn.edu, select *Benefits*, then *Benefit Elections*.

Plan > Network	Benefit	In-Network Coverage	Out-of-Network Coverage
PennCare PPO > Quest Network Call 1-800-364-6352 or visit www.questbh.com to find a network provider or facility or for authorization.	Inpatient Care* including Substance Abuse and Detoxification	In-Network: \$150 (indv) or \$450 (family) deductible, then 10% after deductible, up to out-of-pocket max	Out-of-Network/Out of Area: Inpatient—40% after deductible
	Outpatient Care	\$20 copay per session for Penn providers; \$25 copay per session for Quest Regional	Outpatient—40% after deductible, deductible waived for routine therapy
	Substance Abuse Outpatient Care	\$20 copay; unlimited visits	Unlimited inpatient and outpatient visits if medically necessary
Aetna POS II > Aetna Network Call 1-800-424-4047 to find a network provider or facility or for authorization.	Inpatient Care* and Detoxification	\$300 (indv) or \$900 (family) deductible, then 10% after deductible, up to out-of-pocket max	Out-of-Network/Out of Area: Inpatient—40% after deductible
	Substance Abuse Inpatient Care	\$300 (indv) or \$900 (family) deductible, then 20% after deductible, up to out-of-pocket max	Outpatient—40% after deductible, deductible waived for routine therapy
	Outpatient Care	\$30 copay for Aetna Behavioral Health Network Providers	Unlimited inpatient and outpatient visits if medically necessary
	Substance Abuse Outpatient Care	\$30 copay; unlimited visits	
Keystone HMO > Magellan Call 1-800-688-1911 to find a network provider or facility or for authorization.	Inpatient Care*	\$100 (indv) or \$200 (family) deductible, then 10% after deductible, up to out-of-pocket max	No Out-of-Network Coverage
	Substance Abuse Inpatient Care	\$100 (indv) or \$200 (family) deductible, then 20% after deductible, up to out-of-pocket max	
	Outpatient Care including Substance Abuse	\$25 copay; unlimited visits	
	Detoxification	\$100 (indv) or \$200 (family) deductible, then 10% after deductible, up to out-of-pocket max	
Aetna HDHP > Aetna Network Call 1-800-424-4047 to find a network provider or facility or for authorization.	Inpatient Care* including Substance Abuse and Detoxification	\$1,500 (indv) or \$3,000 (family) deductible, then 10% after deductible, up to out-of-pocket max	Out-of-Network/Out of Area: 40% of charges after deductible
	Outpatient Care including Substance Abuse	10% after deductible	

*Excludes Residential Treatment Facilities with the exception of certain diagnosis with prior authorization.

Dental Coverage

Penn Family Plan

The Penn Family Plan provides coverage when you receive treatment from dentists and specialists who have appointments at Penn Dental Family Practice locations: Penn Dental Locust Walk and Penn Dental University City. There is no out-of-network coverage under this plan. All care must be performed at Penn Dental Family Practice offices in Philadelphia.

MetLife Preferred Dentist Program (PDP)

The MetLife dental plan provides coverage when you receive treatment from any dentist or specialist you choose. Use MetLife preferred providers to pay less in out-of-pocket expenses because preferred providers accept the plan's negotiated fees as payment in full.

Penn Family and MetLife dental plan coverage details are available at www.hr.upenn.edu/dental-and-vision.

	Penn Family Plan	MetLife PDP**	
		Preferred Provider	Non-Preferred Provider
Deductible	None	\$50 individual	\$50 individual
Diagnostic Care (e.g., exams, x-rays)*	100%	100%	100%
Preventive Care (e.g., cleanings)	100%	100%	100%
Restorative Care (e.g., fillings)	100%***	90% after deductible	90% of R&C** after deductible
Oral Surgery (extractions)	100%	\$0 copay after deductible	\$0 copay of R&C** after deductible
Endodontics (e.g., root canal therapy)	80%	80% after deductible	20% of R&C** after deductible
Periodontics (treatment of gums)	80%	80% after deductible	20% of R&C** after deductible
Prosthetics**** (e.g., bridges, dentures)	60%	50% after deductible	50% of R&C** after deductible
Crowns and Restorations****	60%	50% after deductible	50% of R&C** after deductible
Implants****	50%****	50% after deductible	50% of R&C** after deductible
Orthodontics†	60% (\$2,000 individual lifetime max per child/adult)	50% (\$1,500 lifetime max per adult/child) after deductible	50% of R&C** (\$1,500 lifetime max per adult/child) after deductible
Cosmetics (e.g., veneers, microabrasion and bonding. Bleaching is excluded.)	50%	Not covered	Not covered
Plan Year Maximum (what the plan pays)	\$3,000 per individual	\$2,000 per individual	\$2,000 per individual

* Please reference the plan document for limitations and exclusions. Note that if you receive dental treatment anywhere other than a Penn Family Plan office, no benefits will be paid unless due to an emergency that occurs outside of the Philadelphia area (outside a 100-mile radius of a Penn Family Plan office). Reimbursement will be at the Penn Family Plan coverage level, based on Penn Family Plan network fees.

** Benefits at a MetLife PDP provider are based on the fee negotiated by MetLife with the provider. Your responsibility is limited to the coinsurance amounts. Non-preferred provider benefits are based on the Plan's reasonable and customary fees (R&C). Non-preferred dentists are not required to accept the plan's R&C as payment in full, so you may pay not only your coinsurance amount but also the difference between R&C and the dentist's actual charges.

*** \$35-\$55 copay applied to tooth-colored fillings on posterior teeth.

**** Coverage for a restoration (bridge, crown, removable denture or implant) of a tooth or teeth missing or extracted prior to enrollment in the Penn Family Plan or MetLife Plan is subject to the approval of the Clinical Director and may be denied.

† Any amounts applied to the lifetime maximums for orthodontics apply toward the annual benefit maximums as well.

Health Advocate Services

Healthcare is complex and can be confusing. Health Advocate is here to help. Whether you need to find an in-network doctor, elder care services, or guidance with medical bills, Health Advocate has the right experts to handle almost any kind of healthcare and insurance-related issue.

Penn offers this service at no cost to you. It's completely confidential, and you can use it as many times as needed.

Highly trained Personal Health Advocates, typically registered nurses supported by benefits and claims specialists, will handle your issue. These experts do the legwork, make the calls, handle the paperwork and follow up with you every step of the way — all to save you time, money and worry.

How It Works

Call the toll-free number at **1-866-799-2329** or email Health Advocate at **answers@HealthAdvocate.com**.

Your assigned Personal Health Advocate will provide prompt support.

Who Is Covered

Health Advocate is available to eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Use the Health Advocate mobile app to get a Personal Health Advocate in the palm of your hand! Instantly see, learn, and interact with your Health Advocate programs, no matter where you are.

The Health Advocate app provides you with 24/7 live support from a Personal Health Advocate. You can also conveniently upload relevant documents, and access trusted information on any health topic, and much more.

Your Personal Health Advocate can:

- Answer questions about a medical condition, from simple to complex
- Research the latest treatment options
- Find the right in-network doctors and make appointments
- Coordinate second opinions and transfer medical records
- Resolve medical insurance claims and billing issues

To register for Health Advocate visit **HealthAdvocate.com/upenn**, then select *Register Now*.

Vision Coverage

You may choose between two vision providers: Davis Vision and VSP. All plans provide coverage when you obtain vision care from the provider of your choice. Use in-network providers to receive higher coverage and pay less out-of-pocket. Most services are covered once every fiscal year (July 1 through June 30), although you may receive discounts for additional services provided by preferred providers. The VSP plans offer two levels of coverage, a slightly higher level of benefit, and a broader network of providers; but they have a slightly higher payroll deduction. Coverage details are available online at www.hr.upenn.edu/dental-and-vision.

	VSP Vision Plans		
	VSP Vision Plan	VSP Choice Plan	Out-of-Network
Eye Exam and Refraction	\$10 copay	\$10 copay	Up to \$45 reimbursement
Frames	Up to \$150 retail allowance plus 20% off amount exceeding allowance (\$80 allowance at Costco)	Up to \$150 retail allowance plus 20% off amount exceeding allowance (\$80 allowance at Costco)	Up to \$70 reimbursement
Standard Lenses (covered once every fiscal year)			
Single	\$20 copay	\$20 copay	Up to \$30 reimbursement
Lined Bifocal			Up to \$50 reimbursement
Lined Trifocal			Up to \$65 reimbursement
Lined Aphakic/Lenticular			Up to \$100 reimbursement
Polycarbonate lenses for children up to age 19	Covered in full	Covered in full	No additional reimbursement
Contact Lenses (evaluation and fitting covered once every fiscal year; contact lenses covered once every fiscal year in lieu of glasses)			
Evaluation, Fitting and Lenses			
Daily Wear	\$20 copay for evaluation and fitting; up to \$150 allowance for contact lenses	\$20 copay for evaluation and fitting; up to \$150 allowance for contact lenses	Up to \$105 reimbursement (fitting, evaluation and contact lenses)
Extended Wear			
Disposable			
VSP EASYOPTIONS (Members can choose one of the following upgrades every fiscal year)			
An additional \$100 Frame allowance or Fully covered premium or custom progressive lenses or Fully covered anti-glare coating or An additional \$100 contact lens allowance	Not Covered	Covered in Full	Not Covered
Additional Discounts (available only at the point of purchase)			
Lens Options (e.g., anti-reflective coatings and progressive lenses)	Average savings of 20-25%	Average savings of 20-25%	Not covered
Additional Eyewear	20% discount; Costco pricing applies	20% discount; Costco pricing applies	Not covered
Laser Vision Correction	For discounts, call VSP at 1-800- 877-7195	For discounts, call VSP at 1-800- 877-7195	Not Covered
Routine Retinal Screening	No more than a \$39 copay	No More than a \$39 copay	Not covered

Vision Coverage, continued

	Davis Vision Plan		
	Scheie Eye Providers	Davis Vision Providers	Out-of-Network Providers
Glasses (covered once every fiscal year)			
Eye Exam and Refraction	\$0 copay	\$10 copay	Up to \$32 reimbursement
Frames	Up to \$100 retail allowance or select from designer frame collection	Up to \$65 retail allowance or select from designer frame collection	Up to \$30 reimbursement
Standard Lenses			
Single	\$0 copay	\$0 copay	Up to \$30 reimbursement
Bifocal	\$0 copay	\$0 copay	Up to \$36 reimbursement
Trifocal	\$0 copay	\$0 copay	Up to \$50 reimbursement
Aphakic/Lenticular	\$0 copay	\$0 copay	Up to \$72 reimbursement
Polycarbonate Lenses			
Single	\$0 copay if under age 19; discounted prices if age 19 and over	\$0 copay if under age 19; discounted prices if age 19 and over	Up to \$30 reimbursement
Bifocal			Up to \$36 reimbursement
Trifocal			Up to \$50 reimbursement
Progressive Lenses	Discounted prices	Discounted prices	Up to \$36 reimbursement
Contact Lenses (evaluation and fitting covered once every fiscal year; contact lenses covered once every fiscal year in lieu of glasses)			
Evaluation and Fitting			
Daily Wear	\$0 copay	\$0 copay	Up to \$20 reimbursement
Extended Wear	\$0 copay	\$0 copay	Up to \$30 reimbursement
Disposable	\$0 copay	\$0 copay	Up to \$75 reimbursement
Standard Contact Lenses			
Disposable	Up to \$80 allowance	Up to \$75 allowance	Up to \$75 reimbursement
Specialty Contact Lenses	Up to \$110 allowance	Up to \$75 allowance	Up to \$60 reimbursement
Additional Discounts (available only at the point of purchase)			
Lens Options (e.g., tints)	Discounted prices (\$0 copay for tints)	Discounted prices (\$0 copay for tints)	Not covered
Additional Eyewear	Discounted prices	Discounted prices*	Not covered
Laser Vision Correction**	For discounts, call Scheie Eye at 1-800-789-PENN (7366)	For discounts, call Davis Vision at 1-888-393-2583	Not covered

* Members selecting non-covered materials (e.g., second pair of eyeglasses, sunglasses, etc.) will receive up to a 20% courtesy discount and up to a 10% discount on disposable contacts at most participating providers.

** Laser Vision Correction is NOT a covered benefit under this vision plan. However, you are afforded discounts as noted based on whether you use a Scheie provider or a Davis provider.

Flexible Spending Accounts

Penn offers two types of Flexible Spending Accounts (FSA): a Health Care FSA and a Dependent Care FSA. These plans are administered by WageWorks/HealthEquity. They provide you with a way to pay for certain out-of-pocket expenses with pre-tax dollars. They're designed to save you taxes when you pay for certain eligible expenses that are not covered by other benefit plans. For more information see www.wageworks.com.

When you participate, your contribution is deducted from your paycheck before federal taxes are taken, and your contributions are put into an account on your behalf. Then, when you incur eligible expenses, you submit a claim form or use the FSA debit card to be reimbursed from your account. You may make contributions to a:

- Health Care Flexible Spending Account—For health care expenses (incurred by you and your eligible tax dependents) that are not eligible to be paid by insurance (e.g., copays, coinsurance).
- Dependent Care Flexible Spending Account—For dependent care (daycare, elder care) expenses that allow you to work, but not for dependent healthcare expenses.

FSA rollover funds are always made available in November of the new plan year.

How the Health Care FSA Works

The maximum amount you can contribute to the Health Care FSA is \$2,850.

You are able to roll over up to \$570 of unused money in your Health Care FSA to the following plan year. You will forfeit any remaining balance over \$570.

You have until June 30 (the end of the plan year) to incur expenses, but you have until September 30 to submit eligible claims for services you received before June 30.

For example, if you enroll in a Health Care FSA during the 2022- 2023 plan year, you'll have until June 30, 2023 to incur expenses and until September 30, 2023 to submit eligible expenses for reimbursement.

If you have any money remaining in your account at that time, up to \$570 rolls over to the following plan year's account. You can claim eligible expenses up to your annual election amount even if you haven't yet contributed the full amount of the expenses to your account.

Expenses paid through an FSA cannot also be claimed as a tax deduction on your federal income tax return.



Flexible Spending Accounts, continued

Health Care FSA Debit Card

This convenient card gives you immediate access to your Health Care FSA funds. You can use it to pay for eligible healthcare expenses without having to submit a claim for reimbursement.

Just like your bank account debit card, the Health Care FSA debit card will automatically debit your FSA account. That means you don't have to pay for expenses with out-of-pocket money, and there's no need to file a paper claim. However, it's important to save your receipts since they contain details about the expenses which you may need to provide to the plan administrator. Some purchases and healthcare services require substantiation.



How the Dependent Care FSA Works

The maximum amount you can contribute to the Dependent Care FSA depends on certain factors:

- \$5,000 if you're single and file your taxes as head of household or if you're married and file a joint tax return
- \$2,500 if you're married and file separate tax returns
- \$2,500 if you're a highly compensated employee (salary of \$135,000 or more)

You must use all available funds by the end of the plan year deadline or you will forfeit any remaining balance.

You have until September 15 of the following plan year to incur expenses, and until September 30 of the following plan year to submit eligible claims.

For example, if you enroll in a Dependent Care FSA during the 2022-2023 plan year, you'll have until September 15, 2023 to incur expenses and until September 30, 2023 to submit eligible expenses for reimbursement.

Expenses paid through an FSA cannot also be claimed as a tax deduction on your federal income tax return.

Administration

If you have a Flexible Spending Account, you can access your account details securely online at www.hr.upenn.edu/flexible-spending-accounts.

WageWorks/HealthEquity administers the Flexible Spending Accounts. WageWorks/HealthEquity is also responsible for processing claims, issuing checks to plan participants, and answering questions regarding the benefit.

Life Insurance

You are eligible for life insurance through Penn's carrier, MetLife. You will be required to provide your life insurance beneficiary information via the Workday@ Penn portal at www.workday.upenn.edu. For more information about any of the insurance offerings described below, please visit <https://www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/life-insurance>.

Note: Your benefits base salary for life insurance purposes is calculated and frozen in March of each year. This amount will not change even if your salary changes during the course of the plan year.

Basic Life Insurance

Penn provides you with Basic Life Insurance of $1 \times$ your benefits base salary (maximum of \$300,000) at no cost to you. Coverage above \$50,000 is subject to imputed income tax. You can choose to reduce the amount of coverage to avoid the tax. You may increase this basic insurance amount by electing supplemental coverage.

Accidental Death and Dismemberment Insurance

You will automatically receive Accidental Death and Dismemberment Insurance at no cost to you. This feature pays benefits of up to two times your benefits base salary (up to \$125,000) if you die or have other losses directly caused by an accident (some exclusions apply).

Supplemental Life Insurance

You can purchase Supplemental Life Insurance up to $5 \times$ your salary. Your Basic and Supplemental coverage combined cannot exceed \$1,300,000. If your Supplemental coverage exceeds \$750,000, you must provide Evidence of Insurability (EOI) to the insurance

company. You may choose to limit your Supplemental coverage to \$750,000 so you don't have to submit EOI.

Please choose your coverage amount carefully because after your initial selection you may only increase during Open Enrollment by up to $1 \times$ your benefits base salary. Life insurance amounts are based on benefits base as of March 1, 2022.

Dependent Life Insurance

You may purchase life insurance for your eligible dependents in the amount of \$20,000 of coverage for your spouse, and/or \$10,000 of coverage for each eligible dependent child under the age of 26.

Review Your Life Insurance Beneficiary

Keep your life insurance beneficiary information up to date. You may review and update your life insurance beneficiary as often as you like using Workday@Penn.

You can choose as many beneficiaries as you like, whether a spouse, child, other family members, or friends. You can even choose an entity like a charity, trust, or your estate as your life insurance beneficiary. Please make sure we have the most current address on file for your beneficiaries.

Note: This beneficiary designation applies only to your life insurance plan.

Additional Information

You can find the following legal notices on our website at www.hr.upenn.edu/policies-and-procedures/forms/benefits-forms:

- Women's Health and Cancer Rights Act of 1998
- Newborns' and Mothers' Health Protection Act
- Premium Assistance Through Medicaid and Children's Health Insurance Program (CHIP)
- Update to HIPAA Special Enrollment
- Notice of Privacy Practices
- Summary of Benefits Coverage
- Penn's Health Coverage for Health Insurance Marketplaces

If you would like a printed copy of any of these notices, please contact us at benefits@hr.upenn.edu or **215-898-3539**.

University of Pennsylvania Non-Discrimination Statement

The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, creed, national or ethnic origin, citizenship status, age, disability, veteran status or any other legally protected class status in the administration of its admissions, financial aid, educational or athletic programs, or other University administered programs or in its employment practices.

Questions or complaints regarding this policy should be directed to the Executive Director of the Office of Affirmative Action and Equal Opportunity Programs, 3451 Walnut Street, Franklin Building, Room 421, Philadelphia, PA 19104; or **215-898-6993** (Voice) or **215-898-7803** (TDD).

Plan Governance

The selected benefit highlights in this guide are based on Plan documents that govern the operation of the Plans. If there is any conflict between the information presented here and the information in the Plan documents, the Plan documents always govern and are the controlling legal documents. Benefits descriptions are not terms of employment, nor are they intended to establish a contract between the University and its faculty and staff. Plan documents are available for inspection in the Benefits Office. Copies are available for a small copy fee. The University reserves the right to change, amend, or terminate any of its Benefit Plans for any reason at any time.

Statement on Collective Bargaining Agreements

The provisions of applicable collective bargaining agreements govern the health and welfare benefits of employees in collective bargaining units.



Definitions

Coinsurance: After you meet the deductible, your health plan pays a specified percentage of the charges for covered services. You pay the remaining charges, called coinsurance.

Copayment/Copay: A flat per-service charge that you pay for services such as doctor visits or prescriptions.

Deductible: The dollar amount you must pay each year before your medical and/or dental plan begins to pay benefits for certain covered expenses. The amount of the deductible depends upon the plan you select. Each covered individual will not be charged more than the individual deductible. If multiple dependents are covered, the aggregate total of the deductibles charged for all covered members will not exceed the family deductible.

Health Maintenance Organization (HMO): A network of health care providers offering relatively low out-of-pocket costs. HMOs generally operate in particular geographic regions and require a Primary Care Physician to coordinate care.

Health Savings Account (HSA): Available only to those enrolled in the High Deductible Health Plan (HDHP), HSAs provide a pre-tax way to save for future medical expenses, including those that will occur in retirement. There is no “use it or lose it” rule with the HSA—your unused funds roll over from year to year, until you are ready to use them.

High Deductible Health Plan (HDHP): HDHPs offer lower premiums but require you to pay for the full cost of care until you meet an annual deductible. If you're in the HDHP, you can use a Health Savings Account (HSA) to pay for your medical expenses with pre-tax paycheck deductions.

Imputed Income Tax: Imputed income refers to the value the government attaches to life insurance coverage in excess of \$50,000 when paid by your employer. This value is determined by age-related rates established by the Internal Revenue Service. Generally, the imputed income tax that you pay is not a significant amount, but it does increase as age and salary increase.

Out-of-Pocket Maximum: The most you have to pay out of your own pocket during the benefit year in copays and coinsurances after you meet your deductible, as long as your providers accept your plan's usual, customary, and reasonable fees (UCR). Once you reach the out-of-pocket maximum, the plan pays 100% of UCR.

Out-of-pocket maximums stated by plans are based on your use of providers who accept the plan's UCR. Each covered individual will not pay more than the individual out-of-pocket maximum. If multiple dependents are covered, the aggregate total of the out-of-pocket costs paid by all covered members will not exceed the family maximum.

Preventive Care: Routine screenings to detect or prevent possible medical conditions. This includes, but is not limited to, flu shots, mammograms, and cholesterol testing.

Primary Care Physician (PCP): In an HMO, your PCP is the doctor who provides your routine care and referrals to specialists.

UCR or R&C: UCR or R&C refers to the usual, customary, and reasonable fees that providers, health care facilities or other health care professionals in the same geographical area charge for similar services. Plans that pay 100% of UCR or R&C pay 100% of the usual, customary, and reasonable fees for that service. If providers have an affiliation with the plan, they are obligated to accept the plan's UCR or R&C as payment in full. However, if providers are not affiliated with the plan, they are not obligated to accept the UCR or R&C, and you may have to pay any charges in excess of the payment made by the plan.

Referral: Authorization from a provider (typically a Primary Care Physician in an HMO) for the insured person to consult a medical specialist.

Reimbursements: Medical plans offered do NOT guarantee that all covered services will be available through preferred or in-network providers. If a preferred or in-network provider is not available, the service will be processed as an out-of-network expense. Be aware that in-network providers might refer you to providers who are outside the network. When you use an out-of-network provider, services will be processed accordingly (non-preferred or self-referred). You should always verify that the provider is in-network by calling the number on the back of your ID card.

Health & Welfare Benefits Contact Information



Plan and Administrator	Group/ Policy#	Contact Information	Other Information
Health Care-Related Issues			
Health Advocate	N/A	1-866-799-2329 HealthAdvocate.com/upenn	Call for general healthcare questions (e.g., billing concerns, covered services, locating treatment facilities)
Medical			
PennCare/Personal Choice PPO	10041473	1-800-ASK-BLUE (1-800-275-2583) www.ibx.com or http://pennhealth.com/penncareppo/index.html	For inpatient admission (except for maternity or emergency admissions), Precertification is required. Call 215-241-2990 or 1-800-275-2573.
Aetna Choice POS II	811778	1-888-302-8742 or 859-455-8650 (fax) www.aetna.com	For an emergency out of area, go to the nearest hospital. Hospital must call 1-888-632-3862.
Keystone/AmeriHealth HMO	10049781	1-800-ASK-BLUE (1-800-275-2583) www.ibx.com	Call both Primary Care Physician (PCP) and HMO within 48 hours of emergency care. For an emergency out of area, go to the nearest hospital. Hospital must call 1-800-ASK-BLUE (1-800-275-2583). Sick care out of area: 1-800-810-BLUE.
Aetna High Deductible Health Plan with Health Savings Account	811778	1-888-302-8742 859-455-8650 (fax) www.aetna.com	For an emergency out of area, go to the nearest hospital.
Quest Behavioral Health	N/A	1-800-364-6352 www.questbh.com	Behavioral Health benefits for PennCare/ Personal Choice PPO plan
Prescription Drug			
CVS/caremark	RX1580	1-844-833-6390	RX Bin 004336 RX PCP: ADV
Dental			
Penn Family Plan	N/A	215-898-4615 (Locust Walk) 215-573-8400 (University City) www.mypenndentist.org	After hours, call any network office for instructions on how to reach the doctor on call. You can also call the emergency answering service at 215-952-8029. For emergency treatment outside a 100-mile radius of any office, use any dentist.
MetLife	300187	1-800-942-0854 www.metlife.com/dental	Contact your family dentist for emergencies.
Vision			
Davis Vision	10054917	1-800-ASK-BLUE (1-800-275-2583) 1-888-393-2583 (claims/benefits) www.ibx.com	IBC vision plan administered by Davis Vision.
VSP Plan	30031862	1-800-877-7195 www.vsp.com	
Pre-Tax Expense Accounts			
WageWorks FSA Services	N/A	www.wageworks.com 877-924-3967	
HealthEquity HSA Services	N/A	www.myhealthequity.com 844-341-6998	



www.hr.upenn.edu/benefitsenrollment