

University of Pennsylvania

Part-time and ACA Eligible Benefits Enrollment Guide 2019-2020



Penn

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This information applies to part-time and temporary employees who are found to be “full-time” employees solely for purposes of health benefits under the Affordable Care Act. Penn’s Plan offers “affordable” coverage to employees who are considered part-time. This offer does not mean you are a full-time employee for purposes of receiving other benefits under the University’s benefits program.



Learn More

You can learn more about your benefits and options from the following resources:

- Visit www.hr.upenn.edu/openenrollment to access plan summaries, benefit comparison charts, contribution charts, and online provider directories.
- Read the insert to this guide to find out how to enroll for the 2019-2020 plan year and to learn about important changes beginning July 1, 2019.
- For more specific plan questions, contact plan providers directly using the Contact Information for the Health and Welfare Plans listed on the back of this guide.
- Contact Human Resources at benefits@hr.upenn.edu.

Before You Enroll

Eligibility for Part-time Employees

You and your dependents are eligible for the benefits described in this enrollment guide. Eligibility for certain benefits may vary based on employment status.

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 on the Human Resources website at www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/health/eligibility-and-dependents.

Eligibility for Affordable Care Act Coverage

Under the ACA, individuals who (i) are reasonably expected at the start of employment to work an average of 30+ hours per week or (ii) during the 12-month measurement period beginning at the start of employment are determined to have averaged 30+ hours per week are defined as "full-time," and therefore eligible for medical and prescription coverage only.

If you are eligible for medical and prescription coverage under this special ACA rule and you elect this coverage, you will generally remain covered during the following one-year stability period even if your weekly hours decrease, so long as you remain employed by the University. Going forward, "full-time" status under this ACA rule will be determined each year and will apply for each future plan year/stability period (July 1 – June 30).

You have received this guide because you have been determined to be eligible for ACA medical coverage.

You and your dependents are eligible for medical and prescription benefits described under the ACA. If you elect to cover any dependents, 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 on the Human Resources website at www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/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.

Eligibility Period

Penn's plan year runs from July 1 – June 30. The elections you make during an enrollment period stay in effect for the balance of the plan year (or the next plan year in the case of election changes made during the annual open enrollment period) unless you experience a qualifying life event change. Qualifying events include the birth or adoption of a child, marriage, separation, divorce, death of a dependent, and change in your dependent's eligibility for benefits.

If you have an enrollment right relative to the health insurance marketplace, Penn's coverage can be dropped. If your hours drop below 30 hours per week, you may prospectively drop coverage (even if eligibility for coverage is unaffected by the reduction).

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 on to the online enrollment system.

Please note: you must make any changes within 30 days of the event or you must wait until the next Open Enrollment period. If you have any questions, please contact the Benefits Office at benefits@hr.upenn.edu.

Your Contributions

If you are ACA eligible, you will be billed directly for your benefit election through WageWorks. After you make your election, you will receive information on how to remit your monthly payment.

If you are part-time, your contributions for medical, dental, and vision are made with pre-tax dollars. You pay for optional 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, save and print your confirmation statement. Review this statement to make sure all of your information is correct. If any of your elections are listed incorrectly, contact the Benefits Office immediately at benefits@hr.upenn.edu.

If you elect to cover new dependents under Penn's plans, you will need to submit documentation proving that those dependents meet Penn's definition of eligibility. You will receive a personalized letter with instructions for submitting documentation.

For more information, visit www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/health/eligibility-and-dependents.

Medical Coverage



Administered by Aetna, Penn's Aetna POS II standard 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 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:** Use healthcare providers who are part of the Aetna POS II Standard network. Preventive care services are covered at 100%. Provider office visits are covered at 100% after copays. Most other services are covered at 70% after a deductible; you pay 30% of the covered charges.
- **Out-of-Network Providers:** Use health care providers who are not part of the Aetna POS II Standard network. Most services, including preventive care, are covered at 50% after a deductible; you pay 50% of the covered charges.

Most University of Pennsylvania Health System (UPHS) providers will be in-network and available for most of your health care 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. For more information, go to www.pennmedicine.org/providers.

Behavioral Health Benefits

Behavioral health benefits include the categories of mental health and substance abuse benefits. The Penn behavioral health benefits 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.

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 and dependents enrolled in the Aetna ACA plan.

Penn's Employee Assistance Program

The Employee Assistance Program (EAP) provides eligible faculty and staff and their families access to free, confidential, 24/7 counseling and referral services for personal and professional life issues from any location.

EAP services are available by phone, email, webchat, video, and through face-to-face sessions.

Call: 1-866-799-2329

Email: EAPinfo@healthadvocate.com

Visit: www.healthadvocate.com/upenn

The Health Advocate EAP counselors will connect you with the right experts at the right time: masters-level clinicians, work-life specialists, medical bill negotiators, and financial and legal professionals. In addition, Health Advocate offers multi-language capabilities.

Precertification Requirements – Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required – excluded amount applied separately to each type of expense is \$400 per occurrence.

* All covered expenses accumulate separately toward the preferred or non-preferred Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. Pharmacy expenses do not apply toward the medical Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount.

** Sexual reassignment surgery coverage available under all plans.

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

Aetna POS II Standard

| | In-Network | Out-of-Network |
|---|--------------------------------------|------------------------------------|
| Deductible | \$900 individual/\$1,800 family | \$2,000 individual/\$4,000 family |
| Payment Limit (Per Plan Year)* | \$4,600 individual/\$9,200 family | \$9,500 individual/\$19,000 family |
| All covered expenses accumulate toward the preferred or non-preferred Payment Limit. | | |
| Doctor's Office Visits | | |
| • Primary care | \$40 copay; deductible waived | 50% after deductible |
| • Specialist | \$50 copay; deductible waived | 50% after deductible |
| Retail Clinic | \$40 copay; deductible waived | \$50 after deductible |
| Urgent Care Center | \$50 copay; deductible waived | Same as in-network |
| Preventive Screenings | | |
| • Routine physicals | \$0 copay | 50% after deductible |
| • Routine eye exams | \$0 copay | 50% after deductible |
| • Routine hearing screenings | \$0 copay | 50% after deductible |
| • Pediatric immunizations | \$0 copay | 50% after deductible |
| • Annual GYN exam/Pap smear | \$0 copay | 50% after deductible |
| • Mammography | \$0 copay | 50% after deductible |
| Maternity | | |
| • First OB prenatal visit and prenatal care | \$0 copay | 50% after deductible |
| • Delivery and hospital inpatient services | 30% after deductible | 50% after deductible |
| • In vitro fertilization (at HUP only) | 30% after deductible | N/A |
| • Laboratory/pathology | \$40 copay; deductible waived | 50% after deductible |
| • X-rays/radiology | \$50 copay; deductible waived | 50% after deductible |
| • Complex imaging | \$200 copay; deductible waived | 50% after deductible |
| Outpatient Services | | |
| • Surgery | 30% after deductible | 50% after deductible |
| • Laboratory/pathology | \$40 copay; deductible waived | 50% after deductible |
| • X-rays/radiology | \$50 copay; deductible waived | 50% after deductible |
| • Complex radiology | \$200 copay; deductible waived | 50% after deductible |
| Hospitalization (semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing) | 30% after deductible | 50% after deductible |
| Emergency Room | \$300 copay; deductible waived | Same as in network care |
| Ambulance | 30% after deductible | Same as in network care |
| Therapy Services [†] (physical, speech and occupational; 60 visits per year) | \$50 copay; deductible waived | 50% after deductible |
| Spinal Manipulation [†] (60 visits per year) | \$50 copay; deductible waived | 50% after deductible |
| Home Health Care [†] (Limited to 240 visits per plan year) | 30% after deductible | 50% after deductible |
| Durable Medical Equipment | 30% after deductible | 50% after deductible |
| Behavioral Health and Substance Abuse | | |
| • Providers | Aetna Behavioral Health | Out-of-Network |
| • Outpatient | Administered by Aetna—1-800-424-4047 | |
| • Inpatient | Administered by Aetna—1-800-424-4047 | |

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.

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 POS II Standard Prescription Drug Coverage | | | | |
|--|------------------------------------|--|--------------------------------------|-------------------------|
| | 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* | | | |

* 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.



Dental Coverage (What The Plan Pays)

Penn Family Plan

The Penn Family Plan provides coverage when you receive treatment from dentists and specialists who have appointments at any Penn Family Plan location. Office locations and coverage details are available online at www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/health/medical-plan-options/dental-and-vision.

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. MetLife dental plan coverage details are available online at www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/health/medical-plan-options/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.

Vision Coverage

You may choose between two vision coverage options: the Davis Vision plan and the VSP vision plan. Both 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 plan offers a slightly higher level of benefit and more in-network providers, but has a slightly higher payroll deduction. Coverage details are available online at www.hr.upenn.edu/PennHR/benefits-pay/health-life-and-fsa/health/medical-plan-options/dental-and-vision.

| | 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.



| | VSP Vision Plan | | |
|---|---|---|--|
| | Choice Providers | Participating Scheie Locations/Providers | Out-of-Network |
| Glasses (covered once every fiscal year) | | | |
| • 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 | 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 | Usual & customary fees for evaluation and fitting; up to \$150 allowance for contact lenses | Up to \$105 reimbursement (fitting, evaluation and contact lenses) |
| • Extended Wear | | | |
| • Disposable | | | |
| Additional Discounts (available only at the point of purchase) | | | |
| • Lens Options (e.g., anti-reflective coatings and progressive lenses) | Average savings of 20-25% | Usual & customary fees | Not covered |
| • Additional Eyewear | 20% discount; Costco pricing applies | Usual & customary fees | Not covered |
| • Laser Vision Correction* | For discounts, call VSP at 1-800-877-7195 | For discounts, call Scheie Eye at 1-800-789-PENN (7366) | Not covered |

* 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 VSP provider.

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 benefits online enrollment system at www.pennbenefits.upenn.edu. For more information about any of the insurance offerings described below, please see the Summary Plan Description online at www.hr.upenn.edu/spd.

Basic Life Insurance

Penn provides you with Basic Life Insurance benefit of \$50,000.

Accidental Death and Dismemberment Insurance (AD&D)

You will automatically receive Accidental Death and Dismemberment Insurance (AD&D) at no cost to you. This feature pays benefits of up to 2 × 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 2 × your salary.

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



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, locate help for mom, or sort through a medical bill, Health Advocate has the right experts to handle almost any kind of healthcare and insurance-related issue. Your employer or plan sponsor 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](tel:1-866-799-2329) or email Health Advocate at answers@HealthAdvocate.com. Your assigned Personal Health Advocate will provide prompt support.

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

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. To register for Health Advocate visit HealthAdvocate.com/upenn, then do the following:

- Type the name of your organization
- Select username, password and security questions
- Verify through email
- Once you've registered, you can log on



Important 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.

Contact Information for Penn's Health and Welfare Plans

| 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 | | | |
| Aetna POS II Standard | 811778 | 1-888-302-8742 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. |
| Aetna Behavioral Health | N/A | 1-800-424-4047 www.aetna.com | Behavioral health and substance abuse benefits |
| 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) | 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 | |



www.hr.upenn.edu/openenrollment