Open Enrollment Events for Faculty and Staff

To register for all Wellness workshops, call 898-1356.

Tuesday, March 31

Exercise Program, noon-1 pm, Houston Hall Rm 305. An introduction to the benefits of diet and exercise as a way of life. Discussion and demonstration on how to begin your own exercise program. Exercises include toning and aerobics. Wear comfortable clothing.

Wednesday, April 1

Benefits Fair, 11:30am - 2pm, Faculty Club.
—Talk to Public Safety and Fire & Occupational Safety representatives
—Meet with Medicare and Social Security
—Make your 1992-93 Pennflex decisions

Learn more about:
—Tuition benefits
—Pre-tax Expense Accounts
—Hup’s Healthlink
—Discount prescriptions at HUP Pharmacy
—Retirement Plan options
—Faculty/Staff Assistance Program
—Your 1992-93 Pennflex options

Thursday, April 2

Benefits Question & Answer Session, 11:30 am - 2 pm, New Bolton Center. Stop in to speak with medical and dental plan representatives. Members of the Benefits Staff will also be available to answer your questions, help with your Pennflex enrollment forms and accept your completed enrollment forms.

Friday, April 3

Benefits Question & Answer Session, 11:30am - 2 pm, Dental School Lobby.

Monday, April 6

Benefits Question & Answer Session, 11:30am - 2pm, Stemmler Building, Dunlop Lobby.

Tuesday, April 7

Social Security & Medicare Information, noon - 1 pm, Houston Hall Rm 305. A discussion on the recommended schedule of immunizations according to the American Pediatric Association. A review of what inoculations protect against diseases, the importance of immunization and a look at new approaches in disease control.

Wednesday, April 8

Stress Awareness Workshop, noon-1 pm, Houston Hall Rm 305. Coping with job stress-workshop goal will be to eliminate the stress that effects our physical and psychological well-being.

Eating Healthy, 1 pm - 2 pm, Houston Hall Rm 305. Be informed on recent FDA changes in labeling and learn to identify fats and sodium on food labels.

Thursday, April 9

Infertility/Conception, noon-1 pm, Houston Hall Rm 305. A discussion on preserving fertility in order to prepare for a healthy conception.

Friday, April 10

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

Monday, April 13

Childhood Immunization, noon-1 pm, Houston Hall Rm 305. A discussion on the recommended schedule of immunizations according to the American Pediatric Association. A review of what inoculations protect against diseases, the importance of immunization and a look at new approaches in disease control.

Tuesday, April 14

Emergency First Aid, noon-1 pm, Houston Hall Rm 305. Learn CPR and how to respond to an emergency situation—bleeding, stroke or seizure.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Comprehensive</th>
<th>Blue Cross/Blue Shield 100/ Major Medical</th>
<th>Greater Atlantic Health Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Pensieve Option)</td>
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</tbody>
</table>

### Type of Plan
- **Comprehensive**
- **Blue Cross/Blue Shield 100/ Major Medical**
- **Greater Atlantic Health Service**

### Service Area and Emergencies
- Guaranteed benefits in any approved hospital—services of any physician up to the "Usual and Customary Rate (UCR)" charged for that treatment.
- **Hospitalization, medical, surgical expenses and major medical insurance.** Generally pays for medically necessary treatment in or by Blue Cross approved providers and participating Blue Shield providers. Balances over UCR may be forwarded to Major Medical for consideration. Benefits under Major Medical will be paid at 100% only to $2,000 out-of-pocket annual maximum for covered services per individual is satisfied up to lifetime maximum of $1,000,000.

### Inpatient Hospital
- Unlimited days, semi-private room.
- Up to 120 days, semi-private room with $5/day copay for first ten days.
- No maximum limit.

### Outpatient Treatment
- Covered in full at hospital for accident or medical emergency. Home health care covered in full. No deductibles or copayment required.
- Covered at hospital within 72 hours of accident or medical emergency. $5 copayment.
- Per diem charges...

### Physician Visits:
- **Hospital**
  - Covered up to UCR...
  - Covered up to UCR...
  - Covered in full.
- **Office**
  - Covered up to UCR...
  - Covered in full.
- **Home**
  - Covered up to UCR...
  - Covered in full.

### Physician Care:
- **Surgery**
  - Covered up to UCR...
  - Covered in full.
- **Anesthesia**
  - Covered up to UCR...
  - Covered in full.
- **Consultants**
  - Covered up to UCR...
  - Covered in full.

### Laboratory, X-rays and Tests
- Covered in full for diagnostic purposes only. No deductibles or copayment required.
- Outpatient hospital charges covered in full for most diagnostic purposes only, after $5 copay...
  - Non-hospital charges covered up to UCR...
  - Physician charges covered up to UCR...

### Maternity
- Covered up to UCR...
- Covered in full.

### Preventive Medicine, Physical Exams
- Not covered.
- Not covered.
- Covered in full. Immunizations are covered. Medications requiring prescription are not covered.

### Eye, Ear Exams
- Routine examinations are not covered.
- Routine examinations are not covered.
- Covered (including refractions). Discount on glasses or contacts of $20 or 20% at participating optical shops. Hearing aids are not covered.

### Second Surgical Options
- Covered at 100% UCR for listed procedures. No deductibles or copayment required.
- Covered at 100% UCR...
- Covered in full but not required.

### Mental Inpatient: Hospital and Physician
- Coverage for 30 days per calendar year. Covered at 80% UCR. Maximum coverage limited to $100,000 lifetime, including outpatient care...
- Coverage for 30 days. Renewed after 365 days from discharge. Maximum coverage limited to $25,000 lifetime, including outpatient care...
- Up to 30 days per calendar year with plan approval.

### Mental Outpatient: Physician
- 50% UCR, up to $1,250 per calendar year. Services must be rendered by a licensed physician or psychologist. Maximum coverage limited to $10,000 lifetime for outpatient treatment...
- 50% UCR up to $2,000 per calendar year. Services must be rendered by a licensed physician or psychologist. Lifetime maximum limited to $25,000, including outpatient care...
- 20 visits per year. 1-2 visits covered in full. 3-10 visits. $10 copay per visit. 11-20 visits. $25 copay per visit. Additional visits. A standard fee.

### Drug and Alcohol Treatment
- The benefits provided under all the plans comply with Pennsylvania State Law; however, there are variations to the levels of benefits provided under each plan. Refer to Plan Booklet for specific detailed information. Plan Booklet can be obtained from the Benefits Office.

### Prescriptions
- Covered at 80% UCR...
- Covered at 80% UCR after deductible...
- 10% discount at participating pharmacies.

### Dental Care
- N/A
- N/A
- Annual routine dental exam and cleaning...

(Notes: "UCR" means the "Usual and Customary Rate" for a particular medical service in a given geographic area. Note: BC=Blue Cross; BS=Blue Shield; MM=Major Medical. These abbreviations indicate under which category, in most instances, the benefits are covered and the type of Blue Cross form number for claim submission. Under the Comprehensive Plan, the claim form is the same for all benefits.)
## Health Maintenance Organizations (HMOs)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.</td>
<td>An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.</td>
<td>A group practice HMO comprised of medical professionals providing care from a center or from a network of private physicians.</td>
<td>An individual practice association HMO comprised of physicians who provide care through their own offices and affiliated hospitals.</td>
</tr>
<tr>
<td>Five Delaware Valley counties and three Lehigh Valley counties in PA, all counties in Delaware. Emergency treatment anywhere covered in full after $15 copay. Copay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.</td>
<td>All counties in New Jersey. Emergency treatment anywhere covered in full after $15 copay. Copay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.</td>
<td>Burlington, Camden and Gloucester counties. Emergency treatment anywhere covered in full. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.</td>
<td>Philadelphia, Bucks, Chester, Delaware and Montgomery counties. Emergency treatment covered in full after $15 copay. Copay waived if admitted to hospital. Primary care physician must be notified within 24-48 hours of treatment, otherwise expenses not covered.</td>
</tr>
<tr>
<td>No maximum limit for medically necessary covered services. Semi-private or private room if medically necessary.</td>
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<td>No maximum limit.</td>
<td>No maximum limit.</td>
</tr>
<tr>
<td>Covered in full if referred by primary care physician. $5 copayment for primary care physician. $10 copayment for primary care services and $15 copayment for hospital services in emergency cases.</td>
<td>Covered in full if referred by primary care physician. $10 copayment for primary care physician. $15 copayment for hospital services in emergency cases.</td>
<td>Covered in full. $2 copayment for physician services in emergency cases.</td>
<td>Covered in full. $2 copayment for physician services and $15 copayment for hospital services in emergency cases.</td>
</tr>
<tr>
<td>Covered $2 copay per visit.</td>
<td>Covered $5 copay per visit.</td>
<td>Covered in full. Physical therapy is limited to 60 days, short-term basis only, per occurrence.</td>
<td>Covered in full. Physical therapy is limited to 60 days, short-term basis only, per occurrence.</td>
</tr>
<tr>
<td>Covered $5 copay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence.</td>
<td>Covered $5 copay per visit. Physical therapy is limited to 60 days, short-term basis only, per occurrence.</td>
<td>Covered with a $2 copayment. Physical therapy is limited to 60 days, short-term basis only, per occurrence.</td>
<td>Covered with a $5 copayment. Physical therapy is limited to 60 days, short-term basis only, per occurrence.</td>
</tr>
<tr>
<td>Covered in full from effective date.</td>
<td>Covered in full from effective date after $5 copay for the first 30 days and no charge for hospital admissions if outpatient testing, $5 copay per visit.</td>
<td>Covered in full.</td>
<td>Covered in full.</td>
</tr>
<tr>
<td>Physical exams and immunizations are covered in full with $2 copay. Medications requiring prescription are not covered.</td>
<td>Physical exams and immunizations are covered with $5 copay. Medications requiring prescription are not covered.</td>
<td>Covered in full. Immunizations are covered. Medications requiring prescription are not covered.</td>
<td>Covered in full. Immunizations are covered. Medications requiring prescription are not covered.</td>
</tr>
<tr>
<td>No referral required for direct access eye exams per HMO schedule. Covered (including refractions) in full with $2 copay. $35 allowed for contacts or prescription eyeglasses every two years. Ear exams covered in full. Hearing aids are not covered.</td>
<td>Covered (including refractions) with $5 copay. $35 allowed for contacts or eyeglasses every two years. Ear exams covered in full. Hearing aids are not covered.</td>
<td>Covered (including refractions). Eyeglasses and contact lenses available to members at a discount at participating optical shops. Hearing aids not covered.</td>
<td>Eye examinations are covered in full once every two years. Members are reimbursed $35 once every two years toward the purchase of eyeglasses or contact lenses. Ear exams are covered in full. Hearing aids are not covered.</td>
</tr>
<tr>
<td>Covered in full if requested, but not required.</td>
<td>Covered with $5 copay if requested, but not required.</td>
<td>Covered in full but not required.</td>
<td>Covered in full.</td>
</tr>
<tr>
<td>35 inpatient days per year with plan approval.</td>
<td>35 inpatient days per year with plan approval.</td>
<td>30 days per year.</td>
<td>30 inpatient days combined with drug rehabilitation.</td>
</tr>
<tr>
<td>20 visits per year. Two visits no copay, next three-ten visits $10 copay. Next ten visits $25 copay.</td>
<td>Covered 20 visits per year with $25 copay per visit.</td>
<td>20 visits per year, covered in full.</td>
<td>Up to 20 outpatient visits covered. First two visits covered in full. Remaining 18 visits covered with a $25 copayment, or 50% of allowable charges, whichever is less.</td>
</tr>
</tbody>
</table>

The benefits provided under the plan comply with Pennsylvania State Law; however, there are variations to the levels of benefits provided under each plan. Refer to Plan Booklets for specific detailed information. Plan Booklets can be obtained from the Benefits Office.

N/A

N/A

$5 copay for generic and $10 copay for non-generic at participating pharmacies.

N/A

No referral required for preventive dental for children under 12. Two visits per year for cleaning, fluoride, and exam, $2 copay per visit.

No referral required for preventive dental for children under 12. Two visits per year for cleaning, fluoride, and exam, $5 copay.

Each family member receives one exam every 6 months, $5 copay per visit. One cleaning per year, $5 copay per visit.

Preventive dental coverage. Two visits per year for cleaning, scaling, and fluoride treatments.

(Note: With the exception of the Blue Cross/Blue Shield Plan 100/Major Medical Plan (Option 2), all medical and dental plans are administered on a July 1st plan year basis. Under Option 2 the Blue Cross and Blue Shield categories are administered on a calendar year basis and the Major Medical category on a July 1st plan year basis.)
<table>
<thead>
<tr>
<th>Type of Service or Treatment</th>
<th>Percentage Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostics (exams, x-rays)</td>
<td>100%</td>
</tr>
<tr>
<td>Preventive (teeth cleaning)</td>
<td>100%</td>
</tr>
<tr>
<td>Restorative (fillings)</td>
<td>100% 2 visits/plan year; (July 1-June 30) reimbursements limited</td>
</tr>
<tr>
<td>Oral Surgery (extractions)</td>
<td>100% 100%</td>
</tr>
<tr>
<td>Endodontics (root canal therapy)</td>
<td>90% 80%</td>
</tr>
<tr>
<td>Periodontics (gum disorders)</td>
<td>90% 80%</td>
</tr>
<tr>
<td>Prosthodontics (bridges, false teeth)</td>
<td>60% 50%</td>
</tr>
<tr>
<td>Crowns and Restorations (gold crowns, restorations, caps)</td>
<td>60% 50%</td>
</tr>
<tr>
<td>Orthodontics* (teeth straightening for children under age 19 only)</td>
<td>60% 50% up to $1,000 lifetime maximum per person</td>
</tr>
</tbody>
</table>

* Note that if you change from one dental assistance plan to the other, certain treatments that have already begun under the first plan will continue to be covered by that plan. However, for orthodontia treatment, if banding has begun prior to July 1992, and if you change plans, neither the new plan nor the old plan will provide coverage for the remaining expenses.