



**University of Pennsylvania  
Personal Choice PennCare PPO - Retirees Pre-65  
Behavioral Health Benefits Plan  
(CY 2021 - Effective 1/1/21)**

Benefit	Quest Preferred	Quest Regional <small>(Includes LGH and other Quest Regional providers)</small>	Out of Network <sup>4</sup> <small>&gt;All percentages for services represent the Plan's Usual and Customary Rate (UCR) and not the provider's actual charge.  &gt;The member is responsible for amounts above the UCR.</small>
<b>Overall Annual Deductible<sup>1</sup></b> <small>&gt; There is <u>no</u> 4th quarter carry-over. &gt; <b>Accumulates across Preferred and Regional tiers.</b></small>	\$150.00 Individual \$450.00 Family	\$350.00 Individual \$1,050.00 Family	\$500.00 Individual \$1,500.00 Family
<b>Overall Annual Out of Pocket Maximum<sup>1</sup></b> <small>&gt; Includes deductible, coinsurance &amp; copayments. &gt; <b>Accumulates across Preferred and Regional tiers.</b></small>	\$1,000.00 Individual \$3,000.00 Family	\$2,500.00 Individual \$7,200.00 Family	\$3,500.00 Individual \$10,500.00 Family
<b>MENTAL HEALTH (MH) &amp; CHEMICAL DEPENDENCY (CD)</b> <b>Higher Levels of Care Require Pre-Authorization</b>			
MH Acute Inpatient <sup>2</sup> CD Detox & Short-term Rehab Eating Disorder Short-Term Residential Programs	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible <sup>3</sup>
Professional Charges (when applicable)	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Partial Hospitalization Programs (PHP)	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Intensive Outpatient Programs (IOP)	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Ambulance - Emergency <sup>4</sup>	100%, no deductible		
Ambulance -Non-Emergency (when applicable) <sup>4</sup>	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room	\$100.00 copay (waived if admitted)		
Outpatient Office Visit <small>&gt; Pre-Authorization NOT required for <i>standard</i> OP visits. &gt; <b>Telemental Health:</b> Provider must be screened and approved by Quest for this modality (required post-COVID).</small>	\$20.00 copay per session	\$25.00 copay per session	40% coinsurance after deductible
<b>SPECIALIZED TREATMENT (Requires Authorization)</b>			
Psychological Testing Electroconvulsive Therapy (ECT) Transcranial Magnetic Stimulation (TMS)	100%	20% coinsurance, no deductible	40% coinsurance after deductible
Autism Outpatient Services Includes Applied Behavioral Analysis (ABA) & SELECT Behavioral Health & Rehabilitative Services (BHRS)	<b>Treatment Delivered by Quest Network Providers is 100% covered</b>		<b>No OON Autism Coverage</b>

<sup>1</sup> Annual deductible and out-of-pocket maximum shared between mental health, chemical dependency, and medical benefit.

<sup>2</sup> For Emergency admissions, authorization is required within 48 hours of admission.

<sup>3</sup> **OON Emergency Admissions:** Still treated as OON. However, if Quest Care Management - in consultation with Quest's Medical Director - determines that a good faith effort was made to find an IN bed & none were available, then this can be covered at the Regional cost sharing level, up to UCR with balance billing.

<sup>4</sup> It is important to note that all percentages for services represent the Plan allowance (usual and customary rate) and not the provider's actual charge.