



University of Pennsylvania
PennCare PPO
FISCAL YEAR 2024
Benefit Period: July 1, 2023 - June 30, 2024

Benefits	Quest Preferred	Quest Regional	Out of Network (Non-preferred Provider)
			<small>All percentages for services represent the Plan's Usual and Customary Rate (UCR) and not the provider's actual charge.</small> <small>The member is responsible for amounts above the UCR for non-emergency services.</small>
	Tier 1	Tier 2	Tier 3
DEDUCTIBLE PER PLAN YEAR ¹			
Individual	\$150	\$350	\$500
Family	\$450	\$1,050	\$1,500
<small>Deductible accumulates across Preferred and Regional Tiers. No 4th quarter carry-over. One member cannot contribute more than the individual deductible to the overall deductible.</small>			
TOTAL OUT-OF-POCKET MAXIMUM PER PLAN YEAR ¹			
Individual	\$1,000	\$2,500	\$3,500
Family	\$3,000	\$7,200	\$10,500
<small>Includes deductible, co-insurances, & co-payments. Accumulations are across Preferred and Regional tiers. One family member cannot contribute more than the individual out of pocket max to the family OOP maximum.</small>			
TYPE OF EXPENSE	Tier 1	Tier 2	Out of Network
Mental Health (MH) and Substance Use Disorder (SUD) Higher Levels of Care			
Emergency Services <small>Pre-certification not required. Notification requested as soon as reasonably possible.</small>			
Non-Emergency Services <small>Pre-certification required.</small>			
Ambulance Services - Emergency	100% (no deductible)		
Ambulance Services - Non Emergency	10% co-insurance, after deductible	20% co-insurance, after deductible	40% co-insurance, after deductible
Emergency Department / Crisis Evaluation	\$100 co-payment (no deductible)		
	Co-payment waived if admitted		
Mental Health Acute Inpatient ^{2,3} Substance Use Disorder Detox & Short Term Residential (Rehab) ^{2,3} Short Term Eating Disorder Residential ^{2,3}	10% co-insurance, after deductible	20% co-insurance, after deductible	40% co-insurance, after deductible ²
Residential Treatment (Mental Health) ³ <small>Limitation: Must meet medical necessity criteria with coverage up to a maximum benefit of 180 days per benefit year.</small>	10% co-insurance, after deductible	20% co-insurance, after deductible	40% co-insurance, after deductible ²
Partial Hospitalization Programs (PHP) ³	100% (no deductible)	100% (no deductible)	40% co-insurance, after deductible
Intensive Outpatient Programs (IOP) ³	100% (no deductible)	100% (no deductible)	40% co-insurance, after deductible
Professional Fees (Inpatient) ²	10% co-insurance, after deductible	20% co-insurance, after deductible	40% co-insurance, after deductible ²
Outpatient & Telehealth <small>Pre-certification is NOT required for standard OP visits</small>			
Outpatient and Telehealth Visits	\$10 co-payment (no deductible)	\$15 co-payment (no deductible)	40% co-insurance (no deductible)
	<small>Claims must be submitted with appropriate telemedicine modifier or POS code.</small>		
Specialized Treatment & Diagnostic Services <small>Pre-certification Required</small>			
Autism Spectrum Disorders ³ <small>Primarily includes Applied Behavioral Analysis (ABA)</small>	Treatment Delivered by Quest Network Providers is covered at 100%		40% co-insurance, after deductible
Electroconvulsive Therapy (ECT) ³	100% (no deductible)	100% (no deductible)	40% co-insurance, after deductible
Psychological Testing ³ <small>Excludes Educational, Vocational, & Learning Disability testing</small>	100% (no deductible)	100% (no deductible)	40% co-insurance, after deductible
Transcranial Magnetic Stimulation (TMS) ³	100% (no deductible)	100% (no deductible)	40% co-insurance, after deductible
NOTES			
¹ Annual deductible and out-of-pocket-maximum are shared between mental health, substance use disorder, and medical benefits.			
² Emergency inpatient services (through an ED) from an out-of-network provider or facility are treated at Quest Regional (Tier 2) cost-sharing.			
³ Pre-certification required for non-emergency services.			