



University of Pennsylvania
PennCare PPO
FISCAL YEAR 2025
Benefit Period: July 1, 2024 - June 30, 2025

Benefits	Quest Preferred	Quest Regional	Out of Network (Non-preferred Provider)
	Tier 1	Tier 2	Tier 3
DEDUCTIBLE PER PLAN YEAR¹			
Individual	\$250	\$450	\$600
Family	\$750	\$1,350	\$1,800
<i>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.</i>			
TOTAL OUT-OF-POCKET MAXIMUM PER PLAN YEAR¹			
Individual	\$1,100	\$2,600	\$3,600
Family	\$3,300	\$7,800	\$10,700
<i>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.</i>			
TYPE OF EXPENSE	Tier 1	Tier 2	Out of Network
Mental Health (MH) and Substance Use Disorder (SUD) Higher Levels of Care Emergency Services <i>Pre-certification not required. Notification requested as soon as reasonably possible.</i> Non-Emergency Services <i>Pre-certification required.</i>			
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) <i>(Includes services provided by Crisis Response Center (CRC) at CHOP Behavioral Health and Crisis Center - effective 2/12/2024)</i>	\$100 co-payment (no deductible)	
	<i>Co-payment waived if admitted</i>		
Crisis Stabilization Unit (CSU) ³ <i>(Services provided at CHOP Behavioral Health and Crisis Center) (Program limitation of 5 days) (effective 2/12/24)</i>	10% co-insurance, after deductible		
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 ³ <i>(Mental Health, Substance Use Disorder and Autism) Limitation: Must meet medical necessity criteria with coverage up to a maximum benefit of 180 days per benefit year.</i>	10% co-insurance, after deductible	20% co-insurance, after deductible	40% co-insurance, after deductible ²
Partial Hospitalization Programs (PHP) ³ <i>In-Person and Telehealth PHP covered at the same benefit</i>	100% (no deductible)	100% (no deductible)	40% co-insurance, after deductible
Intensive Outpatient Programs (IOP) ³ <i>In-Person and Telehealth IOP covered at the same benefit</i>	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 <i>Pre-certification is NOT required for standard OP visits</i>			
Outpatient and Telehealth Visits	\$10 co-payment (no deductible)	\$15 co-payment (no deductible)	40% co-insurance (no deductible)
<i>Claims must be submitted with appropriate telemedicine modifier or POS code.</i>			
Specialized Treatment & Diagnostic Services <i>Pre-certification Required</i>			
Autism Spectrum Disorders ³ <i>Primarily includes Applied Behavioral Analysis (ABA) In-Person and Telehealth Autism covered at the same benefit</i>	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 <i>Excludes Educational, Vocational, & Learning Disability testing</i>	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. Pharmacy deductible and out-of-pocket maximums are accumulated separately.			
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. Failure to obtain prior certification for Out-of-Network non-emergency services will result in a 20% penalty.			